

First Responders Training Evaluation

Behavioral Health 101: A Trauma Informed Approach



Prepared by Tracy L. Fried & Associates
June 2012

FIRST RESPONDERS

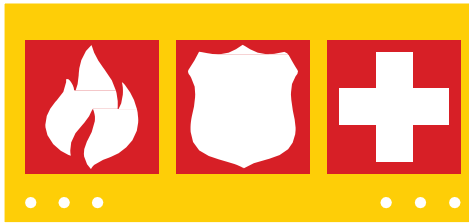


••• **TRAINING** •••

Behavioral Health Awareness

COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY

Live Well, San Diego!



Contents

Executive Summary	2
Introduction	3
Background	3
Training Description and Implementation.....	4
Evaluation Methods.....	9
Results and Findings	10
Recommendations	14
Training Facilitators and Curriculum Development Team	15
Military Training Facilitators and Curriculum Development Team	19



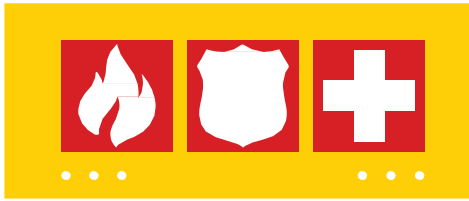
First Responders Training Evaluation Report

Behavioral Health 101: A Trauma Informed Approach

Executive Summary

First Responders Training, Behavioral Health 101: A Trauma Informed Approach was developed to give County of San Diego First Responders new resources and means to respond with a trauma informed approach. Upon request by the County of San Diego, Mental Health Services the training was designed and developed by Tracy L. Fried & Associates to raise awareness and understanding of the signs and symptoms of those experiencing behavioral health challenges.

The training was presented 20 times to approximately 310 First Responders from as far south as Southwestern Community College and as far north as Palomar Community College between March and June 2012. Written evaluations were completed by over 250 participants, and were overwhelmingly positive. It's important to note that some Fire and EMS First Responders were not able to complete the evaluation form due to being called out on-duty during the training. A majority of participants requested further training.



Introduction

In the spring of 2012, the County of San Diego's Health and Human Services Agency (HHSA) Department of Behavioral Health Services Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) commissioned Tracy L. Fried & Associates to develop a unique training for First Responders. Because San Diego County highly values their noble effort, they realized that the nature of First Responder's on-call readiness to respond to a crisis in a moment's notice most likely prohibited their attendance at a typical training or conference format.

The initial training that was developed was delivered to First Responders in San Diego County from March through June 2012 at or near their stations or other places of work. The San Diego Fire Department, Fire and Rescue Escondido/San Marcos, State Parks and Recreation Rangers, Chula Vista Police Department and Marine Corps Miramar Air Station Military Police Department all had members in attendance.

Background

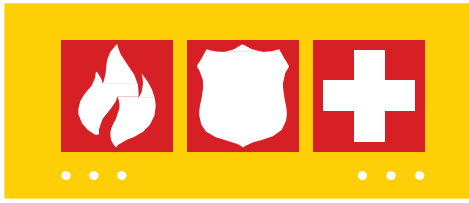
Every day First Responders encounter the impact of violence in our communities and also respond to life-threatening emergencies. They recognize that a commitment to healing and wellness holds promise for reducing its devastating effects. They know that the impact of violence and trauma can be reduced by First Responders who couple their professional repertoire with use of a trauma informed approach. This will likely begin with the recognition of the signs and symptoms of behavioral health challenges, and will enable a First Responder to engage and de-escalate any given situation, while protecting public and personal safety.

A trauma informed approach means using a holistic framework that focuses on health and wellness by addressing the root causes of violence and trauma. San Diego County's commitment to becoming a trauma informed organization is reflected in *Live Well, San Diego!* This initiative is the blueprint for improving community health and quality of life of San Diego residents over the next decade. In 2011 the County recognized the pressing need to engage in dialogue across sectors to promote prevention and intervention strategies to respond to the impact of violence and the County of San Diego Behavioral Health Services sponsored the "Impact of Violence and Trauma in Our Community: Building Effective Community Solutions" Conference.

The County of San Diego determined to build on the concept of their previous successful effort by tailoring the material specifically for First Responders. The "First Responders Training Behavioral Health 101: A Trauma-Informed Approach" thus drew heavily from the work that preceded it, yet developed new materials and activities that are particularly relevant to First Responders.

This Training and the development of materials was sponsored by the County of San Diego's Health and Human Services Agency, Behavioral Health Services. The following provides additional detail:

- **Mental Health Services Act (MHSA)** -- In January 2005 the Mental Health Services Act (MHSA), originally Proposition 63, was implemented. The Act combines prevention strategies with treatment strategies as an innovative approach to improve the public mental health system and thus enhances the quality of life for individuals living with serious mental illness. The voter-approved MHSA initiative provides for developing, through an extensive stakeholder process, a comprehensive approach to providing community based behavioral health services and supports for California residents.



