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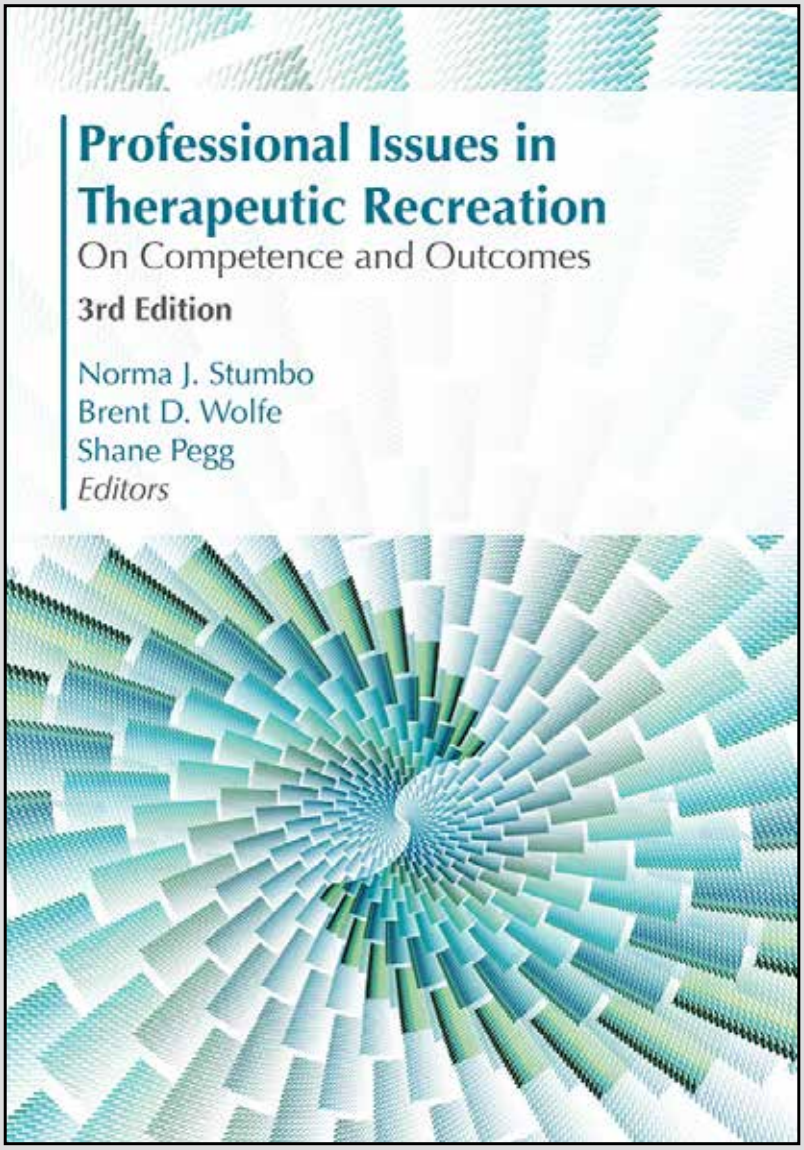

SAGAMORE VENTURE

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1 Keynote: Ensuring Our Worth, Proving Our Value

1. According to the U.S. data on TR specialists, where are the greatest percentage of CTRSs employed?:
   a. ***Hospitals**
   b. Skilled nursing facilities
   c. Retirement facilities
   d. Community-based recreation

2. How do CTRSs traditionally exhibit continued competency to maintain certification?
   a. Submitting professional development plan and annual assessments
   b. NCTRC's 5-year review of clinical performance
   c. ***Collecting CEUs from conferences attended**
   d. Producing an annual record of clients' goals and outcomes

3. What are the essential Knowledge Areas of TR as determined by NCTRC?:
   a. Foundational Knowledge, Assessment Process, Documentation
   b. Assessment, Planning, Implementation, Evaluation, Documentation
   c. Implementation, Administration of TR Services, Advancement of the Profession
   d. ***Foundation Knowledge, Assessment, Documentation, Implementation, Administration, Advancement of the Profession**

4. What are outcomes of TR services?
   a. Targeted prior to intervention and measurable
   b. The result of the efforts from each member of the client's health care team
   c. A comparison of differences from the beginning and end of treatment
   d. ***Targeted goals prior to intervention that are measured by comparing differences pre-post intervention**

5. Which stakeholder group measures outcomes through effectiveness of their interventions?
   a. Administrators
   b. ***Clinicians**
   c. Consumers
   d. Caregivers

6. Into what categories are health care outcomes generally divided?
   a. Clinical status, Functional status, Well-being or Quality of life, Satisfaction
   b. Functional status, Well-being or Quality of life, Satisfaction, Cost/resource consumption
   c. ***Clinical status, Functional status, Well-being or Quality of life, Satisfaction, Cost/resource consumption**
   d. Clinical status, Functional status, Satisfaction, Cost/resource consumption

7. What is a result of the market forces on the allied health profession?
   a. Ph.D.-level professionals
   b. A diverse workforce
   c. ***Quick and tangible outcomes over good practice**
   d. Knowledge brokers to assure health care decisions are rooted in evidence

8. In Chapter 1, the authors identify concerns of TR curricula. Which statement presents one of these concerns?
   a. Lack of student involvement in professional organizations
   b. ***Lack of Ph.D.-level professionals**
   c. Lack of diversity experiences among educators
   d. Lack of support from federal and state governments

2 Revisiting a Historical Analysis of Issues in Therapeutic Recreation and Recreational Therapy

1. The National Therapeutic Recreation Association (NTRA) initially aided in unifying the profession, what was not <u>one</u> of the issues that ultimately led to its downfall?
   a. National Recreation and Parks Association (NRPA) was in control of the resources and funding
   b. *Recreation Therapists did not want Therapeutic Recreation in the governing association title
   c. NRPA couldn't keep up with the needs of professional action in the healthcare arena
   d. NRPA was not accountable for memberships

