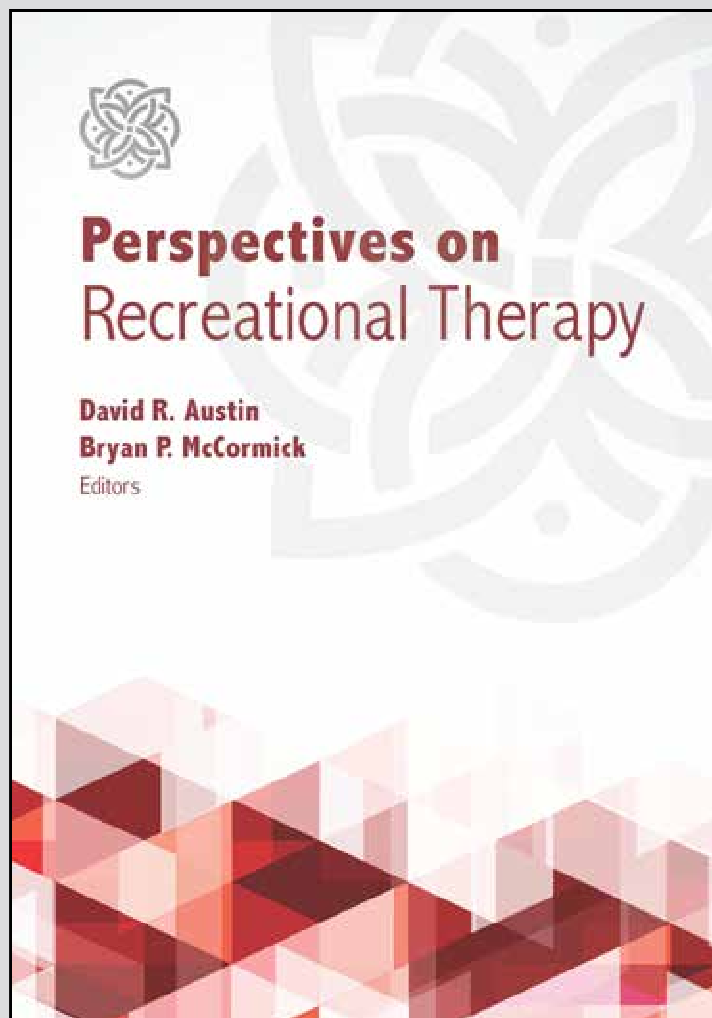
TEST BANK



SAGAMORE VENTURE

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CHAPTER 1 THE THERAPEUTIC RELATIONSHIP

1. Therapeutic relationships are important in:
   a. Recreational therapy
   b. Counseling
   c. Psychotherapy
   d. All of the above*
   e. a and c but not b
2. Carl Rogers identified what components within a therapeutic relationship?
   a. Attending to caring and building rapport
   b. Trust, mutual respect, and shared decision-making
   c. Genuineness, empathy, and positive regard*
   d. Collaboration and feedback to the client
3. Settings in which this model are followed are least conducive to the therapeutic relationship:
   a. Biomedical Model*
   b. Recovery Model
   c. Biopsychosocial Model
   d. Humanistic Model
4. The therapist who understands the ideas and feelings of the client and communicates these perceptions to the client is expressing:
   a. A caring touch
   b. Positive regard
   c. Empathy*
   d. The intrinsic worth of the client
5. Health care professionals who tend to spend the most time with clients and therefore have more opportunity to establish therapeutic relationships:
   a. Nurses
   b. Physicians
   c. Social workers
   d. Recreational therapists*
6. Phases in the therapeutic relationship:
   a. Assessment, planning, implementation, evaluation
   b. Assessment, action, termination, evaluation
   c. Introductory, action, termination*
   d. Introductory, planning, evaluation
7. The setting that would likely be least conducive to therapeutic relationships:
   a. Community mental health center
   b. Corrections facility*
   c. Rehabilitation center
   d. Outdoor recreation/camping center
8. Factor(s) within recreational therapy that tend to enhance therapeutic relationships:
   a. Warm, caring, supportive atmospheres are established
   b. RTs do things *with* clients, not *to* clients
   c. Activities transpire in spaces where clients feel comfortable
   d. All of the above*
   e. a and b but not c

CHAPTER 2 BROADENING THE CONCEPT OF "EVIDENCE" IN RECREATIONAL THERAPY PRACTICE

1. EBP stands for:
   a. Environmentally Based Practice
   b. Educationally Based Practice
   c. Evidence-Based Practice*
   d. Empirically Based Practice
2. Traditional EBP focuses solely on:
   a. Information that appears in textbooks
   b. Posters presented at conferences
   c. Scientific research evidence*
   d. Probability tables
3. RCT stands for:
   a. Research controlled therapy
   b. Randomized control trials*
   c. Review charting tasks
   d. Right cerebral tabes
4. Quantitative research method(s):
   a. Survey research
   b. Single-subject designs
   c. Correlational studies
   d. All of the above*
   e. a and c but not b
5. Quasi-experimental designs are often used:
   a. In medical and health care research
   b. When random assignment of subjects is not an option
   c. To obtain a general trend or pattern
   d. All of the above*
   e. a and c but not b
6. Clinical case reports or case studies:
   a. Often contain valuable information that helps clinicians conceptualize client care*
   b. Are thought to be of little value because they are not considered to be a valid type of research
   c. Have to be conducted in well controlled research labs
   d. Are considered to be "craft" knowledge
7. Sources of evidence to implement EBP may include the client's:
   a. Values
   b. Religious beliefs
   c. Goals and preferences for treatment
   d. All of the above*
   e. a and c but not b
8. In applying EBP, recreational therapists:
   a. Must define evidence narrowly as substantiated research findings
   b. Broaden their criteria for "evidence" beyond controlled research studies
   c. Engage in critical reflection by considering diverse sources of evidence
   d. All of the above
   e. b and c but not a*

CHAPTER 3 INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY, AND HEALTH

1. ICF stands for:
    a. Internal Control Factors in Functioning
    b. International Classification of Functioning, Disability, and Health*
    c. International Calibrating of Functioning
    d. Incremental Change in Functioning
2. The ICF was developed by which organization?
    a. ATRA
    b. NART
    c. WHO*
    d. CTRA
3. The ICF has been termed to follow a:
    a. Biomedical model
    b. Recovery model
    c. Conceptual model
    d. Biopsychosocial model*
4. Under the ICF, the health condition equates with:
    a. Body structure
    b. Body function
    c. Environmental influences
    d. Diagnosed condition*
5. Recreational therapy has:
    a. Been slow to embrace use of the ICF
    b. Embraced the use of the ICF*
    c. Rejected the ICF
    d. Neither accepted or rejected the ICF as it is still a new approach
6. The WHODOS 2.0 has application primarily in:
    a. Assessment
    b. Planning
    c. Implementation
    d. Evaluation
    e. a and d but not b and c*