- Prevention and Early Intervention (PEI) -- Prevention and Early Intervention (PEI), a component of MHSA, focuses on programs and interventions for all individuals before a serious emotional or behavioral disorder or mental illness occurs. It emphasizes the need for prevention efforts, giving special attention to children and youth, as well as multicultural and multilingual communities where it is evident there is health inequity. This inequality can be seen through the availability of mental health services, quality of received care, and outcomes of their mental health support and services.
- Training, Technical Assistance and Capacity-Building (TTACB) – In 2007, the Mental Health Services Oversight and Accountability Commission (MHSOAC) approved five PEI Statewide Projects including the Training, Technical Assistance and Capacity Building (TTACB) Project. The primary goal of the TTACB is to enhance the knowledge and skill set of local partners such as educators, law enforcement, and primary health care providers, who provide services outside the behavioral health system.

Training Description and Implementation

Behavioral Health 101: A Trauma Informed Approach was developed with input collected via focus groups and informal interviews with cross-disciplinary First Responders and representatives from the Psychiatric Emergency Response Team (PERT) Academy to ensure that the information was consistent with and would compliment their trainings. The groups and individuals interviewed were asked to identify the topics they would like to see covered in the training and the desired length of time for the training. The groups represented in this research process included:

- State Parks and Recreation
- PERT Academy
- San Diego County Sheriff Department
- San Diego Police Department
- Lifeguards
- Firefighters

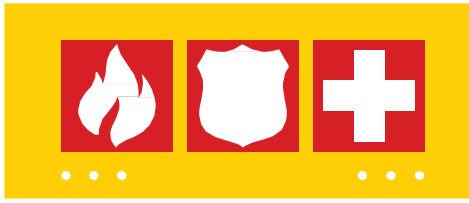
First Responders indicated that a two-hour training would serve them best. The topics of interest that were identified included defining mental illness and trauma informed care and to provide strategies on integrating a trauma informed approach into their responses.

In order to fill the needs expressed by First Responders a two-hour training module was developed.

The first hour of the training, Behavioral Health: 101, was meant to inform Responders on how to identify mental illness and recognize individuals experiencing behavioral health issues, or symptoms and strategies to incorporate into their work. The second hour of the training focused on trauma informed care and giving participants strategies and tools to integrate a trauma informed approach into their on-call responses.

Part 1: Focused on recognizing the signs and symptoms of mental illness in individuals experiencing behavioral health challenges.

Part 2: Explores a trauma informed approach to de-escalating mental health emergency situations. Public safety and the safety of the First Responder are paramount.



The course was developed with principles of adult learning in mind and therefore is highly dynamic and interactive, honors the knowledge and expertise participants bring with them, and recognizes that the new information or approach must be directly relevant to the learner in a significant way. The ideal training group size is 12 – 24 participants so as to allow for peer exchange and direct engagement with the trainers or facilitation team. In consideration of ease of access for First Responders, the training was designed to be comprehensive yet brief, and was delivered at or near their stations of duty or other places of work.

First Responders also expressed the desire to earn Continuing Education Units (CEUs) through this training. Thus, the training was developed to meet the requirements necessary to award CEUs to the participants.

Training Goal

First Responders Training, Behavioral Health 101: A Trauma Informed Approach was intended to assist First Responders in raising their awareness and understanding of the signs and symptoms of those experiencing behavioral health challenges. First Responders who attended the training were afforded the opportunity to gain new tools and build resources to respond to various situations they may encounter using a trauma informed approach.

Learning Objectives

Participation in the First Responders Training, Behavioral Health 101: A Trauma Informed Approach training enables First Responders to:

- Define mental illness and understand its prevalence
- Identify stigma and myths related to mental health
- Recognize frequently encountered signs and symptoms of behavioral health challenges
- Understand what trauma informed care means
- Use a trauma informed approach to engage and de-escalate situations while protecting public and personal safety

Topics and Participant Package

Topics and the contents of the Participation Package are listed below.

Also included, for the benefit of interested First Responders who were not able to attend, were *It's Up to Us!* materials and resources, including newsletters, a calendar, stress squeezies, and refrigerator magnets. The *"It's Up To Us"* campaign is designed to empower San Diegans to talk openly about mental illness, recognize symptoms, utilize local resources and seek help. By raising awareness and providing access to local resources, the aim is to inspire wellness, reduce stigma, and prevent suicide.



