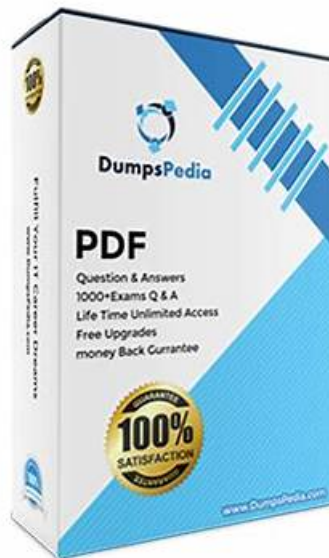


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Psychiatric Rehabilitation Association Certified Child and Family Resiliency Practitioner (CFRP) Sample Questions (Q48-Q53):

NEW QUESTION # 48

A child and his family are preparing to make an active change in their health and wellness. How would the practitioner proceed?

- A. Assist them in developing goal statements and plans.
- B. Assess their strengths and weaknesses.
- C. Demonstrate empathy and understanding.
- **D. Examine their readiness to make changes.**

Answer: D

Explanation:

In the CFRP framework, assessment, planning, and outcomes involve a structured approach to support families in achieving health and wellness goals. When a child and family are preparing to make active changes, the practitioner's first step is to examine their readiness to make changes, using frameworks like the Stages of Change model to ensure commitment and feasibility. The CFRP study guide states, "Before initiating health and wellness changes, practitioners must examine the child and family's readiness to make changes to ensure effective planning and engagement." Demonstrating empathy (option B), developing goals (option C), or assessing strengths (option D) are important but follow the initial assessment of readiness.

* CFRP Study Guide (Section on Assessment, Planning, and Outcomes): "When a child and family are preparing for health and wellness changes, the practitioner's first step is to examine their readiness to make changes, ensuring alignment with their motivation and capacity." References:

CFRP Study Guide, Section on Assessment, Planning, and Outcomes, Change Readiness.

Psychiatric Rehabilitation Association (PRA) Guidelines on Family-Centered Planning.

NEW QUESTION # 49

A primary reason for the lack of early intervention when a child presents with distress-related mental health issues is due to the belief that

- A. it will resolve with age.
- **B. it is typical behavior.**
- C. stigma will occur.
- D. nothing can be done.

Answer: B

Explanation:

In the CFRP framework, supporting health and wellness involves addressing barriers to early intervention for mental health issues. A primary reason for delayed intervention is the belief that distress-related behaviors in children are typical behavior for their age, leading caregivers to overlook the need for support. The CFRP study guide notes, "The belief that distress-related mental health issues in children are typical behavior is a primary reason for the lack of early intervention, delaying access to necessary services." Stigma (option A), believing nothing can be done (option B), or expecting resolution with age (option D) are concerns but less prevalent than misinterpreting behaviors as typical.

* CFRP Study Guide (Section on Supporting Health and Wellness): "A key barrier to early intervention is the belief that children's distress-related mental health issues are typical behavior, preventing timely access to support." References:

Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Supporting Health and Wellness, Early Intervention Barriers.

Psychiatric Rehabilitation Association (PRA) Guidelines on Mental Health Screening.

NEW QUESTION # 50

A teacher is requesting that the practitioner refer a six-year-old child to a psychiatrist to determine if medication is needed. What is the practitioner's first course of action?

- A. Discuss this request with the family.
- B. Request to view the child's school file.
- C. Discuss this request with the school counselor.
- D. Refer the child to a psychiatrist as requested.

Answer: A

Explanation:

In the CFRP framework, assessment, planning, and outcomes prioritize family-driven and collaborative decision-making. When a teacher requests a psychiatric referral for a six-year-old to evaluate medication needs, the practitioner's first course of action is to discuss this request with the family to ensure their involvement, understand their perspectives, and respect their authority in decision-making. The CFRP study guide states, "When external parties, such as teachers, request a psychiatric referral for a child, the practitioner's first step is to discuss the request with the family to align with family-driven principles." Directly referring the child (option A) bypasses family consent. Discussing with the school counselor (option C) or reviewing the school file (option D) may be subsequent steps but are not the priority.

* CFRP Study Guide (Section on Assessment, Planning, and Outcomes): "The practitioner's first action when a teacher requests a psychiatric referral is to discuss the request with the family, ensuring their involvement in decisions about the child's care."

References:

Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Assessment, Planning, and Outcomes, Family-Driven Decision-Making.

Psychiatric Rehabilitation Association (PRA) Guidelines on Collaborative Care.

NEW QUESTION # 51

A practitioner is working with a child whose school has placed her on homebound instruction due to disruptive behaviors in the classroom. Her parents would like her reintegrated into the school setting. How should the practitioner support the parent?

- A. Approach the school personnel and ask that the child be reinstated.
- B. Schedule an inter-agency meeting and invite the child and school personnel.
- C. Assist the parents in finding an alternative educational placement.
- D. Provide information to the parents regarding least restrictive educational mandates.

Answer: D

Explanation:

Systems competencies in the CFRP framework involve advocating for children's educational rights. When a child is on homebound instruction and parents seek reintegration, the practitioner's first step is to provide information to the parents regarding least restrictive environment (LRE) mandates, such as those under the Individuals with Disabilities Education Act (IDEA), empowering them to advocate effectively. The CFRP study guide notes, "To support parents seeking school reintegration, practitioners should first provide information on least restrictive environment mandates to guide advocacy for the child's return to the classroom."

Scheduling a meeting (option A) may follow but is not the first step. Finding alternative placement (option C) or directly approaching the school (option D) bypasses empowering the parents.

* CFRP Study Guide (Section on Systems Competencies): "When parents seek reintegration of a child from homebound instruction, practitioners should first provide information on least restrictive environment mandates to support informed advocacy." References:

CFRP Study Guide, Section on Systems Competencies, Educational Advocacy.

Psychiatric Rehabilitation Association (PRA) Guidelines on School Reintegration.

NEW QUESTION # 52

A strategy for strengthening self-esteem in children is

- A. linking them to an extracurricular activity.
- B. directing them in mindfulness activities.
- C. encouraging them to succeed academically.
- D. engaging them in the task of helping others.

Answer: D

Explanation:

Strengthening self-esteem is a key strategy for facilitating recovery in the CFRP framework. Engaging children in the task of helping others, such as through peer support or community service, fosters a sense of purpose and self-worth. The CFRP study guide states,

"Engaging children in helping others is a powerful strategy for building self-esteem, as it promotes a sense of value and contribution." Mindfulness activities (option A) support emotional regulation but are less directly tied to self-esteem. Academic success (option B) and extracurricular activities (option D) can contribute to self-esteem but are less universally effective than helping others, which builds intrinsic self-worth.

* CFRP Study Guide (Section on Strategies for Facilitating Recovery): "A proven strategy for strengthening self-esteem in children is engaging them in tasks that involve helping others, fostering a sense of purpose and self-worth." References:

Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Strategies for Facilitating Recovery, Self-Esteem Building.

Psychiatric Rehabilitation Association (PRA) Guidelines on Strengths-Based Interventions.

NEW QUESTION # 53

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