

Introduction to Neurofeedback for Mental Health and Substance Abuse Counselors

2/25/22

Cincinnati, Ohio

8 Respondents

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

Workshop Objectives:	Average Score:
a. Participants will be able to describe the various types of biofeedback.	4.7
b. Participants will be able to state major players responsible for the creation of neurofeedback.	4.7
c. Participants will be able to describe how neurofeedback supplements the mental health counseling process and aides in the treatment of mental health disorders.	4.7
d. Participants will be able to describe how they can implement neurofeedback in their practice.	4.6
e. Participants will be able to describe the board certification process for neurofeedback.	4.7
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:	4.6
5. How useful was the content of the CE program for your practice or other professional development?	4.6
6. How much did you learn as a result of this CE program?	4.9
The Presenter:	
7. Knew the subject matter:	4.9
8. Taught the subject competently:	4.9
9. Elaborated upon the stated objectives:	4.9
10. Presented content in an organized manner:	4.9
11. Maintained my interest:	4.7
12. Answered questions effectively:	4.9
13. Was responsive to questions, comments and opinions:	4.9
The Presentation:	
a. Was relevant to my practice:	8 – yes; 0 – no
b. Was appropriate to my education, experience, or licensure level	8 – yes; 0 - no
c. Was based on current up-to-date information:	8 – yes; 0 - no
d. Made use of technology – projector, power point software, etc:	8 – yes; 0 - no
e. Made use of appropriate handouts:	7 – yes; 1 - no
f. Made use of evidenced based materials or research:	8 – yes; 0 - no
Venue, Setting, etc.	
15. Facility was adequate for my needs:	4.7
16. Facility was comfortable and accessible:	4.7
17. Food and beverages were adequate:	4.7

Collateral Assessment & Management of Suicide (CAMS)

Framework

5/20/22

Cincinnati, Ohio

6 Respondents

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

Workshop Objectives:	Average Score:
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- | | |
|---|-----|
| a. Participants will be able to describe symptoms of trauma and current interventions as well as the relationship between trauma and suicidal ideation. | 4.8 |
| b. Participants will be able to describe suicidal trends, prevalence, and current interventions. | 4.8 |
| c. Participants will be able to state the limitations of current treatment of suicidal clients with trauma. | 4.8 |
| d. Participants will be able to describe the CAMS approach to managing suicidal risk. | 4.8 |
| e. Participants will be able to explain and navigate the worksheets used in the CAMS approach. | 4.8 |
| 2. Overall this workshop was a positive experience | 4.8 |
| 3. Teaching methods were effective: | 4.8 |
| 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? | 4.7 |

The Presenter:

- | | |
|---|-----|
| 7. Knew the subject matter: | 5.0 |
| 8. Taught the subject competently: | 5.0 |
| 9. Elaborated upon the stated objectives: | 5.0 |
| 10. Presented content in an organized manner: | 5.0 |
| 11. Maintained my interest: | 5.0 |
| 12. Answered questions effectively: | 5.0 |
| 13. Was responsive to questions, comments and opinions: | 5.0 |

The Presentation:

- | | |
|--|-----------------|
| a. Was relevant to my practice: | 6 – yes; 0 – no |
| b. Was appropriate to my education, experience, or licensure level | 5 – yes; 0 – no |
| c. Was based on current up-to-date information: | 5 – yes; 0 – no |
| d. Made use of technology – projector, power point software, etc: | 5 – yes; 0 – no |
| e. Made use of appropriate handouts: | 5 – yes; 0 – no |
| f. Made use of evidenced based materials or research: | 5 – yes; 0 – no |

Venue, Setting, etc.

