## ADVANCED CLINICAL SUPERVISION #3 4/22/22 Heisel and Associates Studio Cincinnati, Ohio 12 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:	<b>Average Score:</b>
a. Participants will be able to create a written supervisory contract,	C
detailing the parameters of current standards.	4.7
b. Participants will be able to describe the different between direct an	d
vicarious liability, and how to manage risk within the context of the	9
supervisory relationships.	4.8
c. Participants will be able to describe various competencies that clini	cal
supervisors need to possess in order to conduct clinical supervision.	4.7
d. Participants will be able to describe standards for identifying and	
addressing cultural or contextual bias within both the supervisory	
and the therapeutic relationship, and how to display "cultural hum	ility". 4.9
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:	4.8
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?	4.2
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:	4.8
12. Answered questions effectively:	4.5
13. Was responsive to questions, comments and opinions:	4.3
The Presentation:	
a. Was relevant to my practice:	11 – yes; 1 – no
b. Was appropriate to my education, experience, or licensure level	11 – yes; 1 - no
c. Was based on current up-to-date information:	12 – yes; 0 - no
d. Made use of technology – projector, power point software, etc:	10 – yes; 0 - no
e. Made use of appropriate handouts:	12 – yes; 0 - no
f. Made use of evidenced based materials or research:	12 – yes; 0 - no
Venue, Setting, etc.	
15. Facility was adequate for my needs:	4.8
16. Facility was comfortable and accessible:	4.9
17. Food and beverages were adequate:	4.9

## THE DSM-5-TR 5/6/22 Heisel and Associates Studio Cincinnati, Ohio 7 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 name changes between the DSM-5 and	
the DSM-5-TR.	4.7
b. Participants will be able to name new classifications that have been added to the DSM-5-TR.	4.8
c. Participants will be able to describe changes in the coding of specific disorders, including over 50 coding updates new to DSM-5-TR for	
substance intoxication and withdrawal, and other disorders.	4.8
d. Participants will be able to name and integrate changes in diagnostic	
criteria between the DSM-5 and the DSM-5-TR.	4.8
e. Participants will be able to describe the diagnostic criteria for Suicid	
Behavior Disorder, Non-Suicidal Self-Injury, and Prolonged Grief	
Disorder.	5.0
2. Overall this workshop was a positive experience	5.0
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?	5.0
6. How much did you learn as a result of this CE program?	4.6
The Presenter:	
7. Knew the subject matter:	4.8
8. Taught the subject competently:	4.8
9. Elaborated upon the stated objectives:	4.7
10. Presented content in an organized manner:	4.8
11. Maintained my interest:	4.6
12. Answered questions effectively:	4.8
13. Was responsive to questions, comments and opinions:	5.0
The Presentation:	
a. Was relevant to my practice:	7 – yes; 0 – no
b. Was appropriate to my education, experience, or licensure level	7 – yes; 0 - no
c. Was based on current up-to-date information:	7 – yes; 0 - no
d. Made use of technology – projector, power point software, etc:	7 – yes; 0 - no
e. Made use of appropriate handouts:	7 – yes; 0 - no
f. Made use of evidenced based materials or research:	7 – yes; 0 - no
Venue, Setting, etc.	
15. Facility was adequate for my needs:	4.8
16. Facility was comfortable and accessible:	4.8
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17. Food and beverages were adequate:

## Symptom Based Treatment Planning Using the DSM-5-TR 12/16/22 Heisel and Associates Studio Cincinnati, Ohio 11 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:	<b>Average Score:</b>
a. Participants will be able to state the diagnostic changes brought	
about by the DSM-5-TR.	4.9
b. Participants will be able to describe the hybrid diagnostic approach.	4.6
c. Participants will be able to distinguish between diagnostic categories	
in the DSM-5 and those in the DSM-5-TR.	4.9
d. Participants will be able to accurately diagnose co-morbid and dual	
diagnosis presentations in the DSM-5-TR.	4.7
e. Participants will be able to develop symptom-based treatment plans	
using the DSM-5-TR.	4.8
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:	5.0
5. How useful was the content of the CE program for your practice or	
other professional development?	4.8
6. How much did you learn as a result of this CE program?	4.7
The Presenter:	
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:	4.6
13. Was responsive to questions, comments and opinions:	4.8
The Presentation:	
a. Was relevant to my practice:	11 – yes; 0 – no
b. Was appropriate to my education, experience, or licensure level	11-yes; 0 - no
c. Was based on current up-to-date information:	11-yes; 0 - no
d. Made use of technology – projector, power point software, etc:	11- yes; 0 - no
e. Made use of appropriate handouts:	11- yes; 0 - no
f. Made use of evidenced based materials or research:	11-yes; 0 - no
Venue, Setting, etc.	
15. Facility was adequate for my needs:	4.9
16. Facility was comfortable and accessible:	5.0
17. Food and beverages were adequate:	4.8