2. Short answer: What were three of the seeds of discontent that led to ATRA being formed?
   The title of TR/RT, Philosophical issues, Increasing number of jobs in health care, No autonomy or authority of the branches, Lack of fiscal resources

3. Short Answer: What did ATRA endorse in 2015 to help clarify the definition of meaning for recreation therapy and therapeutic recreation?
   Therapeutic Recreation is the field
   Recreation therapy is the practice
   Recreational therapists are the practitioners
   Certified Therapeutic Recreation Specialists (CTRS) is the qualified provider

4. According to Kensinger, what is one of the higher education issues that we still have in the profession?
   a. ATRA has not created guiding principles for colleges and universities
   b. *Still have two governing bodies that accredit programs: CARTE (allied health) and COAPRT (parks & recreation)
   c. Not enough enrollment in the recreation therapy field
   d. Professors unable to keep up with the changing definition and philosophies of the field

5. In 2009, ATRA created this definition for recreation therapy: Which statement identifies an issue resulting from the below definition?
   "Recreational Therapy means a treatment service designed to restore, remediate, and rehabilitate a person's level of functioning and independence in life activities, to promote health and wellness as reduce or eliminate the activity limitations and restrictions to participation in life situations caused by an illness or disabling condition"
   a. Practitioners thought that it was to focused on the medical setting.
   b. *Practitioners felt that it negated to include that recreation and leisure are the core of the profession
   c. Was not medical enough for the governing bodies
   d. Only focused on services for those with a disability

3 Intersection of Gender, Disability, and Power

1. According to Mobily, the history of our profession has traditionally been presented from which perspective?
   a. Eclectic approach
   b. Social model
   c. *Medical model
   d. Humanistic approach

2. Historically, what is the shared identity of "women" and "disability"?
   a. Individualism
   b. *Marginalized
   c. Empowered
   d. Essentialism

3. According to Mobily, which trait distinguishes the the human service motif of female practitioners?
   a. Compassion
   b. Trustworthiness
   c. Professional competence
   d. *Ethic of care

4. According to Mobily, what is the only common characteristic of the human population?
   a. Belongingness
   b. Work
   c. *Disability
   d. Power

5. Which statement best identifies a characteristic the summarizes the history of the TR profession?
   a. *Disability lies within a person and is to be repaired
   b. A disproportionate number of administrative positions have been filled by women
   c. Stigmatization has contributed to disenfranchisement of 'hidden' disabilities
   d. Philosophy purported by power centers like ATRA and NCTRC fosters a social mission

4 Therapeutic Recreation or Recreational Therapy?: A Definition for the Profession

1. Historically, what is the argument from individuals in the medical field for using the term recreation therapy?
   a. *It aligns more with the other professionals, such as occupational and physical therapies
   b. Patients will understand what they are participating in more clearly
   c. Recreation therapy aligns with the ATRA philosophy
   d. Recreation therapy is easier to explain as recreation is what practitioners use for therapy

2. Historically, what is the difference in defining recreation therapy in clinical and community practice?
   a. Clinical is using recreation as an intervention while community is just for fun
   b. *The setting does not define recreation therapy, the APIED process does
   c. Clinical has more documentation while community doesn't document as frequently
   d. Community does more preventative care, while clinical treats a diagnosis.

3. In this chapter, we learn that there was controversy over whether recreation services can be a means to the end and an end to the means. Describe what recreation means in both circumstances.

   Recreation being a means to the end is the process (APIED) to achieve predicted outcomes. Recreation as an end to the means is focused on the patient-perceived benefit.

4. How would you describe recreation therapy to someone?

   Definitions in Table 4.1 should be a guide. NCTRC: The primary purpose of recreation therapy practice is to improve health and quality of life by reducing impairments of body function and structure, reducing activity limitations, participation restrictions, and environmental barriers of the clients served. The ultimate goal of recreation therapy is to facilitate full and optimal involvement in community life.

5. Which organization supported this definition: The primary purpose of recreation therapy practice is to improve health and quality of life by reducing impairments of body function and structure, reducing activity limitations, participation restrictions, and environmental barriers of the clients served. The ultimate goal of recreation therapy is to facilitate full and optimal involvement in community life.
   a. *NCTRC
   b. ILRTA
   c. ATRA
   d. CTRA

5 World Demographics and Their Implications for Therapeutic Recreation

1. Which statement best characterizes the nature of the aging global society?
   a. The number of young old, below 80, is increasing more rapidly than old-old
   b. The majority of older people live in developed countries
   c. *The aging people in developing countries are aging more quickly
   d. Globally, the aging baby boomers are contributing to aging countries

2. Cultural differences are a concern for persons who migrate, which characteristic has been found to influence leisure patterns of persons who migrate to North America?
   a. Age differences when individuals migrate affect financial resources available for leisure
   b. *Western cultures tend to value individualism, other cultures favor interdependence
   c. Developed countries tend to respect youth while developing countries honor aging person's interests
   d. Persons from developing countries value family leisure patterns more so than those from developed countries

3. Which characteristic accurately explains the status of disability globally?
   a. Those with disabilities worldwide experience more acquired rather than chronic disabilities
   b. Aging individuals with chronic conditions represent the largest proportion of individuals with disabilities worldwide
   c. Globally, persons who are refugees experience a greater percentage of the impairments
   d. *The greater percent of people with disabilities reside in developing countries

4. Which factor is influencing the increase of mental health in developed countries?
   a. *The increase of refugees
   b. The increase in poverty levels in developed countries
   c. The global increase in number of aging persons
   d. The oppression experienced in countries in conflict

5. Which statement best identifies a responsibility of TR professionals as they address an aging diverse global society?
   a. Develop delivery systems that focus on issues like PTSD and depression
   b. Present services through multiple languages and media
   c. Recognize various socioeconomic constraints as experiences are planned
   d. *Consider the values and norms of participants that impact cultural interpretations of leisure

