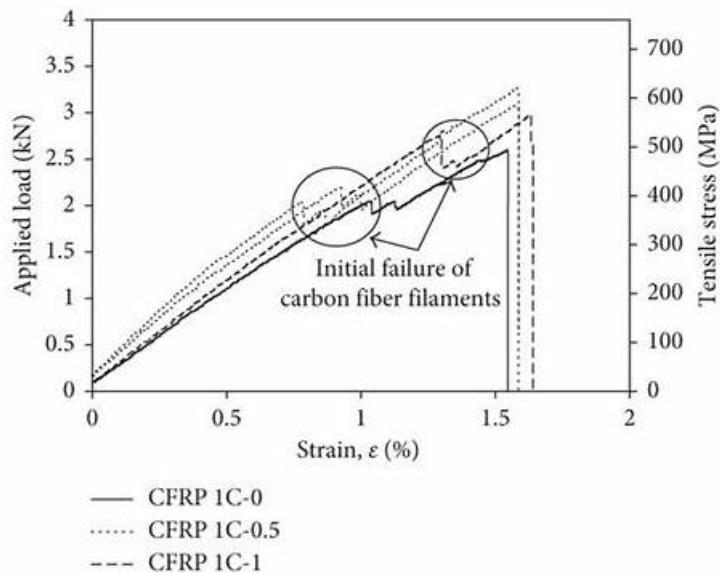


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Psychiatric Rehabilitation Association Certified Child and Family Resiliency Practitioner (CFRP) Sample Questions (Q54-Q59):

NEW QUESTION # 54

A practitioner is working with a child who is being bullied at school. How can the practitioner promote resiliency?

- A. Encourage the child to take a self-defense class and confront the bully.
- B. **Reframe the child's experience and encourage a positive self-view.**
- C. Revisit the experience and have the child explain the details.
- D. Encourage the child to avoid the bully and make new friends.

Answer: B

Explanation:

Promoting resiliency is a key focus of the Strategies for Facilitating Recovery domain, which emphasizes strengths-based interventions to help children overcome adversity. The PRA CFRP Study Guide 2024-2025 defines resiliency as the ability to adapt and thrive despite challenges, such as bullying. Practitioners should use interventions that empower the child, reinforce self-worth, and reframe negative experiences to foster a positive self-concept.

Option B (Reframe the child's experience and encourage a positive self-view) is correct. The PRA guidelines advocate for cognitive reframing, where the practitioner helps the child view the bullying experience as a challenge they can overcome, rather than a reflection of their worth. Encouraging a positive self-view aligns with strengths-based practices, such as affirming the child's strengths and building self-esteem.

Option A (Encourage the child to take a self-defense class and confront the bully) is incorrect because confrontation may escalate the situation and is not a trauma-informed or resiliency-focused approach. The PRA Code of Ethics emphasizes non-violent, collaborative solutions.

Option C (Revisit the experience and have the child explain the details) is incorrect because repeatedly recounting traumatic events without therapeutic processing can re-traumatize the child. The PRA study guide advises against dwelling on negative details without a strengths-based focus.

Option D (Encourage the child to avoid the bully and make new friends) is incorrect because avoidance does not address the child's emotional needs or build resiliency. While making new friends is positive, it does not tackle the underlying impact of bullying, which the PRA framework prioritizes.

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Psychiatric Rehabilitation Association, CFRP Study Guide 2024-2025, Section on Strategies for Facilitating Recovery: Resiliency and Strengths-Based Practice.

PRA Certification Candidate Handbook, Competency Domain 5: Strategies for Facilitating Recovery.

PRA Code of Ethics, Principle 4: Strengths-Based Interventions.

NEW QUESTION # 55

Stimulant medication, when used in children with an attention deficit disorder, is likely to result in

- A. increased appetite.
- B. decreased academic achievement.
- C. decreased mood stability.
- D. increased acceptable behavior.

Answer: D

Explanation:

Within the CFRP framework, supporting health and wellness includes understanding the effects of evidence-based interventions, such as stimulant medications for children with attention deficit disorders (ADD/ADHD).

