

**Beacon Specialized Living Services
Training Summary Form**

I. Employee: Yusra Mohamed Topic: CHILDREN'S MENTAL HEALTH SYSTEM & CTSS 201 Credit Hours: 2 hrs

II. Description of Training Content: Overview of the federal CASSP and Comprehensive Health Services Plan Act, including values and principles for care of children with emotional disturbance. Review of the Minnesota Comprehensive Children's Mental Health Act, including eligibility and funding for services. Description of services and supports, including mental health collaboratives, and how they are organized and integrated into care planning. Description of the CTSS provider certification and its relevance. Discussion of The Common Link's framework for providing mental health services, including its job descriptions.

III. Training Procedures:

<u>Training Format</u>	<u>Instructional Methods</u> <small>-CASSP outline-Pre-service Require.</small>	<u>Competence/Mastery*</u>
<input checked="" type="checkbox"/> Self Study	<input checked="" type="checkbox"/> Written: - CMH Job Descriptions (4)	<input checked="" type="checkbox"/> Quiz
<input type="checkbox"/> Individualized Training	<input type="checkbox"/> Audio Tape: _____	<input type="checkbox"/> Training Competency Form
<input type="checkbox"/> Supervisory Meeting	<input type="checkbox"/> Video Tape: _____	<input type="checkbox"/> Video Tape: _____
<input type="checkbox"/> Team Meeting	<input checked="" type="checkbox"/> Oral Presentation and Dialogue	<input type="checkbox"/> Other: _____
<input checked="" type="checkbox"/> Owakahi Inservice	<input type="checkbox"/> Guided Observation	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Guided Practice	
	<input type="checkbox"/> Other: _____	

*Attached documentation required

IV. Date(s): 6/18/20
(M/D/Y)
Time(s): _____
(AM or PM)
Location(s): Honovi crisis

Trainer/Position: James West / DC
Trainer Signature: _____
Employee Signature: Yusra Mohamed

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.

Self-Test for Children's Mental Health Training

(Scott County)

Credit: _____

Employee Name: Yusra

Date of Quiz: _____

1. Name three of the mental health diagnoses discussed.

Depression, PTSD and Anxiety

2. Autism is a Neurologically based disorder of development.

3. One in five teens has Depression - Ongoing

4. Threats of suicide have three of the five "dos". Name them: Who to call, Always take Serious
know how to intervene

5. Name two diagnoses depression can present with: Anxiety and PTSD.

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.

Stay Calm, find the time, Get some history

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

11. Attachment patterns are formed in the first 3 years of life.

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

they were the abuser and they had lied to child

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:

Doctor, Social worker and Mental health professional

Staff signature

Training Date

Training Times

10/18/20