CHAPTER 4 INTEGRATIVE HEALTH CARE

1. Component(s) of integrative health care:
    a. Follows a biomedical model
    b. Patient-centered
    c. Embraces conventional, alternative, and complementary therapies
    d. Holistic in nature
    e. b, c, and d but not a*
2. Integrative health care is characterized by:
    a. An interdisciplinary, nonhierarchical team approach employing both conventional and CAM health care
    b. The practitioner and client working in partnership
    c. Promoting health and wellness as well as prevention of disease
    d. All of the above*
    e. a and c but not b
3. A team approach in which in which expert advice is given from one professional to another:
    a. Parallel
    b. Consultative*
    c. Coordinated
    d. Integrative
4. The term *complementary* is used to describe when a non-mainstream practice is employed:
    a. In place of conventional medicine
    b. Together with conventional medicine*
    c. In a prescription suggested by a health care professional to a medical doctor
    d. When a and b are combined together
5. CAM practitioners tend to employ a “gentle” approach that uses:
    a. Therapeutic relationships
    b. Client participation in the healing process
    c. The client’s inherent capacity for self-healing
    d. All of the above*
    e. a and b but not c
6. Complementary health approaches often employed by recreational therapists include:
    a. Natural products and special diets
    b. Yoga, tai chi, and qi gong
    c. Deep breathing, progressive relaxation, and meditation
    d. All of the above
    e. b and c but not a*
7. Area(s) where integrative health care is most likely to be practiced include:
    a. Mental or behavioral health
    b. Substance use treatment
    c. Long-term care for aging clients
    d. All of the above*
    e. A and b but not c

CHAPTER 5 CONCEPTUAL MODELS FOR THEORY AND PRACTICE

1. The role(s) of conceptual models in recreational therapy:
   a. Stipulate the mission of the profession by articulating its goals
   b. Offer theory to inform practice
   c. Both a and b*
   d. a but not b
2. On the "Ladder of Abstraction" philosophy is on the:
   a. Highest rung representing the basic values and beliefs for a profession*
   b. Second rung that provides organization and structure
   c. Bottom rung providing the empirical foundation for practice
   d. Lowest level directly influencing practice
3. Concepts are:
   a. Words that provide mental images of phenomena
   b. Identified within theories
   c. Used to provide the structure or building blocks for theories
   d. All of the above*
   e. a and b but not c
4. The set of interpretative assumptions, principles, or propositions that guide action:
   a. Philosophy
   b. Theory*
   c. Empirical evidence
   d. Techniques
5. Conceptual models in recreational therapy are typically:
   a. Presented as diagrammatic representations
   b. Offer an image or visualization of how parts of the models fit together
   c. Have narratives to describe the components portrayed in diagrams
   d. All of the above*
   e. a and b but not c
6. Way(s) conceptual models influence recreational therapy practice include:
   a. Identifies clients to receive recreational therapy care
   b. Defines which data to collect for assessment and evaluation
   c. Clarifies objectives and establishes expected outcomes
   d. All of the above*
   e. a and c but not b
7. Conceptual models allow recreational therapists to:
   a. Articulate what recreational therapy is
   b. Have a rationale for what they do
   c. Know their unique place on health care teams
   d. a and b but not c
   e. a, b, and c*

CHAPTER 6 CONCEPTS FROM SOCIAL PSYCHOLOGY

1. Social psychology is the scientific study of how others affect our:
   a. Actions
   b. Feelings
   c. Thoughts
   d. All of the above*
   e. a and c but not b
2. Those at the interface between social psychology and clinical psychology believed:
   a. Clinical judgements are extremely different from everyday social perceptions
   b. So called normal behavior is often maladaptive and dysfunctional
   c. Behavioral problems are essentially interpersonal or social problems
   d. All of the above
   e. b and c but not a*
3. Social psychology has applications in recreational therapy with:
   a. Psychiatric clients
   b. Substance use clients
   c. Clients in long-term care
   d. A vast array of clients*
4. An individual's inflated belief in the importance of personal characteristics in explaining behaviors:
   a. Social evaluation
   b. Fundamental attributional error*
   c. Locus of control
   d. Self-efficacy
5. Indiana University professor Norman Triplett's study of bicyclists racing against the clock versus each other was the first social psychology study and involved the social psychology theory of:
   a. Social facilitation*
   b. Social support
   c. Self-efficacy
   d. Self-fulfilling prophecy
6. What people think about themselves is properly termed:
   a. Self-efficacy
   b. Self-esteem
   c. Self-concept*
   d. None of the above
7. According to Leary, how accepting or rejecting people are of us plays a central role in:
   a. Self-esteem*
   b. Self-concept
   c. Self-efficacy
   d. Self-handicapping
8. Low self-esteem is a powerful predictor of:
   a. Being less apt to have close friendships
   b. Low levels of perceived control
   c. High expectations in accomplishing tasks
   d. All of the above
   e. a, and b, but not c*

9. Self-efficacy primarily deals with:
    a. The level of social support an individual receives from friends
    b. A person's beliefs about his or her skills and capabilities*
    c. The role of extraneous factors in self-beliefs
    d. Low levels of physiological arousal
10. Self-handicapping involves avoiding blame for an expected poor performance by:
    a. Claiming an excuse in advance
    b. Actively sabotaging one's own performance
    c. a but not b
    d. Both a and b*
11. Learned helplessness:
    a. Involves perceptions of control being extremely limited
    b. Produces feelings of being powerless
    c. Undermines confidence and motivation
    d. All of the above*
    e. a and b but not c
12. Setting(s) where the way clients are treated often leads to learned helplessness:
    a. Long-term care facilities*
    b. Rehabilitation centers
    c. Hospital emergency rooms
    d. Camps for campers with disabilities
13. Rosenthal and Jacobson's classic study in which they told teachers certain students (actually randomly chosen) would "spurt ahead" to achieve rapid academic gains is a prime example of:
    a. The building of mood enhancement
    b. The reduction of loneliness in children
    c. The self-fulfilling prophecy*
    d. The power of positive thinking
14. Intervention(s) to combat loneliness:
    a. Addressing maladaptive social cognitions
    b. Building social skills
    c. Increasing social interactions
    d. Enhancing social support
    e. All of the above*
15. Feeling social support:
    a. Is one of the most important factors in people's abilities to cope with stressors
    b. May enhance growth and flourishing
    c. Both a and b*
    d. a but not b

CHAPTER 7 TECHNOLOGY IN RECREATIONAL THERAPY

1. A term coined to describe the use of Nintendo's Wii video game system used with clients by RTs and other health care professionals:
   a. "Wii Balance Board" (a motion sensitive board)
   b. "Wiihabilitation"*
   c. "Active Game Playing" (e.g., bowling, tennis)
   d. "The BMI"
2. Research on the therapeutic benefits of video games is:
   a. Marginal at best
   b. Only beginning to emerge
   c. Extensive*
   d. a and b but not c
3. Snoezelen rooms:
   a. Provide a multisensory environment
   b. Have been used with clients with developmental disabilities and elderly clients
   c. Have not received strong empirical evidence due to methodological issues with research conducted thus far
   d. All of the above*
   e. a and b but not c
4. An interactive robot disguised as a lovable baby harp seal:
   a. OSMO
   b. PARO*
   c. AST
   d. GEORGE
5. Assistive technology involves the use of:
   a. High-tech devices such as paddles controlled by puff-and-sip switches
   b. Low-tech equipment such as ramps on which to place bowling balls
   c. No-tech materials such as Velcro for fastening
   d. All of the above*
   e. None of the above

