

# NCTRC Grow Through Flow Practice Exam (Sample)

## Study Guide



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**SAMPLE**

## **Questions**

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- 1. In the Attitude Model, what does the intention represent?**
  - A. Behavioral outcomes based on random choices**
  - B. A predisposition to respond favorably**
  - C. Actions based on learned beliefs and behaviors**
  - D. A prediction of future societal norms**
- 2. In the Health Belief Model, which of the following is NOT one of the four key beliefs that influence behavior?**
  - A. The belief that the condition is a threat**
  - B. The belief that behavior change will be supported by peers**
  - C. The belief in personal ability to perform the behavior**
  - D. The belief that benefits outweigh negatives**
- 3. What is a significant impact of Muscular Dystrophy on individuals?**
  - A. Increased social interactions**
  - B. Progressive wasting of muscle tissue**
  - C. Heightened physical agility**
  - D. Improved cognitive skills**
- 4. What is the focus of inclusion in therapeutic recreation practices?**
  - A. Creating exclusive groups for individuals with disabilities**
  - B. Valuing and accepting differences among all individuals**
  - C. Reducing the number of participants**
  - D. Emphasizing competition over cooperation**
- 5. What key concept does Social Learning Theory emphasize about how people learn?**
  - A. Through literature and analysis**
  - B. By watching others**
  - C. By experience only**
  - D. Through formal education**

- 6. What is the main objective of the Health Insurance Portability and Accountability Act (HIPAA)?**
- A. To ensure job security**
  - B. To protect the privacy of health information**
  - C. To provide free health insurance**
  - D. To improve health care quality**
- 7. In the Attribution Model, what does 'locus of control' refer to?**
- A. The location where a behavior occurs**
  - B. The stability of a person's internal or external attribution**
  - C. The degree to which an individual believes their success is due to their own efforts**
  - D. The level of understanding about one's environment**
- 8. What is a primary focus of therapeutic recreation programming for individuals with substance-related disorders?**
- A. Skill development in arts and crafts**
  - B. Leisure education and social skills**
  - C. Advanced academic learning**
  - D. Intensive psychotherapy**
- 9. Which of the following is included in the definition of major life activities according to the Rehabilitation Act?**
- A. Running**
  - B. Working**
  - C. Traveling**
  - D. Studying**
- 10. Which type of therapy is specifically designed to improve self-esteem in children?**
- A. Cognitive Behavioral Play Therapy**
  - B. Psycho-Analytic Therapy**
  - C. Theraplay**
  - D. Filial Therapy**

## **Answers**

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1. C
2. B
3. B
4. B
5. B
6. B
7. C
8. B
9. B
10. C

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## **Explanations**

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**1. In the Attitude Model, what does the intention represent?**

- A. Behavioral outcomes based on random choices**
- B. A predisposition to respond favorably**
- C. Actions based on learned beliefs and behaviors**
- D. A prediction of future societal norms**

In the context of the Attitude Model, intention specifically refers to a person's commitment or readiness to perform a certain behavior. It reflects a predisposition to engage in a specific action based on one's beliefs, attitudes, and social factors. This means that intentions are formed through a combination of learned behaviors, previous experiences, and cognitive processes that lead a person to decide to act in a certain way. The emphasis on learned beliefs and behaviors underlines that intentions are not random; rather, they are part of a structured framework where past experiences and social influences shape how an individual approaches a behavior. For example, if someone has had positive experiences associated with a specific activity, their intention to engage in that behavior in the future is strengthened by those learned beliefs. This understanding distinguishes intention as a critical predictor of actual behavior, as it bridges cognitive processes and action, making it essential in behavior change frameworks and therapeutic interventions.

**2. In the Health Belief Model, which of the following is NOT one of the four key beliefs that influence behavior?**

- A. The belief that the condition is a threat**
- B. The belief that behavior change will be supported by peers**
- C. The belief in personal ability to perform the behavior**
- D. The belief that benefits outweigh negatives**

In the Health Belief Model, the focus is on how individual perceptions of health risks and outcomes influence their health behaviors. The four key beliefs that significantly impact behavioral change include the belief that a condition poses a threat, the belief that making a change can lead to positive benefits, the belief in one's own ability to take action (self-efficacy), and the consideration of the drawbacks versus the advantages of the behavior change. The belief that behavior change will be supported by peers, while it can certainly impact motivation and social reinforcement, does not directly align with the core components of the Health Belief Model. This model specifically centers on personal perceptions regarding health threats and the benefits of action, rather than the social context of support from others. The first belief regarding the threat of the condition prompts individuals to consider the seriousness of the health issue. The second belief emphasizes self-efficacy, reflecting one's confidence in their ability to change behavior. Lastly, the evaluation of benefits versus negatives encourages individuals to weigh the potential positive outcomes of a behavior change against any possible obstacles. Therefore, the lack of focus on peer support makes the second option not one of the primary beliefs in the Health Belief Model.

