

**SUICIDE ASSESSMENT, TREATMENT AND MANAGEMENT: 24 CORE  
COMPETENCIES**

5/31/19

Embassy Suites  
Lexington, Kentucky  
37 Respondents

On a scale of 1 to 5, with 5 being strongly agree and 1 being strongly disagree, how would you rate the following:

Instruction:	Average Score:
a. Participants will be able to state significant factors for increased suicide risk.	4.6
b. Participants will be able to describe how to use appropriate questions and interventions for assessing and preventing suicide.	4.5
c. Participants will be able to determine a plan of actions to be made with the client when suicide risk is assessed.	4.4
d. Participants will be able to describe the importance of peer group discussions, decisions, and consultation for preventing suicide.	4.5
2. Overall this workshop was a positive experience	4.3
3. Teaching methods were effective:	4.3
4. Visual aids, handouts and oral presentations clarified content:	4.3
5. How useful was the content of the CE program for your practice or other Professional development?	4.2
6. How much did you learn as a result of this CE program?	4.2
<b>The Presenter:</b>	
7. Knew the subject matter:	4.4
8. Taught the subject competently:	4.4
9. Elaborated upon the stated objectives:	4.4
10. Presented content in an organized manner:	4.3
11. Maintained my interest:	4.3
12. Answered questions effectively:	4.4
13. Was responsive to questions, comments and opinions:	4.5
<b>14. The Presentation:</b>	
a. Was relevant to my practice:	35 – yes; 2 – no
b. Was appropriate to my education, experience, or licensure level	34 – yes; 3 - no
c. Was based on current up-to-date information:	34 – yes; 3 - no
d. Made use of technology – projector, power point software, etc:	37 – yes; 0 - no
e. Made use of appropriate handouts:	33 – yes; 2 - no
f. Made use of evidenced based materials or research:	32 – yes; 3 - no
<b>Venue, Setting, etc.</b>	
15. Facility was adequate for my needs:	4.5
16. Facility was comfortable and accessible:	4.5
17. Food and beverages were adequate:	4.5
18. If I requested accommodations for disability, my request was met satisfactorily	N/A

# ETHICAL DECISION MAKING USING KENTUCKY LPC LAW

6/13/19

Embassy Suites  
Lexington, Kentucky  
16 Respondents

On a scale of 1 to 5, with 5 being strongly agree and 1 being strongly disagree, how would you rate the following:

<b>Instruction:</b>	<b>Average Score:</b>
a. Participants will be able to describe Kentucky LPC laws and regulations regarding counseling practices.	4.6
b. Participants will be able to describe which decision making models best suit their style as a provider.	4.5
d. Participants will be able to describe the process of ethical decision making.	4.7
c. Participants will be able to state the reasons to establish a habit of consulting with peers in the ethical decision making process.	4.7
2. Overall this workshop was a positive experience	4.7
3. Teaching methods were effective:	4.7
4. Visual aids, handouts and oral presentations clarified content:	4.7
5. How useful was the content of the CE program for your practice or other Professional development?	4.7
6. How much did you learn as a result of this CE program?	4.6
<b>The Presenter:</b>	
7. Knew the subject matter:	4.7
8. Taught the subject competently:	4.7
9. Elaborated upon the stated objectives:	4.7
10. Presented content in an organized manner:	4.7
11. Maintained my interest:	4.7
12. Answered questions effectively:	4.7
13. Was responsive to questions, comments and opinions:	4.7
<b>14. The Presentation:</b>	
a. Was relevant to my practice:	16 – yes; 0 – no
b. Was appropriate to my education, experience, or licensure level	16 – yes; 0 - no
c. Was based on current up-to-date information:	16 – yes; 0 - no
d. Made use of technology – projector, power point software, etc:	16 – yes; 0 - no
e. Made use of appropriate handouts:	16 – yes; 0 - no
f. Made use of evidenced based materials or research:	16 – yes; 0 - no
<b>Venue, Setting, etc.</b>	
15. Facility was adequate for my needs:	4.5
16. Facility was comfortable and accessible:	4.5
17. Food and beverages were adequate:	4.4
18. If I requested accommodations for disability, my request was met satisfactorily	N/A

**DOMESTIC VIOLENCE: UNDERSTANDING ITS IMPACT ON THE  
LIVES OF CLIENTS**

6/13/19

Embassy Suites  
Lexington, Kentucky  
16 Respondents

On a scale of 1 to 5, with 5 being strongly agree and 1 being strongly disagree, how would you rate the following:

