

Wellness Conference-Day I

Conference Attendees' Evaluation Feedback

Prepared for:

**Nebraska National Guard/Adjutant General
Nebraska Department of Health & Human Services
and
VA Nebraska-Western Iowa Health Care System**

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Wellness Conference-Day I

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Omaha, NE

This document reports on evaluation data gathered from individuals who attended the Wellness Conference-Day I (**Conference Attendees**). 250 people attended the first day. At the beginning of the day, attendees completed a Pre-Event Evaluation Form (PRE) that collects demographic information on attendees and poses four questions about anticipated usefulness of information, current knowledge, effectiveness and skills in this topic area. We received 172 PRE forms. Conference attendees also completed the Government Performance and Results Act (GPRA) evaluation forms after the training (POST). We received 179 POST forms. A smaller sample of attendees (23) completed the GPRA follow-up (Follow-up) form 30-days after the event.

This report is organized around three general questions:

- 1. Who attended the Wellness Conference-Day I?**
- 2. How did the Conference Attendees respond to the Event?**
- 3. What are Suggestions for Future Trainings in this Topic?**

Part 1. Who attended the Wellness Conference-Day I?

Conference Attendees ranged in age from 21 to 65 years with a mean age of 41.72 ($SD = 11.19$). Fifty-seven percent of the attendees were male and 43% were female. Attendees indicated their race/ethnicity as Caucasian (92%), African American (3%), American Indian (1%), Asian (1%) and/or Hispanic/Latino (2%). Most attendees reported having earned a master's degree (28%) or a bachelor's degree (26%). Attendees indicated they were employed in a variety of work settings and held diverse job responsibilities. Table 1 summarizes their demographic information.

Table 1. Summary of Attendees' Demographic Information.

<p>Highest Degree Status (n = 172)</p> <ul style="list-style-type: none"> ○ 6% High School Diploma/equivalent ○ 22% Some college experience ○ 11% Associate's Degree ○ 26% Bachelor's Degree ○ 28% Master's Degree ○ 2% Doctoral Degree/equivalent <p>Work Characteristics (n = 172)</p> <ul style="list-style-type: none"> • Discipline/profession <ul style="list-style-type: none"> ○ 7 % Addictions Counselor ○ 11 % Other Counseling ○ 6 % Education ○ 1 % Vocational Rehabilitation ○ 5 % Criminal Justice ○ 4 % Psychology ○ 8 % Social Work/Human Services ○ 1 % Physician Assistant ○ 1 % Medicine: Primary Care ○ 1 % Medicine: Psychiatry ○ 2 % Medicine: Other ○ 5 % Nurse/Nurse Practitioner ○ 9 % Administration ○ 2 % None, Unemployed ○ 3 % None, Student ○ 34 % Other (e.g. Military, Mental Health, Construction Manager, etc.) 	<ul style="list-style-type: none"> • Primary Work Setting <ul style="list-style-type: none"> ○ 3 % Criminal Justice ○ 10 % Outpatient ○ 6 % Inpatient Facility ○ 7 % Educational Institution ○ 4 % Residential Facility ○ 9 % Private Practice ○ 2 % Outreach ○ 5 % Substance Abuse Treatment Agency ○ 4 % Community Mental Health Center ○ 5 % Health/Community Health Agency ○ 5 % Student ○ 40 % Other (e.g. Homemaker, Mental Health VA, Government, etc) • Primary Job Responsibility <ul style="list-style-type: none"> ○ 19 % Line Staff (counselors, K-12 teachers, corrections officers, etc.) ○ 10 % Supervision of case managers and/or counselors ○ 18 % Administration ○ 11 % Training/Education ○ 41 % Other (e.g. Mental Health Therapist, Homemaker, Clerical, Military Leadership, Project Management, etc.)
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Note. Totals may not equal 100% as participants could select more than one category for each *Work Characteristics* item.

