

PLEASE PRINT CLEARLY

Basic Case Management Training: Module 2 Test

DIRECTIONS: Complete this test after finishing Module 2 of the Basic 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.

Name:	_ Social Security Number (Last 5 Digits):
Agency:	Today's Date:
MULTIPLE CHOICE - Choose the BEST answer to each of the	e following multiple choice questions
Choose the BEST answer	e jonowing muniple enoice questions
A. People with mental illness and/or addictive disease	so can nover fully recover
B. The journey of recovery is the same for each indivi	
C. Recovery involves keeping one's attitudes and beli	
D. Recovery involves keeping one's attitudes and being D. Recovery is a way of living beyond the limitations t	
b. Recovery is a way of living beyond the limitations to	mat may be caused by disease of 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 1	RUE or FALSE
3. Successful recovery does not change the fact that the ill	
present. T F	mess has occurred or that effects of a disease may still be
•	the field of physical illness and disability. T
4. The concept of recovery has received little attention in	the field of physical illness and disability. T F
MULTIPLE CHOICE - Choose the BEST answer to each of the	e following multiple choice questions
5. Choose the BEST answer	
A. Recovery is a linear process	
B. Recovery can only occur with professional interven	tion
C. Recovery involves reclaiming a positive sense of se	lf .
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 the above	
51 7 m the above	
I hereby affirm that I did complete the module indicated a	above:
	Participant's Signature
Supervisor: Please Complete	
Supervisor Name:	Agency:
I hereby affirm that the case manager completed Module 2	2 and scored more than 80% on the test.
Supervisor Signature	Date