



American Therapeutic Recreation Association

ATRA Continuing Education Program  
Recommendations for Dementia Practice  
Competency Test

Name \_\_\_\_\_ ATRA ID \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Email \_\_\_\_\_

Please Sign Verification Statement (CEU transcripts will not be processed without signature)

I, \_\_\_\_\_ (please print your name), verify that I completed these post-test questions without assistance from another individual. I understand that this verification statement of independent work adheres to the professional code of ethics developed by ATRA.

Verified this date, \_\_\_\_\_ Signature \_\_\_\_\_

*\*The use of educational assistance to accommodate individuals with special needs is not included in this statement.*

Please select the best option to answer the following questions by circling the correct answer.

1. Statistics illustrate the prevalence and cost of Alzheimer's disease in that \_\_\_\_\_ is spent on long term care and healthcare each month.
  - a. \$8.1 million
  - b. \$174,000
  - c. \$100 million
  - d. \$5 billion
  - e. \$4.4 billion
  
2. Alzheimer's disease is listed as the \_\_\_\_\_ most expensive disease in the U.S.
  - a. 3rd
  - b. 5th
  - c. 1st
  - d. 20th
  - e. 12th
  
3. The primary goal of treatment for Alzheimer's disease is to:
  - a. Cure the person with the disease.
  - b. Determine a differential diagnosis.
  - c. Support the individual's caregiver.
  - d. Eliminate disturbing behaviors.
  - e. Slow the progression of the disease.

4. Risk factors for what diseases may also contribute to the development of dementia?
  - a. Heart disease, stroke and diabetes.
  - b. Obesity, cholesterol and high blood pressure.
  - c. Heart disease, cancer and genetics.
  - d. Anorexia, diabetes and obesity.
  - e. Genetics, amino acids and stroke.
  
5. One reason for establishing a differential diagnosis is to:
  - a. Rule out treatable cause of dementia.
  - b. Identify genetic links to assist family.
  - c. Provide early detection of Alzheimer's disease.
  - d. Reduce the number of people placed in nursing homes.
  - e. Prescribe appropriate medications for the type of dementia.
  
6. According to research studies on leisure involvement, all of the following can reduce one's risk of dementia except:
  - a. Level of involvement.
  - b. Frequency of participation.
  - c. Social interaction.
  - d. Participation in early life.
  - e. Type of activity engaged in.
  
7. According to a study by the Alzheimer's Association, within the nursing home setting, what impacts a resident with dementia's level of involvement?
  - a. The individual's level of perceived quality of life.
  - b. The frequency and type of encouragement offered to the resident.
  - c. The amount of time the family provides social interaction with the resident.
  - d. The physical assistance to get the resident to programs.
  - e. The type of programs aimed at improving functional skills.
  
8. Research on NDB based activities showed that they were able to :
  - a. Provide a broader range of behavioral outcomes than other interventions.
  - b. Reduce significantly the level of passivity experienced by an individual.
  - c. Demonstrate the same results as matching activities to skill or interest.
  - d. Impact agitation more than varying treatments/activities.
  - e. Enhance an individual's perceived quality of life and satisfaction.
  
9. What are "stage appropriate" activities?
  - a. They are designed to an individual's chronological age.
  - b. They are offered in various places within a facility.
  - c. They are based on a person's functional skills and abilities.
  - d. They are established for various stages of Alzheimer's disease.
  - e. They are offered to groups with similar abilities and cueing needs.
  
10. Research on music has shown that music:
  - a. Improves Mini-Mental scores.
  - b. Increases levels of engagement.
  - c. Improves social skills.
  - d. Reduces irritability and agitation.
  - e. Eliminates disturbing behaviors.

11. What is the key to successful use and outcomes of multisensory environments?
  - a. Interaction with others within the environment.
  - b. Quiet time alone to experience the stimuli.
  - c. Varying levels of stimulation.
  - d. Inclusion of tactile, auditory, visual and olfactory stimulants.
  - e. The individual's level of cognitive functioning.
  
