



2022 MISSISSIPPI TRAUMA INFORMED CARE CONFERENCE - SEPTEMBER 21 – SEPTEMBER 23, 2022

CONTINUING EDUCATION EVALUATION

Please circle the discipline(s) for which you would like to receive continuing education credit: DMH CMHT DMH IDD Therapist DMH CPSS
DMH Addictions Therapist DMH LA DMH CSS CRC LMFT SW BLEOST Teacher/Edu MAAP Attendance Certificate

Print Participant's Name: _____

Session: K7 Date: 9/23/2022 Time: 11:30am – 12:30pm

Presenter(s): Cole Williams, BS

Objectives:

- Objective 1: Participants will be able to discuss the clinical understanding of black and brown boys and men's perception of mental health services and providers.
- Objective 2: Participants will be able to identify health and wellness practices that are culturally sensitive, equitable, and inclusive.
- Objective 3: Participants will be able to discuss treatment experiences of black and brown boys and men.

| Please circle one response per question below. | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Applicable |
|----------------------------------------------------------------------------------------|----------------|-------|----------|-------------------|----------------|
| I was able to achieve the educational objectives for this activity: Objective 1 | 5 | 4 | 3 | 2 | 1 |
| I was able to achieve the educational objectives for this activity: Objective 2 | 5 | 4 | 3 | 2 | 1 |
| I was able to achieve the educational objectives for this activity: Objective 3 | 5 | 4 | 3 | 2 | 1 |
| The educational objectives were related to the overall purpose. | 5 | 4 | 3 | 2 | 1 |
| The presenter demonstrated expertise in the subject matter. | 5 | 4 | 3 | 2 | 1 |
| The instructional process (teaching strategy) was effective. | 5 | 4 | 3 | 2 | 1 |
| The session was relevant to professional counselors/educators. | 5 | 4 | 3 | 2 | 1 |
| The virtual platform was easily accessible and appropriate. | 5 | 4 | 3 | 2 | 1 |

Additional Presentation Questions:

1. Did you detect commercial bias in this presentation? **No** **Yes**
 - a. If yes, please explain what made you feel bias. By whom? _____
 - b. Was there discussion of an unlabeled or the investigational use of a product, device, or drug that has not been approved by the FDA for the use being presented? **No** **Yes** If yes, please explain.

2. How much did you learn as a result of this continuing education opportunity? **(1 being very little - 5 being a great deal)**
1 **2** **3** **4** **5** Additional comments regarding session: _____

Signature of Participant

Email Address (required)

I attest I attended the online, streaming Zoom teleconference identified on this evaluation in its entirety. By my name and signature, either handwritten/electronic, I declare this statement to be true and accurate to the best of my knowledge. This form should be returned via email to mstraumaconference@gmail.com or mailed to DMH, Attn: Jackie Chatmon 239 North Lamar, #1101 Jackson, MS 39201 by October 7th. Please direct any comments/concerns regarding this training session to Jackie Chatmon at 601-359-6216.