

# **STAYING WELL: COUNSELOR SELF CARE – 2<sup>ND</sup> EDITION**

1/13/23

Heisel and Associates Studio

Cincinnati, Ohio

5 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>Workshop Objectives:</b>	<b>Average Score:</b>
a. Participants will be able to name describe the value of wellness for themselves personally and professionally.	4.8
b. Participants will be able to describe ways the Covid pandemic has impacted their counselor identity and the new challenges within the mental health field as a result.	4.8
c. Participants will be able to name the seven dimensions of wellness.	4.8
d. Participants will be able to determine personal changes within each dimension to facilitate changes that lead to wellness.	4.8
e. Participants will be able to describe strategies and resources within each dimension to promote improved wellness.	4.8
f. Participants will be able to create a personal wellness plan for themselves.	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?	4.6
6. How much did you learn as a result of this CE program?	4.0
<b>The Presenter:</b>	
7. Knew the subject matter:	4.8
8. Taught the subject competently:	4.8
9. Elaborated upon the stated objectives:	4.8
10. Presented content in an organized manner:	4.8
11. Maintained my interest:	4.8
12. Answered questions effectively:	4.2
13. Was responsive to questions, comments and opinions:	4.4
<b>The Presentation:</b>	
a. Was relevant to my practice:	5 – 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
<b>Venue, Setting, etc.</b>	
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

# **DEMENTIA: COUNSELING THE CAREGIVER**

2/24/23

Heisel and Associates Studio

Cincinnati, Ohio

5 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>Workshop Objectives:</b>	<b>Average Score:</b>
a. Participants will be able to name describe the basic types of dementia.	4.8
b. Participants will be able to describe the prevalence of dementia and the cost of caregiving.	5.0
c. Participants will be able to describe the many facets of caregiving for someone with dementia, and the impact on the caregiver's well being.	4.8
d. Participants will be able to name the barriers for those in caregiving roles to receive counseling.	4.8
e. Participants will be able to describe counseling interventions and resources to assist those who are caregiving for someone with dementia.	5.0
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:	4.8
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?	4.0
<b>The Presenter:</b>	
7. Knew the subject matter:	5.0
8. Taught the subject competently:	5.0
9. Elaborated upon the stated objectives:	4.8
10. Presented content in an organized manner:	4.8
11. Maintained my interest:	4.6
12. Answered questions effectively:	4.4
13. Was responsive to questions, comments and opinions:	4.4
<b>The Presentation:</b>	
a. Was relevant to my practice:	5 – 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
<b>Venue, Setting, etc.</b>	
15. Facility was adequate for my needs:	4.8
16. Facility was comfortable and accessible:	4.8
17. Food and beverages were adequate:	4.8