Veterans Health Administration
Employee Education System

COURSE NUMBER: 07.ST.MH.PTSD10116.A

PROGRAM EVALUATION

ACTIVITY TITLE: PTSD 101: OVERCOMING BARRIERS TO PTSD TREATMENT ENGAGEMENT

Program Contact HEATHER HOLSHOUSER, MARTY OEXNER

Contact Email EESEPC@VA.GOV

Contact Phone 314-894-6648

Veterans Health Administration
Employee Education System

PROGRAM EVALUATION

COURSE NUMBER: 07.ST.MH.PTSD10116.A

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.

Veterans Health Administration
Employee Education System

PROGRAM EVALUATION

COURSE NUMBER: 07.ST.MH.PTSD10116.A

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.

Veterans Health Administration
Employee Education System

PROGRAM OBJECTIVES

COURSE NUMBER: 07.ST.MH.PTSD10116.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
1. identify reasons why patients may be reluctant to change long-standing behaviors	○	○	○	○	○
2. outline key elements of the PTSD Motivation Enhancement Group	○	○	○	○	○
3. articulate common differences between clients' and therapists' perspectives and assumptions that may impede effective treatment	○	○	○	○	○
	○	○	○	○	○
	○	○	○	○	○
	○	○	○	○	○
	○	○	○	○	○
	○	○	○	○	○
	○	○	○	○	○
	○	○	○	○	○

29673

POST-TEST QUESTIONS COURSE NUMBER: 07.ST.MH.PTSD10116.A

1. Common theories some clinicians hold about why treatment fails for some PTSD patients include:

- ☐ A "chronic PTSD" is "unfixable" due to biological changes or the length of the disorder
- ☐ B patients "were not ready for treatment"
- ☐ C based on treatment outcome research, the right treatment is not yet available
- ☐ D all of the above
- ☐ E

2. All of the following are things clinicians should do when conducting a PTSD Motivational Enhancement Group EXEPT:

- ☐ A encourage peer responses and feedback
- ☐ B adopt a paternalistic medical model
- ☐ C provide a solid treatment rationale
- ☐ D always empathically and reflectively listen
- ☐ E

3. In a study of readiness to change about 30 to 50 percent of PTSD patients reported that they “might have” (i.e., were not sure) a problem with:

- ☐ A anger
- ☐ B isolation
- ☐ C trust
- ☐ D hearing voices
- ☐ E a, b, and c

4. A patient with PTSD who is not considering his excessive isolation as a problem or not wanting to change it is in what stage of change?

- ☐ A precontemplation
- ☐ B contemplation
- ☐ C preparation
- ☐ D action
- ☐ E maintenance

5. A patient with PTSD who is planning to change his angry response style but is unsure if he can is in which stage of change?

- ☐ A precontemplation
- ☐ B contemplation
- ☐ C preparation
- ☐ D action
- ☐ E maintenance

6. A patient with PTSD may be unaware that waking up several times each night to “walk the perimeter” is a problem because he may:

- ☐ A not have a realistic sense of what is normal
- ☐ B find it helpful in the short run because it relieves his acute anxiety
- ☐ C believe that people who don’t do that are putting themselves and their families at risk
- ☐ D all of the above
- ☐ E

7. A patient with PTSD could have which of the following fears about admitting to others that he has a problem?

- ☐ A fear of rejection, shame, or guilt
- ☐ B fear of being judged as “damaged” or weak
- ☐ C fear that his job may be negatively affected
- ☐ D all of the above
- ☐ E

8. Which of the following might be an outcome of treatment if clinicians do not take the patient’s stage of change into account?

- ☐ A patient exits treatment unconvinced that his/her old ways of coping and thinking are maladaptive
- ☐ B patient does not see a need to use new coping skills
- ☐ C patient returns to trauma-based or old ways of coping
- ☐ D all of the above
- ☐ E

9. Treatment expectancies include outcome expectancy (i.e., belief that therapy will lead to improvement), process expectancy (i.e., belief that patient can do what is necessary in therapy), and _____.

- ☐ A belief in a Higher Power
- ☐ B belief that deep-seated intrapsychic conflicts have led them astray
- ☐ C belief in the credibility of treatment techniques and rationale
- ☐ D none of the above
- ☐ E

10. When working with recent returnees from the wars in Iraq and Afghanistan, it can be helpful not to use pathologizing or potentially stigmatizing labels. For example, if a returnee is experiencing symptoms of PTSD, it would be good to call them:

- ☐ A acute stress disorder
- ☐ B brief psychotic disorder
- ☐ C post-deployment stress
- ☐ D posttraumatic stress disorder
- ☐ E

11. Which of the following is recommended when addressing treatment beliefs in PTSD treatment?

- ☐ A listen empathically first, correct misperceptions later
- ☐ B provide lots of information first, then ask if the patient has any questions
- ☐ C wait until the end of session to raise issues of treatment fears and expectancies
- ☐ D fearful treatment beliefs are a form of patient resistance so the therapist should explicitly label them as such
- ☐ E

12. The most critical factor in establishing a good therapeutic alliance and trust is

- ☐ A a knowledgeable therapist who teaches good coping skills
- ☐ B quick wit and lots of humor
- ☐ C using empathic listening techniques
- ☐ D none of the above
- ☐ E

13. Which of the following could result in an undermining of a good therapeutic alliance?

- ☐ A therapists getting into control struggles with the patient during session
- ☐ B therapists attempting to assuage patient concerns instead of actively listening
- ☐ C therapists not addressing race, class, and gender differences and issues
- ☐ D all of the above
- ☐ E

14. It is important for clinicians to tell PTSD patients who are not recognizing a problem or not benefiting from treatment that they are “in denial,” “resistant,” or “not ready to change.”

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

15. It is important that patients understand how PTSD symptoms relate to traumatic events and what will happen in treatment

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

16.

- ☐ A
- ☐ B
- ☐ C
- ☐ D
- ☐ E

Veterans Health Administration
Employee Education System

FACULTY EVALUATION

COURSE NUMBER: 07.ST.MH.PTSD10116.A

Ronald Murphy / PTSD 101: Overcoming Barriers to PTSD Treatment Engagement	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

	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