

The Quiz

Strengths Core Training Assessment Tool

NAME: _____

DATE: _____

Choose option a), b), c) or d). Please circle the answer you think is correct. If you make a mistake, put an X through the incorrect one and circle your final answer!

1. Recovery is...?	a) when a client is not taking medication b) being able to lead a meaningful life c) when a client no longer has a Case Manager d) not having a mental illness
2. Which of the following is a hope-inducing behaviour?	a) not keeping an appointment made with a client b) "I'm too busy to help you at the moment" c) asking for an opinion d) being judgemental
3. Which of the following could be a spirit-breaking behaviour/circumstance?	a) worrying about how to pay bills b) acknowledging the client's skills c) helping the client to achieve their goals d) sharing something in common
4. A strength is...?	a) a personal quality or characteristic b) something the client is skilled at c) feeling part of a community d) all of the above
5. What would you do if a client doesn't want to be involved in their Strengths Assessment?	a) introduce the idea again when you think the client is ready b) focus on the relationship between you and the client c) complete some of it based on what you know and keep it in the client's file d) all of the above
6. What if the client has a history of criminal behaviour, suicide attempts, or alcohol or drug abuse, and they want it to be on the form?	a) include it b) leave it out of the assessment, they're not strengths c) tell the client that using alcohol or drugs, criminal behaviour & suicide attempts are not strengths d) talk to the client about the risky behaviours

7. Do clients need to accept they have a mental illness in order to take control of their lives and make plans?	<ul style="list-style-type: none"> a) yes, if they don't they won't get better b) no, the engagement between the client and clinician is more important c) yes, then the client will take medication d) maybe, otherwise the family/carers can't really help
8. The FRAP assists the clinician to...?	<ul style="list-style-type: none"> a) identify the impact of their relative/friend's illness on their own life and health b) invites families and carers to participate in the client's care c) encourages discussion about the client's support system d) all of the above
9. Positive engagement would be...?	<ul style="list-style-type: none"> a) focusing on the positive b) being there for the person c) promoting choice d) all of the above
10. What is an example of recovery-oriented practice?	<ul style="list-style-type: none"> a) compliance by the client b) emphasis on mental health resources/programmes c) focus on crisis management d) supporting the client to take risks
11. What are the characteristics of a therapeutic relationship?	<ul style="list-style-type: none"> a) reciprocal, genuine, trusting, authoritarian b) purposeful, reciprocal, genuine, trusting, empowering c) limiting, suspicious, negative, hopeful d) inflexible, confusing, trusting, meaningful
12. Which of the following is NOT a Strengths Principle?	<ul style="list-style-type: none"> a) the client is the director of the helping relationship b) the focus of our work is on the client's strengths c) the primary setting for our work is the hospital d) the relationship between the client and the clinician is primary and essential
13. Recovery is about...?	<ul style="list-style-type: none"> a) passive adjustment b) not experiencing despair c) a straightforward process d) none of the above
14. Engagement with a client is...?	<ul style="list-style-type: none"> a) a loose arrangement between the client and clinician b) regular appointments at the community clinic c) a specific function d) the same as a relationship with anyone else

15. What would you include in the FRAP?	<ul style="list-style-type: none"> a) discussions had with the family and carers b) list of medication the client is on c) the client's strengths d) the client's risk assessment
16. A strength shown by the client when you first meet could be...?	<ul style="list-style-type: none"> a) doesn't acknowledge any problems b) takes responsibility for their actions and shows an interest in making changes c) doesn't understand the needs and feelings of others d) doesn't have any personal principles
17. If a client is the director of the helping relationship then...	<ul style="list-style-type: none"> a) choices made by the clinician would not be followed b) the client would be supported to make their own decisions c) decisions about care and treatment would be made with the client and include risk assessment d) b) & c)
18. What would you NOT do as part of an effective therapeutic relationship?	<ul style="list-style-type: none"> a) judge the client based on your beliefs b) be pessimistic about the client's future c) be dismissive of the client's goals d) all of the above
19. Which of the following is a leading question to facilitate discussion with the client?	<ul style="list-style-type: none"> a) do you like your current living situation? b) if you could change one thing about your living situation, what would it be? c) do you budget and manage your money? d) do you have a bank account?
20. The Strengths Assessment would be...?	<ul style="list-style-type: none"> a) developed on an on-going process/updated on a regular basis b) conducted in a conversational manner c) created at the consumer's pace d) all of the above
21. Mentoring...?	<ul style="list-style-type: none"> a) is a supervisory tool b) enhances the use of the Strengths Assessment & Goal Planning c) can help the clinician to build on their skills d) all of the above
22. How would you work with the client on what you see as an impossible/unrealistic goal?	<ul style="list-style-type: none"> a) explore the meaning behind the goal b) maintain a sense of hope c) listen and acknowledge it d) all of the above

23. Group Brainstorming is...?	<ul style="list-style-type: none"> a) used in place of clinical supervision b) a forum for sharing new ideas c) a session that only takes place whenever there's time d) a free-flowing session without any particular format
24. Resource acquisition works well when...?	<ul style="list-style-type: none"> a) clinicians always encourage clients to use natural resources b) there is no use of specialist mental health services c) the client decides what resources are the best fit d) a) & c)
25. The WRAP® can be used...?	<ul style="list-style-type: none"> a) with the client's family/carers b) to explore early warning signs with both the client and the family/carers c) to collect information until the client is willing/able to participate d) all of the above
26. Goal planning should...?	<ul style="list-style-type: none"> a) only be used when a client knows when and how a goal can be achieved b) be developed from the client's Strengths Assessment c) be completed in one meeting with the client d) only be used when the client is clear at the outset what the small steps are
27. The WRAP® can be worked on...?	<ul style="list-style-type: none"> a) only when a client is case-managed b) on an ongoing basis c) only when the client can complete all components d) only when the client is in a period of relapse
28. Achieving a goal often fails because...?	<ul style="list-style-type: none"> a) the goal isn't broken down in to manageable steps b) there is a lack of appropriate resources c) the client is unwell d) a) & b)
29. The Strengths Assessment is used to...?	<ul style="list-style-type: none"> a) focus on diagnosis b) emphasise compliance with treatment c) a subjective assessment by the clinician d) none of the above
30. An obstacle to having a therapeutic relationship would be...?	<ul style="list-style-type: none"> a) not accepting the client's past and how it affects them b) working with the client on the clinician's goals c) ignoring the client when cross paths outside of the clinical context d) all of the above

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