



Training Summary Form

I. **Employee:** Anthony Adierpena **Topic:** CHILDREN'S MENTAL HEALTH 405 **Credit Hours:** _____
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.

<u>Training Procedures</u>	<u>Training Format</u>	<u>Instructional Methods</u>	<u>Competency Evaluations</u>
<input checked="" type="checkbox"/> Self Study	<input type="checkbox"/> Written: <u>Power Point</u>	<input checked="" type="checkbox"/> Knowledge Testing (Quiz)	
<input type="checkbox"/> Individualized Training	<input type="checkbox"/> Oral Presentation and Dialogue	<input type="checkbox"/> Observed Skill Assessment	
<input type="checkbox"/> Team Meeting	<input type="checkbox"/> Guided Observation	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Owakhi Inservice	<input type="checkbox"/> Guided Practice		
<input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Other: <u>video</u>		

IV. **Date(s):** 5/2/2020 **Trainer/Position:** Wili Kretsch DG
(M/T/W) **Trainer Signature:** Wili Kretsch
Time(s): _____ (AM or PM)

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

Employee Signature: _____

Training hours need to be recorded by employee on corresponding timecard for reimbursement and training documentation purposes.

Self-Test for Children's Mental Health Training

(2 hours of CMH training required the initial license year; 1 hour annually thereafter)

Please complete and return to your licenser for training credit and certificate

Anthony
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1. Name three of the mental health diagnoses discussed.

ODD, RAD and FASD

2. Autism is a neurologically based disorder of development.

3. One in five teens has depression.

4. Threats of suicide have three of the five "dos". Name them: ask for help, take it serious, call for help

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 PTSD.

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.

calm, calm plan, what calms 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 3 years of life.

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

they are cause of pain and they cause their pain

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

14. Pain / 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 MHP

Witold Krutach

Provider signature

6/10

5/2/2020

Training Date

Licenser signature