

Child Case Management Training: Module 3 Test

UPDATED: 4/2020

DIRECTIONS: Complete this test after finishing Module 3 of the Child Case Management Training. For UPMC Western Psychiatric Hospital 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 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 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 Structural 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:

Signature

Supervisor: Please Complete

Supervisor Name: _____ Agency: _____

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

Supervisor Signature _____ Date _____