



Basic Case Management Training: Module 2 Test

DIRECTIONS: Complete this test after finishing Module 2 of the Basic Case Management Training. In order for Western Psychiatric Institute and Clinic to record that you completed this training, please print your name, agency information and social security number CLEARLY below. After finishing the test, sign where indicated and return this form to your supervisor.

PLEASE PRINT CLEARLY

Name: _____ Social Security Number (Last 5 Digits): _ _ _ _ _

Agency: _____ Today's Date: _____

MULTIPLE CHOICE - Choose the BEST answer to each of the following multiple choice questions

1. Choose the BEST answer

- A. People with mental illness and/or addictive disease can never fully recover
- B. The journey of recovery is the same for each individual
- C. Recovery involves keeping one's attitudes and beliefs
- D. Recovery is a way of living beyond the limitations that may be caused by disease or disability

2. Experiences that facilitate recovery include:

- A. Developing strong relationships with caring people
- B. Stress related experiences
- C. Lack of motivation
- D. Self-Deprecation

TRUE/FALSE - Indicate whether each statement below is TRUE or FALSE

3. Successful recovery does not change the fact that the illness has occurred or that effects of a disease may still be present. True False

4. The concept of recovery has received little attention in the field of physical illness and disability. True False

MULTIPLE CHOICE - Choose the BEST answer to each of the following multiple choice questions

5. Choose the BEST answer

- A. Recovery is a linear process
- B. Recovery can only occur with professional intervention
- C. Recovery involves reclaiming a positive sense of self
- D. Recovery can be quickly achieved

6. The Wellness Recovery Action Plan...

- A. Is an unstructured system for monitoring psychiatric symptoms
- B. Enables people with mental illness to formulate a wellness plan
- C. Virtually eliminates psychiatric symptoms
- D. All of the above

I hereby affirm that I did complete the module indicated above: _____

Participant's Signature

Supervisor: Please Complete

Supervisor Name _____	Agency _____
I hereby affirm that the case manager completed Module 2 and scored more than 80% on the test.	
Supervisor Signature _____	Date _____