CHAPTER 8 THE STRENGTHS-BASED APPROACH IN RECREATIONAL THERAPY

1. The strengths-based approach:
    a. Ignores problems in order to focus on strengths
    b. Pretends that client deficits do not exist
    c. Allows for focusing on what the person has going for him- or herself
    d. Uses strengths to minimize the deleterious effects caused by problems
    e. c and d but not a and b*
2. Clients' dispositions change when they:
    a. Are treated with respect and dignity
    b. Feel supported
    c. Are placed in situations where they can focus on positives
    d. All of the above*
    e. a and b but not c
3. The strengths-based approach is not new and was reflected in the works of:
    a. Carl Rogers
    b. Abraham Maslow
    c. B.F. Skinner
    d. a and b but not c*
    e. b and c but not a
4. Strengths include:
    a. Talents, skills, abilities
    b. Personality traits such as persistence and hope
    c. External resources such as family, friends, and recreational resources
    d. All of the above*
    e. a and c but not b
5. The strengths-based approach focuses on:
    a. What is wrong
    b. What is right
    c. What is working
    d. b and c but not a*
6. Assumptions underlying the strengths-based approach:
    a. The client, not the practitioner, is responsible for his or her own health
    b. Within every person, family, and community reside actual and potential strengths
    c. A commitment to the client's development is a part of the approach
    d. All of the above*
    e. a and c but not b
7. In contrast to the strengths-based orientation, in the pathology/deficits orientation:
    a. The client is a case with a diagnosis that requires him or her to comply with treatment decisions made by health care professionals
    b. The centerpiece of therapy, rehabilitation, or care is the plan developed by the practitioner
    c. Decisions regarding the client's care are made collaboratively in partnership with the client and/or family
    d. a and c but not b
    e. a and b but not c*

8. The strengths-based approach employed by recreational therapists had its roots in:
    a. Freudian psychology
    b. Humanistic psychology
    c. Aristotelian philosophy
    d. a and b but not c
    e. b and c but not a*
9. Positive psychology is focused on human strengths similarly to:
    a. Psychoanalytic psychology
    b. Behavioral psychology
    c. Humanistic psychology*
    d. All of the above
10. The notion that having a positive outlook can lead to improved physical health:
    a. Is just beginning to be debated
    b. Has little empirical support
    c. Has received support within research according to the NIH*
    d. a and b but not c
11. The recovery-orientation focuses on:
    a. Symptomatology such as psychosis
    b. Problems, weaknesses, and deficits
    c. Resources available to the person*
    d. a and b but not c
12. The leisure-orientated perspective of Anderson and Heyne:
    a. Sees the strengths-based approach as a recent “sea change”
    b. Does not support the use of the term recreational therapy
    c. Does not focus on helping clients to overcome distress and disorders
    d. Focuses on the facilitation of positive leisure experiences that assist clients to live satisfying, self-determined lives even with limitations caused by their illnesses
    e. All of the above*

CHAPTER 9 RECREATIONAL THERAPY MENTAL HEALTH THEORY AND PRACTICES: EMPHASIZING THE POSITIVE

1. The largest segment of recreational therapists work in:
    a. Long-term care
    b. Mental health services*
    c. Rehabilitation centers
    d. None of the above
2. RTs' use of a strengths-based approach in mental health:
    a. Has never caught on because RTs follow a medical model
    b. Is a recent practice within the past 2-5 years
    c. Has been an approach historically taken by RTs*
    d. None of the above
3. Feeling(s) typically experienced by RT clients taking part in recreation and leisure activities:
    a. Fun
    b. Enjoyment
    c. Satisfaction
    d. All of the above*
    e. a and b but not c
4. Psychological perspective(s) that support a strengths-based approach:
    a. Psychoanalytic psychology
    b. Humanistic psychology
    c. Positive psychology
    d. All of the above
    e. b and c but not a*
5. Enjoyable activities that focus on the pursuit of realizing one's potential:
    a. Eudaimonic activities*
    b. Euphenics activities
    c. Hectic activities
    d. Hedonic activities
6. Clients may flourish when they experience:
    a. Hedonic pursuits
    b. Eudaimonic pursuits
    c. Both a and b together*
    d. a but not b
7. RTs in mental health settings work with clients with:
    a. Acute psychiatric problems
    b. Severe and persistent mental illnesses
    c. Major depressive disorders
    d. All of the above*
    e. b and c but not a
8. RTs work with mental health clients to:
    a. Reduce symptoms
    b. Promote personal growth
    c. Both a and b*
    d. a but not b

9. Clients suffering from severe and persistent mental illness:
    a. Need services from professions (e.g., social work) other than RT
    b. Can recover only from medications prescribed by psychiatrists
    c. Can benefit from psychiatric rehabilitation*
    d. Need intensive psychotherapy from a psychoanalyst
10. The recovery movement:
    a. Was begun by recreational therapists not satisfied with hospital treatment
    b. Was initiated by the consumer-survivor movement
    c. Gained momentum from the disability rights movement
    d. All of the above
    e. b and c but not a*
11. Some who hold to the recovery-orientation have erroneously portrayed RT to:
    a. Restrict itself to the medical model
    b. Devalue recreation and leisure
    c. Not applying a strengths-based approach
    d. All of the above*
12. Recreational therapists working in mental health:
    a. Restrict themselves to clinical recovery
    b. Restrict their practice to recovery as a rehabilitation concept
    c. Use hedonic and eudaimonic activities in treatment and rehabilitation*
    d. Concentrate on the use of hedonic activities to produce positive emotions in clients

CHAPTER 10 PROFESSIONALISM

1. Reasons identified as to why they became recreational therapists:
    a. To help people with illnesses and disabilities
    b. To make the world a better place
    c. To gain financial rewards (i.e., make money)
    d. All of the above
    e. a and b but not c*
2. Strides made by the recreational therapy profession:
    a. Establishment of a certification program
    b. Development of standards of practice
    c. Set standards specifically for the accreditation of RT curricula
    d. All of the above*
    e. a and c but not b
3. Qualities that define a professional include:
    a. Gaining the educational background required for their profession
    b. Having a professional association (e.g., ATRA) as a major reference
    c. Employing theory-based practice
    d. All of the above*
    e. a and b but not c
4. The percentage of PTs who hold membership in the American Physical Therapy Association (APTA):
    a. 43%*
    b. 37%
    c. 11%
    d. 9.5%
5. The percentage of RTs who hold membership in the American Therapeutic Recreation Association (ATRA):
    a. 43%
    b. 37%
    c. 11%*
    d. 9.5%
6. Profession that has actively worked to limit the scope of practice of recreational therapy:
    a. Physical therapy
    b. Occupational therapy*
    c. Music therapy
    d. Nursing
7. Research by Burt concluded that nearly what percentage of all career success can be attributed to membership in an open network where the person is exposed to new ideas and people, and the size of that network:
    a. 10%
    b. 20%
    c. 30%
    d. 40%
    e. 50%*

