

Evaluation of Training for Child Welfare Workers on Mental Illness

Please help us evaluate today's workshop in terms of how you might or might not have benefited. Please estimate your level of skill or understanding both *before* the workshop and *after*.

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. I can evaluate the family unit's functioning and available resources.	Pre-workshop	1	2	3	4	5
	Post-workshop	1	2	3	4	5
2. I know the proper roles and responsibilities of other disciplines and community agencies and can collaborate with multi-disciplinary teams to develop case plans and provide services.	Pre-workshop	1	2	3	4	5
	Post-workshop	1	2	3	4	5
3. I can recognize problems resulting from stress, disturbed relationships, and low self-esteem in my families and can make appropriate referrals for further assessment and therapy.	Pre-workshop	1	2	3	4	5
	Post-workshop	1	2	3	4	5
4. I understand and know the proper uses of psychological evaluations in child welfare practice.	Pre-workshop	1	2	3	4	5
	Post-workshop	1	2	3	4	5
5. I recognize the primary indicators of mental illness and emotional disorders.	Pre-workshop	1	2	3	4	5
	Post-workshop	1	2	3	4	5
6. I understand the effects of mental illness in parents and can assess the developmental risk to the child remaining in the care of the mentally ill parent.	Pre-workshop	1	2	3	4	5
	Post-workshop	1	2	3	4	5
7. I am aware of community treatment resources for mentally ill clients and can use those resources in developing an appropriate service plan.	Pre-workshop	1	2	3	4	5
	Post-workshop	1	2	3	4	5
8. I am familiar with medications used in the treatment of mental illness and their potential side effects.	Pre-workshop	1	2	3	4	5
	Post-workshop	1	2	3	4	5
9. I know appropriate referral methods for assessment and treatment of mental illness.	Pre-workshop	1	2	3	4	5
	Post-workshop	1	2	3	4	5

(Please turn over and complete the other side)

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
10. I believe I can use the information from today's workshop to "change the culture" of the workplace environment (i.e. in my office, among my colleagues) for the better	Post-workshop only	1	2	3	4	5

11. What is one principle you learned today that you will immediately apply to your job?

12. Which part(s) or topic(s) of the workshop did you find most helpful and why

13. Which part(s) or topic(s) of the workshop did you not find helpful and why?

14. Have you had specific training on the topic of mental illness in the past? Yes No

If "yes," how long ago was that training? _____

15. What is your job classification? (Circle one)

- | | | |
|------------------------------|--------------------|-------------------|
| a. Social Services Worker I | c. Supervisor | e. Regional Staff |
| b. Social Services Worker II | d. Circuit Manager | f. Other _____ |

16. What is your work specialization? (Circle one)

- | | | |
|----------------------|-------------------------|----------------|
| a. Investigations | c. Adoption / Licensing | e. Other _____ |
| b. Family Permanency | d. Generic | |

Thank you for your participation in this evaluation