Veterans Health Administration
Employee Education System

PROGRAM EVALUATION

COURSE NUMBER: 13.MSE.ST.PCS.PTSD101CPAA.A

ACTIVITY TITLE: PTSD 101: 2010 VA/DOD CLINICAL PRACTICE GUIDELINE FOR PTSD: ANGER, AGGRESSION, AND PTSD

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SUBMISSION INSTRUCTIONS

1. Complete this registration and evaluation form within 30 days of completing the activity.
2. Please save and email a copy of your completed evaluation to EESEPC@va.gov
3. Your certificate will be sent via email to the email address provided below.
4. For questions or concerns regarding the Program Evaluation or Certificate, the following contact methods are available: EPC by email at EESEPC@va.gov, or the EES Customer Service by phone at 1.877.EES.1331 Opt.5

OCCUPATIONAL CATEGORY

- ☐ Administrative
- ☐ Advanced Practice Nurse
- ☐ Associated/Allied Health
- ☐ Clinical Psychologist
- ☐ Dentist
- ☐ Licensed Clinical Social Worker
- ☐ Pharmacist
- ☐ Pharmacy Tech
- ☐ Physician
- ☐ Physician Assistant
- ☐ Podiatrist
- ☐ Registered Dietitian
- ☐ Registered Nurse
- ☐ Speech/Language Pathologist
- ☐ Other Clinical
- ☐ Other

EMPLOYER CATEGORY

- ☐ VHA
- ☐ VBA
- ☐ NCA
- ☐ VA OTHER
- ☐ DOD
- ☐ IHS
- ☐ OTHER FEDERAL
- ☐ NON FEDERAL

Date Completed

☐☐ ☐☐ ☐☐☐☐

ACCREDITATION/CERTIFICATE REQUESTED:

Activity must be approved for the certificate type in order for such a certificate to be issued.

- ☐ General/Non-Accredited
- ☐ ACCME
- ☐ ACCME - Non Physician
- ☐ ACHE
- ☐ ACPE
- ☐ ACPE-Technician
- ☐ ADA
- ☐ ANCC
- ☐ APA
- ☐ ASHA
- ☐ ASWB
- ☐ CA BBS
- ☐ CA BRN
- ☐ CDR
- ☐ NBCC

EMAIL ADDRESS: Enter Complete Email Address

LAST NAME:

FIRST NAME:

I assert that I attended 100% of this program: e-Signature:

Type your full name in the block above

PRIVACY ACT STATEMENT

AUTHORITY: Title 50, Appendix, U.S.C., Title 10, U.S.C., Public Law 96-357 96th Congress, September 24, 1980 (Amendment to 10 U.S.C. 2107).
PRINCIPAL PURPOSE(S): To develop policies and procedures, compile statistics and render analytical reports, and to track participation in EES activities.
ROUTINE USES: The information provided on the application will be used to maintain data on EES activities, provide requested reports on participation, and to provide activity original and duplicate certificates to EES activity participants.
MANDATORY AND VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL PROVIDING INFORMATION: Disclosure of information requested in the EES registration form (the application) is voluntary; however, the information must be furnished in order to ensure the applicant will receive a certificate of completion for EES activities and appropriate education credit.

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PLEASE CIRCLE THE APPROPRIATE RESPONSE CORRESPONDING WITH EACH QUESTION BELOW:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
Overall, I was satisfied with this learning activity.	O 1	O 2	O 3	O 4	O 5	O NA
The learning activities and/or materials were effective in helping me learn the content.	O 1	O 2	O 3	O 4	O 5	O NA
I learned new knowledge and skills from this learning activity.	O 1	O 2	O 3	O 4	O 5	O NA
The scope of the learning activity was appropriate to my professional needs.	O 1	O 2	O 3	O 4	O 5	O NA
The content of the learning activity was current.	O 1	O 2	O 3	O 4	O 5	O NA
Was the content presented in a manner that was fair and balanced? If no, please explain:		O Yes	O No	O NA		
If you feel you will be successful in applying this learning, please provide a few specific examples of how you will apply it.						
I will be able to apply the knowledge and skills learned to improve my job performance.	O 1	O 2	O 3	O 4	O 5	O NA
If you required any accommodations for a disability your request was addressed respectfully and in a timely manner.	O 1	O 2	O 3	O 4	O 5	O NA
The appropriate technology was utilized to facilitate my learning.	O 1	O 2	O 3	O 4	O 5	O NA
The training environment (face to face, video conference, web based training) was effective for my learning.	O 1	O 2	O 3	O 4	O 5	O NA
I found that the technology in this learning activity was easy to use.	O 1	O 2	O 3	O 4	O 5	O NA
Overall, I was satisfied with the use of technology in this learning activity.	O 1	O 2	O 3	O 4	O 5	O NA
The technology in this learning activity was responsive and provided access to further support.	O 1	O 2	O 3	O 4	O 5	O NA
What about this learning activity was <u>most useful</u> to you?						
What about this learning activity was <u>least useful</u> to you?						

Thank you for your helpful feedback.

