

THE STRENGTHS CORE TRAINING QUIZ

ANSWERS

1. Recovery is.....?	<p>b) being able to lead a meaningful life A client may still have a mental illness, take medication and be case-managed. Recovery is about having meaning and hope</p>
2. Which of the following is a hope-inducing behaviour?	<p>c) asking for an opinion The other behaviours are not respectful of the person and do not show caring and acceptance</p>
3. Which of the following could be a spirit-breaking behaviour/circumstance?	<p>a) worrying about how to pay bills For many clients this a real issue and relying on benefits and having little money is very difficult, is very stressful and affects their level of hope</p>
4. A Strength is.....?	<p>d) all of the above A strength can be many things, including talents and skills; environmental; attributes and personal characteristics unique to that person</p>
5. What would you do if a client doesn't want to be involved in their Strengths Assessment?	<p>d) all of the above The Strengths principle - the relationship (not the document) is primary and essential. The clinician should always use the document in the context and flow of the relationship, not as a static document that is forced on a person. If the person is resistant to having information about them written down in this manner respect their decision. Clinicians can fill out a strengths assessment on their own as a way of keeping track of the client's strengths for their own recall and present their version to the client for discussion appropriate</p>
6. What if the client has a history of criminal behaviour, suicide attempts, or alcohol or drug abuse, but they want it to be on the form?	<p>a) include it in the assessment The strengths assessment is a document that is directed by the client. Many people may be able to reframe such things as past criminal behaviour or an addiction as strength (e.g., how far they have come, what they have learned through the process, etc.). It is the responsibility of the clinician to explore the strengths with the client.</p>
7. Do clients need to accept they have a mental illness in order to take control of their lives and make plans?	<p>b) no, the engagement between the client and clinician is more important Clients do not necessarily have to have insight or fully accept their diagnosis to be able to have dreams and goals. Pathology does not define the person. The client is an individual with unique skills and interests and passions. When a client wants to take control of their lives they will need to have a sense of hope and of purpose. The clinician and service need to view the client as an expert in their own life journey while the client directs the pace and progress</p>

8. The FRAP assists the clinician to.....	d) all of the above The FRAP helps the family/carers identify the impact of their relative/friend's illness on their own life and health, invites them to participate in the client's care and encourages discussion about the client's support system
9. Positive engagement would be....?	d) all of the above Focuses on the positive aspects of the client and their strengths; what they can do, not what they can't do. The clinician is there for the client and encourages the client to make their own choices and decisions
10. What would be recovery-oriented practice?	d) supporting the client to take risks Taking risks is a normal part of life and it is no different for the client. Risk must be managed with the client, but clinical practice is not based on crisis management, uses natural resources and is not about the client being compliant
11. What are the characteristics of a therapeutic relationship?	b) purposeful, reciprocal, genuine, trusting, empowering The relationship should not limit the client or be suspicious or negative. The clinician needs to be flexible, clear and the client should have the power
12. Which of the following is NOT a Strengths Principle?	c) the primary setting for our work is the hospital The primary setting is the community, using naturally occurring resources
13. Recovery is about....?	d) none of the above Recovery is a complex and nonlinear journey, is active coping and characterised by a renewed sense of hope
14. Engagement with a client is.....?	c) a specific function Engagement is meaningful, with a purpose and is part of the therapeutic relationship with boundaries and it can take place in any setting of the client's choosing
15. What would you include in the FRAP?	a) discussions had with the family and carers The FRAP is a tool to assist the family/carer and is not the place to document the client's risk assessment or medications. This information may be discussed, but should be documented on the risk assessment and Strengths Assessment
16. A strength shown by the client when you first meet could be....?	b) takes responsibility for their actions and show an interest in making changes The client's strength would be being able to acknowledge others thoughts and feelings, not passive and owning their own values and beliefs
17. If a client is the director of the helping relationship then...	d) b) & c) The client is the one who is supported to make decisions and drives the care & treatment taking in to account risk and safety issues
18. What would you NOT do as part of an effective therapeutic relationship?	d) none of the above Our work should be non-judgemental, hopeful and optimistic. We need to believe in the client's goals and

	accept the person and their goals as important and valid
19. Which of the following is a leading question to facilitate discussion with the client?	b) if you could change one thing about your living situation, what would it be? This question allows the client to describe the situation and facilitates further discussion. Questions that require a yes or no answer do not encourage further exploration
20. The Strengths Assessment would be....?	d) all of the above It should be developed at the client's own pace in a conversational manner, regularly reviewed and updated
21. Mentoring...?	d) all of the above It is a form of supervision and is used in the context of the Strengths Model to assist clinicians to build their skills in their use of the Strengths Assessment and Goal Plan
22. How would you work with the client on what you see as an impossible/unrealistic goal?	d) all of the above Remember it is their goal and it has to be acknowledged and worked with. By exploring and breaking down the goal with the client, the meaning and the actual goal may change. Even if it doesn't, you work with what they want to achieve, always considering safety and risk for the client and others, without taking away the client's sense of hope
23. Group Brainstorming is...?	b) a forum for sharing new ideas It is a structured session for sharing ideas and being creative. It should be planned for a specific time at agreed intervals. It is a form of group supervision, but does not replace your usual clinical supervision
24. Resource acquisition works well when...?	c) the client decides what resources are the best fit Although we should always encourage and assist clients to source and use naturally occurring resources, the best resource is what the 'best fit' is for the client. So resources set up for mental health clients should not be ruled out. Many clients prefer a mixture of both. Sometimes it is possible to find the 'perfect niche' for them.
25. The WRAP® can be used...?	d) all of the above The client cannot always work on their WRAP straight away. Their family/carers and clinicians can often provide information for all the components that is important for the clinician to be aware of. This information should be captured in the WRAP but in words and language the client would use. Then, at the earliest opportunity, the clinician should take to the client what has been started and check out what the client wishes to be retained. Then help the client to develop it further
26. Goal planning should...?	b) be developed from the client's Strengths Assessment The long term goals should be taken from the priorities listed within the Strengths Assessment. The client may not identify what they wish for as a goal and may not know what they wish for the future. It is the clinician's role to assist the client to explore what they want and need. This

	may take some time and should be approached and worked on at each meeting with the client.
27. The WRAP® can be worked on...?	b) on an ongoing basis The WRAP can be developed by and with a client at any time and should be re-visited on an ongoing basis. Sometimes the client will want to focus on specific components. The WRAP can be developed by the client in any setting, whether that is independently at home; in hospital or with their Case Manager
28. Achieving a goal often fails because...?	d) a) & b) Clients can still work towards their goals if they're unwell. Achieving goals can assist the client to recover and they will dictate what they can do and how they will do it. It is important to assist the client to access appropriate resources within their short term goals tasks and look for alternatives with them
29. The Strengths Assessment is used to...?	d) none of the above It is the client's document and contains what they see as their strengths. It is not about diagnosis or compliance. It is a tool to assist the client in their journey of recovery
30. An obstacle to having a therapeutic relationship would be...?	d) all of the above The client's story should be heard and accepted, it's about working on the client's goals and being respectful of the person and the relationship at all times