6 The Role of the International Classification of Functioning, Disability, and Health (ICF) in Recreational Therapy Practice, Research, and Education

1. Who was the ICF developed by?
   a. American Medical Association
   b. American Therapeutic Recreation Association
   c. ***World Health Organization**
   d. National Institutes of Health

2. What is the ICF?
   a. A test diagnose and treat an illness in the early stages
   b. A standardized assessment tool
   c. ***A model of functioning**
   d. An evidence based modality

3. What is **not** included in the ICF?
   a. ***Treatment Modalities, Interventions**
   b. Health Condition, Body Functions, Body Structures
   c. Impairments, Activities, Participation
   d. Environmental Factors, Personal Factors

4. What is a challenge to implementing the ICF?
   a. Patients prefer a medical model of health care
   b. Language in the ICF is not standardized
   c. The focus creates a shift from 'impact' to 'cause'
   d. ***Scoring is challenging and time-consuming**

5. Which component of the ICF collects a patient's subjective perspective on his/her wellness?
   a. Health condition
   b. Personal factors
   c. Participation and activities
   d. ***The ICF does not collect subjective information**

7 International Perspectives on Therapeutic Recreation

1. In an effort to increase international dialogue among TR professionals, what suggestion is proposed in Chapter 7?
   a. Adopt certification qualifications outlined by NCTRC
   b. Teach TR students games and activities relevant to other cultures
   c. *Use the ICF
   d. Create an international research journal in RTl

2. What is a potential benefit of expanding professional dialogue beyond one's own culture?
   a. *Research collaborations
   b. Increased financial opportunities
   c. Teach other countries how to use the APIED process
   d. Teach residents of other countries to appreciate leisure

3. What country has adopted certification standards set by NCTRC?
   a. Japan
   b. South Korea
   c. Australia
   d. *Canada

4. Which of the following is **not** identified as a challenge faced by TR professionals in the USA?
   a. Number of faculty qualified to teach at higher education
   b. *Use of culturally appropriate activities
   c. Uncertainty of future direction of the profession
   d. Limited public awareness

5. What TR model was adopted by the South Korea TR Association?
   a. Self-Determination and Enjoyment Enhancement Model
   b. *Leisure Ability Model
   c. Leisure and Well-Being Model
   d. Flourishing Through Leisure Model

8 Perspective: Why Every Corporation Should Hire a TRS

1. According to Dyer, Gregersen, and Christensen (2011), what are the five key skills of innovators? (Fill in the five blanks)

   Questioning, Observing, Experimenting, Associating, and Networking

2. According to the text, why are CTRSs more qualified than a general recreation student to address specific employee and organizational goals?
   a. General recreation students training does not incorporate documentation of measurable outcomes or the APIED process
   b. *CTRSs learn to conduct assessments and are trained to develop programming to achieve targeted outcomes
   c. CTRSs have an overarching mission to improve individual's health and wellness
   d. General recreation students focus on the recreation and activity enjoyment

3. Many companies are incorporating more health, wellness and recreation opportunities for their employees, which statement is **NOT** a problem companies are experiencing?
   a. Supervision of recreation programs are often managed by HR or committees, not trained professionals
   b. Companies struggle with articulating the benefits of recreation in the workplace
   c. *Many companies do not have the resources to allocate to more recreation amenities in the workplace
   d. There is little to no systematic effort to promote or manage wellness and recreation programs

4. What is at least one benefit to associating business principles with TR?

   (Short answer with at least one of the following responses)

   More meaningful contributions to management needs, being able to start their own TR business, being able to speak the language of business to market TR

5. What were at least two outcomes that the CTRSs in the chapter targeted to improve dysfunction in the workplace

   (Short answer with at least one of the following responses)

   Leading strategic change, thriving in hostile environments, developing stronger relationships, building trust, building resilience, engaging in healthy conflict

9 Keynote: The Python and the Alligator

1. What statement best describes an issue resulting from the decrease in opportunities for doctoral-trained faculty?
   a. Students are unable to get the high-level of education and training from a Ph.D.-level faculty
   b. Recreation Therapy programs are being shut down due to lack of faculty
   c. Programs cannot establish a 4+1 entry-level master's program
   d. *Faculty positions in RT are going unfilled, leaving the profession vulnerable

2. According to the text, what is causing much of professors' emotional and professional drain?
   a. *Training students who will then go on to enter another profession
   b. The overwhelming enrollment to RT programs
   c. RT programs constantly moving to different departments
   d. Desire for lowerer student-teacher ratios to provide individualized learning opportunities

3. What was a suggestion made in the text to increase doctoral candidate production?
   a. Recruit highly trained CTRSs to enroll in Ph.D. programs
   b. *Offer online education programs so CTRSs can remain employed
   c. Have ATRA fund student scholarships for those who are interested in pursuing higher education
   d. Offer entry-level doctoral programs

4. What is **NOT** a reason that RT should consider switching to a graduate-level degree for practice?
   a. Capitalize on students wanting to obtain graduate-level degrees
   b. Align with other requirements for allied health professionals
   c. *Decrease enrollments so faculty can better handle classes
   d. Pipeline potential candidates to RT-grounded doctoral programs

5. To thrive and not just survive, RT needs to make two bold moves in higher education. What are they?
   a. Create an entry-level Ph.D. program and offer online options
   b. *Use the 4+1 model for a master's entry point to RT practice and increase doctoral program opportunities
   c. Make RT a master's-level entry program for practitioners and increase the number of part-time faculty
   d. Offer advanced practitioner training certificates and different coursework for students pursuing OT or PT degrees

10 Profile of Therapeutic Recreation Curricula

1. Which statement best describes the unit characteristics of TR academic programs?
   a. Programs are located in large state institutions
   b. Programs are housed in education programs
   c. *Programs are changing to stand alone majors
   d. Program mergers are placing TR with health-related majors

