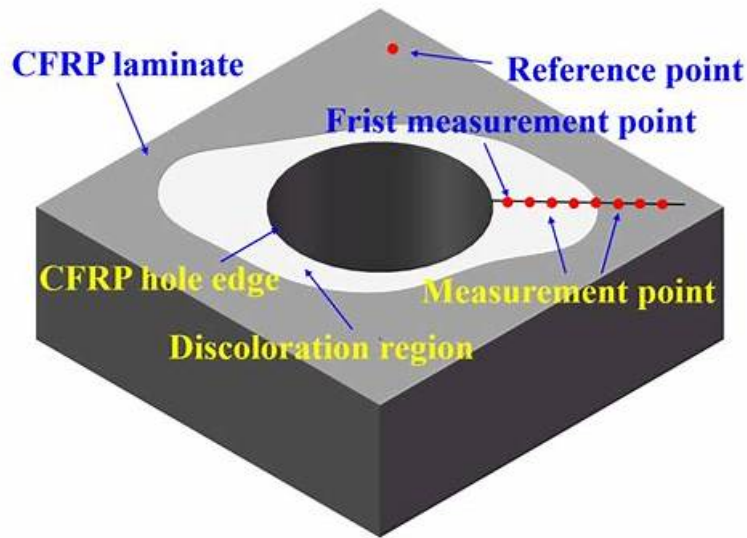


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Psychiatric Rehabilitation Association Certified Child and Family Resiliency Practitioner (CFRP) Sample Questions (Q84-Q89):

NEW QUESTION # 84

A practitioner is working with a transition-age youth who is thinking about dropping out of school due to failing grades and not having enough credits to graduate on time. The practitioner should encourage the youth to

- A. ask her classmates to help with schoolwork.
- B. request a meeting with her teachers.
- C. accept graduating at a later date.
- D. enroll in a high school equivalency program.

Answer: B

Explanation:

Supporting transition-age youth in the CFRP framework involves empowering them to address educational challenges collaboratively. For a youth considering dropping out due to failing grades and insufficient credits, the practitioner should encourage requesting a meeting with teachers to explore solutions, such as academic support or credit recovery plans. The CFRP study guide states, "When a transition-age youth faces academic challenges threatening graduation, practitioners should encourage them to request a meeting with teachers to collaboratively address barriers and identify solutions." Accepting delayed graduation (option A) or enrolling in an equivalency program (option C) may be options but are less immediate than engaging teachers. Asking classmates for help (option B) is less structured and less likely to address systemic issues.

* CFRP Study Guide (Section on Transition-Age Youth Services): "Practitioners should encourage transition-age youth facing academic difficulties to request a meeting with teachers to explore solutions, fostering collaboration and persistence." References: CFRP Study Guide, Section on Transition-Age Youth Services, Educational Support. Psychiatric Rehabilitation Association (PRA) Guidelines on Transition-Age Youth Education.

NEW QUESTION # 85

Assessment, planning, linking, and monitoring are core functions of

- A. psychiatric care.
- **B. case management.**
- C. care coordination.
- D. medication management.

Answer: B

Explanation:

In the CFRP framework, community integration involves connecting families to resources through structured processes. Assessment, planning, linking, and monitoring are core functions of case management, which ensures families access appropriate services and supports. The CFRP study guide states, "Case management includes the core functions of assessment, planning, linking, and monitoring to connect children and families with community resources." Medication management (option A) focuses on pharmaceuticals, psychiatric care (option B) involves clinical treatment, and care coordination (option C) is a broader term that overlaps but is less specific than case management.

* CFRP Study Guide (Section on Community Integration): "The core functions of case management- assessment, planning, linking, and monitoring-facilitate access to community resources for children and families." References: CFRP Study Guide, Section on Community Integration, Case Management. Psychiatric Rehabilitation Association (PRA) Guidelines on Community Resource Linkage.