Topics:

- Definition of mental illness
- Stigma and myths about mental illness
- Prevalence of mental illness
- Three most prominent disorders
- De-escalation grid
- Strategies for First Responders
- 5150 issues
- Trauma informed care approach
- Types of trauma
- Trauma and the brain
- The ACE study

Participant Takeaways:

- Power Point Slides
- Participant Agenda
- Course Overview
- Commitment to Wellness Checklist
- First Responders Trauma-informed Care (TIC) Implementation Checklist
- Top 10 Myths and Facts about Mental Illness
- Fact Sheets from Building Solutions Toolkit
 - Promoting Peace
 - Gang Involvement
 - Bullying in Schools
 - Domestic Violence
 - New Lens
 - Keys to Responding
 - Systems Response
 - Commitment to Wellness

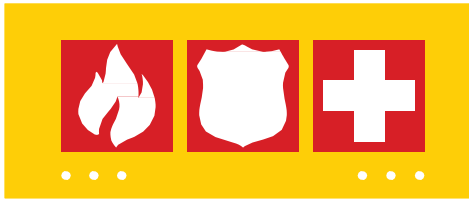
Outreach

An invitation was extended to First Responder departments throughout San Diego County to offer the training on their work sites. Invitations to attend the trainings were distributed to local municipalities, emergency rooms, and nearby community colleges and university law enforcement departments. The host sites reached out across their municipalities to invite Responders across all disciplines.

As a result of extensive outreach a number of agencies requested the training. The demand for the training was extremely high, which is a testament to the need in the community for more trainings of this nature, and not all request for trainings could be met at this time.

16 Trainings were Conducted for the Following Agencies:

- San Diego County Parks and Recreation Rangers (2)
- Community College Law Enforcement Agencies (3)
- San Diego City Fire Department (2)
- Escondido and San Marcos Fire Departments / Emergency Medical Services (9)
 - Goal was to have both departments completely trained
 - Chula Vista Police Officers attended one of the nine trainings. They were well received by the Fire/EMS representatives.

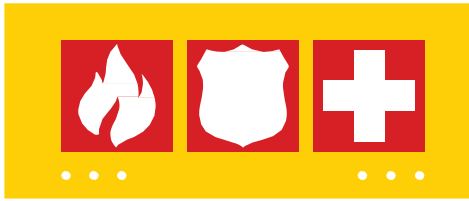


Community members outside of the First Responder realm also participated in the trainings, such as members of the Student Services Departments at the Community Colleges. The presence of the community participants at the sessions added to the cross-disciplinary sharing and interaction which enriched and deepened the impact of the training.

Military

At a meeting, a San Diego Trauma Informed Care (SDTIC) Guide Team Miramar clinician heard the announcement about the *First Responders Training, Behavioral Health 101: A Trauma Informed Approach* and reached out about the need for the training for all First Responders and clinicians on base. The existing training was modified to include topics that were relevant to military personnel. Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), date rape, and suicide prevention were the additional topics added to the training. The military participants were given supporting materials for the additional topics along with the same materials that were in the “general” participant packet.

Additional trainers were brought in to meet the special needs of the military. Two military veterans – one currently a firefighter and one a clinician – delivered four trainings for the Marine Corps Miramar Air Station First Responders. Date rape was added to the curriculum because one of the trainers had learned of a recent increase in date rapes at Miramar in the previous month – an indication of how easily and quickly the training can be modified to respond to local needs.



Evaluation Methods

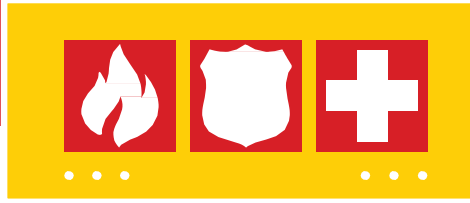
At the conclusion of each two-hour session, the participants were asked to complete an evaluation form. The form included a value scale for grading the efficacy and relevance of the training, four open-ended questions to encourage feedback about the quality of the training, and space for additional comments.

The Evaluation Form

The evaluation form is included in the appendix. The questions were:

Answer (*Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, Not Applicable*):

1. The content of this course was what I expected.
2. The content of this course was relevant to my job.
3. This training program will help me do my job better.
4. This training was well organized.
5. This training program has increased my knowledge in this content area.
6. I will apply what I have learned back on my job.
7. Please list the top three topics you found most useful for your work.
8. Please list which topic area(s) it would have been helpful to add or spend more time on.
9. Please circle which additional trainings you would find useful (if any). Circle all that apply.
 - a. Mental Health
 - b. Trauma Informed Care
 - c. Other (please specify)
10. What training length would be most useful if additional trainings were held?
 - a. 2 Hours
 - b. Half day (4 Hours)
 - c. Full day (8 Hours)
 - d. Other (please list)
11. Other Additional Comments (optional)



Results and Findings

Participant response to Mental Health 101: A Trauma Informed Approach was overwhelmingly positive.