2. Which statement characterizes faculty trends noted in the studies?
   a. *Number of full-time faculty has gradually increased
   b. Number of professor and associate level faculty is increasing
   c. Faculty are teaching fewer classes during academic year
   d. Faculty are conducting more evidence-based research

3. Which statement properly identifies student characteristics
   a. Since initial studies in the 1970s student numbers have increased regularly
   b. Student number growth in doctoral programs continues to improve
   c. Overtime, the majority of majors have been male students
   d. *Over time student employment and certification is trending down

4. Which statement properly describes the nature of TR curricula?
   a. Supportive coursework has increased over time
   b. Content and titles of TR courses are consistent among reporting programs
   c. *Credit hour requirements for the internship are increasing over time
   d. The number of required TR classes have continually declined

5. Which statement presents an issue or need resulting from the trend analysis of TR curricula?
   a. There is a need to support the trend of more prescriptive curricula?
   b. *There is a need to identify the factors supporting relevant 21st century competencies
   c. One issue to address is the relationship between accreditation and practice competencies
   d. An unresolved issue is the continuing presence of the Foundations of TR class in curricula

11 Accreditation

1. Which statement properly identifies one intent of accreditation?
   a. *To improve accountability of academic offerings
   b. To create consistency among various institutional majors
   c. To provide public awareness of various majors
   d. To ensure routine updating of program offerings

2. Which statement best identifies the unique factor distinguishing TR speciality programs?
   a. The focus of each is on knowledge, skills, and abilities to practice
   b. Each addresses general recreation and health competencies
   c. CHEA is ultimately the governing body of each
   d. *Each is grounded in a unique intent or purpose

3. What was the focus of external accreditation reviews historically?
   a. Measurement of faculty and student outcomes
   b. *Review of structural factors like resources supporting curricula
   c. Assessment of master's curicula
   d. Critique of preparation for practices defined in job analyses

4. What might be one advantage of a TR focused specialty accreditation as offered by CARTE?
   a. Learning outcomes are determined by the program
   b. Program determines assessment evidence and thresholds
   c. *Specific learning content is prescribed in specified standards
   d. The Committee is self-governing and manages its standards

5. Which statement properly identifies a professional dilemma faced by the relationship between our credentialing body and our accreditation bodies?
   a. Students may graduate from a COAPRT or CARTE accredited program and not be eligible to sit for the exam
   b. *Students may graduate from an accredited institution and sit for the certification exam
   c. The standards of COAPRT and CARTE are reflected in the credentialing job analyis
   d. In some states, students may be licensed without graduating from accredited programs

12 Online Learning and Teaching in Therapeutic Recreation

1. What was a strategy described in this chapter to combat inappropriate communication in online discussion boards?
   a. *Set clear expectations for communication and coach unprepared students to ensure their involvement
   b. Make a video discussion board so students will not need to be involved in written discussion
   c. Post an example message without emojis and slang terminology to better explain expectations
   d. Moderate all discussion boards and critique messages if they are inappropriate

2. What best-practice may allow students to explore the online learning environment?
   a. A high-risk, low-success introduction assignment to challenge individuals to deeply explore the online environment
   b. Having students reach out for personalized meetings to explore the website together before class starts
   c. *Sending a welcome letter and syllabus before the course starts to encourage exploration of the website to become more familiar with all components
   d. Having student discuss the components of the online environments on a discussion board

3. According to the text, which of the students below will be successful in a distance education program?
   a. *Student who possesses technology and written communication skills with motivation to identify online resources
   b. Student who needs instructor to provide information on resources and services available on an online platform
   c. Student who wants to spend less time in class and doing assignments
   d. Student who wants anonymity and does not want face-to-face discussions

4. What statement best describes the universal design for online learning?
   a. Make sure there is accessible technology and all assignments are able to be completed without adaptation
   b. *Provide student multiple means of engagement, representation and action and expression
   c. Allow students choices in formats to complete assignments using online tools or social media
   d. Allow progression through curriculum and access to course content in a variety of ways

5. What is a strategy that is used by SUNY Cortland for practicing therapeutic skills online?
   a. *Students recording themselves and posting on youtube for feedback
   b. Having students FaceTime with clients to practice assessments
   c. Assigning a scavenger hunt of the online learning environment
   d. Peer review students blog posts discussing their RT experiences

13 Move to Master's Degree for Entry-Level Practice

1. According to early studies on M.S. preparation, which statement identifies typical course content?
   a. B.S. and M.S. preparation consisted of similar number of classes
   b. M.S. required more specialty courses than B.S. degrees
   c. Students with B.S. degrees did additional papers in M.S. classes
   d. *M.S. students took additional classes in research and organization/administration

2. According to the first study done on M.S. entry in 2006, what was the greatest threat to M.S. entry preparation in our field?
   a. The number of available faculty
   b. The lack of a credentialing requirement for an M.S. degree
   c. *The low student enrollments in M.S. programs
   d. The number of stand-alone M.S. degrees

3. Which statement best summarizes the status of M.S. degrees according to the longitudinal studies in our field?
   a. *The trend has been a steady decline in M.S. programs
   b. The number of stand-alone degrees has remained steady
   c. M.S. degrees with emphases or options in TR are increasing
   d. The number of required content courses has remained unchanged

4. Which statement properly summarizes respondent results for the 2015-2016 online M.S. survey?
   a. The majority of B.S.-only programs intend to add M.S. programs in the near future
   b. *The sample was almost evenly split on whether or not to move to M.S. entry
   c. Respondents felt there was enough evidence to support the move to an M.S.
   d. Respondents reported the number of existing B.S. degrees precluded moving to the M.S.