**3. What is a significant impact of Muscular Dystrophy on individuals?**

- A. Increased social interactions**
- B. Progressive wasting of muscle tissue**
- C. Heightened physical agility**
- D. Improved cognitive skills**

The significant impact of Muscular Dystrophy on individuals is the progressive wasting of muscle tissue. This condition is a genetic disorder characterized by the degeneration and weakness of skeletal muscles, which are responsible for movement. Over time, this progressive muscle loss can lead to challenges in performing daily activities, mobility, and overall physical strength. As the muscles continue to deteriorate, individuals often experience increasing disability and may require assistance for basic tasks. The other options do not accurately reflect the effects of Muscular Dystrophy. Increased social interactions may occur as individuals seek support and connection, but this is not a direct impact of the disease itself. Heightened physical agility and improved cognitive skills are generally not associated with Muscular Dystrophy; rather, the condition typically results in decreased physical abilities and does not directly enhance cognitive functions.

**4. What is the focus of inclusion in therapeutic recreation practices?**

- A. Creating exclusive groups for individuals with disabilities**
- B. Valuing and accepting differences among all individuals**
- C. Reducing the number of participants**
- D. Emphasizing competition over cooperation**

The focus of inclusion in therapeutic recreation practices is centered on valuing and accepting differences among all individuals. This approach emphasizes the importance of creating environments where individuals of varying abilities and backgrounds can participate fully and meaningfully in recreational activities. By embracing diversity, therapeutic recreation professionals aim to foster a sense of belonging and community, allowing all participants to benefit from the therapeutic aspects of recreation regardless of their individual circumstances. Inclusion recognizes that every person has unique strengths and challenges, and it strives to create opportunities for everyone to engage in activities together. This not only enhances the social experience for individuals with disabilities but also enriches the group dynamic, promoting understanding and empathy among participants. Through this lens, therapeutic recreation becomes a powerful tool for social integration, personal growth, and overall well-being.

**5. What key concept does Social Learning Theory emphasize about how people learn?**

- A. Through literature and analysis**
- B. By watching others**
- C. By experience only**
- D. Through formal education**

Social Learning Theory primarily emphasizes that individuals learn by observing the behaviors of others and the consequences that follow those behaviors. This concept suggests that learning occurs in a social context and can be significantly influenced by watching the actions of role models, peers, or even characters in media. Observational learning, imitation, and modeling are central processes in this theory, meaning that when people see others being rewarded for certain behaviors, they are more likely to replicate those behaviors themselves. This approach addresses how learning is not only a result of direct personal experience but also of noticing the experiences and actions of others. For instance, children often learn social norms or skills by mimicking adults or peers, demonstrating how powerful observation can be in the learning process. Thus, option B accurately captures the essence of Social Learning Theory, focusing on the importance of observation as a means of acquiring new behaviors and attitudes.

**6. What is the main objective of the Health Insurance Portability and Accountability Act (HIPAA)?**

- A. To ensure job security**
- B. To protect the privacy of health information**
- C. To provide free health insurance**
- D. To improve health care quality**

The main objective of the Health Insurance Portability and Accountability Act (HIPAA) is to protect the privacy of health information. This legislation was enacted to establish national standards for protecting sensitive patient health information from being disclosed without the patient's consent or knowledge. Under HIPAA, healthcare providers, health plans, and other entities that handle health information are required to implement safeguards to ensure that personal health data is kept confidential and secure. HIPAA's privacy rules apply to individually identifiable health information held or transmitted by these organizations, thereby giving patients greater control over their personal health information. The act also empowers individuals by requiring them to be informed of their rights regarding their medical records and how their information is used and disclosed. While aspects of health care quality and job security are important, they are not the primary focus of HIPAA. The legislation specifically addresses confidentiality and privacy, making it essential for healthcare organizations to comply to protect patients' rights and information.