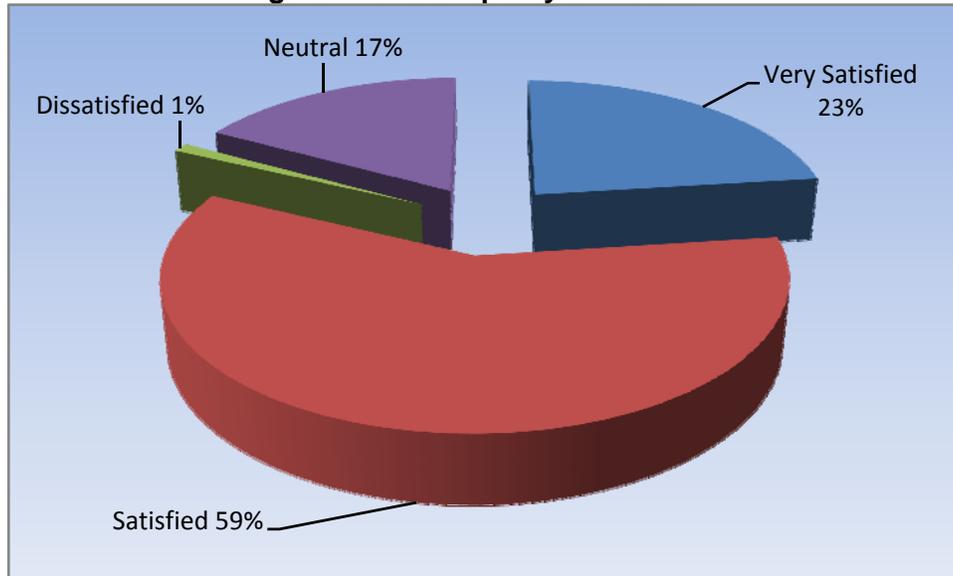
Training Goals Attendees were asked to indicate which out of eight responses captured their training goals for the current event. The majority indicated that they were interested in receiving *Continuing Education* credit (27%) or were at the event for the purpose of *Professional Development* (24%). Additionally, 3% indicated interest in *Addictions Certification (state or other)*, 3% indicated interest in *Academic Credit Toward a Master's*, 8% in *Academic Credit Toward a BA*, 2% in *Academic Credit Toward Licensure*, 12% indicated *Other* training goals (e.g. Personal Interest, Family Readiness, Military, Help Soldiers, etc.), and 20% indicated they had *No Current Training Goals*.

Part 2. How did the Conference Attendees respond to the Event?

Conference Content

Attendees were asked to rate their satisfaction with the overall quality of the conference on a 5-point Likert-type scale from 1—*Very Dissatisfied* to 5—*Very Satisfied*. As noted in Figure A below, most participants indicated satisfaction with the quality of the event.

Figure A. Overall quality of the event.



Note. Responses are from 179 attendees who completed the POST.

To assess attendees' perceptions of the relevance and effectiveness of the symposium content, 4 items on the POST form asked attendees to rate their agreement or disagreement with the following:

- (1) The conference enhanced my skills in this topic area;
- (2) The conference was relevant to my career;
- (3) I expect to use the information gained from this conference; and
- (4) I expect this conference to benefit my work with clients

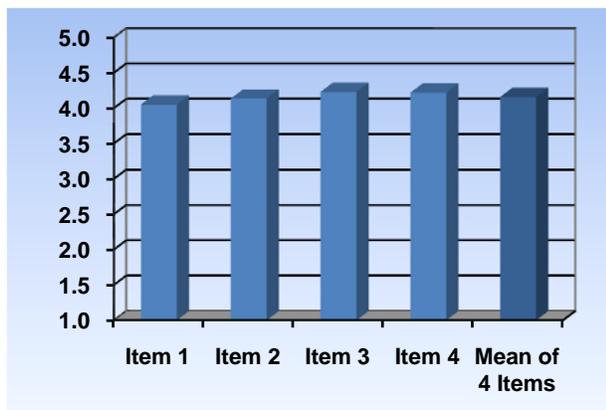


Figure B. Relevance & Effectiveness of Content by Item

Attendees' ratings for each of the five items are displayed in Figure B. The 4 items were then determined to form a subscale with a range of 1 (*low relevance/effectiveness*) to 5 (*high relevance/effectiveness*). Attendees' POST event mean score for relevance/effectiveness of all four items was **4.2** ($SD = .07$) suggesting that, overall, the attendees found the event highly relevant and effective.

