Pediatric Skills for Occupational Therapy Assistants 5th edition Solomon Test Bank

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MULTIPLE CHOICE

1. On what does the success of home-based intervention with children with disabilities most depend?
   a. The conceptual framework guiding the intervention
   b. The degree to which the intervention is supported by research
   c. The extent to which the family is involved in its design and implementation
   d. The skill of the practitioner in implementing therapy activities with children

   ANS: C
   Families have the most significant environmental influence on a young child's life and development. OT practitioners enter children's lives for relatively brief periods. Family members are the "constants" in most children's lives.

2. Which statement best describes a family-centered approach to intervention?
   a. Families are told to put their children in the hands of specialists who will design and implement therapy.
   b. Families receive special training and instruction about disabilities.
   c. Practitioners develop intervention plans in collaboration with families.
   d. Practitioners tell families how to treat and educate their children.

   ANS: C
   Consulting with the family on the desired goals for the child and for the family and strategies for achieving them builds collaboration and trust, which are key ingredients for intervention success with families.

3. Which statement is not part of the PL 99-457 (1986)?
   a. Families play an important role in children's assessments and evaluations.
   b. Families will defer to the professionals regarding all intervention decisions.
   c. Family concerns, resources, and priorities guide the development of individual intervention plans.
   d. Families are mandated co-leaders on state-level advisory boards that make recommendations about the way in which service systems are designed.

   ANS: B
   According to PL 99-457 (1986) families and professionals work together to decide goals and provide intervention.

4. Which life-cycle event(s) is (are) considered normal for families with children?
   a. Child entering puberty
   b. Child having frequent hospitalizations
   c. Child attending school
   d. Child entering puberty and Child attending school

   ANS: D
   Children enter puberty and go to school, but it is not typical to have frequent hospitalizations as a child.

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5. Which factor allows you to predict how a family will adapt to a crisis?
   a. Cannot necessarily predict adaptation
   b. Income level
   c. Past experiences with crises
   d. Marital status

   ANS: A
   Families react and adapt to crises in individualized and unique ways. Family adaptation is affected by the interaction of family resources (e.g., time, money, and friends) and perceptions (the way events are defined). Social support plays an extremely important role in family and individual well-being. For the families of children with disabilities, the informal support of extended family, friends, and neighbors appears to be more important than formal support received from professionals and institutions. Of course, an important factor is the way families define their resources. It is not necessarily possible to predict adaptation.

6. What is meant by reframing as a perceptual coping strategy?
   a. Giving up and asking someone else to take charge
   b. Ignoring a problem
   c. Redefining a problem so that there are parts of the problem that can be managed and dealt with
   d. Taking up a hobby such as picture framing

   ANS: C
   Reframing refers to redefining a situation in ways that make it more manageable.

7. What is meant by solution-focused curiosity?
   a. Analyzing family records and documents to assess family needs
   b. Finding out as much about a family as possible, even if it means asking personal questions
   c. Sharing information with your colleagues about family problems you encounter in practice
   d. Showing nonjudgmental interest in families as a way of developing solutions to challenges

   ANS: D
   People generally have an extremely positive response to practitioners who are nonjudgmentally interested in them and their situations. The focus should be on strengths, achievements, and desires rather than on the traditional problems and deficits. This "solution focus" allows the practitioner to support the adaptive (morphogenetic) potential of the family while not challenging or criticizing its current status.

8. What is the best approach if a family consistently misses therapy appointments?
   a. Give up because the family does not care about the child and does not understand the value of therapy
   b. Keep the therapy goals and continue to make appointments in hopes that the family will cooperate
   c. Report the family to the proper authorities to be investigated for negligence
   d. Reestablish the goals of therapy with family

   ANS: D

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Collaborating with the family to clarify and develop a common set of goals helps practitioners efficiently and effectively manage the intervention planning process.

9. What is an important message to convey to families when first meeting them?
   a. You are interested in their child and respect what the family is doing to support and parent their child.
   b. Professionals have all the answers.
   c. The road ahead with a child with disabilities will be hard.
   d. Therapy is the single most important activity in their child's life.

   ANS: A
   When meeting a family for the first time, it is important to show curiosity and interest about the unique ways in which the parents adapt to their child's disability—the ingenious ways that they cope in their daily lives—without judging and evaluating.

10. Which general systems theory principle refers to the capacity for change?
    a. Equifinality
    b. Morphogenetic
    c. Morphostatic
    d. Volition

    ANS: B
    General systems have a capacity for change, which has been named the *morphogenetic* (form-evolving) *principle*. Examples for families include gaining or losing a member through marriage, divorce, birth, or death, and the shifting roles of members through marriage, school progression, or aging.

11. What role is the OT practitioner using when he or she provides the family with a schedule for wearing a splint?
    a. Prescriptive
    b. Consultative
    c. Adaptive
    d. Resourceful

    ANS: A
    When working directly with the child, the OT practitioner functions primarily in the prescriptive and directive role; when working with the family, he or she functions primarily in the consultative role. The prescriptive role involves instructing clients or providing advice for the client to follow.

12. What type of role is the OT practitioner using when developing a schedule for wearing a splint that incorporates the natural family routines?
    a. Prescriptive
    b. Consultative
    c. Adaptive
    d. Resourceful

    ANS: B
    Consulting with the family on the possibility of achieving the desired goals for the child and for the family builds collaboration and trust, which are key ingredients for intervention success with families.

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13. Recent changes in service delivery have changed OT practitioners' roles. Which of the following is not part of the OT practitioner's duties?
    a. Assessing family interests, priorities, and concerns
    b. Observing daily routines of children and their families
    c. Sharing information with families about intervention strategies
    d. Helping families develop a household budget to meet all their needs

    ANS: D
    Recent changes in service delivery and implementation have resulted in an expansion of OT practitioners' roles. Their duties now also include the following:
    - Assessing family interests, priorities, and concerns
    - Observing and gathering information about the daily routines of children and families in their homes and in the classrooms
    - Gathering and sharing information with families about development and intervention strategies
    - Implementing therapy in collaboration with parents, caregivers, and general educators

14. What is one of the first steps in establishing trust with a family?
    a. Identify outcomes that family members desire
    b. Prove that you are the expert and have the answers
    c. Use complicated language to impress the family
    d. Have a clear plan already established to show you are in charge

    ANS: A
    One of the first steps in establishing trust is to identify the outcomes family members desire. Given that different family members have different priorities, helping them find verbal expression for outcomes that everyone can endorse builds that trust in a powerful way. Sometimes families simply have the basic desire to help their children grow and develop. Regardless of whether a family's goals are vague, it is important to acknowledge the ways family members perceive the current situation and priorities while helping them agree on goals.

15. Which essential skill for successful intervention with families is most closely shown in the following scenario? The OT practitioner asks the parents what they hope to achieve by coming to therapy. The practitioner seeks to determine how the child spends her day and what problems occur so that an intervention plan can be developed.
    a. Acknowledgment
    b. Continuity
    c. Collaborative goal setting
    d. Solution-focused interest

    ANS: C
    A family that has requested or been referred for OT services has some goals, even if only vague ones, that they hope the services will help achieve. The practitioner may have a very different idea of what the goals should be. Collaborating with the family to clarify and develop a common set of goals helps practitioners efficiently and effectively manage the intervention planning process. Staying close to the agreed-upon plan while being willing to change the plan as family needs evolve builds trust, and family members perceive the therapist as being interested in helping them achieve their goals.

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