8. Williams and Skalko suggested an approach to professionalism that includes:
   a. The profession needs the engagement of recreational therapists
   b. The career success of each recreational therapist depends on becoming engaged
   c. Both a and b*
   d. a but not b

CHAPTER 11 HOW TO TAKE AND PASS TESTS

1. A suggested rule of thumb for nursing students is to study how much time each week for every course credit?
   a. 4-6 hours
   b. 3-5 hours
   c. 2-3 hours*
   d. 30 to 60 minutes
2. Good technique(s) when completing reading assignments:
   a. Read the assigned reading more than once (perhaps 3 or 4 times)
   b. Skim over the reading before reading it noting main points, headings, illustrations, and summaries
   c. As you read and come across words you do not know, look them up
   d. All of the above*
   e. a and b but not c
3. Active reading tips include:
   a. Answer reading comprehension questions posed by your professor or by the textbook author
   b. Be alert to bold or italicized print as they are often used to emphasize important points
   c. Don't skip over tables, graphs, or illustrations
   d. All of the above*
   e. a and c but not b
4. It is important to be an active note taker during class sessions. Which is not a good idea when taking notes?
   a. Focus on the main points of the lecture
   b. Use abbreviations as a means to help you keep up during the lecture
   c. Note word cues such as "The three main components in writing objectives are…"
   d. Ignore ideas the professor repeats or writes on the board*
5. Tip(s) for taking tests:
   a. Arrive early
   b. Perform a "brain dump" at the start of the test
   c. Notice if others turn in their tests before you as this may indicate you are not working fast enough
   d. a and c but not b
   e. a and b but not c*
6. The most important rule when taking tests:
   a. Use all the allotted time to take the test
   b. Never talk to your friends while taking a test
   c. Keep track of the time but don't focus on the clock
   d. Never ever cheat*
7. When taking multiple-choice tests:
   a. Your first impression is usually correct
   b. Change an answer only when you have a very good reason to do so
   c. Go over the test to find the most difficult items and answer them first
   d. b and c but not a
   e. a and b but not c*

8. Rules for "intelligent guessing" on multiple choice items:
    a. Responses with absolute words (e.g., always, none, never) tend to be wrong
    b. The phrase "none of the above" is usually a wrong answer
    c. The correct answer is often buried among detractors so correct answers tend to be the second or third choice when there are four choices and the third choice when there are five alternatives
    d. All of the above*
    e. None of the above
9. Good advice for taking essay tests:
    a. Know how many points each question is worth
    b. Pay particular attention to verbs used in essay questions (e.g., compare/contrast, name/list, agree/disagree)
    c. Don't waste time. Read the question and begin to write immediately
    d. None of the above
    e. a and b but not c*
10. Before taking the NCTRC exam, you should:
    a. Just relax as there is little value in preparing for the exam because if you don't know the information after completing your course work and internship you never will
    b. Check the NCTRC website for information on the exam
    c. Review the tips and strategies presented in the chapter giving particular attention to taking multiple-choice exams
    d. a and b but not c
    e. b and c but not a*
11. If study groups are used to prepare for the NCTRC exam, the size recommended in the chapter is:
    a. Two or three members
    b. Four to six members*
    c. Eight to ten members
    d. None of the above
12. The day of the NCTRC exam you should:
    a. Eat a breakfast with glucose (e.g., bread and jelly) and protein (cereal with milk or bacon and eggs)
    b. Dress in layers
    c. Plan to arrive 30 minutes before the exam
    d. Believe in yourself and remain positive
    e. All of the above*

CHAPTER 12 DARE TO SHARE: MAKING PRESENTATIONS

1. Research has found that the greatest fear of people in the USA to be:
    a. Fear of snakes
    b. Fear of loneliness
    c. Fear of death
    d. Fear of public speaking*
2. Having a good stage presence includes the speaker:
    a. Displaying a professional appearance
    b. Moves and gestures appropriately
    c. Appearing relaxed
    d. All of the above*
    e. a and c but not b
3. Good speakers engage well with the audience by:
    a. Maintaining good eye contact
    b. Providing good examples
    c. Telling stories of interest to those attending
    d. All of the above*
    e. a and b but not c
4. Ways to make a bad presentation include the speaker:
    a. Does not seem to know the subject well
    b. Shows little enthusiasm for the topic
    c. Presents at the right level for the audience
    d. All of the above
    e. a and b but not c*
5. General goal(s) for a presentation may include to:
    a. Inform
    b. Persuade
    c. Entertain
    d. All of the above*
    e. a and b but not c
6. To convince the audience of a point of view it is best to:
    a. Know expected views of those to whom you are speaking
    b. Strongly give your point of view so they have to agree with you
    c. Not present a view that is extremely discrepant from that held by the audience
    d. a and b but not c
    e. a and c but not b*
7. When making a presentation at a workshop or conference:
    a. Inform the organizers that you have prepared your presentation to fit within the prescribed minutes allotted and you expect to receive that amount of time so you do not feel rushed
    b. Confirm if the organizers expect you to include a question and answer period as a part of your allotted presentation time
    c. Both a and b*
    d. b but not a

8. To get the audience "on your side," you can begin by building rapport by making reference to:
   a. The weather ("I've loved the weather whenever I've come here. Is it always this good?")
   b. Your last visit ("I really enjoyed the enthusiasm of the RTs when I spoke here three years ago.")
   c. The local sports team ("Aren't those Bulldogs having a great season!")
   d. a, b, or c*
   e. b and c but not a
9. The use of quotes in presentations:
   a. Should be avoided as people want your ideas, not some quotation
   b. Can be effective in beginning or concluding a presentation
   c. Should not be used without giving credit to the person quoted
   d. a and b but not c
   e. b and c but not a*
10. Structuring a presentation is critical so the audience can understand the structure and where your presentation is headed from the start. To design a solid structure you should:
    a. Be able to express your main message in one or two sentences*
    b. Keep in mind that you need first of all to entertain the audience
    c. Keep it complicated in order to hold the audience's attention
    d. All of the above
11. An "old saw" for organizing a presentation is to:
    a. Tell them about your outstanding accomplishments (your credentials, important contributions you have made)
    b. Tell them what you will be telling them (e.g., an outline or objectives for the session)
    c. Tell them (go over the contents)
    d. Tell them what you told them (summarize and conclude at the end)
    e. b, c and d but not a*
12. It has been suggested that a good conclusion should:
    a. Be concise
    b. Be punchy
    c. Reiterate your theme
    d. All of the above*
13. A mean or means to end a presentation leaving a memorable impression:
    a. End with humor
    b. Ask a thought-provoking question
    c. Issue a challenge
    d. Use a quotation
    e. All of the above*
14. Mean(s) to deal the natural anxiety of giving a presentation at a conference:
    a. Visit the room where you will be presenting in advance to gain a sense of it
    b. Arrive 30-45 minutes before the talk in order to double check on audiovisual equipment and to introduce yourself to as many of the early comers as possible (in so doing hopefully developing a relationship and their support)
    c. Provide the person introducing you with a copy of the introduction so you feel comfortable with what will be said about you and the introduction will reassure the audience that you have the credentials to give your address
    d. All of the above*
    e. b and c but not a

