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Psychiatric Rehabilitation Association Certified Child and Family Resiliency Practitioner (CFRP) Sample Questions (Q96-Q101):

NEW QUESTION # 96

At the top of Maslow's hierarchy of needs is

- A. self-achievement.
- B. self-actualization.
- C. self-esteem.
- D. self-determination.

Answer: B

Explanation:

In the CFRP framework, understanding human motivation, such as Maslow's hierarchy of needs, supports health and wellness by guiding interventions. At the top of Maslow's hierarchy is self-actualization, which represents achieving one's full potential and

personal growth. The CFRP study guide explains, "Maslow's hierarchy of needs places self-actualization at the top, reflecting the pursuit of personal fulfillment and potential, which informs mental health support." Self-determination (option A) and self-achievement (option B) are related concepts but not part of Maslow's model. Self-esteem (option D) is a lower-level need in the hierarchy.

* CFRP Study Guide (Section on Supporting Health and Wellness): "Self-actualization, at the top of Maslow's hierarchy of needs, represents achieving one's full potential and is a guiding principle for mental health interventions." References:

Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Supporting Health and Wellness, Motivational Frameworks.

Psychiatric Rehabilitation Association (PRA) Guidelines on Psychological Needs.

NEW QUESTION # 97

The term evidence-based practice refers to successful interventions that must have

- A. been tested through multiple trials, with findings reported by teams of investigators.
- B. been used by practitioners in the field of psychiatric rehabilitation with positive results.
- C. produced positive survey results when children and caregivers were asked about the intervention.
- D. appeared in articles discussing caregiver satisfaction with the intervention.

Answer: A

Explanation:

In the CFRP framework, supporting health and wellness relies on evidence-based practices (EBPs), which are interventions rigorously tested for efficacy. Evidence-based practices must have been tested through multiple trials, with findings reported by teams of investigators, ensuring scientific validity and reliability. The CFRP study guide states, "Evidence-based practices are interventions that have been tested through multiple rigorous trials, with findings reported by teams of investigators, confirming their effectiveness." Caregiver satisfaction articles (option B) or survey results (option D) may provide feedback but do not define EBPs. Practitioner use with positive results (option C) is insufficient without formal research validation.

* CFRP Study Guide (Section on Supporting Health and Wellness): "Evidence-based practices are defined as interventions tested through multiple trials, with findings reported by investigative teams, ensuring scientific validation of their success." References: Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Supporting Health and Wellness, Evidence-Based Practices.

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

NEW QUESTION # 98

To nurture resilience in children, practitioners must

- A. avoid using humor to minimize disappointment.
- B. emphasize that mistakes are opportunities for growth.
- C. emphasize performance over learning.
- D. teach the development realistic goals.

Answer: B

Explanation:

Fostering resilience is a core strategy for facilitating recovery in the CFRP framework. Practitioners nurture resilience in children by emphasizing that mistakes are opportunities for growth, which encourages a growth mindset and perseverance. The CFRP study guide states, "To nurture resilience, practitioners should emphasize that mistakes are opportunities for growth, helping children develop a positive approach to challenges." Emphasizing performance (option A) can increase pressure and hinder resilience. Teaching realistic goals (option C) is important but less directly tied to resilience. Avoiding humor (option D) is not a resilience strategy and may limit emotional connection.

* CFRP Study Guide (Section on Strategies for Facilitating Recovery): "Nurturing resilience in children involves emphasizing that mistakes are opportunities for growth, fostering a growth mindset and adaptability." References:

CFRP Study Guide, Section on Strategies for Facilitating Recovery, Resilience Building.

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

NEW QUESTION # 99

During assessment, it is important to encourage children to talk about their experiences and perceptions because children often

- A. hide important information about themselves.
- B. repress their memories and feelings.
- C. are excited to talk about themselves.
- D. are unaware of their strengths and weaknesses.

Answer: D

Explanation:

In the CFRP framework, assessment, planning, and outcomes emphasize engaging children in the assessment process to gain insight into their needs and strengths. Encouraging children to talk about their experiences and perceptions is critical because they are often unaware of their strengths and weaknesses, which can inform tailored interventions. The CFRP study guide states, "During assessments, practitioners should encourage children to share their experiences and perceptions, as children are often unaware of their strengths and weaknesses, providing valuable insights for planning." While children may be excited to talk (option A), repress memories (option C), or hide information (option D), these are less universal and less directly tied to the purpose of identifying strengths and weaknesses.

* CFRP Study Guide (Section on Assessment, Planning, and Outcomes): "Encouraging children to discuss their experiences during assessments is essential, as they are often unaware of their strengths and weaknesses, which informs effective planning." References: Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Assessment, Planning, and Outcomes, Child-Centered Assessments.

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

NEW QUESTION # 100

During a session, a child receiving services becomes verbally aggressive, insulting, and threatening. The practitioner's initial effort to de-escalate the situation would be to

- A. respond slowly and confidently in a gentle, caring way.
- B. practice safety first and remove himself from the situation.
- C. establish boundaries using a loud and firm voice.
- D. ignore the behaviors and continue the session.

Answer: A

Explanation:

Interpersonal competencies in the CFRP framework include managing challenging behaviors with de-escalation techniques. When a child becomes verbally aggressive, insulting, and threatening, the practitioner's initial effort to de-escalate is to respond slowly and confidently in a gentle, caring way, which helps calm the situation and maintain trust. The CFRP study guide states, "To de-escalate verbal aggression in a session, practitioners should initially respond slowly and confidently in a gentle, caring manner to reduce tension and preserve the therapeutic relationship." Ignoring behaviors (option A) may escalate the situation. Using a loud voice (option B) can intensify aggression. Removing oneself (option C) is a last resort if safety is at risk, not the initial step.

* CFRP Study Guide (Section on Interpersonal Competencies): "The initial de-escalation strategy for a child's verbal aggression is to respond slowly and confidently in a gentle, caring way, promoting calm and maintaining trust." References:

CFRP Study Guide, Section on Interpersonal Competencies, De-Escalation Techniques.

Psychiatric Rehabilitation Association (PRA) Guidelines on Managing Challenging Behaviors.

NEW QUESTION # 101

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