

Children's Mental Health Grand Rounds Thursday, February 14, 2014 Evaluation Summary Report

Demographics

- Participants' average years working in this position is: 15.9 years
- Professional Occupation:
 - Parent: 0.0%% ($n=0$)
 - Social Worker: 63.8% ($n=44$)
 - Nurse: 2.9% ($n=2$)
 - Psychiatrist: 0.0% ($n=0$)
 - Counselor: 8.7% ($n=6$)
 - Psychologist: 2.9% ($n=2$)
 - Peer Support Specialist: 0.0% ($n=0$)
 - Administration: 8.7% ($n=6$)
 - Other: 13.0% ($n=9$)
 - E.g. youth specialist, clinical case manager, advocate
- At which location are you taking this training?:
 - The Children's Center: 21.7% ($n=15$)
 - Lincoln Behavioral Services: 13.0% ($n=9$)
 - Northeast Guidance Center: 8.7% ($n=6$)
 - The Center for Excellence: 40.6% ($n=28$)
 - Community Living Services: 15.9% ($n=11$)

Presentation Assessment

Table 1

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The presenter demonstrated mastery of the subject matter. ($n=69$)	67.6%	30.9%	1.5%	0.0%	0.0%
2. The learning goals and objectives were clearly stated. ($n=69$)	53.6%	39.1%	4.3%	2.9%	0.0%
3. The presentation was well organized. ($n=67$)	52.2%	39.1%	5.8%	1.4%	1.4%
4. The visual aids were useful. ($n=67$)	31.3%	44.8%	16.4%	4.5%	3.0%
5. The presenter(s) used an effective method/style of presentation. ($n=67$)	35.8%	43.3%	14.9%	1.5%	4.5%
6. The learning goals and objectives were met. ($n=68$)	47.8%	43.3%	6.0%	1.5%	1.5%

7. The presenter(s) was responsive to the participants' questions and/or comments. (n=64)	48.5%	42.6%	2.9%	5.9%	0.0%
8. The information presented was relevant to my work. (n=68)	37.5%	46.9%	10.9%	3.1%	1.6%
9. The information presented was easy to follow and understand. (n=68)	58.8%	38.2%	1.5%	0.0%	1.5%
10. The presenter was able to manage both the live and distant sites well. (n=68)	39.7%	45.6%	11.8%	2.9%	0.0%
11. This training will assist me in improving service to my target population. (n=68)	38.2%	44.1%	13.2%	4.4%	0.0%

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: the case studies; importance of being patient; waiting to let DD individuals process the question before expecting a reply; asking questions that probe for feelings and looking closely for non-verbal and atypical responses to questions; alternative communication and identifying strategies to give people information about themselves; presenter's examples of clients' responses to her interventions; recommendations regarding the use of visual aids and tools to increase communication; the accessibility of the information presented; the presenter's understanding of the needs of the target population; the concept of dangerous assumptions.

Information cited as least helpful included: too much reading directly from the powerpoint; too many examples and not enough tools provided; would have liked more charts or graphs; would like to have seen some video of some of the interactions discussed; training seemed geared more toward direct care staff and not professionals.

Participants indicated they will use the information to: be observant and learn what helps and what doesn't; practical approaches discussed will be very useful in working with the DD population; better assist in coordination of psychiatric services; use in clinical assessments; be more attentive and aware with my DD population and their families; screening especially children for CMH services; pay more attention to automatic assumptions and use material from the training to elicit information; be more mindful of clients' disabilities; share the information with colleagues.

Participants also indicated that they will use information provided to make changes in their current practice in the following ways: ask parents to be more specific about what their child can do or how they respond to certain issues; pay more attention to automatic assumptions; allow extra time with the client to answer and confirm their responses; be more considerate of those with DD; be more aware when communicating with enrollees.

Future training topics suggested by the participants included: children with learning disabilities in early education; panic and anxiety disorders; psychological effects of drug abuse; brain research; children with parents going through a divorce; play therapy; DBT with the elderly; more mental health and substance abuse trainings; nutritional health; domestic violence; diagnosing autism; motivational interviewing; psychotropic medications; faith and social work practice; reunification; supporting fathers in their parenting/co-parenting roles; Hospice.

Participants were asked whether the presentations were fair, balanced, and free of commercial bias. 100% ($n=68$) 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. 88.1% ($n=59$) responded with “yes” and 11.9% ($n=8$) responded “no”.