5. According to a review of allied health professions, which of the listed professions allows a person to practice with a B.S. yet requires an M.S. to provide clinical services or therapy?
   a. PT
   b. OT
   c. Child Life
   d. *Social Work

14 Perspective: Curricular Standardization in Therapeutic Recreation

1. Which statement identifies an advantage of standardized TR curriculum?
   a. More students will be eligible for certification
   b. Universities will know which classes are necessary to sit for certification
   c. *Consumers will be assured that all RT professionals receive similar training
   d. It will teach people how to pass the NCTRC exam

2. Which organization offers accreditation to TR educational programs?
   a. *Committee on Accreditation of RT Education (CARTE)
   b. National Council on TR Certification (NCTRC)
   c. Council on Accreditation (COA)
   d. Commission on Accreditation of Allied Health Educational Programs

3. Which of the following identifies a constraint to academic standardization?
   a. NCTRC standards discourage common courses
   b. It would merge RT with parks and recreation curricula
   c. It would encourage RT to become an allied health field
   d. *Conflicts within the profession

4. In 2006, Murray and Coyle identified several needs for the TR Profession, what was one of their recommendations?
   a. *More deliberate collaboration with other disciplines
   b. Assessment of other disciplines' curricula
   c. Increased opportunities for students to advocate for TR
   d. More student surveys to learn which classes prepare them for certification

5. Which organization currently sponsors CARTE?
   a. NCTRC
   b. *ATRA
   c. COA
   d. NTRS

15 Keynote: Therapeutic Recreation Is a Process, Not a Place

1. Recreation therapists work in a variety of settings. According to Dr. Wolfe, what are the three components of the TR process, regardless of setting?
   a. *APIE, have predetermined outcomes and utilize evidence based practice
   b. Include APIE, task analysis, and activity analysis
   c. Use the APIE process and reference recreation or leisure and outcomes
   d. Focus on client-outcomes and consistently evaluate programming goals

2. What is the purpose of the planning step in the APIE process?
   a. To gain greater understanding of the clients strengths, abilities, and interests
   b. *Identify client-specific goals and objectives to be accomplished
   c. Determine if modification or changes should be made to the goals
   d. To identify areas of strength of clients and incorporate client and caregiver

3. The Therapeutic Recreation Accountability Model demonstrates that the APIE process is most successful when there is specific attention paid toward what?
   a. *The interconnectedness between components and need for accountability
   b. The foundation of evidence based practice
   c. Assessing an individual's strengths, weaknesses, and interests
   d. Recreation therapists documenting and reevaluating consistently

4. Outcomes should always be...
   a. The byproduct of an intervention
   b. Thought of after the activity is completed
   c. The same across all settings
   d. *The sole focus of an intervention

5. What is the purpose of the assessment across all settings?
   a. Have a 1:1 interview with the client to assess goals
   b. Use a documentation sheet so outcomes can be measured
   c. *Gain information about a client to develop a specific action plan
   d. Be completed thoroughly so a reevaluation can be completed

16 Service Trends in Therapeutic Recreation

1. Health care is being revamped by phasing out of the medical model, what model is more prominently used now?
   a. Social Model
   b. *International Classification of Functioning, Disability and Health
   c. Ecological Model
   d. Person-First Model of Disability

2. What are the three parts of the self-determination theory?
   a. Interconnectedness, accountability, demonstration
   b. Motivation, functioning, wellness
   c. *Autonomy, competence, relatedness
   d. Awareness, inclusion, intervention

3. As noted in the text, inclusion is a term that grew out of integration, mainstreaming, and normalization. What statement below best represents inclusion?
   a. *Everyone is able to contribute and be apart of the experience
   b. Every person is provided the same opportunities
   c. Everything is physically accessible to an individual
   d. Everyone having similar abilities is able to participate in activities together

4. How can a CTRS best promote community engagement according to the text?
   a. Provide the professional supports necessary for participation
   b. *Become aware of the participation barriers and resources then devise accommodation strategies
   c. Become educated on the barriers most individuals with similar disabilities have to better support the individual
   d. Advocate for participants by providing resources to the family

5. With the changing healthcare environment, in what specific ways will CTRSs adjust their roles and responsibilities to remain viable in the new climate?

   **Short answer* Should include: Push toward community settings and expand to not just individuals with disabilities but the general population. Advocate for the importance of leisure. Consult with community recreation providers to promote inclusion. Provide TR services by developing own company. Contracting TR services in schools and waiver programs. TR services for: caregivers, people in transition, community wellness.*

17 Therapeutic Recreation Practice Models

1. What statement best describes a content model?
   a. It shows that the model was released after it was thoroughly defined and proven
   b. It is developed with the understanding that leisure is an intended tool to reach a health outcome
   c. *It describes the information or substance to be communicated to clients
   d. It describes how services should be implemented

2. What statement best describes a process model?
   a. It shows the process that the model went through to prove practice value
   b. *It describes the procedures to use during an intervention
   c. It gives the practitioner a big-picture view of the various services available to a client
   d. It is developed with the understanding that leisure is an intended outcome

3. Which of the following assumptions is a basis for the Leisure Ability Model?
   a. Human beings need leisure to balance work and maintain a high quality of life
   b. *Every human being needs, wants, and desires leisure
   c. Leisure is a subjective experience and requires autonomy and free time
   d. Leisure is often misunderstood and therefore should be taught to adults

4. In which decade were the first TR models created?
   a. 1950s
   b. *1960s
   c. 1970s
   d. 1980s

5. How is a model evaluated for worth?
   a. The worth of the model varies with the context and changing influences on health care
   b. The authors of a model evaluate its practical applications in various types of settings
   c. Each model is evaluated in comparison to others for clarity of purported outcomes
   d. *Each model is evaluated based on the relevance to the context in which it is operationalized

6. What are the components of the TR Service Delivery Model?
   a. Leisure theory, Scope of TR, Nature of services
   b. Nature of services, Nature of TRS/client interactions, Content/Process
   c. Scope of TR, Leisure theory, Content/Process
   d. *Scope of TR, Nature of services, Nature of TRS/client interactions*

7. Which model represents functional improvement outcome models?
   a. Leisure Ability
   b. Health Protection/Health Promotion
   c. TR Service Delivery
   d. *Self-Determination and Enjoyment enhancement: A Psychologically Based Service Delivery