Stimulant medications, such as methylphenidate, are known to improve attention and impulse control, leading to increased acceptable behavior in social and academic settings. The CFRP study guide states, "Stimulant medications for children with attention deficit disorders typically result in increased acceptable behavior by enhancing focus and reducing impulsivity." Decreased mood stability (option A) is not a common outcome when medications are properly managed. Decreased academic achievement (option C) is unlikely, as improved focus often supports academic performance. Increased appetite (option D) is incorrect, as stimulants commonly reduce appetite as a side effect.

* CFRP Study Guide (Section on Supporting Health and Wellness): "Stimulant medications, when used for attention deficit disorders, are likely to increase acceptable behavior by improving attention and reducing impulsive actions in children." References: Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Supporting Health and Wellness, Pharmacological Interventions.

Psychiatric Rehabilitation Association (PRA) Guidelines on ADHD Management.

NEW QUESTION # 56

Generational poverty is defined as a

- A. life event that causes poverty for a family lasting up to 20 years.
- B. financial event affecting an entire generation.
- C. downward trend in socio-economic status.
- D. family having been in poverty for two or more generations.

Answer: D

Explanation:

Systems competencies in the CFRP framework include understanding socio-economic factors like generational poverty, which impacts family resilience. Generational poverty is defined as a family having been in poverty for two or more generations, reflecting entrenched economic challenges. The CFRP study guide states, "Generational poverty is defined as a family experiencing poverty for two or more consecutive generations, creating systemic barriers to resilience." A life event causing poverty (option A) or a financial event (option D) is situational, not generational. A downward trend (option B) is too vague to define generational poverty.

* CFRP Study Guide (Section on Systems Competencies): "Generational poverty refers to a family having been in poverty for two or more generations, posing significant systemic challenges to family well-being." References:

CFRP Study Guide, Section on Systems Competencies, Socio-Economic Factors.

Psychiatric Rehabilitation Association (PRA) Guidelines on Poverty and Mental Health.

NEW QUESTION # 57

Family enmeshment describes the

- A. lack of quality family interpersonal communication.
- **B. lack of individuation of family members.**
- C. extent of the family's involvement in treatment.
- D. extent of the family's involvement in the community.

Answer: B

Explanation:

In the CFRP framework, interpersonal competencies include understanding family dynamics, such as enmeshment. Family enmeshment describes a lack of individuation among family members, where boundaries are blurred, and individual identities are overly intertwined, often impacting emotional health. The CFRP study guide states, "Family enmeshment refers to a lack of individuation among family members, characterized by overly close emotional bonds and weak personal boundaries." Involvement in the community (option A) or treatment (option B) does not define enmeshment. Poor communication (option D) may be a consequence but is not the core definition.

* CFRP Study Guide (Section on Interpersonal Competencies): "Family enmeshment is defined as a lack of individuation among family members, where emotional boundaries are blurred, impacting family functioning." References:

Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Interpersonal Competencies, Family Dynamics. Psychiatric Rehabilitation Association (PRA) Guidelines on Family Systems.

NEW QUESTION # 58

Gender studies show that negative and irritable temperament in infants and toddlers are predictors of increased risks of what in adolescent boys?

- A. Abusive behaviors
- **B. Oppositional behaviors**
- C. Psychotic behaviors
- D. Illegal behaviors

Answer: B

Explanation:

The CFRP framework includes understanding developmental risk factors to support health and wellness.

Gender studies cited in the CFRP study guide indicate that negative and irritable temperament in infants and toddlers is a predictor of oppositional behaviors in adolescent boys, such as defiance and aggression, which are characteristic of conditions like Oppositional Defiant Disorder (ODD). The guide states, "Negative and irritable temperament in early childhood is a risk factor for oppositional behaviors in adolescent boys, often manifesting as defiance or conflict with authority." Psychotic behaviors (option A) are linked to severe mental illnesses, not temperament. Illegal (option C) and abusive behaviors (option D) may occur later but are not directly predicted by early temperament as strongly as oppositional behaviors.

* CFRP Study Guide (Section on Supporting Health and Wellness): "Gender studies highlight that negative and irritable temperament in infants and toddlers predicts increased risk of oppositional behaviors in adolescent boys, such as defiance and aggression."

References:

Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Supporting Health and Wellness, Developmental Risk Factors.

Psychiatric Rehabilitation Association (PRA) Guidelines on Child and Adolescent Mental Health.

NEW QUESTION # 59

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