- Nearly 90% of the general audiences agreed or strongly agreed that the training was “relevant” to their jobs.
- Nearly 100% agreed or strongly agreed that the training program “increased my knowledge” about mental health issues.
- More than 90% agreed or strongly agreed that the training will help them do their job better.
- Nearly 70% agreed or strongly agreed that the training will help them do their job better.

The military participants’ responses were even more strongly positive. Well in excess of 95% responded “Agree” or “Strongly Agree” to all of the following statements:

- The content of this course was relevant to my job.
- This training program will help me do my job better.
- This training program has increased my knowledge in this content area.
- I will apply what I have learned back on my job.

“This is outstanding!
We really need **more**
training in this area
on our campus.”

“Honestly, I was under the impression this class would be over my head and not relative to our ‘real world’ as firefighters and paramedics. It was **extremely informative and realistic.**”

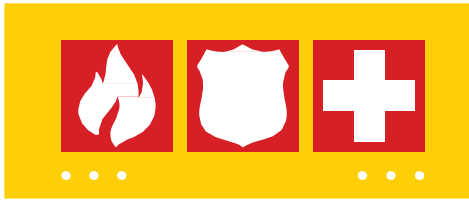
Top Three

More than 250 participants took the time to write three or more topics that they found the “most useful.” Because of this large number of responses, we broke the list into categories. (The full list appears in the appendix.) The top three categories were:

- Mental health information was listed 73 times.
- Practical information and strategies for dealing with people with mental health issues was mentioned 51 times.
- Trauma and trauma informed care were mentioned 25 times.

The military curriculum included information on PTSD and TBI, and both of these topics made the “top three” lists:

- PTSD was mentioned 21 times
- TBI received 17 mentions
- Mental health topics appeared 13 times.



Other topics included ways to deal with mental illness, suicide, bipolar disorder, and detached vs. empathetic responses.

More Time On...

Participants were asked to list the topic areas they would have liked to spend more time on.

General audiences would have liked more time on First Responder strategies to use with mentally ill patients (20 mentions), ways to improve the system's ability to deal with the mentally ill (14), and mental disorders in general (10).

For the military, PTSD and trauma informed care/trauma recovery headed the list, followed by TBI, drugs and drug-induced trauma, Adverse Childhood Experiences (ACE) Study, approaches to mentally ill patients, and date rape drugs.

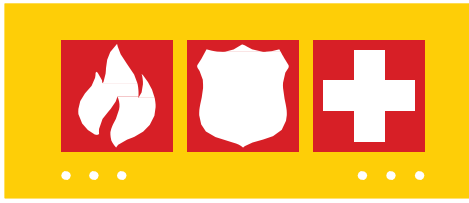
Additional Training Desired

The evaluation form presented two topics for additional training – mental health and trauma informed care -- and asked participants to circle which they would find most useful. They were also offered an “Other” choice and asked to specify.

Seventy participants wanted more training in mental health; 56 were interested in trauma informed care. The split was about the same for the military: 30 for mental health and 21 for trauma informed care.

“Other” Suggestions Included:

- Any First Response formulating training
- CISM – critical incident stress management
- Specific resources in San Diego available for patients
- 5150 PERT information – Psychiatric Emergency Response Team
- Post-traumatic stress disorder for public and First Responder
- Well being of First Responders
- Teach kids how they can handle the future trauma in their lives
- Trauma intervention
- Alcohol abuse
- Ways to change the system
- Legalities transport/triage with police



“Self care” and “well-being of First Responders” appeared on many forms. Many of the participants were susceptible to second-hand trauma. During moments of open discussion during the training sessions participants shared story after story about instances of trauma they encountered on the job. For example, a Ranger spoke with a facilitator after a training session about how he responded to a person who, moments later, jumped off a bridge. Long after the event, an officer at a community college was haunted by the image of someone on his knees between two parked cars using a length of pipe to beat something on the ground out of the officer’s vision. The “something” turned out to be the Bible, and the young man was “listening to voices telling him to punish himself for doing wrong.” Until the officer approached, he had no idea what was receiving the beating.

During one training with Rangers we spent nearly the entire first hour discussing traumatic experiences they were confronted with and how they responded, all of whom unknowingly responded in a trauma informed manner - however, each of them clearly had a story to share that still impacted them. It became apparent that many First Responders need a forum to debrief and share some their traumatic experiences from the job.