18 Evidence-Based Practices

1. Which statement best defines EBP?
   a. EBP is the use of expert information and best practices
   b. EBP relies on research and clinical decision-making to define outcomes
   c. EBP is a form of quality improvement directed toward meeting client needs
   d. *EBP applies research and professional expertise to address client problem

2. Which statement describes one of the primary reasons for the creation of EBP?
   a. Application of cost-benefit analysis to service productivity in health care
   b. *Physician reliance on personal judgment or past experience to treat patients
   c. Use of quality improvement measures to document health care accountability
   d. Reports by accreditation agents like The Joint Commission that documented errors in service provision

3. What is the recognized first step in the use of EBP?
   a. Literature review of EBP-related websites
   b. *Clarifying a clinical question based on patient needs
   c. Identifying best practices relevant to the client population
   d. Comparing interventions found in literature to be effective

4. Which of the following properly is the highest level of trustworthy evidence?
   a. *Systematic review of RCT
   b. Evidence from nonrandomized controlled trial
   c. Qualitative study review evidence
   d. Expert panel report on intervention comparisons

5. Which solution is recommended in the chapter to improve the lack of EBP in TR?
   a. Rely on clinical practice guidelines as interventions are selected
   b. Distribute clinical care educational materials
   c. *Offer workshops on EBP for specific TR interventions at conferences
   d. Conduct audits and provide feedback of clinical performance

19 Clinical Practice Guidelines: A Decision-Making Tool for Best Practice?

1. What is the purpose of a Clinical Practice Guideline?

   **Short Answer* Have mentioned at least one: Identify care based on available evidence and expertise, justify and highlight need for continuing education, promote cost-effective use of resources, ensure quality control, justify action cases, identify gaps in knowledge and resources reduce occurrence of ineffective interventions, provide direction for future research*

2. With the interventions that practitioners have implemented that have seemed to have a positive impact, why is the profession limited in intervention research?
   a. CPGs apply indirectly to recreation therapy
   b. The profession relies on other profession's research to guide interventions
   c. *Interventions are to be written comprehensively, tested/documented, then published
   d. Recreation therapists implement too many different interventions to keep track of

3. According to the text, why is it important for the profession to develop CPGs?
   a. *Would increase validity of the interventions and profession
   b. Recreation therapists would not just be providing activities
   c. The profession needs remain as professionally viable as other healthcare professions
   d. TRSs can rely on related profession's CPGs to plan interventions

4. Which organization maintains a clearinghouse for CPGs?
   a. NCTRC
   b. *AHRQ
   c. CARTE
   d. NART

5. Which statement identifies a way to advance the use of CPGs among TRS professionals?
   a. Train students to use evidence-based protocols
   b. *Incorporate competency testing following CEU sessions on the use of practice guidelines
   c. Prepare graduate students to develop clinical practice guidelines
   d. Organize professional expert focus groups to design practice-research on interventions

20 Revisited: Issues and Concerns in Therapeutic Recreation Assessment

1. Why would a CTRS use an assessment?
   a. Insurance companies rely on assessments as proof of service for reimbursement
   b. *Assessments establish a baseline and help determine appropriate interventions
   c. Initial assessments document the client has a disability that the health care setting can address
   d. Assessments gather evidence to document limitations to health and quality of life

2. According to the TR Curricula Study by Stumbo and colleagues, which of the following is true?
   a. Assessment information was generally part of research and evaluation courses
   b. Assessments vary from setting to setting so courses vary in assessment content
   c. *100% of TR programs included at least one course related to assessment
   d. TR students ranked courses in assessment and documentation as essential

3. Whitman and Ligon discovered that ….. percent of a CTRS's work time is dedicated to assessment?
   a. 2%
   b. *22%
   c. 52%
   d. 72%

4. What is a possible barrier to TRSs using standardized assessments in practice?
   a. Health care setting managers value TR and assessments developed in the field
   b. Assessment results are rarely important to design of treatment plans
   c. Assessments in TR practice vary in their demonstrated effectiveness
   d. *Assessments are costly to purchase and development of quality assessments takes time and money

5. According to research by Kemeny, Hutchins, and Cooke, what is the percentage of professionals using standardized assessments?
   a. Less than 5%
   b. Just under 25%
   c. *Just over 80%
   d. 100%

21 Professional Advocacy Through Public Policy

1. What is the intent of advocacy in RT?
   a. *Improve conditions and opportunities for our participants
   b. Increase therapists benefits
   c. Use resources more effectively to achieve outcomes
   d. Inform politicians of how funds are used in RT

2. Which one of the statements identifies an inappropriate advocacy action?
   a. *Use both terms therapeutic recreation and recreation therapy to describe our practice
   b. Consider concerns of the larger health community like obesity when advocating
   c. Rely on value and ethics documents to convey messages
   d. Identify specific legislative acts to support

3. Which legislative process describes the criteria for using government funds?
   a. Authorization
   b. Appropriation
   c. Reauthorization
   d. *Regulation

4. In which piece of legislation was the profession successful including recreation as a related service?
   a. Rehabilitation Act of 1973
   b. *Education for All Handicapped Children Act of 1974
   c. Americans with Disabilities Act 1990
   d. Access to In-patient Rehabilitation Therapy Act of 2015

5. Which state has been successful in advocating and maintaining licensure since the mid 1970s?
   a. North Carolina
   b. *Utah
   c. New Hampshire
   d. Oklahoma

22 Ensuring Initial and Continuing Competence

1. Which state was the first state to implement licensure in recreational therapy practice?
   a. *Utah
   b. North Carolina
   c. New Hampshire
   d. Oklahoma

2. In which knowledge area was there a noticeable increase in content with the 2014 job analysis?
   a. Foundational knowledge
   b. *Practice of RT/TR
   c. Organization of RT/TR
   d. Advancement of the profession

