



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 NCC BLEOST Teacher/Edu MAAP Attendance Certificate

Print Participant's Name: _____

Session: D4 Date: 9/22/2022 Time: 10:00am – 11:30am

Presenter(s): Shelley Jones, LPC / Chris Ramsey, MS / Samantha Hale, P-LPC

Objectives:

- Objective 1: Participants will be able to assess the benefits and risks of providing in-home therapy to clients and their family with trauma.
- Objective 2: Participants will be able to identify key clinical insights from FFT and how clinicians may adopt them into their practice.
- Objective 3: Participants will be able to develop skills to better serve clients with trauma utilizing an evidence-based approach.

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(s) demonstrated expertise in the subject matter (Shelley Jones, LPC).	5	4	3	2	1
The presenter(s) demonstrated expertise in the subject matter (Chris Ramsey, MS).	5	4	3	2	1
The presenter(s) demonstrated expertise in the subject matter (Samantha Hale, P-LPC).	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 mstraumconference@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