

Counseling and Social Work Child-Life

Child Life Professional Certification Examination

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Question: 1

A 6-year old child must receive daily painful injections and fights and screams when his mother is present but remains docile when he is alone. The mother becomes very upset during the injection and says repeatedly, "I'm so sorry this hurts so much," and begins to cry. Which of the following is the MOST appropriate intervention?

- A. Ask the mother to wait outside during the injection.
- B. Adjust the dosing schedule to a time the child is usually alone.
- C. Ask that a topical anesthetic be applied prior to the injection.
- D. Counsel the mother on methods to reduce her own and the child's stress.

Answer: D

Explanation:

The mother should receive counseling on methods to reduce her own stress because parental anxiety closely correlates with the child's anxiety. The mother's statements about pain and her crying may increase the child's stress and ability to cope. Providing options, such as distracting the child or rewarding him, may help the mother control her own anxiety. Asking the mother to leave or giving the injection when she is absent may increase the child's stress even though the child may be afraid to express anxiety and may be more cooperative. Topical anesthetics may be affective for insertion of needles, but painful injections usually result from tissue pain related to the medication, so topical anesthetics are less effective.

Question: 2

A 4-year-old girl is learning to write the alphabet but sometimes writes letters, such as a capital B or D, backwards and gets confused as to the difference between some letters, such as capital M and W. Which of the following is the best response?

- A. "You're not doing these letters right."
- B. "Watch me while I write the letters."
- C. "Wow! That's wonderful!"
- D. "You're learning a lot of letters!"

Answer: D

Explanation:

"You're learning a lot of letters" is the best choice because it acknowledges the child's efforts without heaping excessive praise, such as "Wow! That's wonderful!" These types of errors are common in young children and do not need correcting at this point as children should be allowed to make some errors

without intervention. Pointing out errors before the child is developmentally ready or showing the child the correct form may increase the child's stress and retard the learning process.

Question: 3

A 5-year old child is going to have surgery for repair of an umbilical herni

a. All of the following should be included as part of the child's preparation EXCEPT:

- A. A real or virtual tour of the hospital.
- B. Demonstrations with a doll.
- C. A detailed explanation of the surgery.
- D. Advance preparation.

Answer: C

Explanation:

A detailed explanation of surgery may confuse a young child and increase anxiety. Explanations should be age- appropriate and guided by the child's questions, such as: "The doctor is going to fix the bump on your tummy." If possible, the child should receive a tour of the facility prior to the day of surgery, so the child can explore and ask questions without the immediate anxiety of surgery. Demonstrations with a doll are often effective for young children, and "surgery play" may help the child express feelings and concerns. Children should always be prepared in advance for surgery.

Question: 4

At which stage In Piaget's theory of cognitive development do children engage in magical thinking and show egocentrism?

- A. Sensorimotor.
- B. Preoperational.
- C. Concrete operational.
- D. Formal operational.

Answer: B

Explanation:

According to Piaget's theory of cognitive development, children engage in magical thinking and show egocentrism in the preoperational stage. Stages include:

- Sensorimotor (0-24 months): Intellect begins to develop and children acquire motor and reasoning skills, begin to use language, and prepare for more complex intellectual activities.
- Preoperational (2-7 years): Children develop a beginning concept of cause and effect along with magical thinking and egocentrism.
- Concrete operations (7-11): Children develop understanding of cause and effect and concrete objects.
- Formal operational (11-adult): Children/young adults develop mature thought processes, the ability to think abstractly and evaluate different possibilities and outcomes.

Question: 5

A child does not participate in team sports, and he admires older children in gangs. He fails to follow rules or understand causal relationships. He has made poor academic progress in reading, writing, math, and penmanship, and has problems throwing or catching a ball. These findings are most likely associated with developmental delays or problems for which of the following ages?

- A. 6.
- B. 8.
- C. 10.
- D. 12.

Answer: B

Explanation:

Problems are associated with a 10 year-old child. Problems according to age:

- 6: Peer problems, depression, cruelty to animals, poor academic progress, speech problems, lack of fine motor skills, and inability to catch a ball or state age.
- 8: No close friends, depression, cruelty to animals, interest in fires, very poor academic progress with impaired math, reading, or writing skills, and poor coordination.
- 10: No team sports and poor choices in peers (gangs), failure to follow rules, cruelty to animals and interest in fires, depression, failure to understand causal relationships, poor academic progress in reading, writing, math, and penmanship, and problem throwing or catching.
- 12: Same as age 10 with increasing risk-taking behaviors (drinking, drugs, sex) and continued poor academic progress in reading, following directions, doing homework, and organization.