3. What is the intent or focus of NCTRC's recertification program?
   a. Identification of exam content
   b. Definition of educational credentials
   c. *Continuing education and practice experience
   d. Promotion of the CTRS credential

4. Which statement identifies a futuristic benefit of NCTRC's speciality certification?
   a. With the credential reimbursement is more likely to occur
   b. *Speciality credentials better align our field with other related health professions
   c. Recertification tends to result in improvements in advanced practices
   d. A specialty credential fosters support for state licensure efforts

5. What is a major issue that inhibits the growth of state licensure efforts?
   a. Cooperative agreements between NCTRC and the various state organizations
   b. Competition among the health professions for the reimbursement dollars
   c. Low numbers of professionals who elect to gain credentials
   d. *Limited participation of professionals in our professional organization

23 Higher Education and Health Care

1. What is a primary reason contributing to the affordability of higher education?
   a. *Decreased support at the state and federal level
   b. Decreased number of public higher education institutions
   c. Increased number of individuals attending 4-year institutions
   d. Increased institutional costs of delivering various majors

2. What is a primary reason health care institutions are experiencing financial challenges?
   a. Increasing amount of uncompensated coverage assumed by hospitals
   b. Reduction in insurance reimbursements for emergency room care
   c. Decreasing number of patrons with health insurance
   d. *Increasing operational costs of hospitals

3. Which form of quality measurement is represented by The Joint Commission standards?
   a. Rankings
   b. Benchmarking
   c. *Accreditation
   d. Cost-benefit studies

4. Which statement identifies a primary outcome of increased higher education and health care costs?
   a. Individuals rely more on grants and insurance to meet expenses
   b. *Individuals with diverse socioeconomic backgrounds have less access
   c. Institutions are reorganizing to better manage rate of increasing costs to their clients
   d. Private sector institutions are improving access to potential consumers

5. Which statement identifies one strategy our profession might embrace to address the triple aim of managing access, cost and quality of preparation and practice?
   a. Enhance the use of technology to communicate/educate consumers
   b. Use cost-benefit models to measure alternative service delivery methods
   c. *Develop and use team skills and practices during intervention
   d. Rely on productivity benchmarks to determine education and health care costs

24 Perspective: Innovation in Fieldwork Education

1. Which of the following describes the primary function of CARTE?
   a. CARTE serves as a liaison between ATRA and NCTRC
   b. *CARTE is an accrediting body for TR academic programs
   c. CARTE establishes the guidelines for clinical internships
   d. CARTE reviews the credentials of internship supervisors

2. What is the purpose of fieldwork education?
   a. It allows students to help organizations that serve clientele in their interest area
   b. It provides experience in settings where internship opportunities are limited
   c. It allows teachers to explore new topics, outside of the classroom, in practice settings
   d. *It allows students to apply theories and practice professional skills

3. Current education trends in fieldwork includes which of the following?
   a. *Greater prescription of fieldwork competencies
   b. Increased reliance on interns to support overworked staff
   c. Decline in fieldwork expectations, including hours, for TR interns
   d. Increased availability of paid internship options to attract the best applicants

4. What is an assumption made regarding professionals with higher cognitive development?
   a. While they have more knowledge, they will perform equally to those with similar experience
   b. They tend to exceed job expectations, and display stronger skill sets than less experienced staff
   c. *They will act more comprehensively and empathetically
   d. They tend to become bored when their coworkers are still striving to enhance cognitive skills

5. What is an assumption based on cognitive development?
   a. Higher cognitive development helps one to evolve abstract thoughts into concrete ideas
   b. Cognitive development is accomplished mostly in the classroom
   c. *Higher cognitive development moves a CTRS from self-centered to others-centered
   d. With higher cognitive development internship supervisors are better able to conduct efficacy research

25 Keynote: Status of Therapeutic Recreation Research

1. What can collecting baseline data do for a recreation therapy program?
   a. Provide more efficient demographics of clients
   b. Allow recreation therapists to identify change throughout programming
   c. *Provide sufficient rationale and reason for funding from administration or external funders
   d. Allow the practitioner to be more involved in data collection

2. What statement best describes the weakness in innovative approaches in TR research?
   a. Many studies use a qualitative approach as opposed to quantitative
   b. Only qualitative studies in TR have increased in variety of methods
   c. Most TR studies are case studies, which is hard to translate across populations
   d. *In TR research, most studies use quantitative methods followed by qualitative and multi-method approaches

3. Why is it important to have conceptually strong research?
   a. Provides validity in the research to external funders
   b. *Gives direction for designing effective programs
   c. Helps build a stronger foundation for new theories
   d. Provides TR with a better reputation amongst the health care field

4. How did ATRA address the need to promote Evidence Based Practice?
   a. *Created the EBP Task Force
   b. Provided accreditation for colleges who focused on EBP
   c. Had leaders train entry-level professionals through online conferences and the national conference on how to conduct EBP
   d. Provided funding for practitioners to use for EBP research

5. What statement best describes how TRS' can be a good consumer of research?
   a. *Consume research in any healthcare journal as it may be applicable to the field
   b. Read academic journals to consume research
   c. Apply for grants to get funding to complete research
   d. Read TR-related journals to get programming ideas

26 The Role of Theory in Therapeutic Recreation: A Practical Approach

1. What statement best describes deductive origination of a theory?
   a. It starts with observation, seeking patterns to develop a hypothesis
   b. *It starts with a hypothesis, collects data to support (or not) the hypothesis
   c. It develops from a theory of action based on practice outcomes
   d. It develops from interventions that have definitive outcomes

2. What is true about theories?
   a. Health-related theories are useful in TR practice
   b. By the time a theory is used, it has proven usefulness and does not require fine tuning
   c. *Theories do link cause to the effect
   d. Useful theories prove relationship between cause and effect

