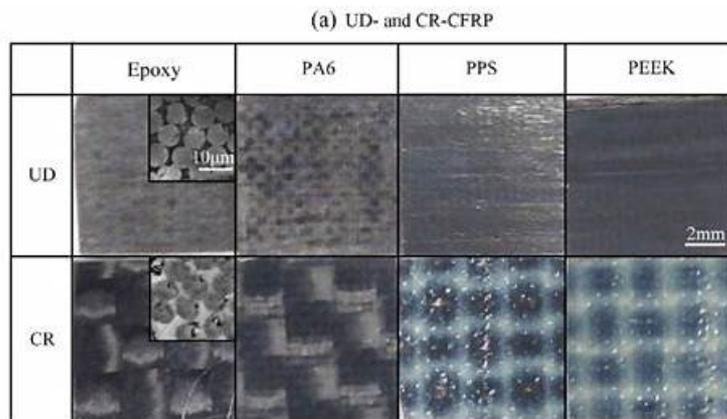
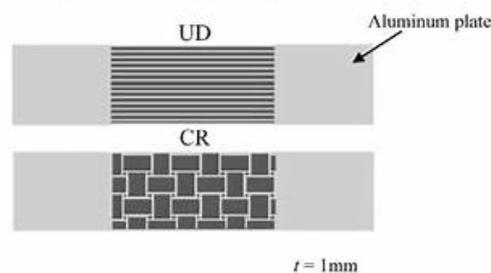


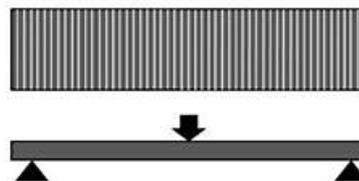
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(b) Tensile and fatigue test specimen



(c) Three-point bending test specimen



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

NEW QUESTION # 54

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 # 55

Practitioners may self-disclose for the purpose of:

- A. Modeling and instilling hope.
- B. Ensuring treatment participation.
- C. Directing family choice.
- D. Challenging values and beliefs.

Answer: A

Explanation:

The Professional Role Competencies domain addresses ethical and purposeful practitioner behaviors, including self-disclosure.

The PRA CFRP Study Guide 2024-2025 states that self-disclosure, when used judiciously, should model positive behaviors or instill hope, such as sharing a relevant personal experience to demonstrate resilience or recovery.

Option C (Modeling and instilling hope) is correct because the PRA guidelines permit self-disclosure to inspire children and families by showing that challenges can be overcome, aligning with strengths-based practice.

Option A (Ensuring treatment participation) is incorrect because self-disclosure to manipulate participation is unethical per the PRA Code of Ethics.

Option B (Challenging values and beliefs) is incorrect because self-disclosure should not confront or challenge but rather support and validate.

Option D (Directing family choice) is incorrect because self-disclosure should not influence family decisions but rather empower autonomy.

:

Psychiatric Rehabilitation Association, CFRP Study Guide 2024-2025, Section on Professional Role Competencies: Ethical Self-Disclosure.

PRA Certification Candidate Handbook, Competency Domain 2: Professional Role Competencies.

PRA Code of Ethics, Principle 7: Ethical Conduct.

NEW QUESTION # 56

Transition-age youth are able to gain psychosocial protective factors as well as neurophysiological buffering through which of the following?

- **A. Consistent relationships with caring individuals**
- B. Connection to a peer network
- C. Caregiving for younger siblings
- D. Involvement in the child protective system

Answer: A

Explanation:

In the CFRP framework, transition-age youth services focus on fostering protective factors to support mental health and resilience. Consistent relationships with caring individuals, such as mentors or supportive adults, provide psychosocial protective factors (e.g., emotional support) and neurophysiological buffering (e.g., reducing stress responses). The CFRP study guide states, "Transition-age youth gain psychosocial protective factors and neurophysiological buffering through consistent relationships with caring individuals, which mitigate stress and enhance resilience." Caregiving for siblings (option B) may build responsibility but is less directly linked to neurophysiological benefits. Involvement in child protective services (option C) is often a risk factor, not a protective one. Peer networks (option D) are supportive but less impactful than adult relationships.

* CFRP Study Guide (Section on Transition-Age Youth Services): "Consistent relationships with caring individuals provide transition-age youth with psychosocial protective factors and neurophysiological buffering, reducing stress and promoting resilience."

References:

CFRP Study Guide, Section on Transition-Age Youth Services, Protective Factors.
Psychiatric Rehabilitation Association (PRA) Guidelines on Youth Resilience.

NEW QUESTION # 57

Which of the following is a protective factor that facilitates the occurrence of positive outcomes?

- A. Financial means
- B. Extended family
- **C. Developmental assets**
- D. Peer group connection

Answer: C

Explanation:

Supporting health and wellness in the CFRP framework involves identifying protective factors that promote resilience and positive outcomes. Developmental assets, such as skills, relationships, and opportunities that foster growth, are recognized as key protective factors that facilitate positive outcomes in children and youth.

The CFRP study guide explains, "Developmental assets, including personal strengths, supportive relationships, and community opportunities, are protective factors that significantly enhance the likelihood of positive outcomes." While financial means (option B), extended family (option C), and peer group connections (option D) can contribute, developmental assets are the most comprehensive and widely recognized protective factor.

* CFRP Study Guide (Section on Supporting Health and Wellness): "Developmental assets are critical protective factors that facilitate positive outcomes by building resilience through skills, relationships, and opportunities." References:

CFRP Study Guide, Section on Supporting Health and Wellness, Protective Factors.
Psychiatric Rehabilitation Association (PRA) Guidelines on Resilience and Positive Development.

NEW QUESTION # 58

In early childhood, which of the following has been shown to have a positive connection to adolescent mental health by lowering cortisol levels and anxiety?

- A. Dietary support
- B. Physical exertion
- **C. Play**
- D. Massage

Answer: C

Explanation:

Within the CFRP framework, supporting health and wellness includes promoting interventions that enhance mental health across developmental stages. Research highlighted in the CFRP study guide indicates that play in early childhood is strongly associated with positive adolescent mental health outcomes, as it reduces cortisol levels and anxiety by fostering emotional regulation and social skills. The guide states, "Play in early childhood has been shown to lower cortisol levels and anxiety, contributing to improved mental health in adolescence." While massage (option A), dietary support (option B), and physical exertion (option C) may have health benefits, play is uniquely effective in this context due to its role in developmental and emotional growth.

* CFRP Study Guide (Section on Supporting Health and Wellness): "Play in early childhood is a critical intervention that lowers cortisol levels and anxiety, promoting resilience and positive mental health outcomes in adolescence." References:

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

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

NEW QUESTION # 59

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