15. Common error(s) in using PowerPoint slides:
    a. Just reading the content on the PowerPoint slides
    b. Using poorly designed slides (e.g., too much text on slides)
    c. Having too many slides for the length of the presentation
    d. All of the above*
    e. a and b but not c
16. Mean(s) to improve your abilities to give presentations:
    a. Attend presentations given by effective speakers and adopt their successful traits
    b. Take a course or workshop on making presentations
    c. Gain feedback from friends and colleagues when you practice talks
    d. All of the above*
    e. b and c but not a

CHAPTER 13 ON HEALTHY CARING

1. Burnout characteristic(s):
   a. Emotional exhaustion
   b. Depersonalization
   c. Reduced feelings of accomplishment
   d. All of the above*
   e. a and c but not b
2. Persons prone to burnout are those who:
   a. Do not really care about their work
   b. Put themselves into their jobs
   c. Strive to be everything to everyone
   d. b and c but not a*
3. At its extreme burnout can produce feelings of:
   a. Hopelessness
   b. Helplessness
   c. Depression
   d. All of the above*
   e. b and c but not a
4. Leading stressor(s) that lead to burnout:
   a. Excessive administrative and paperwork tasks
   b. Feeling a lack of autonomy and power
   c. Lacking positive reinforcement for performance
   d. All of the above*
   e. None of the above
5. Indicator(s) of staff burnout:
   a. Beginning sessions late or ending them early
   b. Increased sick time by employees
   c. Chronic tardiness
   d. Showing declines in empathy
   e. All of the above*
6. Organizational strategies to prevent burnout of staff:
   a. Establishing mentorship programs
   b. Giving staff time during the work day to socialize and gain peer support
   c. Cutting out griping by staff by limiting feedback to staff up and down the chain of command
   d. All of the above
   e. a and b but not c*
7. Clinical supervision programs can:
   a. Provide therapists with the insight that feeling stressed is a natural part of serving as a helping professional and not a personal failing
   b. Help therapists to understand the importance of self-care and help them to develop self-care plans
   c. Encouraging therapists to schedule time off, maintain lunch breaks, set reasonable deadlines, and keep work away from personal time
   d. All of the above*
   e. a and b but not c

8. Unhealthy escape(s) from stress include:
    a. Taking days off
    b. Isolating oneself
    c. Sexual acting out
    d. All of the above
    e. b and c but not a*
9. Nurturing relationships may be found within:
    a. Supportive networks of colleagues and mentors
    b. Members of your family (including pets)
    c. Professional associations such as ATRA
    d. All of the above*
    e. a and c but not b
10. Those most vulnerable to having difficulty with work related stressors:
    a. Those who have worked many years as helping professionals
    b. Students lacking experience in the field
    c. Recent graduates
    d. All of the above
    e. b and c but not a*

CHAPTER 14 CONTINUING EDUCATION

1. Continuing education encompasses professional education and training to help practitioners to:
    a. Stay up to date to maintain or improve clinical competence
    b. Gain career advancement
    c. Both a and b*
    d. a but not b
2. Example(s) of continuing education opportunities:
    a. Conferences and workshops
    b. Online short courses
    c. Self-directed learning
    d. All of the above*
    e. a and b but not c
3. Continuing education units (CEUs):
    a. Are a means of recording credit for participation in continuing education
    b. Are required to maintain certification as a CTRS
    c. Each equate to 10 hours of participation in a recognized continuing education program
    d. All of the above*
    e. a and b but not c
4. In addition to offering opportunities for obtaining CEUs, professional conferences such as the ATRA Conference:
    a. Allow participants to cultivate relationships and develop contacts to further their careers
    b. Help practitioners to stay abreast of new developments in the field
    c. Allow for mutual exchanges of thoughts with colleagues
    d. All of the above*
5. It has been suggested that students attending their first conference may find it advantageous to:
    a. Go to the ATRA Annual Conference
    b. Attend a regional conference
    c. Attend a state conference*
    d. a or b but not c
6. Students at conferences should:
    a. Not be hesitant to talk with students from other universities
    b. Seek opportunities to talk with professionals
    c. Know their place and avoid talking with “big names” such as keynote speakers or textbook authors
    d. All of the above
    e. a and b but not c*
7. During meals students should:
    a. Sit with other students because it will be most comfortable
    b. Sit with professionals that you do not know in order to build relationships and learn from your conversations with them
    c. Scan nametags for names and affiliations
    d. All of the above
    e. b and c but not a*

8. A means for professionals to assess possible continuing education needs is to complete a self-assessment using the ATRA publication:
    a. Annual in Therapeutic Recreation
    b. Guidelines for Competency Assessment and Curriculum Planning for Recreational Therapy Practice*
    c. Recreation Therapy: A Viable Option in Health and Rehabilitation Services
    d. Efficacy of Recreational Therapy Protocols

CHAPTER 15 CERTIFICATION AND LICENSURE

1. Credentialing is reflected by:
   a. Licensure
   b. Certification
   c. Both a and b*
   d. a but not b
2. Licensure is governed by:
   a. National professional associations such as ATRA and CTRA
   b. Federal laws
   c. State laws*
   d. None of the above
3. Certification in recreational therapy is regulated by:
   a. ATRA
   b. CTRA
   c. NART
   d. NCTRC*
4. A process whereby a member of a profession has his or her name placed on an official list following verification that the individual has met specified requirements:
   a. Licensure
   b. Certification
   c. Registration*
   d. Accreditation
5. The current certification program for recreational therapists began in:
   a. 1956
   b. 1973
   c. 1981*
   d. 2001
6. In order to become certified, a recreational therapist must:
   a. Complete a specific set of required university courses
   b. Successfully complete an internship under a CTRS
   c. Pass an examination
   d. All of the above*
7. In 2015 the number of RTs certified was approximately:
   a. 6,000
   b. 10,000
   c. 12,000*
   d. 25,000
8. Certifications for recreational therapists acknowledges expertise and advanced competency and is available in how many areas of practice?
   a. Two specific areas
   b. Three specific areas
   c. Four specific areas
   d. Five specific areas*

9. Licensure:
    a. Is the most stringent form of credentialing
    b. Requires governmental approval through legislation
    c. Requires a very clear definition of the scope of practice
    d. All of the above*
    e. a and b but not c
10. Licensure:
    a. Exists to protect the consumer, not for the advancement of the profession
    b. Protects the consumer from unqualified persons practicing in a profession
    c. Exists for sister professions of RT such as OT and PT
    d. All of the above*