Usefulness of Content

Attendees were asked to provide brief responses to the following question: *What about the training was most useful in supporting your work responsibilities?* Eighty-eight (88) of the 179 attendees who completed the POST form and eighteen (18) of the 23 attendees who completed the Follow-up form responded to this question. In general, many attendees reported that new information and awareness on specific issues affecting returning Veterans as well as specific conference content areas were most useful in supporting their work responsibilities. Several attendees commented about the speakers' presentations and how useful it was for them to be provided with networking opportunities during the event. See Table 2 for a list of attendees' comments.

Table 2. Responses to the question: *What about the training was most useful in supporting your work responsibilities?*

General Information & Awareness	<ul style="list-style-type: none">• Reinforced information loosely knew about• Awareness of different issues• Great information. Good handouts, good discussion• I am a parent of a marine and it will help me find and process information!• Motivated me as a therapist to reach out to soldiers. High respect for the power their peers have to get them help. The afternoon sessions were not helpful, very mediocre information. Terrible presentation skills• This does not apply to me, although good information• All training was useful• Recognizing soldiers trouble• Understanding issues Guards have to deal with and challenges. It is okay to get shot-up, return, deactivate and then no access to benefits to improve• I feel I am better prepared and able to talk with at-risk individuals, with the information that I gained from this training. I thoroughly enjoyed receiving this information as it was very useful!• Review of information I had forgotten• Papers/ information will be good to go over• New knowledge• Good information, good presentation of info, very helpful and useful handouts. Good opportunity to hear military perspectives and procedures• Aware of the help that is available• General education and the opportunity to ask questions in small group• Information about health issues of returning military personnel• Gave me information on what to look for• Everything
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Table 2. Responses to the question: *What about the training was most useful in supporting your work responsibilities?* (Continued)

<p>Specific Content, Materials & Resources Presented</p>	<ul style="list-style-type: none"> • Breakout sessions brought out very useful information • Understanding specific military issues-especially stigma issues and the courage discussion • Variety of perspectives on the issues concerning Veterans returning from combat deployment • Recognizing trauma issues and appropriate boundary • Breakout sessions • Dissemination of resource contact information. Clarification of symptoms of PTSD versus some other diagnosis • How to help people get help • Breakout session. Talking to individual servicemen/women • Dealing with troops, getting them help • The morning was wonderful • I feel I will be able to help other military families on issues discussed today • Being a readiness NCO I have the tools to provide soldiers when needed • Breakout sessions, soldiers' feedback • In general learning about more specifics about the effects of deployment on the individuals and family • Breakout sessions and panel questions • Hearing from the soldiers and family members in the breakout sessions • Knowing how to approach my soldiers if these issues that were discussed, arise • Substance abuse/PTSD • The breakout sessions • Combat stress reaction. PTSD • The morning was most useful-the obstacles the soldiers and the family are facing and beginning to learn some of the programs that will address it. Need wellness in relationships training • Breakout sessions • Knowing/learning about appropriate referrals and resources for families • Information on PTSD and TBI • Primary health care • Identifying work yet to be done or done better • Hearing the voices of participating veterans • Caused me to revisit homeopathic Med; overuse of pain killers-lack of empathy for Veterans post 5 years back or with an MI • The breakouts • Breakout sessions were valuable in establishing common goals and concerns. Need more of them. I would like to hear from people/groups that have successful training/programs • Hearing from the service men and women/ and their families about their concerns/needs
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Table 2. Responses to the question: *What about the training was most useful in supporting your work responsibilities?* (Continued)