12. To adapt an assessment for an individual with dementia, the recreational therapist might do all of the following except:
  - a. Depend upon observed involvement and skills.
  - b. Encourage family involvement in the process.
  - c. Utilize pictures to show leisure interests.
  - d. Ask yes/no questions.
  - e. Offer purposeful tasks to assess function.
  
13. When writing goals for individuals with dementia, what should the therapist's focus be on?
  - a. Maximizing participation and involvement.
  - b. Achievable outcomes related to functional skills.
  - c. Minimizing disturbing behaviors.
  - d. Ensuring age/stage appropriate tasks and activities.
  - e. Resident specific needs determined by the assessment.
  
14. Which best describes person-centered care?
  - a. It is aimed at improving quality of care and satisfaction.
  - b. It looks at the person underlying the disease.
  - c. It encourages family involvement in care.
  - d. It creates a home-like environment for the person.
  - e. It provides structure to each person's care based on past routines.
  
15. What components must be included in a physician order?
  - a. Diagnosis, prognosis and discharge plan.
  - b. Duration of treatment, discharge plan and diagnosis.
  - c. Group participation, duration of treatment and discipline.
  - d. Scope, duration and frequency of treatment.
  - e. Discipline providing service, treatment scope and frequency.
  
16. Active treatment includes:
  - a. Interventions that include physical activity.
  - b. Treatment that is interdisciplinary in nature.
  - c. A reasonable expectation of improvement.
  - d. Services provided by a recreational therapist.
  - e. Active participation by a resident.
  
17. The Center for Medicare and Medicaid Services defines recreational therapy as having all of the following components except:
  - a. It includes activity programs.
  - b. It is provided by a CTRS.
  - c. It is physician ordered.
  - d. It is aimed at improving function.
  - e. It goes beyond general stimulation.

18. What are specific skills a recreational therapist might work on with an individual who has dementia?
- Establishment of routine and increasing activity participation.
  - Falls prevention and reduction of disturbing behaviors.
  - Restraint reduction and reinforcing appropriate social skills.
  - Improving skills and enhancing coping skills.
  - Assisting with adjustment and learning new leisure skills.
19. Group treatment can be provided at a maximum of \_\_\_\_\_ therapist to \_\_\_\_\_ residents.
- 1:8
  - 1:4
  - 1:6
  - 1:1
  - 1:2
20. What percentage of treatment time may be spent in a group setting?
- None.
  - 25%
  - 50%
  - 75%
  - 100%
21. Serving residents fairly and without discrimination speaks to which principle of the *Code of Ethics*?
- Beneficence
  - Justice
  - Confidentiality
  - Fidelity
  - Autonomy
22. When transitioning from activities to recreational therapy, one major topic of education identified in the document is:
- Describing the recreational therapy treatment process clearly.
  - Identifying the roles of interdisciplinary team members.
  - Detailing the outcomes recreational therapy interventions achieve.
  - Stating how recreational therapy impacts other department's job responsibilities.
  - Explaining the differences between activities and recreational therapy.
23. Which statement explains the purpose of activity analysis?
- Evaluate fundamental components of a task.
  - Identify diversional and therapeutic activities.
  - Explain staffing level based on program offerings.
  - List resources needed for specific groups.
  - Outline entrance and exit criteria for services.
24. All of the following indicate the importance of research except:
- It proves the efficacy of specific interventions.
  - It ensures that services are provided with respect to resident choices.
  - It connects practice and theory.
  - It contributes to consistency within programs.
  - It advances a profession by demonstrating its cost-effectiveness.

25. What is a benefit to conducting collaborative research?
- a. Research expertise of potential partners.
  - b. Limited liability for each organization.
  - c. Equal diversion of research tasks.
  - d. Remove expenses from one department to researchers.
  - e. Bypass lack of administrative support.