CHAPTER 16 PUBLIC POLICY AND THE RECREATIONAL THERAPY PROFESSION: BECOMING AN ADVOCATE FOR CHANGE

1. Interacting with others in order to make reasoned arguments to influence change or support for a cause:
   a. Lobbying
   b. Advocacy*
   c. Power broking
   d. Mandating
2. Influencing practice, policy, and legislation through the use of education, lobbying and communication with legislators and elected officials:
   a. Case advocacy
   b. Self-advocacy
   c. Self-serving advocacy
   d. Public policy advocacy*
3. Recreational therapists regularly engage in advocacy when they:
   a. Advocate for consumers in need of services at the agency level
   b. Promote social justice for clients by supporting clients unable to access services
   c. Support university educational efforts and student funding
   d. All of the above*
4. The past history of public policy advocacy in recreational therapy has displayed:
   a. Many recreational therapists having been heavily involved in public policy
   b. A substantial national movement by recreational therapists to advocate for the their profession in regard to public policy issues
   c. Few recreational therapists willing to take part in public policy*
   d. None of the above
5. In order to move recreational therapy licensure forward to provide for the protection of consumers it takes:
   a. The national professional association advocating with federal legislators
   b. The state professional association advocating with the state legislature
   c. A commitment of individual recreational therapists in the state to actively advocate for licensure
   d. All of the above
   e. b and c but not a*
6. Way(s) ATRA advocates for the recreational therapy profession:
   a. Funding a legislative counsel to monitor legislation and advise ATRA on legislative matters
   b. Being involved with other professions in legislative coalitions
   c. Engaging ATRA members as public policy volunteer
   d. All of the above*
   e. b and c but not a
7. It is critical that recreational therapy students and practitioners understand the necessity:
   a. For their profession to show leadership for advocacy
   b. For them, as individuals, to personally take action to advocate for recreational therapy
   c. Both a and b*
   d. a but not b

CHAPTER 17 PROFESSIONAL ETHICS

1. Ethical issues:
   a. Often are very difficult
   b. Rarely are they clear cut
   c. Often live in the "gray" zone
   d. All of the above*
   e. a and b but not c
2. Ethical dilemmas:
   a. Require a choice
   b. Involve different courses of action being available
   c. Have no perfect solutions
   d. All of the above*
   e. a and b but not c
3. It is essential to consider what two elements when making ethical decisions:
   a. What is right in the situation
   b. The context of the situation
   c. The consequences of the situation
   d. a and b
   e. b and c*
4. Promoting well-being:
   a. Fidelity
   b. Beneficence*
   c. Non-maleficence
   d. Veracity
5. Obligation not to harm others:
   a. Fidelity
   b. Beneficence
   c. Nonmaleficence*
   d. Veracity
6. Faithfulness; keeping promises:
   a. Fidelity*
   b. Beneficence
   c. Non-maleficence
   d. Veracity
7. Important principle(s) for recreational therapists in dealing with ethical challenges:
   a. Thoroughly understand the code of ethics of the profession
   b. Resolving of issues need to take place in an atmosphere that encourages open and honest communications
   c. Being able to consult in a professional and confidential manner with your clinical supervisor
   d. All of the above*

CHAPTER 18 HIRE ME!

1. Students who don't possess job searching skills will likely:
    a. Do okay if entering a good job market
    b. Obtain a dissatisfying position
    c. Not gain employment
    d. b and c but not a*
2. Possible mentors for job searching:
    a. Professors
    b. Practitioners
    c. Internship supervisors
    d. All of the above*
    e. b and c but not a
3. Mentors can:
    a. Help students reduce self-defeating job searching behaviors
    b. Boost students' confidence
    c. Keep students on track while job searching
    d. All of the above*
4. Career centers typically provide:
    a. Career counseling for individuals
    b. Workshops on job searching and interviewing
    c. Opportunities for one-on-one mock interviews
    d. All of the above*
    e. A and b but not c
5. Potential place(s) to locate position openings in recreational therapy:
    a. Jobs listed by the student's home department
    b. State and national professional associations for recreational therapists
    c. Social media such as Facebook
    d. All of the above*
    e. A and b but not c
6. Word-of-mouth leads from professors, practitioners, friends, and acquaintances are:
    a. Not to be taken seriously according to career planning experts
    b. One of the best sources for job leads
    c. Termed "the hidden job market"
    d. All of the above
    e. b and c but not a*
7. An "elevator speech" of about 2 minutes in length should:
    a. Provide a description of your job skills you are particularly good at
    b. Aquaint others with your career goals or the kind of job you are seeking
    c. At its conclusion seek help or advice from those with whom you are addressing
    d. All of the above*
    e. a and b but not c

8. A website containing useful tips on preparing applications, job search letters, and resumes:
    a. Temple OWL
    b. Purdue OWL*
    c. Wise OWL
    d. Yale OWL
9. A great resume:
    a. Should be complete, at least three pages in length
    b. Grabs the attention of employers
    c. Shows why you are a potential match for the position
    d. All of the above
    e. b and c but not a
10. Resumes should:
    a. Avoid the use of negative words (e.g., fail, none, less)
    b. Convey you are a “doer” (e.g., increase, lead, go-getter, motivated)
    c. Use positive words (e.g., energetic, reliable, optimistic, caring)
    d. All of the above*
    e. b and c but not a
11. Portfolios:
    a. Typically include information that could not be included in a resume
    b. May be organized in a loose-leaf binder
    c. May be posted on a website
    d. All of the above*
    e. a and b but not c
12. Your cover letter should:
    a. Reflect a match between you and the job
    b. Catch the attention of the employer
    c. Not appear to be too forward by asking for a meeting
    d. All of the above
    e. a and b but not c*
13. When interviewing:
    a. Know that your credentials speak for themselves
    b. Be sure to refresh yourself about the organization and job
    c. Think about how you can show you are a good match for the position
    d. All of the above
    e. b and c but not a*
14. When interviewing make certain to:
    a. Initially establish rapport with the interviewer or interviewers
    b. Expand on your resume, don’t just rehash it
    c. Close the interview positively
    d. All of the above*
    e. a and c but not b
15. Interviewing tips:
    a. Do not bring extra items (e.g., copies of resume, letters of recommendation, portfolio of work samples) as the employer will already have these
    b. Don’t ramble or talk too much when answering questions
    c. Show confidence in your ability to do the job and don’t appear desperate for the job
    d. All of the above
    e. b and c but not a*

16. Item(s) typically on the evaluation form used to evaluate interviewees:
    a. Appearance (grooming, posture, dress, bearing, manners, neatness)
    b. Preparation for the interview (knowledge of the organization, knowledge of the position, asked pertinent questions)
    c. Qualifications (academic preparation, experience, position match)
    d. Overall evaluation (long-term potential, drive and ambition, ability and qualifications)
    e. All of the above*

