

Children's Mental Health Grand Rounds Thursday, March 20, 2014 with Marcia McEvoy Evaluation Summary Report

Demographics

- Professional Occupation:
 - Parent: 1.0%% ($n=1$)
 - Social Worker: 71.3% ($n=72$)
 - Nurse: 3.0% ($n=3$)
 - Psychiatrist: 0.0% ($n=0$)
 - Counselor: 8.9% ($n=9$)
 - Psychologist: 5.9% ($n=6$)
 - Peer Support Specialist: 0.0% ($n=0$)
 - Administration: 1.0% ($n=1$)
 - Other: 8.9% ($n=9$)
 - E.g. consultant, evaluator, educator
- At which location are you taking this training?:
 - The Children's Center: 21.8% ($n=22$)
 - Lincoln Behavioral Services: 14.9% ($n=15$)
 - Northeast Guidance Center: 15.8% ($n=16$)
 - The Center for Excellence: 34.7% ($n=35$)
 - Community Living Services: 12.9% ($n=13$)

Presentation Assessment

Table 1

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The presenter demonstrated mastery of the subject matter. ($n=101$)	78.2%	13.9%	0.0%	0.0%	7.9%
2. The learning goals and objectives were clearly stated. ($n=100$)	63.0%	26.0%	3.0%	0.0%	8.0%
3. The presentation was well organized. ($n=101$)	71.3%	18.8%	1.0%	1.0%	7.9%
4. The visual aids were useful. ($n=100$)	59.0%	24.0%	4.0%	5.0%	8.0%
5. The presenter(s) used an effective method/style of presentation. ($n=101$)	68.3%	20.8%	2.0%	1.0%	7.9%
6. The learning goals and objectives were met. ($n=101$)	66.3%	22.8%	3.0%	0.0%	7.9%

7. The presenter(s) was responsive to the participants' questions and/or comments. (n=98)	41.8%	16.3%	29.6%	5.1%	7.1%
8. The information presented was relevant to my work. (n=99)	54.6%	26.3%	11.1%	1.0%	7.1%
9. The information presented was easy to follow and understand. (n=98)	73.5%	18.4%	1.0%	1.0%	6.1%
10. The presenter was able to manage both the live and distant sites well. (n=99)	45.5%	26.3%	16.2%	3.0%	9.1%
11. This training will assist me in improving service to my target population. (n=98)	52.0%	30.6%	8.2%	1.0%	8.2%

Narrative

The following responses are from a variety of participants; administrators, community members, consumers, family members, peer support specialists and professionals.

Overall, the presenter received positive feedback from participants. Many of the respondents stated that the entire training had helpful information and was presented well when asked what information was most helpful. Some others responded that they liked: "this was one of the best presentations I have seen in a long time. Excellent presenter, knowledgeable, informative, humorous and appropriately used a slice from her own life story"; how to be a difficult target to bully; understanding types of aggression; bullying rubric; the handouts; "this was the best bullying training I have ever had"; "the quality of this training was far superior to the others I have attended in the Grand Rounds series"; the 15 second intervention to address mean behavior; how to identify bullies; her statistics and research on how responding to small infractions is more helpful than not; the role playing; responsibilities of schools; "I have been attending CMHGR trainings for many years and this was the best training in the series I have attended"; actual tools that I could take back to my school to implement.

Information cited as least helpful included: the presentation was targeted to people working in the school systems and for those not working in schools there could have been more information for them to use in their work; would have liked more information on how to assist bullies, not just those being bullied; the role plays for those not at the live site; a lot of information for a short period of time.

Participants indicated they will use the information to: better assist with issues concerning bullying when working with individuals; give information to students and school staff; share with Head Start teachers; be more aware of the signs and behavior aspects of bullying; utilize the 15 second intervention; ask consumers more questions regarding this issue and create more bullying programs to educate staff; use the handouts as a resource when addressing bullying issues; modeling; training; inform parents how to best help their child manage their behaviors in the classroom; information will be useful in my involvement in community outreach ministry in working with youth; apply the information to those in foster care.

Participants also indicated that they will use information provided to make changes in their current practice in the following ways: become more aware of the issues while assisting others with addressing their concerns; be more creative in strategies and implementation; reinforce some of my current practices, especially with the concept of sweating the small stuff.

Future training topics suggested by the participants included: death and grief; substance abuse; co-occurring; working with bi-polar adolescents; approaches to differential diagnosis decision trees; drug use and prevention; being sexually active with multiple partners; bullying in the workplace; senior citizens; ADD/ADHD; ASD; OCD; DSM V; trauma-focused interventions; family therapy interventions; involving parents in the education process; anger management; how to work with cultural differences; shaken baby syndrome; adult DD and MI; schizophrenia; Hospice and caregiving; body image issues and eating disorders.

Participants were asked whether the presentations were fair, balanced, and free of commercial bias. 100% ($n=100$) indicated agreement with the statement. 0.0% ($n=0$) disagreed.

Participants were asked if they chose to attend this VCE training to fulfill their requirements for continuing education licensure, CMHP and/or QMHP. 91.8% ($n=90$) responded with "yes" and 8.2% ($n=8$) responded "no".