Instruction:	Average Score:
a. Participants will be able to state what constitutes domestic violence.	4.8
b. Participants will be able to describe the characteristics of abusers and victims.	4.8
c. Participants will be able to establish a resource list for help against domestic violence.	4.8
d. Participants will be able to determine the risk factors for domestic violence.	4.9
2. Overall this workshop was a positive experience	4.9
3. Teaching methods were effective:	4.9
4. Visual aids, handouts and oral presentations clarified content:	4.9
5. How useful was the content of the CE program for your practice or other Professional development?	4.9
6. How much did you learn as a result of this CE program?	4.9
<b>The Presenter:</b>	
7. Knew the subject matter:	4.9
8. Taught the subject competently:	4.8
9. Elaborated upon the stated objectives:	4.9
10. Presented content in an organized manner:	4.9
11. Maintained my interest:	4.9
12. Answered questions effectively:	4.9
13. Was responsive to questions, comments and opinions:	4.9
<b>14. The Presentation:</b>	
a. Was relevant to my practice:	16 – yes; 0 – no
b. Was appropriate to my education, experience, or licensure level	16 – yes; 0 - no
c. Was based on current up-to-date information:	16 – yes; 0 - no
d. Made use of technology – projector, power point software, etc:	16 – yes; 0 - no
e. Made use of appropriate handouts:	16 – yes; 0 - no
f. Made use of evidenced based materials or research:	16 – yes; 0 - no
<b>Venue, Setting, etc.</b>	
15. Facility was adequate for my needs:	4.5
16. Facility was comfortable and accessible:	4.5
17. Food and beverages were adequate:	4.4
18. If I requested accommodations for disability, my request was met satisfactorily	N/A

**SUPERVISION AND GUIDANCE FOR THERAPISTS WHO WORK WITH  
TRAUMA**

**8/9/19**

**TCN Behavioral Health**

**Xenia, Ohio**

**21 Respondents**

On a scale of 1 to 5, with 5 being strongly agree and 1 being strongly disagree, how would you rate the following:

<b>Instruction:</b>	<b>Average Score:</b>
a. Participants will be able to describe how trauma impacts the brain and body of the client.	4.4
b. Participants will be able to describe how to help supervisees identify and respond to the impact of trauma on their clients, including various clinical disorders.	4.2
c. Participants will be able to describe how to help supervisees recognize what works, and what does not work, with treating trauma victims.	4.2
d. Participants will be able to describe how to help supervisees avoid professional burnout through self-care and limit setting on their personal involvement.	4.3
2. Overall this workshop was a positive experience	4.3
3. Teaching methods were effective:	4.2
4. Visual aids, handouts and oral presentations clarified content:	4.1
5. How useful was the content of the CE program for your practice or other Professional development?	4.2
6. How much did you learn as a result of this CE program?	4.0
<b>The Presenter:</b>	
7. Knew the subject matter:	4.5
8. Taught the subject competently:	4.4
9. Elaborated upon the stated objectives:	4.3
10. Presented content in an organized manner:	4.2
11. Maintained my interest:	4.3
12. Answered questions effectively:	4.5
13. Was responsive to questions, comments and opinions:	4.5
<b>14. The Presentation:</b>	
a. Was relevant to my practice:	21 – yes; 0 – no
b. Was appropriate to my education, experience, or licensure level	21 – yes; 0 - no
c. Was based on current up-to-date information:	21 – yes; 0 - no
d. Made use of technology – projector, power point software, etc:	21 – yes; 0 - no
e. Made use of appropriate handouts:	20 – yes; 0 - no
f. Made use of evidenced based materials or research:	18 – yes; 0 - no
<b>Venue, Setting, etc.</b>	
15. Facility was adequate for my needs:	4.4
16. Facility was comfortable and accessible:	4.3
17. Food and beverages were adequate:	4.1
18. If I requested accommodations for disability, my request was met satisfactorily	N/A

**SUICIDE ASSESSMENT, TREATMENT AND MANAGEMENT: 24 CORE  
COMPETENCIES**

9/9/19

Cooper Creek Event Center

Cincinnati, Ohio

36 Respondents

On a scale of 1 to 5, with 5 being strongly agree and 1 being strongly disagree, how would you rate the following:

Instruction:	Average Score:
a. Participants will be able to state significant factors for increased suicide risk.	4.4
b. Participants will be able to describe how to use appropriate questions and interventions for assessing and preventing suicide.	4.3
c. Participants will be able to determine a plan of actions to be made with the client when suicide risk is assessed.	4.3
d. Participants will be able to describe the importance of peer group discussions, decisions, and consultation for preventing suicide.	4.3
2. Overall this workshop was a positive experience	3.9
3. Teaching methods were effective:	3.8
4. Visual aids, handouts and oral presentations clarified content:	3.9
5. How useful was the content of the CE program for your practice or other Professional development?	4.0
6. How much did you learn as a result of this CE program?	3.8
<b>The Presenter:</b>	
7. Knew the subject matter:	4.3
8. Taught the subject competently:	4.0
9. Elaborated upon the stated objectives:	4.1
10. Presented content in an organized manner:	3.9
11. Maintained my interest:	3.8
12. Answered questions effectively:	4.2
13. Was responsive to questions, comments and opinions:	4.4
<b>14. The Presentation:</b>	
a. Was relevant to my practice:	32 – yes; 2 – no
b. Was appropriate to my education, experience, or licensure level	32 – yes; 4 - no
c. Was based on current up-to-date information:	32 – yes; 3 - no
d. Made use of technology – projector, power point software, etc:	23 – yes; 8 - no
e. Made use of appropriate handouts:	34 – yes; 0 - no
f. Made use of evidenced based materials or research:	30 – yes; 2 - no
<b>Venue, Setting, etc.</b>	
15. Facility was adequate for my needs:	4.5
16. Facility was comfortable and accessible:	4.5
17. Food and beverages were adequate:	4.5
18. If I requested accommodations for disability, my request was met satisfactorily	N/A

**SUICIDE ASSESSMENT, TREATMENT AND MANAGEMENT: 24 CORE  
COMPETENCIES**

9/10/19

Hilton Garden Inn

Beavercreek, Ohio

23 Respondents

On a scale of 1 to 5, with 5 being strongly agree and 1 being strongly disagree, how would you rate the following:

Instruction:	Average Score:
a. Participants will be able to state significant factors for increased suicide risk.	4.7
b. Participants will be able to describe how to use appropriate questions and interventions for assessing and preventing suicide.	4.6
c. Participants will be able to determine a plan of actions to be made with the client when suicide risk is assessed.	4.6
d. Participants will be able to describe the importance of peer group discussions, decisions, and consultation for preventing suicide.	4.5
2. Overall this workshop was a positive experience	4.5
3. Teaching methods were effective:	4.6
4. Visual aids, handouts and oral presentations clarified content:	4.6
5. How useful was the content of the CE program for your practice or other Professional development?	4.7
6. How much did you learn as a result of this CE program?	4.5
<b>The Presenter:</b>	
7. Knew the subject matter:	4.6
8. Taught the subject competently:	4.6
9. Elaborated upon the stated objectives:	4.6
10. Presented content in an organized manner:	4.6
11. Maintained my interest:	4.6
12. Answered questions effectively:	4.6
13. Was responsive to questions, comments and opinions:	4.6
<b>14. The Presentation:</b>	
a. Was relevant to my practice:	21 – yes; 1 – no
b. Was appropriate to my education, experience, or licensure level	23 – yes; 0 - no
c. Was based on current up-to-date information:	21 – yes; 1 - no
d. Made use of technology – projector, power point software, etc:	20 – yes; 2 - no
e. Made use of appropriate handouts:	18 – yes; 1 - no
f. Made use of evidenced based materials or research:	19 – yes; 1 - no
<b>Venue, Setting, etc.</b>	
15. Facility was adequate for my needs:	4.4
16. Facility was comfortable and accessible:	4.5
17. Food and beverages were adequate:	4.5
18. If I requested accommodations for disability, my request was met satisfactorily	N/A

**SUICIDE ASSESSMENT, TREATMENT AND MANAGEMENT: 24 CORE  
COMPETENCIES**

9/11/19

Hilton Garden Inn

Perrysburg, Ohio

18 Respondents

On a scale of 1 to 5, with 5 being strongly agree and 1 being strongly disagree, how would you rate the following:

Instruction:	Average Score:
a. Participants will be able to state significant factors for increased suicide risk.	4.4
b. Participants will be able to describe how to use appropriate questions and interventions for assessing and preventing suicide.	4.5
c. Participants will be able to determine a plan of actions to be made with the client when suicide risk is assessed.	4.5
d. Participants will be able to describe the importance of peer group discussions, decisions, and consultation for preventing suicide.	4.5
2. Overall this workshop was a positive experience	4.4
3. Teaching methods were effective:	4.3
4. Visual aids, handouts and oral presentations clarified content:	4.4
5. How useful was the content of the CE program for your practice or other Professional development?	4.3
6. How much did you learn as a result of this CE program?	4.1
<b>The Presenter:</b>	
7. Knew the subject matter:	4.5
8. Taught the subject competently:	4.4
9. Elaborated upon the stated objectives:	4.4
10. Presented content in an organized manner:	4.4
11. Maintained my interest:	4.2
12. Answered questions effectively:	4.4
13. Was responsive to questions, comments and opinions:	4.5
<b>14. The Presentation:</b>	
a. Was relevant to my practice:	18 – yes; 0 – no
b. Was appropriate to my education, experience, or licensure level	17 – yes; 1 - no
c. Was based on current up-to-date information:	18 – yes; 0 - no
d. Made use of technology – projector, power point software, etc:	17 – yes; 0 - no
e. Made use of appropriate handouts:	14 – yes; 0 - no
f. Made use of evidenced based materials or research:	15 – yes; 0 - no
<b>Venue, Setting, etc.</b>	
15. Facility was adequate for my needs:	4.5
16. Facility was comfortable and accessible:	3.9
17. Food and beverages were adequate:	4.4
18. If I requested accommodations for disability, my request was met satisfactorily	N/A

