Owakihi, Inc.

Training Summary Form

I. **Employee:** Dawn McLane Topic: **CHILDREN'S MENTAL HEALTH 405** Credit Hours: .75

Source: Scott County

II. **Description of Training Content:**

Review and instruction on Children and Mental Health. Presented by Deena McMahon, LICSW and sponsored by Scott County foster care. Description of the impact of child development on mental health. Common diagnoses and factors considered when diagnosing. Review of various diagnoses, treatments, and behavioral interventions for autism, depression, anxiety, PTSD, ADHD, ODD, RAD, and FASD. Resources and support for caregivers.

III. **Training Procedures**

Training Format	Instructional Methods	Competency Evaluations
X Self Study	___ Written: ___	X Knowledge Testing (Quiz)
___ Individualized Training	___ Oral Presentation and Dialogue	___ Observed Skill Assessment
___ Team Meeting	___ Guided Observation	___ Other: ___
___ Owakihi Inservice	___ Guided Practice	
___ Other: ___	___ Other: ___	

IV. **Date(s):** 4-16-20 (M/D/Y) Trainer/Position: ___

Time(s): 8:48 am - 9:30 pm (AM or PM) Trainer Signature: ___

I understand the information I received and my responsibilities for implementation with this company and persons served.

Employee Signature: See above

Training hours need to be recorded by employee on corresponding timecard for reimbursement and training documentation purposes. Employees are encouraged to keep a copy of this verification for their personal records.

Complete training documentation on back side (page 2)

- ☐ Instructions on safety practices and health care coordination for individual in service site(s).
- ☐ Instructions and supervised on-the-job training from the Designated Coordinator or Designated Manager.
- ☐ Other topics as determined necessary in the person's CSSP or CSSP Addendum _____

III. Training Procedures

Training Format	Instructional Methods	Demonstrated Competency
_____ Self Study	_____ Written: _____	_____ Knowledge Testing (Quiz)
_____ Individualized Training	_____ Audio or Video: _____	_____ Observed Skill Assessment
_____ Team Meeting	_____ Oral Presentation and Dialogue	_____ Other: _____
_____ Other:	_____ Guided Observation & Practice	
	_____ Other: _____	

15 Hours of Training Completed? ☐ **Yes** ☐ **No**

First Day of Contact: _____

First Day Unsupervised: _____

IV. Date(s): 3-26-17 (M/D/Y) Time(s): _____

Trainer/Position: _____ Signature: _____

I understand the information I received and my responsibilities for implementation with this company and persons served.

Employee Signature: Das Mohammed

Self-Test for Children's Mental Health Training (Scott County) Credit: _____

Employee Name: Nasro Mohamed Date of Quiz: _____

1. Name three of the mental health diagnoses discussed.

   Anxiety, Depression and RAD

2. Autism is a Neurologically based disorder of development.

3. One in five teens has Depression - origins

4. Threats of suicide have three of the five "dos". Name them: Know who to call, Know how to intervene, always take it seriously
   - seek professional help
   - always let others know the child is making these threats

5. Name two diagnoses depression can present with: PtSD and RAD.

6. Many of the symptoms of Anxiety can be mistaken for depression.

7. Most foster children have extreme or layered trauma.

8. A child develops coping skills that look like "symptoms" when they come to your home.

9. Name three of the six components to a Post-Traumatic Stress Disorder (PTSD) action plan.

   Get some history, Encourage the child to have a buddy, Know what comforts the child.

10. Attention Deficit/Hyperactivity Disorder (ADHD) clinical characteristics become more problematic during middle school years.

11. Attachment patterns are formed in the first thre years of life.

12. Children diagnosed with Reactive Attachment Disorder (RAD) treat the caring adult as if (name two):

    _____ and _____.

13. Fetal Alcohol Spectrum Disorder (FASD) is a life long Prognosis.

14. Grief continues to be the most common reaction from parents who are raising children with mental illness.

15. We often compromise a child's dignity as we discuss their challenges and our frustrations.

16. Name three of your six resources when caring for children with mental health concerns:

    School, Personal care attendent, Social Services and Police, doctor, Respite Provider

Staff signature _____ Training Date _____ Training Times _____