“We Need More”

General and Military audiences agreed that the course was too short:

- “Class was great for the time allotted, but could be longer to receive more info”

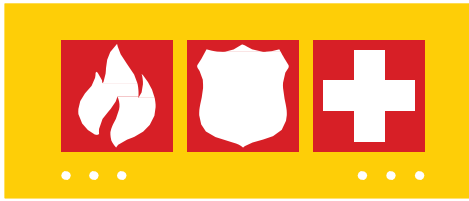
Question 10 asked participants, “What training length would be most useful if additional trainings were held?” General audiences favored a two-hour presentation, as did 50% of military audiences. However, many military participants were interested in longer sessions.

- 39% wanted a half-day session.
- 11% marked the full-day option.

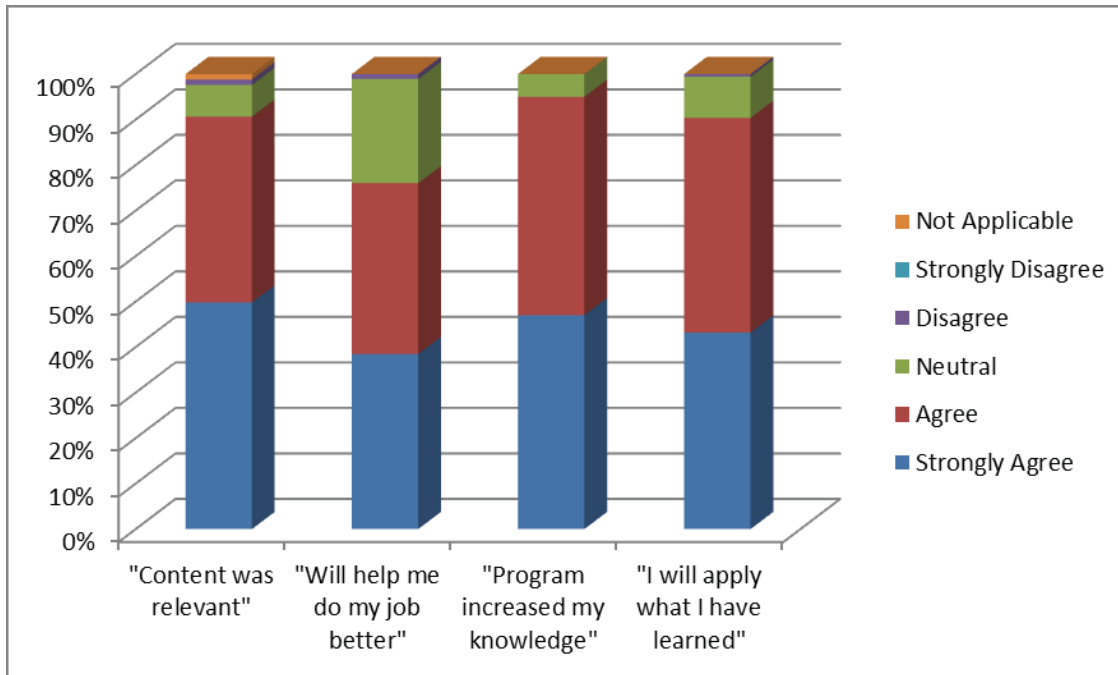
Many who attended the general presentations echoed this participant’s comment:

- “I feel this would be a great class for PD since they usually respond first to these types of escalating patients”

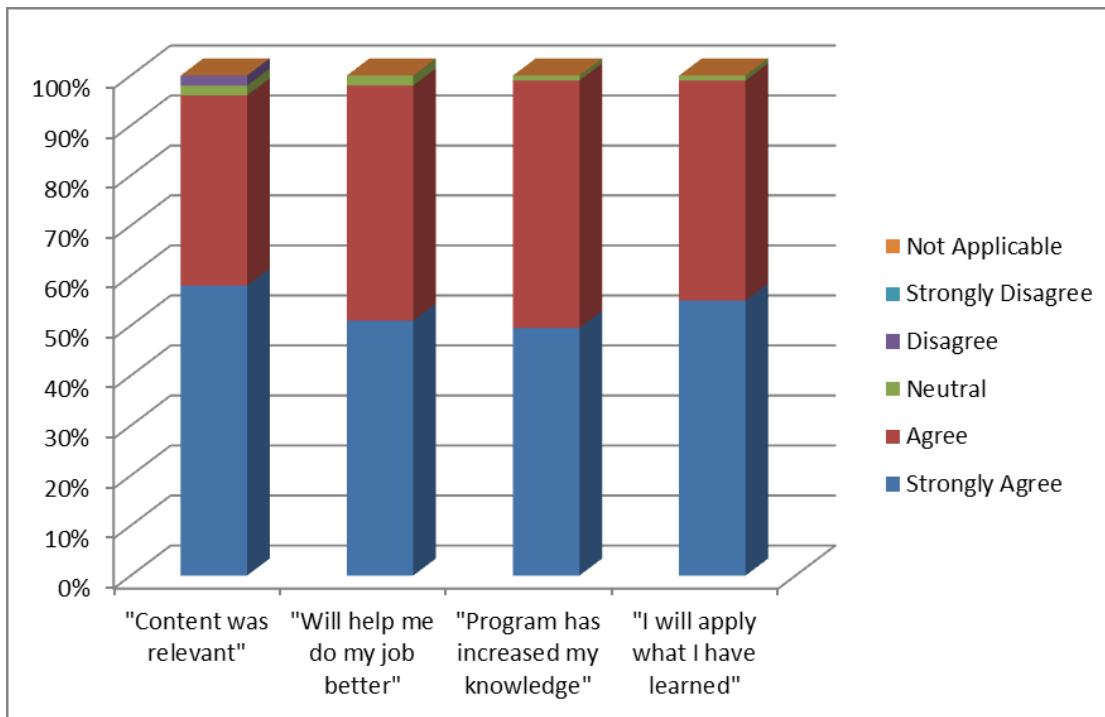
Related comments noted the lack of a systematic approach for dealing with mental health issues, pointing out that emergency services are too often deployed for non-emergency mental-health events, diverting them from true life-or-death emergencies.