<p>Specific Content, Materials & Resources Presented</p>	<ul style="list-style-type: none"> • Handouts • Provided a face-to-face interaction with National Guard members to obtain information about perceptions and needs. • Some of the more clinical issues-specific items that can be identified or done to support soldiers • I can relay the information to the schoolhouse and be supportive in the mission of assisting students that need help in areas that were discussed • Breakout sessions-listening to soldiers. Video relating to two soldiers and problems they had at reintegration • Learning about the programs which the National Guard has up and running • Hard data, Nebraska statistics • I got to meet OIF/OEF veterans and hear about their experiences • This training is important in discussing opportunities available to unit/BN soldiers • The contact information to get soldiers the help they need • The panels helped • Where to refer people to • The breakout discussion with servicemen. Good suggestions were made. The mixed participation: soldiers, families, professionals • Share material between military and civilians • Being able to talk, to ask questions to military people in the breakout sessions • Thoughts and ideas about possible signs of abuse in soldiers • Talking with the soldiers and getting their input • The knowledge of military pers. Training/resource available to them, etc. • The addiction parts • Understanding resources available and contact personnel • Lots of good references • References available to gain additional information for unique situations • Knowledge about where to go for information • Recognizing signs and symptoms • PTSD • The resources • Resources in community for referral. Get a background of reintegration issues • New resources and ideas • Contacts, resources • The resources • Review of programs available, possibly have a list of resources compiled onto one sheet for easy reference, copying to distribute to junior leaders
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Table 2. Responses to the question: *What about the training was most useful in supporting your work responsibilities?* (Continued)

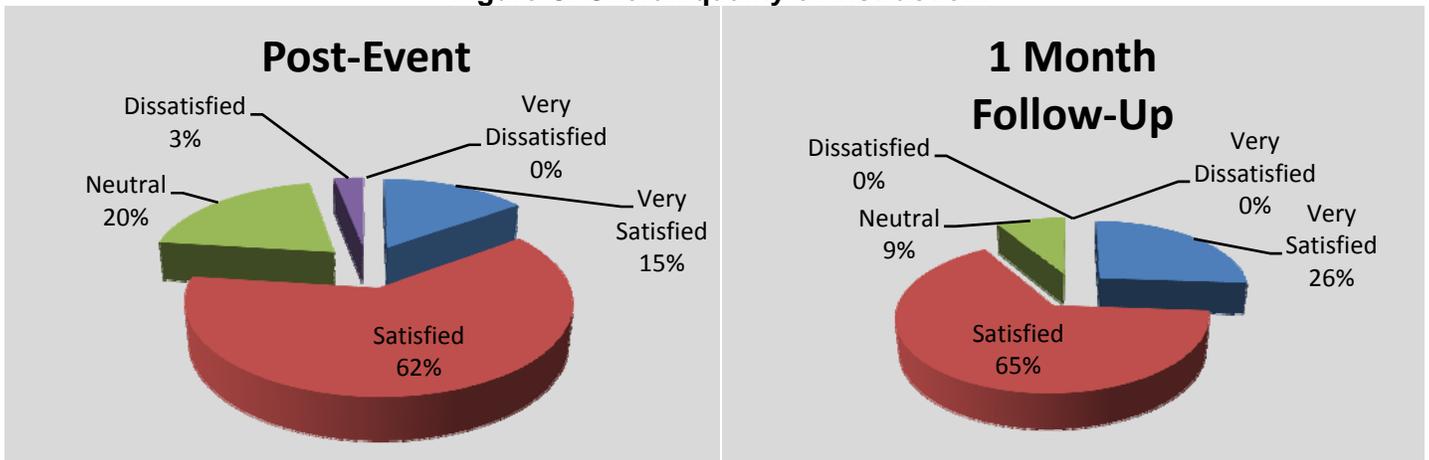
Impact of Speakers	<ul style="list-style-type: none"> • The different speakers • Variety of topics by various professionals
Networking	<ul style="list-style-type: none"> • Connecting with the soldiers and other healthcare providers • Meeting the instructors and other civilians from various agencies was excellent • Connections/Networking • Didactic information, but also opportunity to network • Networking. Gained a better understanding of what the military is telling soldiers
Other	<ul style="list-style-type: none"> • Handout and book. Speaking with soldiers to listen to their perspectives • This training is the same as the officer's call • I work with adolescents, I recently had youth that [relate to the] extended family issues he discussed • ID the questions from everyone • It was all repetitive for me personally--as of right now. Really boring on physical effects slideshow • Directing people to the correct help • Thought the training was well integrated and comprehensive. A psychological perspective would have rounded out the panel presentations, particularly since it's the gold standard for treatment for PTSD • Increased knowledge of resources available • Wide variety of topics discussed • Increasing my knowledge about experiences and about behaviors of personnel and deployment • Providing more in-depth answers to the problems faced by our veterans and giving a greater understanding of the programs offered • Learned how to become a mentor and a go-to guy for soldiers that have substance abuse or PTSD problems • The training provided ideas to aid in soldier/family treatment • A better understanding of the services available for veterans and their families • Contact information and procedures • Hearing the perspectives of the military personnel • Some clinical background is relevant