CHAPTER 19 HISTORICAL DEVELOPMENT OF RECREATIONAL THERAPY

1. History:
    a. Does more than tell the facts of what has happened in the past
    b. Allows us to better understand what has happened in the past
    c. Helps us to better comprehend and address present challenges
    d. All of the above*
    e. a and b but not c
2. Members of the Hospital Recreation Section of the American Recreation Society (the forerunner of NRPA):
    a. Held the philosophical view that recreation was a modality to bring about therapeutic and rehabilitative outcomes
    b. Associated themselves with the recreation movement in the USA
    c. Saw recreation as an end in itself, rather than a means to an end
    d. All of the above
    e. b and c but not a*
3. It was proclaimed that "recreation as an end unto itself…does not hide behind the skirts of therapy…." by:
    a. The president of the National Recreational Therapy Association
    b. G. Ott Romney, a leader within the recreation movement*
    c. Professor Geof Godbey, an authority on the history of the recreation movement
    d. Ann James, a Red Cross Recreation Worker and recreational therapy historian
4. Held the position of "recreation as therapy" or "recreation as a tool for treatment":
    a. The National Association of Recreational Therapists (NART)
    b. The Recreation Therapy Section within AAHPER
    c. Eminent psychiatrist Dr. Karl Menninger
    d. All of the above*
    e. a and b but not c
5. The National Therapeutic Recreation Society (NTRS):
    a. Brought an end to HRS/ARS and NART
    b. Was under the National Recreation and Park Association (NRPA)
    c. Formed in 1966
    d. All of the above*
    e. a and b but not c
6. Expectations held for NTRS by its founders were:
    a. Sustained by NRPA
    b. Clearly accepted by NRPA and followed up on as promised
    c. Largely shattered by NRPA in the long run*
    d. None of the above
7. The term "therapeutic recreation":
    a. Came into usage in the 1960s
    b. Has been attributed to Beatrice Hill who initiated Comeback, Inc., a recreation program for individuals with illnesses or disabilities living in the community
    c. Came to be broadly interpreted to include any recreational service provided to individuals with mental or physical disabilities
    d. Was accepted as an umbrella term to include both the old HRS/ARS position of "recreation for all" and the NART position of "recreational therapy"
    e. All of the above*

8. "The Great Acceleration" of the broad field of therapeutic recreation:
   a. Occurred during and after World War II
   b. Culminated in efforts to bring about the professionalization of therapeutic recreation
   c. Involved those who termed themselves to be recreational therapists, as well as those who saw themselves to be hospital recreators
   d. All of the above*
   e. a and b but not c
9. There was a movement to establish community park and recreation programs for persons with disabilities:
   a. That began in the 1960s and 1970s
   b. Which was centered largely within community park and recreation programs for persons with disabilities in the Chicago suburbs
   c. In which the term "special recreation" was used to describe these community-based programs
   d. All of the above*
   e. a and c but not b
10. One of the landmarks in the professionalization of therapeutic recreation was the establishment of a certification program that:
    a. Occurred in 1981
    b. Was brought about through the efforts of members of NTRS
    c. Was constituted under the National Council for Therapeutic Recreation Certification (NCTRC)
    d. All of the above*
    e. b and c but not a
11. While the field of therapeutic recreation made obvious progress in its professionalization during the 1970s and into the 1980s, it languished because of:
    a. A lack of universities to produce needed professionals for the field
    b. The lack of a single philosophical position to form a basis for practice*
    c. An established code of ethics
    d. All of the above
12. Reasons for the demise of NTRS included:
    a. NTRS had little focus as it stood for both recreational therapy as a treatment service and for the provision of park and recreation services for persons with disabilities
    b. NRPA allowed NTRS little autonomy or support to pursue health care concerns
    c. NTRS was not truly a professional association but only a branch of NRPA
    d. All of the above*
13. The problems within NTRS produced a grassroots movement to establish an independent, autonomous professional organization for therapeutic recreation. What resulted was:
    a. A meeting in Kansas City in the fall of 1983 organized by David Park, at which time those attending agreed it was time to establish a new professional organization
    b. 50 Founding members each submitted checks for $100.00 to provide funding to begin the new organization
    c. The formal formation of the American Therapeutic Recreation Association in 1984.
    d. All of the above*
    e. a and c but not b
14. The arrival of ATRA signaled a rising interest in:
    a. Separation from parks and recreation
    b. The "recreation for all" position
    c. The "recreation as therapy" position with greater emphasis on clinical practice
    d. All of the above
    e. a and c but not b*

15. Conceptual models:
    a. Present basic assumptions that underlie a profession
    b. Establish boundaries that set the profession apart from other professions
    c. Describe and define the focus of a profession
    d. All of the above*
    e. a and c but not b
16. The purpose under this conceptual model is to help individuals to enjoy the highest level of health possible for them as individuals:
    a. Leisure Ability Model
    b. Health Protection/Health Promotion Model*
    c. Leisure and Well-Being Model
    d. Self-Determination and Enjoyment Enhancement Model
17. It may be concluded that the conflict between the recreational therapy position and the leisure facilitation position:
    a. Has been fully addressed with the establishment of ATRA
    b. Has been resolved to the satisfaction of many
    c. Has resulted in establishing two distinct professions: one for recreational therapy and a second for leisure facilitation for persons with disabilities
    d. Remains a lingering dilemma for the time being*

CHAPTER 20 PROFESSIONAL PREPARATION

1. All graduates of university recreational therapy curricula should:
   a. Have completed an internship under a CTRS
   b. Be prepared to take the NCTRC exam
   c. Both a and b*
   d. b but not a
2. Consistency of content across all university RT programs:
   a. Is extremely good and well standardized
   b. Has been difficult to measure due to the use of a blend of key terms used to identify courses and explain course content
   c. Differs according to the mission of the university
   d. All of the above
   e. b and c but not a*
3. A trend analysis of recreational therapy curricula in the U.S. and Canada found:
   a. An actual reduction in required RT course credits from 2000 to 2009
   b. The average number of required RT courses grew from 4.6 to 7.2 from 2000 to 2009
   c. Required coursework increased over a 15 year period from 19 credit hours to almost
   d. 24
   e. All of the above
   f. b and c but not a*
4. The current NCTRC minimum requirements for an internship are:
   a. 360 hours over 10 consecutive weeks
   b. 480 hours over 12 consecutive weeks
   c. 560 hours over 14 consecutive weeks*
   d. 600 hours over 15 consecutive weeks
5. Required by NCTRC for graduates in recreational therapy:
   a. Graduation from an accredited university*
   b. Graduation from an accredited recreational therapy program
   c. Both a and b
   d. Either a or b
6. Accrediting body that assumes recreational therapy to be a distinct profession from parks and recreation:
   a. National Council on Therapeutic Recreation Certification (NCTRC)
   b. National Academy of Recreational Therapists (NART)
   c. Council on Accreditation of Parks, Recreation, Tourism and Related Professions (COAPRT)
   d. Committee on Accreditation of Recreational Therapy Education (CARTE)*
7. Even though the US Departments of Labor and Education have characterized recreational therapy to be distinct from parks and recreation, most RT curricula have historically been located in:
   a. Schools of Allied Health
   b. Schools of Public Health
   c. Departments of Recreation*
   d. Departments of Education