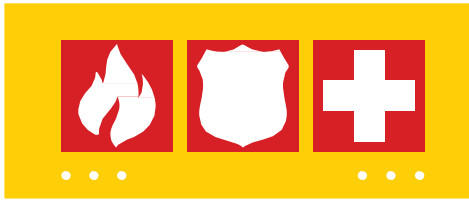


General Audiences:



Military Audiences:





Recommendations

First Responders, Behavioral Health 101: A Trauma Informed Approach was received with enthusiasm wherever it was presented. The training would be welcome back to the agencies that attended, along with many that were not able to attend (see appendix for list). A list of recommendations has been compiled below based on the feedback from the participants:

1. Expand Behavioral Health 101: A Trauma Informed Approach to a four-hour training and continue to offer it to First Responders throughout the county.
2. Offer an advanced version for those who have completed the existing training and want more.
3. Reach out to all military facilities in the county, including Marine Corps Base Camp Pendleton, Naval Base Coronado, Naval Base Point Loma, Naval Base San Diego, and Naval Medical Center.
4. Develop a course on self-care for First Responders and others who are traumatized by experiences on the job dealing with people suffering from mental illness; recognize the impact of vicarious trauma and provide strategies for addressing these experiences for prevention and early intervention.
5. Coordinate cross-disciplinary trainings with law enforcement and firefighters/EMS training together to create a more coordinated, supportive response to events involving those with mental illness.
6. Develop a transportation system for people experiencing mental health issues that does not require emergency response but does require assistance for transportation.
7. Set up a task force to develop a better way to respond to mental health emergencies.



Training Facilitators and Curriculum Development Team

Tracy L. Fried & Associates Core Team Bios



Tracy Fried is one of the top five experts in California on education rights of foster youth and has over fifteen years experience instituting successful K-12 and postsecondary education outcomes for underserved youth in the foster care and probation systems. In the past 10 years, Tracy has been a leading advocate and change agent for enhanced educational opportunities and equal treatment for underrepresented students. She served as the Director of the Peace Colors Violence Prevention Program at the Southern California Youth and Family Center in Inglewood, and soon became coordinator of the Gang Risk Intervention Program (GRIP) with the Los Angeles Conservation Corps. Since 2006, Ms. Fried has worked with the California Community College Chancellors Office to establish and implement the statewide Foster Youth Success Initiative (FYSI). Tracy obtained her Masters of Social Work with an emphasis in Community Organizing, Planning, and Administration, USC. In 2005, Tracy created a successful consulting firm wherein, as Principal of Tracy L. Fried & Associates, she promotes education, advocacy and equality for current and former foster youth through systemic change.



Lori Scott Clarke serves as Strategies' Statewide Quality Assurance Specialist for training and technical assistance. Through her own consulting business, Convergent Horizons, she provides consultation to the California Child Welfare Council co-chaired by California's Secretary of Health and Human Services Diana Dooley and Justice Vance Raye of the California Supreme Court. Since 2001, she has coached and mentored trainers across a broad spectrum of topics in human services locally, regionally, and nationally. From its inception, she was the chief facilitator, and a consultant for California's Child Welfare Services Stakeholders Redesign Group, a governor's project designed to propose strategies for improving California's child welfare system. Ms. Clarke has served on the national faculty for the California Breakthrough Series Collaborative (BSC) on Differential Response, as well as the California Evidence-Based Clearinghouse for Child Welfare Practice.