Note. Responses are from 88 of the 179 attendees who completed the Post-event form and 18 of the 23 attendees who completed the Follow-up form. The statements were taken directly from attendees' written comments with the exception of grammatical corrections for clarity.

Symposium Speakers

Attendees were asked to rate their satisfaction with the overall quality of the speakers/instruction on a 5-point Likert-type scale from 1—*Very Dissatisfied* to 5—*Very Satisfied*. As noted in Figure C, most attendees reported satisfaction with the conference speakers.

Figure C. Overall quality of instruction.



Note. Responses are from 179 attendees who completed the Post.

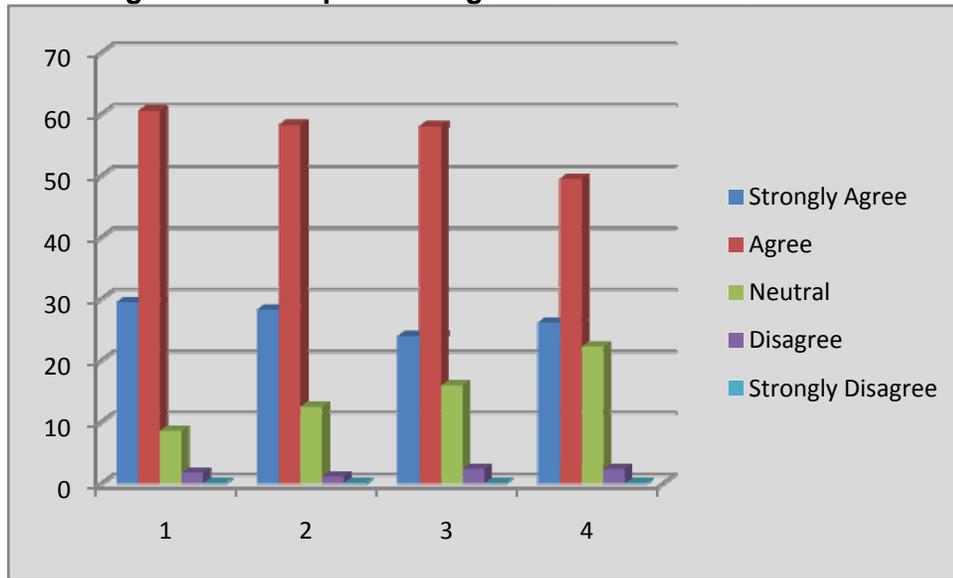
Note. Responses are from a sample of 23 attendees who completed the Follow-up.