Question: 6

A 4-year old child hospitalized for cancer treatment refuses to eat any foods other than bananas, milkshakes, spaghetti, and hot dogs. Which of the following is the best approach?

- A. Fortify these foods when possible and allow the child to eat what the child likes.
- B. Serve the child the same diet as other children, as the child will eventually eat when hungry.
- C. Discuss the necessity of eating a more balanced diet with the child.
- D. Withhold activities, such as watching cartoons, until the child eats other foods.

Answer: A

Explanation:

These foods should be fortified when possible (such as adding protein to milkshakes) and the child allowed to eat what he/she likes. Food jags are common with preschoolers. There can be days or even weeks when they refuse all but one or two foods. Studies have indicated that children seem to suffer no ill effects from these food jags, so forcing the child to eat other foods isn't necessary, but other foods should be offered until the child resumes a more normal diet. Because the child is stressed, she may be seeking comfort in the foods she knows and likes. A 4-year-old child is probably not going to be

convinced by reason, and punishing the child by serving only other foods or withholding activities will increase anxiety.

Question: 7

An obese 15-year-old girl diagnosed with type 2 diabetes needs to change her diet and lose weight. She has 12 and 13-year-old siblings. Which of the following approaches is MOST likely to be successful?

- A. Referring the teenager to a weight-loss camp.
- B. Providing the teenager with intensive diet instruction.
- C. Educating the child about the negative effects of diabetes.
- D. Changing eating habits for the entire family.

Answer: D

Explanation:

The most successful approach includes a healthier change in eating habits for the whole family so the child does not eat differently from others. Changes should include:

- No more than 30% of nutrition should be fats.
- Carbohydrates should be complex rather than simple sugars, decreasing consumption of white flour and sugar.
- Healthy snacks, such as fruit, air-popped popcorn, and nonfat yogurt, should be provided with high-caloric snacks (chips, candy) not available.
- The child should eat 3 meals daily, served adequate but not large portions, and not be forced to "clean the plate."
- Television viewing or other sedentary activities should be progressively limited over time and exercise activities encouraged.

Question: 8

Which of the following is the FIRST step in problem solving?

- A. Define the issue.
- B. Collect data.
- C. Make a decision.
- D. Consider reasons for actions.

Answer: A

Explanation:

The first step is to define the issue: Talk with the patient or family and staff to determine if the problem is related to a failure of communication or other issues, such as culture or religion.

- Collect data: This may mean interviewing additional staff or reviewing documentation, gaining a variety of perspectives.
- Identify important concepts: Determine if there are issues related to values or beliefs.

- Consider reasons for actions: Distinguish between motivation and intention on the part of all parties to determine the reason for the problem.
- Make a decision: A decision on how to prevent a recurrence of a problem should be based on advocacy and moral agency, reaching the best solution possible.

Question: 9

Which of the following terms is associated with the child who tries to get information about a stressful event and remains alert to the event?

- A. Vigilant coping.
- B. Avoidant coping.
- C. Trait anxiety.
- D. State anxiety.

Answer: A

Explanation:

Vigilant coping occurs when the child tries to get information about a stressful event and remains alert and vigilant to the event. Avoidant coping occurs when the child tries not to think about or deal with a stressful event, such as surgery or medical treatments, but remains detached. Trait anxiety refers to a child being constantly in a high but stable state of anxiety. State anxiety refers to anxiety in response to a specific stimulus, such as hospitalization or other stressful experience. Both the child's response to anxiety and coping style must be evaluated to determine the child's ability to cope with medical care.

Question: 10

When speaking softly to soothe a 10-day old neonate, how far away from the face should the caregiver hold the infant?

- A. 2 to 4 inches.
- B. 4 to 8 inches.
- C. 8 to 12 inches.
- D. 12 to 16 inches.

Answer: C

Explanation:

Because a neonate is comforted by eye-to-eye contact and focuses the eyes at about 8-12 inches, the caregiver should try to maintain that distance while soothing the child. Neonates may comfort to rhythmic movements, such as rocking, and singing but will startle with abrupt movement. Neonates are sensitive to sounds and lights, so keeping sounds to a minimum (lower the volume on alarms) and dimming the lights may help to soothe the child. Hunger and environmental temperatures that are too high or too low may increase stress.

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