Child Case Management Training: Module 3 Test
UPDATED: 9/1/2015

DIRECTIONS: Complete this test after finishing Module 3 of the Child Case Management Training. Print your name, agency information and social security number CLEARLY below. After finishing the test, sign and return this form to your supervisor.

PLEASE PRINT CLEARLY
Name: ___________________________________ Social Security Number (last five digits): __________
Agency: ___________________________________ Today’s Date: __________________

MULTIPLE CHOICE - Please select the BEST answer to the following questions:

1. Goals of FBMHS include:
   A. Increase the need for out of home placements
   B. Increase life skills/coping capacities of each family member
   C. Coerce the parent/guardian to actively participate in services
   D. None of the above

2. Characteristics of FBMHS include:
   A. Brief treatment model
   B. Parents are partners in the treatment
   C. Team delivered
   D. B & C
   E. All of the above

3. A family tree depicting the who, what and when of the family is an example of the following:
   A. Structural map
   B. Genogram
   C. Ecomap
   D. Service plan

TRUE/FALSE – Indicate whether the statements below are TRUE or FALSE.

4. Goals of the Eco Systemic Structurral Family Therapy include decreasing differentiation of individuals and subsystems in enmeshed families.                  True          False

5. Unspoken rules and roles often effect family functioning.                  True          False

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

Participant’s Signature

Supervisor: Please Complete

Supervisor Name
I hereby affirm that the case manager completed Module 3 and scored higher than 80% on the test.

Agency

Supervisor Signature          Date

Please be sure to complete a registration form along with your tests. The registration form is available at:
http://www.wpic.pitt.edu/oerp/ChildCMTrain/ChildCMRegistrationForm.pdf

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