Attendees were asked several additional questions related to the instructors/speakers of this event including their agreement with the following sentences:

- (1) The conference was well organized
- (2) The instructor was knowledgeable about the subject matter
- (3) The instructor was well prepared for the course
- (4) The instructor was receptive to participant comments and questions

Items are rated on a 5-point Likert-type scale from 1—*Strongly Agree* to 5—*Strongly Disagree*. As noted in Figure D, most attendees indicated agreement with all of these sentences.

Figure D. Participant Ratings of Conference Instructors.



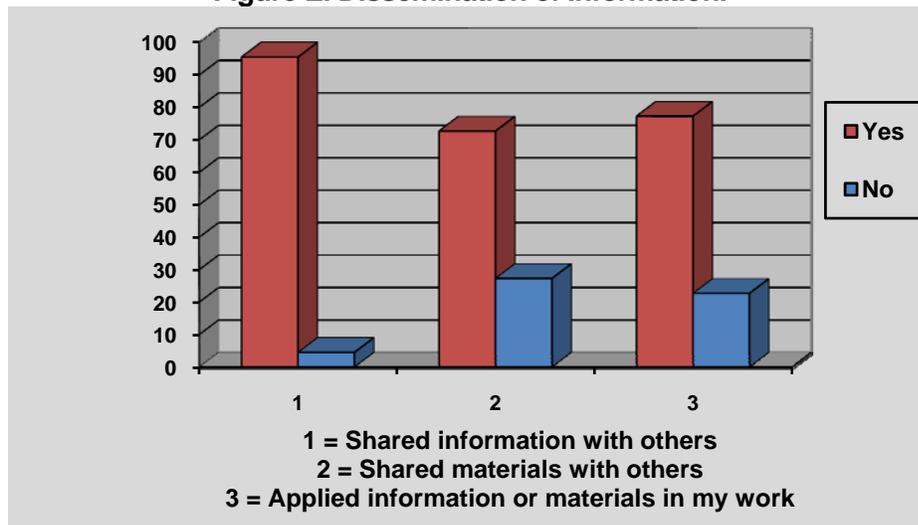
1 = Conference well-organized
 2 = Instructors knowledgeable
 3 = Instructors well-prepared
 4 = Instructors receptive

Note. Responses are from 179 attendees who completed the POST form.

Dissemination

Attendees were asked several questions about what they did with the information provided during this event. Sample questions include: (a) whether the attendee shared information from the training with others, (b) whether the attendee shared materials from this training with others, and (c) whether the attendee applied any information or materials learned from this training in his or her work. See Figure E for a summary of responses.

Figure E. Dissemination of Information.

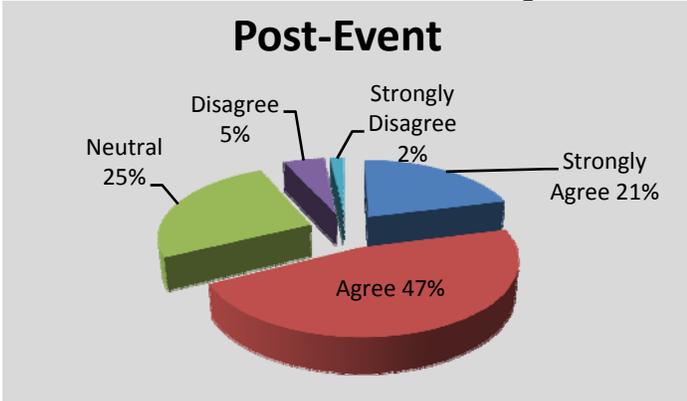


Note. Responses are from a sample of 23 attendees who completed the Follow-up.