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|--|-----|
| 15. Facility was adequate for my needs: | 5.0 |
| 16. Facility was comfortable and accessible: | 5.0 |
| 17. Food and beverages were adequate: | 5.0 |

Beyond Theory: Practical Interventions for Use With Clients

8/12/22

Cincinnati, Ohio

8 Respondents

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

Workshop Objectives:

Average Score:

- | | |
|---|-----|
| a. Participants will be able to state interventions they can apply to their practices. | 5.0 |
| b. Participants will be able to describe benefits of specific interventions. | 5.0 |
| c. Participants will be able to state intervention materials they can use or purchase. | 5.0 |
| d. Participants will be able to describe trainings and certifications they could pursue related to neurofeedback, EMDR, play therapy, or HRV interventions. | 5.0 |
| 2. Overall this workshop was a positive experience | 5.0 |
| 3. Teaching methods were effective: | 5.0 |
| 4. Visual aids, handouts and oral presentations clarified content: | 5.0 |
| 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 |

The Presenter:

- | | |
|---|-----|
| 7. Knew the subject matter: | 5.0 |
| 8. Taught the subject competently: | 5.0 |
| 9. Elaborated upon the stated objectives: | 5.0 |
| 10. Presented content in an organized manner: | 5.0 |
| 11. Maintained my interest: | 5.0 |
| 12. Answered questions effectively: | 4.9 |
| 13. Was responsive to questions, comments and opinions: | 5.0 |

The Presentation:

- | | |
|--|-----------------|
| a. Was relevant to my practice: | 8 – yes; 0 – no |
| b. Was appropriate to my education, experience, or licensure level | 8 – yes; 0 – no |
| c. Was based on current up-to-date information: | 8 – yes; 0 – no |
| d. Made use of technology – projector, power point software, etc: | 8 – yes; 0 – no |
| e. Made use of appropriate handouts: | 8 – yes; 0 – no |
| f. Made use of evidenced based materials or research: | 8 – yes; 0 – no |

Venue, Setting, etc.

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|--|-----|
| 15. Facility was adequate for my needs: | 5.0 |
| 16. Facility was comfortable and accessible: | 5.0 |
| 17. Food and beverages were adequate: | 5.0 |

Trauma Informed Therapy – 2nd Edition

11/11/22

Cincinnati, Ohio

15 Respondents

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

Workshop Objectives: **Average Score:**

- | | |
|---|-----|
| a. Participants will be able to describe symptoms of trauma and state criteria for a DSM-5 diagnosis of Post-Traumatic Stress Disorder. | 4.7 |
| b. Participants will be able to name psychoeducational resources, handouts, and videos they can use to help clients understand their trauma symptoms. | 4.7 |
| c. Participants will be able to name and describe assessment measures used to evaluate symptoms of trauma. | 4.6 |
| d. Participants will be able to describe interventions used to treat trauma. | 4.7 |
| e. Participants will be able to state the warning signs of vicarious trauma and effective methods of managing self-care, burnout, and compassion fatigue. | 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? | 4.6 |
| 6. How much did you learn as a result of this CE program? | 4.6 |

The Presenter:

- | | |
|---|-----|
| 7. Knew the subject matter: | 5.0 |
| 8. Taught the subject competently: | 4.9 |
| 9. Elaborated upon the stated objectives: | 4.9 |
| 10. Presented content in an organized manner: | 5.0 |
| 11. Maintained my interest: | 4.8 |
| 12. Answered questions effectively: | 4.8 |
| 13. Was responsive to questions, comments and opinions: | 4.8 |

The Presentation:

- | | |
|--|------------------|
| a. Was relevant to my practice: | 14 – yes; 0 – no |
| b. Was appropriate to my education, experience, or licensure level | 14 – yes; 0 – no |
| c. Was based on current up-to-date information: | 14 – yes; 0 – no |
| d. Made use of technology – projector, power point software, etc: | 15 – yes; 0 – no |
| e. Made use of appropriate handouts: | 15 – yes; 0 – no |
| f. Made use of evidenced based materials or research: | 14 – yes; 1 – no |

Venue, Setting, etc.

- | | |
|--|-----|
| 15. Facility was adequate for my needs: | 4.9 |
| 16. Facility was comfortable and accessible: | 4.9 |
| 17. Food and beverages were adequate: | 4.9 |