CHAPTER 21 HEALTH CARE IN AMERICA: REGULATIONS AND RECREATIONAL THERAPY

1. CMS stands for:
   a. Council on Medical Science
   b. Center for Medical Sciences (within NIH)
   c. Centers for Medicare and Medicaid Services*
   d. Council on Medigap Insurance
2. Accrediting agency or agencies for health and human services settings in which recreational therapy is found:
   a. Joint Commission
   b. CARF International
   c. Both a and b*
   d. Neither a or b
3. The “Three Hour Rule”:
   a. Effects patients in inpatient psychiatric and substance use facilities
   b. Effects patients in inpatient rehabilitation facilities
   c. Requires that patients receive a minimum of three hours of intense therapy or treatment a day for five days of a seven-day week
   d. All of the above
   e. b and c but not a*
4. Which therapy was excluded in 2009 from being used to meet the “Three Hour Rule:”
   a. Occupational therapy
   b. Physical therapy
   c. Recreational therapy*
   d. Speech-Language Pathology therapy
5. SNF stands for:
   a. Scientific Nursing Foundation
   b. Skilled Nursing Facility*
   c. Self-Nursing Facilitation
   d. Selective Nursing Facility
6. CARF standards specifically identify which therapy to address interventions for community integration and participation:
   a. Occupational therapy
   b. Physical therapy
   c. Recreational therapy*
   d. Speech-Language Pathology therapy

CHAPTER 22 MARKETING RECREATIONAL THERAPY

1. Within recreational therapy marketing may best be defined as:
   a. Sales-centric "telling and selling" for RT products
   b. A tool to inform others about the benefits and experiences offered by RT
   c. How you reach those who need to know about RT
   d. b and c but not a*
2. Any paid form of nonpersonal presentation and promotion:
   a. Advertising*
   b. Public relations
   c. Publicity
   d. All of the above
3. The first marketing target for an organization should be:
   a. Government agencies
   b. Elected officials
   c. Powerful groups in the community
   d. Within the organization*
4. Internal marketing in health care should primarily focus on:
   a. Developing educational preparation and training
   b. Clearly communicating the organization's perspectives
   c. Creating a rewards system to improve the staff's ability and satisfaction at work
   d. All of the above*
   e. a and b but not c
5. Internal marketing provides:
   a. A strong foundation for external marketing efforts*
   b. Little to encourage employees to perform at a high level
   c. A good way for the organization to save on the marketing budget since it costs little to do internal marketing
   d. None of the above
6. External marketing includes:
   a. Analyzing the market
   b. Creating a marketing plan
   c. Implementing the marketing plan
   d. Assessing and redirecting marketing strategies
   e. All of the above*
7. The "four Ps of marketing":
   a. Product, price, place, promotion*
   b. Platform, product, placement, promotion
   c. Product, plausibility, place, plea
   d. Produce, pliable, plexus, publicizing
8. Recreational therapists must recognize that marketing:
   a. Is too complex an area for them get involved in
   b. Should be left to the marketing department
   c. Is a responsibility they have as ambassadors for their home units
   d. Is something they should use to promote the entire profession of recreational therapy
   e. c and d but not a and b*

9. A good time for marketing efforts in RT is International Recreational Therapy Month held each year in:
    a. January
    b. February*
    c. June
    d. July
10. This form of marketing generally regarded to be the most successful in recruiting volunteers:
    a. Personal recruitment*
    b. Nonpersonal recruitment
    c. Listing volunteer openings on websites
    d. Posting flyers in public locations such as food stores

CHAPTER 23 RESEARCH IN RECREATIONAL THERAPY

1. In the 1970s, research in recreational therapy was not well developed:
   a. Unfortunately, there has been little advancement in RT research since the 1970s
   b. Even today there are few journals that will accept recreational therapy research
   c. Today there are scholars who have the capacity to complete well designed and conducted research studies in recreational therapy*
   d. Today the application of research in evidence-based practice is systematically and intentionally integrated into most recreational therapy practice
2. Research is:
   a. Really only another term for evaluation
   b. A systematic scientific process involving observations and logic that can be replicated
   c. Conclusion oriented
   d. Decision oriented
   e. b and c but not a or d*
3. Most published recreational therapy research has been authored by:
   a. Graduate students in RT
   b. Undergraduate students in RT
   c. Researchers associated with a college or university*
   d. Professionals from nonacademic institutions (e.g., hospitals, community service providers)
4. The percentage of recreational therapists who are full-time college or university faculty:
   a. 3%*
   b. 11%
   c. 13%
   d. 20%
5. A model to increase research participation among nonacademics that may have application in recreational therapy has been developed by:
   a. Psychology
   b. Social work
   c. Nursing*
   d. Speech-Language Pathology Therapy
6. Specific activity or activities that may be used to increase the appreciation of research by practitioners:
   a. Joining research article clubs
   b. Participating in best practice groups (BPGs)
   c. Attending conference research presentations
   d. Completing literature reviews or research reviews
   e. All of the above*
7. Way(s) to securing research funding:
   a. Partnering with researchers who have a history of receiving funding
   b. Establishing relationships with the provider organizations
   c. Demonstrating the program of research is valued by stakeholders in the field
   d. All of the above*

8. Possible sources of funding for recreational therapy research:
    a. The National Institutes of Health (NIH)
    b. National Institutes of Disability, Independent Living, and Rehabilitation Research (NIDILRR)
    c. Private foundations (e.g., American Epilepsy Society, American Cancer Society)
    d. All of the above*
    e. a and b but not c

CHAPTER 24 CULTURAL COMPETENCE

1. The United States is now one of the most racially and culturally diverse countries in the world and projections call for:
   a. Racial and ethnic minorities making up 42% of the population by 2020
   b. Racial and ethnic minorities will be a “majority minority” by 2050
   c. Both a and b*
   d. Neither a or b
2. In addition to racial and ethnic minorities, other minority groups are defined by characteristics such as:
   a. Affectional orientation
   b. National origin
   c. Age
   d. Disability
   e. All of the above*
3. It has been warned that a strict interpretation of a culture may be deceiving because some members of a cultural may:
   a. Embrace its traditional norms
   b. Reject traditional norms
   c. Deploy cultural values situationally
   d. All of the above*
4. Cultural competence requires the development of:
   a. Cultural awareness
   b. Cultural knowledge
   c. Cultural skills
   d. Cultural sensitivity
   e. All of the above*
5. Cultural awareness involves:
   a. Becoming aware of one’s own values and preconceived notions
   b. Becoming aware of one’s own biases, including “isms” (e.g., racism, sexism)
   c. Accepting responsibility for any “isms” and attempting to deal with them nondefensively and guilt-free
   d. All of the above*
6. Examples of cultural knowledge about a specific cultural group the health care professional regularly serves include:
   a. Knowledge of disease incidence and prevalence among those in an ethnic group
   b. Understanding how clients worldviews may affect their interpretation of an illness and how it guides their thinking, doing, and being
   c. Both a and b*
   d. Neither a or b
7. Examples of cultural skills include:
   a. Appropriate use of touch and eye contact
   b. The ability to collect assessment information related to the client’s culture (e.g., strengths of ties to family and friends)
   c. Both a and b*
   d. a but not b

8. A lack of cultural sensitivity would be indicated by:
    a. Assigning values to cultural differences such as being better or worse
    b. Thinking that your culture is better than others
    c. Being aware of cultural differences but not assigning values to them
    d. All of the above
    e. a and b but not c*
9. Research has revealed that recreational therapists:
    a. Felt they were culturally competent
    b. Generally possess high levels of cultural awareness
    c. In general have high levels of cultural knowledge
    d. May have been “unconsciously incompetent”
    e. a and d but not b and c*