NEW QUESTION # 86

A practitioner is completing an assessment with a child who recently experienced a traumatic event. The child is avoiding questions related to the event. The practitioner should

- A. continue questioning the child about the trauma.
- B. ask the parent about the child's trauma.
- C. refer the child to a therapist.
- **D. allow the child to disclose at his own pace.**

Answer: D

Explanation:

Trauma-informed care is a cornerstone of supporting health and wellness in the CFRP framework. When a child who has experienced a traumatic event avoids discussing it during an assessment, the practitioner should allow the child to disclose at their own pace, respecting their emotional readiness and avoiding re-traumatization. The CFRP study guide emphasizes, "In trauma-informed assessments, practitioners should allow children to disclose details of traumatic events at their own pace to ensure safety and trust." Asking the parent (option A) may be a secondary step but bypasses the child's autonomy. Referring to a therapist (option C) or continuing questioning (option D) may be premature or harmful without first establishing trust.

* CFRP Study Guide (Section on Supporting Health and Wellness): "When a child avoids discussing a traumatic event during assessment, practitioners should allow disclosure at the child's own pace, prioritizing safety and trust in trauma-informed care." References:

CFRP Study Guide, Section on Supporting Health and Wellness, Trauma-Informed Care. Psychiatric Rehabilitation Association (PRA) Guidelines on Trauma-Informed Assessments.

NEW QUESTION # 87

One principle of multicultural psychiatric rehabilitation is recognizing that culture is

- A. central to family recovery.
- B. responsible for family treatment outcomes.
- C. based on country of origin.
- D. defined by language, ethnicity, and race.

Answer: A

Explanation:

The CFRP framework emphasizes the importance of cultural competence in psychiatric rehabilitation, particularly in fostering recovery for children and families. According to the CFRP study guide, multicultural psychiatric rehabilitation recognizes that "culture is central to recovery" because it shapes individuals' and families' beliefs, values, and practices, which significantly influence their engagement with services and their recovery process. Culture is not narrowly defined by language, ethnicity, or race (as in option D), nor is it solely based on country of origin (option B). While culture can influence treatment outcomes, it is not accurate to say it is "responsible" for them (option A), as outcomes depend on multiple factors, including service quality and individual circumstances. Instead, the CFRP principles highlight that cultural competence involves understanding and integrating cultural contexts into recovery plans to support family resilience and recovery.

* CFRP Study Guide (Section on Interpersonal Competencies): "Recognizing that culture is central to recovery is a core principle of multicultural psychiatric rehabilitation. Practitioners must understand the cultural contexts of families to effectively support their recovery journey." References:

Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Interpersonal Competencies, Multicultural Principles.

Psychiatric Rehabilitation Association (PRA) Guidelines on Cultural Competence.

NEW QUESTION # 88

According to the Adverse Childhood Experience (ACE) Study, adverse childhood experiences can BEST be reversed by

- A. a biological family member.
- B. ongoing therapeutic interventions.
- C. a consistent nurturing person.
- D. residential treatment programs.

Answer: C

Explanation:

In the CFRP framework, supporting health and wellness includes addressing the impacts of adverse childhood experiences (ACEs) as identified in the ACE Study. The study emphasizes that the presence of a consistent nurturing person, such as a supportive caregiver or mentor, is the most effective way to mitigate the long-term effects of ACEs by fostering resilience and emotional security. The CFRP study guide states, "According to the ACE Study, the effects of adverse childhood experiences are best reversed by a consistent nurturing person who provides emotional support and stability." A biological family member (option B) is not necessarily required, as the key is nurturing support. Residential treatment (option C) and ongoing therapy (option D) may help but are less impactful than a nurturing relationship.

* CFRP Study Guide (Section on Supporting Health and Wellness): "The ACE Study highlights that a consistent nurturing person is the most effective means to reverse the impacts of adverse childhood experiences, promoting resilience through stable support."

References:

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

Psychiatric Rehabilitation Association (PRA) Guidelines on Trauma Recovery.

NEW QUESTION # 89

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