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Psychiatric Rehabilitation Association Certified Child and Family Resiliency Practitioner (CFRP) Sample Questions (Q60-Q65):

NEW QUESTION # 60

At what age does a typical child progress from concrete to formal operational thinking?

- **A. Age 11-12**
- B. Age 9-10
- C. Age 15-16
- D. Age 13-14

Answer: A

Explanation:

Supporting health and wellness in the CFRP framework includes understanding developmental milestones, such as cognitive development stages outlined by Piaget. A typical child progresses from concrete operational thinking (focused on tangible, observable events) to formal operational thinking (involving abstract reasoning and hypothetical thinking) around age 11-12. The CFRP study guide notes, "According to Piaget's theory, the transition from concrete to formal operational thinking typically occurs around ages 11 to 12, enabling abstract and hypothetical reasoning." Ages 9-10 (option A) are generally within the concrete stage, while ages 13-14 (option C) and 15-16 (option D) are typically after the transition.

* CFRP Study Guide (Section on Supporting Health and Wellness): "The shift from concrete to formal operational thinking, as per Piaget, typically begins around ages 11-12, marking the onset of abstract reasoning capabilities." References:

CFRP Study Guide, Section on Supporting Health and Wellness, Cognitive Development.

Psychiatric Rehabilitation Association (PRA) Guidelines on Developmental Psychology.

NEW QUESTION # 61

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. Involvement in the child protective system
- C. Connection to a peer network
- D. Caregiving for younger siblings

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 # 62

A caregiver is requesting a decrease in service hours. What is the practitioner's FIRST course of action?

- A. Encourage the caregiver to continue with the current service plan.
- B. Consult with a colleague about how to proceed with the caregiver.
- C. Discuss with the caregiver the reason for the request.
- D. Seek supervision about the caregiver's resistance to service.

Answer: C

Explanation:

In the CFRP framework, person-centered and family-driven planning is critical within the domain of Assessment, Planning, and Outcomes. When a caregiver requests a change, such as a decrease in service hours, the practitioner's first step is to engage in open communication to understand the caregiver's perspective and reasons for the request. The CFRP study guide emphasizes that "practitioners should initiate discussions with caregivers to explore their needs, preferences, and concerns to ensure services align with family goals." Encouraging continuation of the current plan (option A) without discussion disregards family-driven principles. Seeking supervision (option C) or consulting a colleague (option D) may be appropriate later, but these are not the first steps, as they bypass direct engagement with the caregiver.

* CFRP Study Guide (Section on Assessment, Planning, and Outcomes): "When caregivers request changes to service plans, the practitioner's first action is to discuss the reasons for the request, ensuring that services remain family-driven and aligned with their needs." References:

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

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

NEW QUESTION # 63

A 9-year-old does not get selected for the school all-star baseball team. This child seeks social support from his peers to manage his disappointment. This is an example of what type of coping strategy?

- A. Process focused
- B. Problem focused
- C. Cognitive focused
- D. Emotion focused

Answer: D

Explanation:

The Strategies for Facilitating Recovery domain includes understanding coping strategies to support resiliency. The PRA CFRP Study Guide 2024-2025 defines emotion-focused coping as strategies that manage emotional distress, such as seeking social support to process feelings, as opposed to addressing the problem directly.

Option A (Emotion focused) is correct because seeking peer support to manage disappointment focuses on regulating emotions rather than solving the problem (non-selection for the team). The PRA framework highlights this as a healthy coping mechanism for children.

Option B (Cognitive focused) is incorrect because cognitive-focused coping involves reframing thoughts, not seeking social support.

Option C (Process focused) is incorrect because "process focused" is not a recognized coping category in the PRA framework.

Option D (Problem focused) is incorrect because problem-focused coping addresses the issue directly (e.g., practicing to make the team next time), not managing emotions through support.

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Psychiatric Rehabilitation Association, CFRP Study Guide 2024-2025, Section on Strategies for Facilitating Recovery: Coping Strategies.

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

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

NEW QUESTION # 64

When nurturing problem-solving abilities in children with autism spectrum disorders, it is important to

- A. provide unconditional support of their decisions.
- B. offer them frequent reminders about what to do.
- C. define the possible consequences of their actions.
- D. engage them in thinking about possible solutions.

Answer: D

Explanation:

Supporting health and wellness for children with autism spectrum disorders (ASD) involves fostering skills like problem-solving in a way that respects their unique needs. Engaging children with ASD in thinking about possible solutions encourages critical thinking and autonomy, which are essential for developing problem-solving abilities. The CFRP study guide emphasizes, "To nurture problem-solving in children with autism spectrum disorders, practitioners should engage them in thinking about possible solutions, promoting independence and cognitive flexibility." Unconditional support of decisions (option A) may undermine learning by not addressing consequences. Defining consequences (option B) is a secondary step after solution exploration. Frequent reminders (option D) may reduce independence and are less effective for building problem-solving skills.

* CFRP Study Guide (Section on Supporting Health and Wellness): "Nurturing problem-solving in children with autism spectrum disorders involves engaging them in thinking about possible solutions to foster independence and cognitive growth." References: Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Supporting Health and Wellness, ASD Interventions.

Psychiatric Rehabilitation Association (PRA) Guidelines on Neurodevelopmental Support.

NEW QUESTION # 65

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