Kimberly Shultz is an LCSW currently working as the Older Adult Lead Clinician at MHS Inc North Coastal Mental Health Center in Oceanside. Her focus and professional passion are aimed at providing trauma informed clinical individual and group therapy to the geriatric population, the chronic and pervasively mentally ill adult and transition age youth populations. Kimberly graduated from UCSD with a BA in Communication. She went on to pursue her MSW at SDSU, Graduate School of Social Work. Kimberly began working for Mental Health Systems Inc. in 2008 as a Clinical Case Manager. In 2009, she became one of the founding members of the San Diego Trauma Informed Guide Team (SDTIGT), a grass roots community based group, focusing and disseminating core competencies of systemic trauma informed services.



Gina Bongiorno is a full-time clinician with the UC San Diego Bridge to Recovery Program and Adjunct Faculty at the University of San Diego. At UCSD, Gina provides treatment to individuals with co-occurring substance use and mental health disorders. Her ongoing clinical work includes performing assessment, diagnosis, individual and group psychotherapy in an acute psychiatric setting. Gina is also the lead family therapist and trainer for her program. She specializes in trauma-informed care and has been a member of the San Diego Trauma-Informed Guide Team since 2010. She regularly serves on panels and provides trainings and workshops to mental health providers, law enforcement and community members.



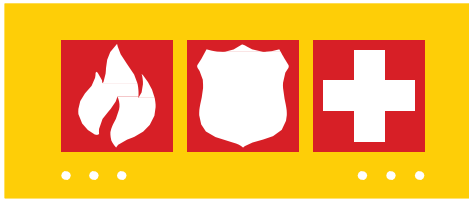
Brian Woolsey is a counselor and instructor at Grossmont College. He meets regularly with students from historically disadvantaged backgrounds, with a primary emphasis on helping former foster youth make the incredibly quick transition they're forced to make from foster care to independent living. Collectively, the students he counsels have suffered every kind of childhood trauma imaginable. As a Foster Youth Success Initiative Liaison, he created the county's first unit-bearing college course designed to help these students overcome legacies of trauma and realize college success. Brian also serves students with disabilities in the college's Life Coaching program, and routinely meets with students who have depression, anxiety and PTSD.



Catherine Butler is a marriage and family therapist in private practice in La Mesa, CA with a focus on military and first responders. She is a veteran of the Canadian Navy, a Navy spouse, and is currently assigned to an Army National Guard unit in El Centro, CA as their embedded therapist. Additionally, she is the therapist for the La Mesa Police Department, and a trainer for the California Peer Support Association. Previously she has designed training on veteran awareness for the County of San Diego. Currently a doctoral candidate, she is conducting a treatment based study at Veteran's Village of San Diego for veterans with military related trauma. Her clinical specialty and passion is the treatment of PTSD and trauma, and the support of first responders and their families.



Michael Meoli is a firefighter, tactical paramedic, field training officer and preceptor with the San Diego Fire and Rescue Department. He was one of the founders of the San Diego Special Tactics and Rescue (STAR) Team and continues to support SDPD SWAT as well as other government tactical teams in the U.S. SEAL Operator Chief Meoli continues to serve in the US Navy Reserves and has been very involved in his secondary specialty as a SOCOM Advanced Tactical Practitioner (ATP). He was mobilized for two years after 9/11 mostly in the middle east and serving a third year in Iraq as a government contractor. Due to many experiences with personal and professional losses, Mr. Meoli has responded to a calling to help others in crisis. He served for several years on the SDPD Crisis Intervention Team and continues to serve as a Casualty Assistance Calls Officer (CACO). Among numerous other qualifications, Mr. Meoli has California State teaching credentials, Navy Operational Medicine Instructor certification and has trained thousands of civilian and military personnel in the U.S. and numerous foreign host nations.



Behavioral Health 101: A Trauma Informed Approach Evaluation

Date of Training: _____ Time: _____

Name of Department/Division: _____

Your feedback is very important to us, please thoughtfully mark your response to each question.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. The content of this course was what I expected.						
2. The content of this course was relevant to my job.						
3. This training program will help me do my job better.						
4. This training program was well organized.						
5. This training program increased my knowledge in the content area.						
6. I will apply what I have learned back on my job.						

