

## 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.

**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. T F
- 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 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 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 \_\_\_\_\_