**SUICIDE ASSESSMENT, TREATMENT AND MANAGEMENT: 24 CORE  
COMPETENCIES**

9/12/19

Double Tree Inn

Cleveland, Ohio

28 Respondents

On a scale of 1 to 5, with 5 being strongly agree and 1 being strongly disagree, how would you rate the following:

Instruction:	Average Score:
a. Participants will be able to state significant factors for increased suicide risk.	4.6
b. Participants will be able to describe how to use appropriate questions and interventions for assessing and preventing suicide.	4.4
c. Participants will be able to determine a plan of actions to be made with the client when suicide risk is assessed.	4.4
d. Participants will be able to describe the importance of peer group discussions, decisions, and consultation for preventing suicide.	4.5
2. Overall this workshop was a positive experience	4.3
3. Teaching methods were effective:	4.2
4. Visual aids, handouts and oral presentations clarified content:	4.4
5. How useful was the content of the CE program for your practice or other Professional development?	4.3
6. How much did you learn as a result of this CE program?	4.2
<b>The Presenter:</b>	
7. Knew the subject matter:	4.5
8. Taught the subject competently:	4.3
9. Elaborated upon the stated objectives:	4.5
10. Presented content in an organized manner:	4.2
11. Maintained my interest:	4.2
12. Answered questions effectively:	4.4
13. Was responsive to questions, comments and opinions:	4.5
<b>14. The Presentation:</b>	
a. Was relevant to my practice:	26 – yes; 1 – no
b. Was appropriate to my education, experience, or licensure level	25 – yes; 2 - no
c. Was based on current up-to-date information:	27 – yes; 0 - no
d. Made use of technology – projector, power point software, etc:	28 – yes; 0 - no
e. Made use of appropriate handouts:	25 – yes; 1 - no
f. Made use of evidenced based materials or research:	24 – yes; 1 - no
<b>Venue, Setting, etc.</b>	
15. Facility was adequate for my needs:	4.2
16. Facility was comfortable and accessible:	4.1
17. Food and beverages were adequate:	4.1
18. If I requested accommodations for disability, my request was met satisfactorily	N/A



**SUICIDE ASSESSMENT, TREATMENT AND MANAGEMENT: 24 CORE  
COMPETENCIES**

9/13/19

Creekside Event Center

Columbus, Ohio

29 Respondents

On a scale of 1 to 5, with 5 being strongly agree and 1 being strongly disagree, how would you rate the following:

Instruction:	Average Score:
a. Participants will be able to state significant factors for increased suicide risk.	4.5
b. Participants will be able to describe how to use appropriate questions and interventions for assessing and preventing suicide.	4.5
c. Participants will be able to determine a plan of actions to be made with the client when suicide risk is assessed.	4.5
d. Participants will be able to describe the importance of peer group discussions, decisions, and consultation for preventing suicide.	4.4
2. Overall this workshop was a positive experience	4.3
3. Teaching methods were effective:	4.2
4. Visual aids, handouts and oral presentations clarified content:	4.4
5. How useful was the content of the CE program for your practice or other Professional development?	4.4
6. How much did you learn as a result of this CE program?	4.2
<b>The Presenter:</b>	
7. Knew the subject matter:	4.6
8. Taught the subject competently:	4.4
9. Elaborated upon the stated objectives:	4.3
10. Presented content in an organized manner:	4.3
11. Maintained my interest:	4.2
12. Answered questions effectively:	4.4
13. Was responsive to questions, comments and opinions:	4.6
<b>14. The Presentation:</b>	
a. Was relevant to my practice:	27 – yes; 1 – no
b. Was appropriate to my education, experience, or licensure level	26 – yes; 2 - no
c. Was based on current up-to-date information:	28 – yes; 0 - no
d. Made use of technology – projector, power point software, etc:	26 – yes; 1 - no
e. Made use of appropriate handouts:	28 – yes; 0 - no
f. Made use of evidenced based materials or research:	28 – yes; 1 - no
<b>Venue, Setting, etc.</b>	
15. Facility was adequate for my needs:	4.5
16. Facility was comfortable and accessible:	4.5
17. Food and beverages were adequate:	4.5
18. If I requested accommodations for disability, my request was met satisfactorily	N/A