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PROGRAM OBJECTIVES

COURSE NUMBER: 13.MSE.ST.PCS.PTSD101CPAA.A

Please rate each of the following program objectives.

After attending this learning activity, I have the ability to:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Explain the association between PTSD and anger aggression	○	○	○	○	○
Review the 2010 VA DoD Clinical Practice Guideline recommendations	○	○	○	○	○
Describe a clinical application: Strength at Home	○	○	○	○	○
	○	○	○	○	○
	○	○	○	○	○
	○	○	○	○	○
	○	○	○	○	○
	○	○	○	○	○
	○	○	○	○	○
	○	○	○	○	○

POST-TEST QUESTIONS COURSE NUMBER: 13.MSE.ST.PCS.PTSD101CPAA.A

1. Which of the following is a true statement

- ☐ A Anger is higher among Veterans with PTSD than Veterans without PTSD
- ☐ B The association between PTSD and Anger is stronger in Veterans than civilians
- ☐ C Military service members are not more violent than civilians in the absence of stress and/or PTSD
- ☐ D All of the above
- ☐ E

2. When Veterans are reminded of their traumas, which emotion is most frequently reported?

- ☐ A anger
- ☐ B anxiety
- ☐ C depression
- ☐ D none of the above
- ☐ E

POST-TEST

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3. What percentage of Veterans seeking help in PTSD clinic reported any type of physical partner aggression?

- ☐ A 10%
- ☐ B 33%
- ☐ C 75%
- ☐ D 90%
- ☐ E

4. Which of the following accurately describes the Survival Mode Model?

- ☐ A Vigilance and threat perception are adaptive in war zone
- ☐ B Service members and Veterans may then perceive unrealistic threats when not in warzone
- ☐ C Service members and Veterans may have overly hostile appraisal of events when not in warzone
- ☐ D All of the above
- ☐ E

5. Which of the following PTSD symptom clusters is most strongly associated with aggressive behaviors?

- ☐ A Re-experiencing
- ☐ B Avoidance
- ☐ C Hyperarousal
- ☐ D Numbing
- ☐ E

6. Which of the following questions is the most effective to assess aggressive behaviors?

- ☐ A Have you ever pushed your partner?
- ☐ B There is no violence in your home, right?
- ☐ C Have you done anything you are ashamed of?
- ☐ D Violence is wrong. What do you think about violence?
- ☐ E

7. Which of the following is NOT recommended in the Clinical Practice Guideline for Anger, Aggression, and PTSD?

- ☐ A Promote sleep, relaxation, and participation in enjoyable activities
- ☐ B Avoid stimulants, benzodiazepines, and other substances
- ☐ C Address pain
- ☐ D Promote isolation from loved ones
- ☐ E

8. Which is the correct order of stages in the Strength at Home program?

- ☐ A Conflict management, communication, Cognitive reprocessing
- ☐ B Psychoeducation, conflict management, coping strategies, communication
- ☐ C Coping strategies, psychoeducation, behavioral activation
- ☐ D Cognitive reprocessing, exposure, behavioral activation, communication
- ☐ E

9. Which of the following are forms of psychological abuse?

- ☐ A Hostile withdrawal
- ☐ B Try to make partner look foolish
- ☐ C Reckless behaviors to scare partner
- ☐ D All of the above
- ☐ E

10. Prolonged Exposure, Stress Inoculation Training, and Cognitive Processing Therapy have NOT been found to reduce any types of anger during PTSD treatment

- ☐ A true
- ☐ B false
- ☐ C
- ☐ D
- ☐ E

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FACULTY EVALUATION

PLEASE CIRCLE THE APPROPRIATE RESPONSE CORRESPONDING WITH EACH QUESTION BELOW:

Casey Taft / Understand the Association Between PTSD and Anger Aggression	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Was able to effectively present content	○ 1	○ 2	○ 3	○ 4	○ 5
2. Was knowledgeable about the topic	○ 1	○ 2	○ 3	○ 4	○ 5
3. Engaged participants effectively	○ 1	○ 2	○ 3	○ 4	○ 5

Comments

Casey Taft / Review the 2010 VA DoD Clinical Practice Guideline Recommendations	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Was able to effectively present content	○ 1	○ 2	○ 3	○ 4	○ 5
2. Was knowledgeable about the topic	○ 1	○ 2	○ 3	○ 4	○ 5
3. Engaged participants effectively	○ 1	○ 2	○ 3	○ 4	○ 5

Comments

Casey Taft / Describe a Clinical Application: Strength at Home	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Was able to effectively present content	○ 1	○ 2	○ 3	○ 4	○ 5
2. Was knowledgeable about the topic	○ 1	○ 2	○ 3	○ 4	○ 5
3. Engaged participants effectively	○ 1	○ 2	○ 3	○ 4	○ 5

Comments

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Was able to effectively present content	○ 1	○ 2	○ 3	○ 4	○ 5
2. Was knowledgeable about the topic	○ 1	○ 2	○ 3	○ 4	○ 5
3. Engaged participants effectively	○ 1	○ 2	○ 3	○ 4	○ 5

Comments