

Children's Mental Health Grand Rounds Thursday, April 17, 2014 with Angela Joerin Evaluation Summary Report

Demographics

110 evaluations received

- Participants' average number of years in their current field: 13.6
- Professional Occupation:
 - Parent: 0.9% ($n=1$)
 - Social Worker: 64.6% ($n=71$)
 - Nurse: 2.7% ($n=3$)
 - Psychiatrist: 0.0% ($n=0$)
 - Counselor: 12.7% ($n=14$)
 - Psychologist: 6.4% ($n=7$)
 - Peer Support Specialist: 0.0% ($n=0$)
 - Administration: 6.4% ($n=7$)
 - Other: 6.4% ($n=7$)
 - E.g. analyst, wraparound facilitator, art therapist
- At which location are you taking this training?:
 - The Children's Center: 27.3% ($n=30$)
 - Lincoln Behavioral Services: 15.5% ($n=17$)
 - Northeast Guidance Center: 10.0% ($n=11$)
 - The Center for Excellence: 34.6% ($n=38$)
 - Community Living Services: 12.7% ($n=14$)

Presentation Assessment

Table 1

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The presenter demonstrated mastery of the subject matter. ($n=110$)	42.7%	47.3%	4.6%	0.0%	5.5%
2. The learning goals and objectives were clearly stated. ($n=110$)	42.7%	47.3%	4.6%	2.7%	2.7%
3. The presentation was well organized. ($n=110$)	42.7%	50.9%	3.6%	0.0%	2.7%
4. The visual aids were useful. ($n=109$)	32.1%	45.9%	16.5%	2.8%	2.8%
5. The presenter(s) used an effective method/style of presentation. ($n=110$)	38.2%	50.9%	7.3%	0.9%	2.7%

6. The learning goals and objectives were met. (n=109)	38.5%	48.6%	10.1%	0.0%	2.8%
7. The presenter(s) was responsive to the participants' questions and/or comments. (n=109)	46.8%	47.7%	2.8%	0.0%	2.8%
8. The information presented was relevant to my work. (n=105)	42.9%	41.9%	9.5%	3.8%	1.9%
9. The information presented was easy to follow and understand. (n=108)	49.1%	47.2%	0.9%	0.0%	2.8%
10. The presenter was able to manage both the live and distant sites well. (n=109)	38.5%	47.7%	10.1%	0.0%	3.7%
11. This training will assist me in improving service to my target population. (n=106)	31.1%	50.9%	9.4%	5.7%	2.8%

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: visual aids; clinical examples; the research; materials for working with kids; games for ADHD; PCIT information; methods that assist with desired behavior; ADHD indicators in young children; the handout; case studies were helpful in illustrating the treatment modality; shifting caretaker's and teacher's perception of the child/student with ADHD; understanding that the child with ADHD responds positively to structure; recognizing that parents of children with ADHD will often lack knowledge of the disorder and the ability to assist their children in the area of mental/emotional needs; ADHD and medication; the 5 second rule.

Information cited as least helpful included: would like to see more research done with ADHD populations outside of the middle class; the Youtube video; the focus on children under age 6; the self-quiz; the case examples provided did not deal with more challenging children and families; some participants would have liked more specific tools and strategies for parents to use with their children.

Participants indicated they will use the information to: understand behavior and what the family might be experiencing; when asking my youth to complete a task; when working with children with ADHD; developing strategies for working with this population; engage with families more with regard to this population; pass on interventions so my staff as a supervisor; utilize PCIT; use the TIPS worksheet when working with parents of children who have been diagnosed with ADHD; share with parents and coworkers; use in therapy sessions and communication with adults with ADHD; the information will better equip me to interact with children with ADHD; enhance treatment with children with ADHD; assist parents in identifying and understanding

ADHD indicators; explore with parents the various approaches to coping with their child's behavior.

Participants also indicated that they will use information provided to make changes in their current practice in the following ways: think about the four functions of the brain; encourage family members to assist a client by developing a daily routine with them, give them one instruction at a time, provide praise with a label, teach a client self-instruction and alter perspectives of teachers and peers through education; be more aware of the difficulties children with ADHD face and use specific interventions; teach parents more about ADHD; use more direct teaching/psycho-education of parents regarding labeled phrases, reflections and behavior descriptions.

Future training topics suggested by the participants included: ADHD in young adults; ASD; borderline personality disorder; bipolar disorder; DC0-3; interventions for children with ODD; children and psychosis, schizophrenia or severe mental health issues; working with children with developmental disabilities; assisting students who experience violence in school; cognitive behavior techniques; substance abuse; adoption; safety planning; treatment of depression in children; self-mutilation; grief and loss; domestic violence; LGBTQ topics; working with adolescents with body image issues/eating disorders; bipolar sensory issues; best practices for working with families' IEPs; anger management; children with PTSD; co-occurring disorders.

Participants were asked whether the presentations were fair, balanced, and free of commercial bias. 100% ($n=109$) 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. 78.0% ($n=85$) responded with "yes" and 22.0% ($n=24$) responded "no".