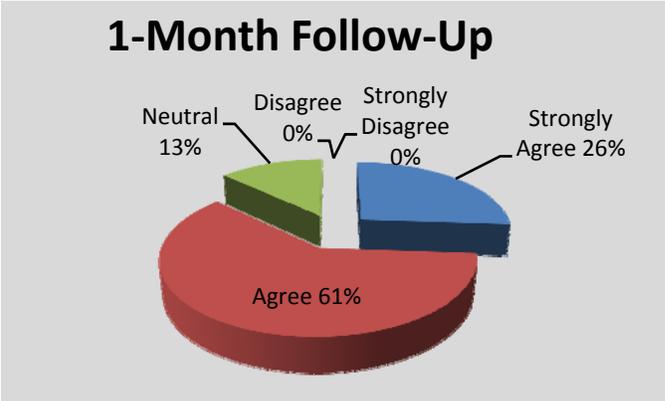
Recommendation

Finally, attendees were asked to rate the degree to which they would recommend the training to a colleague on a 5-point Likert-type scale from 1—*Strongly Disagree* to 5—*Strongly Agree*. 68% of the attendees agreed or strongly agreed immediately after the event, and 87% agreed or strongly agreed one month after the event. See Figure F for details on the degree to which the attendees would recommend the event to colleagues.

Figure F. Recommendation of Event.



Note. Responses are from 179 attendees who completed the POST.



Note. Responses are from a sample of 23 attendees who completed the Follow-up.

Part 5. What are Suggestions for Future Trainings on this Topic?

Conference Attendee Suggestions

Conference attendees were asked how future events of this kind could be improved. Many of the suggestions offered concerned conference content and logistics. Many of the respondents' comments, however, did not focus on recommendations; instead they focused on positive experiences during the conference. Table 3 provides a list of attendees' suggestions.

Table 3. Conference Attendee Suggestions for Improvement.

Conference Logistics	<ul style="list-style-type: none">• Have breakouts longer. Have info available electronically• Provide a specific agenda with times and topics and presenters for each registrant. I was late based on the 8 start time. I thought that was the time for registration etc. I was not aware registration started at 7:00 AM• Better breakout sessions• Get rid of the afternoon, focus more on how to help get soldiers who need help into treatment-more substance abuse/mental health information. Network unit wellness teams with local providers-increase familiarity with providers• Active website? More time with panels and questions• Ensure questions for panel are better defined by facilitator to ensure answers are directed correctly• More time in the breakout session• More small group time• By providing emails/mailings about future trainings. Good training!• Place the training in the middle of the state• Combine with military instruction• Hold training at a more friendly centralized location for individuals that live in western Nebraska (One person made a comment that Nebraska seems to stop at Grand Island!)• More donuts• Brief the programs that are already in place by the Army at the start of conference• Have more training-more state wide access• No civilians in the groups• By having an all-American born-and-raised review panel that understands US customs and terminology• Better facilitator in breakouts• Handouts for the PowerPoint presentation need to be light background and dark letters-hard to read• Electronic materials emailed to all attendees• Smaller groups• More seminars and more training of different areas. This would continue to be helpful and would be nice to not always base everything on levels of just providers• Present more often to larger group• Provide a more accurate agenda prior to the training, rather than a general agenda. I missed the opening due to confusion about the exact start/registration time
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Conference Content