3. What statement describes a benefit of theory in TR?
   a. *Theories help identify the independent variables meant to inspire outcomes
   b. Theories are easy to communicate and help professionals develop knowledge
   c. TR specialists rely on evidence-based practice to develop their own theories
   d. Theories support scientific evidence and together guide practice

4. Which of the following best describes a challenge in using theories in TR?
   a. Theories have minimal value because TR prefers to use scientific evidence
   b. *Previously developed theories take TR practice into consideration
   c. TR specialists develop theories yet have difficulty disseminating them
   d. The theories applicable to people with disabilities are limited

5. What statement best describes the benefit of using theories in practice?
   a. Theories stand in place of evidence when evidence is lacking
   b. *Theory connects interventions and programs to outcomes
   c. Each TR Specialist develops a theory of practice that is appropriate for their setting
   d. Theories are used sparingly as TR specialists severe individuals with diverse needs

27 Issues and Adventures in Evaluation and Outcome Research

1. Why is evaluation and outcome research an issue in TR?
   a. Professionals collect inappropriate data
   b. Professionals do not apply results to program development
   c. Evaluation and research tools are not available
   d. *In general, evaluation and outcome research is absent

2. What is a key reason practitioners are not involved in evaluation and outcome research?
   a. Clientele are diverse and experience different needs
   b. *Practitioners' time is focused on their responsibilities
   c. Administrators focus on regulation compliance
   d. Access to valid and reliable tools is limited

3. Which statement identifies a key benefit for practitioners to conduct evaluation and outcomes research?
   a. Use of their time is documented
   b. Evidence of their financial worth is provided to administrators
   c. *Clients achievement of desired outcomes is determined
   d. Comparative value of various services is identified

4. What is a primary outcome of the assessment step in designing evaluation/outcomes research?
   a. *Identification of goals to be measured
   b. Selection of a tool to measure services provided
   c. Collection of data on relative worth of services
   d. Determination of a theory or model to guide the project

5. Which statement best characterizes the relationship of evaluation and outcomes research?
   a. With evaluation results, practitioners design outcome studies on service effectiveness
   b. During evaluation processes, outcomes are identified to use during program effectiveness research
   c. Client goals are initially identified as evaluation and outcomes research are planned
   d. *Evaluation identifies program quality while outcomes research measures client change on key outcomes

28 Participatory Approaches to Research With Marginalized Individuals and Groups

1. Which organization advocated for greater involvement from individuals with disabilities in research studies?
   a. Institutional Review Board
   b. *World Health Organization
   c. World Health Assembly
   d. National Public Health Committee

2. What statement best describes knowledge IN action?
   a. The researcher asks the questions they find most relevant to identify next steps
   b. Co-researchers are obligated to take action based off knowledge they share with the team
   c. Traditional researchers know what issues they want to take action on and research
   d. *Knowledge obtained in the process informs the actions to be taken by the team

3. PAR is typically assessed based on
   a. Validity and reliability
   b. Post-satisfaction surveys from co-researchers
   c. *Demonstration of personal and/or social change
   d. Quality evaluative criteria

4. What is the most critical piece of the action research spiral?
   a. *That all members participate in all phases
   b. The researcher reflecting on the research to decide how to move forward
   c. Consistently reviewing what area of information needs more information from the researched group
   d. The co-researchers become involved in creating the questionnaires

5. What is the core of the participatory process?
   a. Researchers maintaining control of the study at all times
   b. *Creating an authentic partnership
   c. Gathering input from colleagues prior to starting the research
   d. Consistently interviewing participants to understand their story

29 Ethical Considerations for Therapeutic Recreation Research

1. What is a consequence of the lack of research ethics in TR?
   a. *Researchers rely on their own standards to make decisions
   b. Researchers who errror are not held accountable
   c. Study subjects are unsure about their rights
   d. Study subjects sign informed consents to ensure they are not harmed

2. Which set of procedures protects human subjects in research?
   a. Precautionary Principle
   b. ATRA code of ethics
   c. *Common Rule
   d. Informed Consent

3. Which ethical principle is tested when the researcher conducts research on his/her clients?
   a. Competence
   b. Autonomy
   c. Fidelity
   d. *Veracity

4. What research principle is gounded on veracity and autonomy?
   a. Confidentiality
   b. *Informed consent
   c. Justice
   d. Beneficence/nonmalfeasance

5. Researchers are obligated to report to subjects the results of their participation in the research. Which ethics principle obligates the researcher to follow-through with subjects?
   a. Fidelity
   b. Competence
   c. Veracity
   d. *Justice

30 Perspective: Cross Collaboration in Therapeutic Recreation

1. Why is increased research needed in TR?
   a. We currently lack evidence connecting recreation and leisure to health and wellness
   b. Research evidence will increase the value of TR, thus increasing job options
   c. Research studies create opportunities for more Ph.D.s to enter the field
   d. *Research strengthens the body of knowledge and serves as a basis for treatment

2. Which of the following is a barrier to increased TR specific research?
   a. Research is currently limited and professionals lack exposure to TR research methods
   b. Researchers are less interested in TR since publication outlets are limited
   c. *TR practitioners have limited knowledge and time to conduct research
   d. There are few TR Specialists with credentials necessary to conduct research

3. What is a recommended strategy to encourage research confidence in TR students?
   a. TR students should read journal articles regularly
   b. *Teachers can provide instruction that connects research to the APIE process
   c. Academic programs with research labs promote evidence-based practice
   d. Competency exams for graduating students should include research questions

4. Which of the following is true of the experimental research method?
   a. *It is meant to show cause and effect
   b. Experimental research requires IRB approval to be conducted in a hospital setting
   c. Researchers observe people in treatment and control groups
   d. Researchers assess clients in naturalistic settings and environments

5. What is a potential outcome of educating students on research methods?
   a. *Students are likely to develop research competencies and contribute to research
   b. Students will increase their knowledge and be better prepared for the certification exam
   c. Students will exhibit professionalism when explaining the benefits of RT to coworkers
   d. Students will be prepared to be successful in postgraduate coursework