**7. In the Attribution Model, what does 'locus of control' refer to?**

- A. The location where a behavior occurs**
- B. The stability of a person's internal or external attribution**
- C. The degree to which an individual believes their success is due to their own efforts**
- D. The level of understanding about one's environment**

In the Attribution Model, 'locus of control' refers to the degree to which an individual believes that they have control over the events that affect them, particularly regarding their successes or failures. When someone has an internal locus of control, they attribute their achievements to their own efforts, skills, and decisions. This perspective enhances personal agency and motivation since individuals feel responsible for their outcomes. Conversely, those with an external locus of control might attribute success to luck, external circumstances, or other people's actions. Understanding this concept is crucial in various fields, as it influences how individuals approach challenges and setbacks. Recognizing this can help in developing strategies that empower individuals by fostering a sense of control over their circumstances, which can lead to increased engagement and improved outcomes in therapeutic and educational settings.

**8. What is a primary focus of therapeutic recreation programming for individuals with substance-related disorders?**

- A. Skill development in arts and crafts**
- B. Leisure education and social skills**
- C. Advanced academic learning**
- D. Intensive psychotherapy**

Therapeutic recreation programming for individuals with substance-related disorders emphasizes leisure education and social skills as a primary focus because these components are crucial for supporting recovery and promoting healthy, fulfilling lifestyles. Leisure education helps individuals understand the value of leisure activities and how to engage in them positively, while social skills training enhances their ability to interact effectively with others, which is vital during the recovery process. By focusing on leisure education, individuals can learn to identify appropriate leisure pursuits that contribute to their well-being, foster connections with peers and community, and ultimately support their substance use recovery. Engaging in healthy leisure activities can also serve as a positive coping mechanism, helping to reduce the risk of relapse. The other options, while they may provide benefits in different contexts, do not align as closely with the primary goals of therapeutic recreation for this population. For instance, skill development in arts and crafts is valuable, but it is not as significant a focus as overall leisure and social integration. Advanced academic learning is generally not a priority compared to the immediate needs of engaging in recovery. Intensive psychotherapy may be part of a treatment plan, but therapeutic recreation typically incorporates more active, experiential learning that relates directly to leisure and social interactions.

**9. Which of the following is included in the definition of major life activities according to the Rehabilitation Act?**

- A. Running**
- B. Working**
- C. Traveling**
- D. Studying**

The definition of major life activities according to the Rehabilitation Act encompasses a variety of fundamental daily activities that individuals engage in. Working is included in this definition because it represents an essential aspect of adult life, promoting independence and community involvement. Employment is not only a means of financial support but also contributes significantly to a person's sense of identity and self-worth. The importance of working in this context comes from the Act's intention to protect and promote equal opportunities for individuals with disabilities, ensuring they have access to the workforce and can participate meaningfully in society. It recognizes that being able to gain and maintain employment is a vital component of achieving a comfortable and fulfilling life. Other options, while relevant to personal activities, do not carry the same weight in the context of major life activities as defined by the Rehabilitation Act. For example, while running and traveling can be significant, they are not classified as essential activities broadly recognized in the framework of disability rights and access to life opportunities. Studying also plays a critical role in personal development but is not as universally recognized as part of the core definition compared to working.

**10. Which type of therapy is specifically designed to improve self-esteem in children?**

- A. Cognitive Behavioral Play Therapy**
- B. Psycho-Analytic Therapy**
- C. Theraplay**
- D. Filial Therapy**

Theraplay is a specific type of therapy designed to enhance self-esteem in children through playful and engaging interactions. This therapeutic approach focuses on fostering attachment between the child and their caregivers, which is crucial for developing healthy self-esteem. By promoting a nurturing environment where children feel valued and accepted, Theraplay aims to support positive behaviors and emotional growth. The techniques used in Theraplay encourage cooperative play, strengthen connections, and facilitate emotional expression. These activities are crafted to help children experience joy and success, which can directly contribute to improved self-worth and confidence. In contrast, while Cognitive Behavioral Play Therapy and Filial Therapy also address emotional and behavioral issues, their core focuses may not be specifically aligned with the enhancement of self-esteem in the same way as Theraplay. Psycho-Analytic Therapy, on the other hand, delves into unconscious processes and childhood experiences but does not directly employ interactive play techniques aimed at boosting self-esteem.