- Root causes not addressed. Overall group too large. Recommend fewer people that represent a broader spectrum of the organization. Didn't address solutions or implementation recommendations
- Have the presenter interact with the audience rather than read from their slides verbatim
- Video of case studies
- A more definite program of how to work with these pressing issues instead of referring to military-one source
- Soldiers are not professional counselors. We are the first line and need to know how to deal with soldier problems
- Some of the presentations were written at the professional level- not sure the whole audience was able to follow
- The morning was good, really good! The afternoon was flat and basic knowledge any basic job would provide (Very grade school)
- Counselors are already trained in the substance abuse, sexual trauma, PTSD, etc. This was extremely redundant. The training was impersonal and lacked compassion. Also-people want to know how to get the government to provide better for their veterans indefinitely-not just for 90 days
- Don't just read PowerPoint; more in depth not just basics
- Therapeutic interventions
- Some of the presenters were not good at engaging the audience. Less training-more breakouts with strategic planning sessions. Have a separate breakout for family members
- Have better speakers. The afternoon was painful. I felt out of place and not very well received by National Guard. As my son is a marine, it needed to be opened for the branches of services
- When reading from just the slides the presentation became dull. Some of the content could have been lost
- Some of the instructors simply read a PowerPoint-instead of expanding or knowing the info. I can read it; it's the teaching and examples that really help
- I was expecting to get more useful ideas for working with soldiers and families at a military level (no clinical) as a family readiness group leader
- Be more in-depth. I could easily read only the printouts of the slides and walk away with the same knowledge of what was produced in the conference. Also, it would be helpful if we know what our role and job is going to be when we return back to our unit. Breakout group leaders should be people who are educated or at least average level intelligence. My breakout group leader had trouble not only leading the group but also writing down questions to be given to the panel. Nothing discussed in our group reached a higher level (such as the panel)
- The military could greatly improve its domestic violence and sexual assault training. Way too much focus on victims-need the power and control wheel and that PTSD anger and irritability is very different from a batterer. Get experts to present! Om stats too
- Speakers more interested in speaking
- More preparation by some presenters
- The questions for the break out groups should be more thought provoking or interesting to participants
- More interactive. More case studies related to National Guard members in Nebraska
- Am speakers were/seemed more knowledgeable, afternoon speakers seemed lost, sexual assault in particular

Conference Content

- Please continue your mission. Need more current info; new strategies are available
- Better prepared less reading off the slides
- Speakers need to be more engaging with data and solutions, not scary stories. We know the problem is out there. We need to know how to prevent/fix it?
- Presenters need NOT just read slides, talking away from the microphone
- Show more personal videos. Make more in depth... we all have had this info... make more personal and how to correct/prevent
- More videos
- There was significant redundancy in information and material. If a survey of topics of interest was not done, it may be useful for future conferences to try and obtain the input for future conferences
- More in depth. I can read printed slide shows
- Not enough information on any of the subjects to be successful. No new information was given that any soldiers haven't already received-several times
- Provide more signs and symptoms to look for
- Discussion of interventions rather than symptoms. Add family rehabilitation and recovery focus as outlined by the President's New Freedom Commission report and 2005 federal action agenda
- More time for breakout sessions, less on panel discussion (panel discussion not very informative)
- Break each topic up into breakout sessions so more specific information can be discussed in each breakout
- Provide more information about TBI and what you are doing to help them once they are home with family
- The presenters need to stop reading PowerPoint word for word. They should know their areas
- More specific application to military members and families. Not so broad
- Give a successful process or build a more positive picture of a successful solution. Negative motivation not as good as positive motivation-seeking solutions
- Distribute PowerPoint on disks/other media to participants, and then discuss the slides, rather than reading them to us. Most senior leaders have college degrees, we can read for ourselves
- Perhaps help those of us who are civilians know how we can help the guards/reserve units in our areas-particularly in the outlying areas.
- More specific
- Shorten the primary care issues brief
- Have more of them/visuals
- I thought that you would give more information dealing with military coming back to USA addicted to narcotics which were provided by the military
- More on PTSD and the prevention of PTSD
- Don't just read off the slide show. I can read. Dig into personal experiences
- I think it would have been more helpful to get more specific information about Traumatic Brain Injury
- Give more examples of clinical trials that have either been a success or nonsuccess.
- To incorporate more of an interactive training experience
- Longer breakouts and concentrate on one or two topics
- Shorten the course
- Continue to use the feedback given during the sessions

**No Future
recommendations**

- I'd just add a summary statement that x number of folks had no recommendations. Not sure
- Not sure
- N/A
- More of the same more often with updates
- None
- I thought it was great
- The break down groups have good questions
- None
- None
- My small group leader wasn't the most dynamic person to lead the discussion, but...he did ok

Note. Responses are from 74 of the 179 attendees who completed the Post-event form and 15 of the 23 attendees who completed the Follow-up form. The statements were taken directly from attendees' written comments with the exception of grammatical corrections for clarity.

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