Comments on the above questions (*optional*): _____

7. Please list the top 3 topics that you found most useful for your work: _____

8. Please list which topic area(s) it would have been helpful to add or spend more time on: _____

9. Please circle which additional trainings you would find useful (if any). Circle all that apply:

Mental Health

Trauma Informed Care

Other (please specify): _____

10. What training length would be most useful if additional trainings were held?:

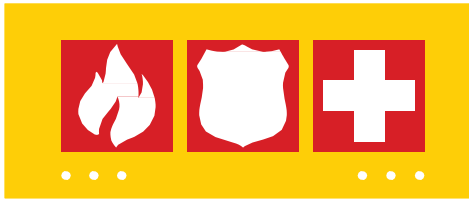
2 Hours

Half day (4 Hours)

Full day (8 Hours)

Other (please list): _____

Additional comments (*optional*): _____



Military Training Addendum

Out of the 20 trainings that were offered 4 of them were specifically done for First Responders serving the military at the Marine Corps Air Station Miramar. The final training was conducted on June 26, 2012. Approximately, 38 First Responders attended this military training session at Miramar.

Behavioral Health 101: First Responders Training *Evaluations for Military Training on June 26th*

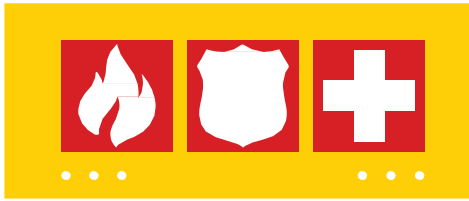
I. Overview

- Total number of attendees: 38
 - Total number of evaluations: 26
- ♦ Note: the fire fighters in attendance had to leave the training early because they were called to respond to an emergency and did not have an opportunity to fill out the evaluation.

II. Evaluations

- 1) The content of this course was what I expected.
 - a. Strongly Agree (5)
 - b. Agree (11)
 - c. Neutral (7)
 - d. Disagree (2)
 - e. Strongly Disagree (0)
 - f. Not Applicable (0)

- 2) The content of this course was relevant to my job.
 - a. Strongly Agree (15)
 - b. Agree (10)
 - c. Neutral (1)
 - d. Disagree (0)
 - e. Strongly Disagree (0)
 - f. Not Applicable (0)



3) This training program will help me do my job better.

- a. Strongly Agree (11)
- b. Agree (14)
- c. Neutral (1)
- d. Disagree (0)
- e. Strongly Disagree (0)
- f. Not Applicable (0)

4) This training program was well organized.

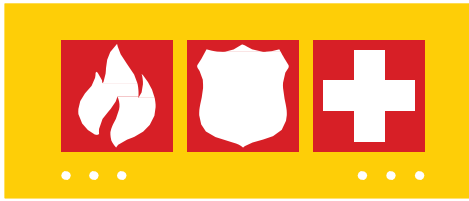
- a. Strongly Agree (16)
- b. Agree (9)
- c. Neutral (0)
- d. Disagree (1)
- e. Strongly Disagree (0)
- f. Not Applicable (0)

5) This training program has increased my knowledge in this content area.

- a. Strongly Agree (13)
- b. Agree (13)
- c. Neutral (0)
- d. Disagree (0)
- e. Strongly Disagree (0)
- f. Not Applicable (0)

6) I will apply what I have learned back on my job.

- a. Strongly Agree (11)
- b. Agree (14)
- c. Neutral (1)
- d. Disagree (0)
- e. Strongly Disagree (0)
- f. Not Applicable (0)

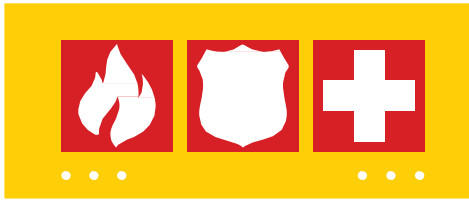


Comments on questions 1 through 6.

- Very good presentation. It has a lot of good information.
- The instructors were very knowledgeable.
- Good training, especially for people in our line of work.
- Having law enforcement/first responder side of class was really helpful. Very informative.
- Valuable training for all first responders. More training of this type needed.
- Well informed on each subject.
- Very good teachers.

7) Please list the top 3 topics that you found most useful for your work.

- PTSD (20)
- TBI (15)
- Suicide (6)
- 5150 (4)
 - Determining 5150 or jail
 - Helping 5150s
- DISTRESS (4)
 - How to get people to call
- Schizophrenia (2)
- Bipolar (2)
- Mental Illness / Behavioral Health (8)
 - Stance on mental illness
 - How to speak to a person with a mental illness (2)
 - How to approach/respond/treat a person with a mental illness (2)
- Flight or fight
- Depression
- HHSA card
- Different types of way to deal with / talk to EDPs
- Warning signs
- Interviewing questions
- Reactions to symptoms
- Asking “what happened”
- Becoming trauma informed
- Abuse



8) Please list which topic area(s) it would have been helpful to add or spend more time on.

- PTSD (8)
- Reasons for non-combat PTSD
- PTSD related to sexual assault or rape?
- TBI (2)
- Depression
- Non-combat suicides.
- More emphasis on spouses.
- None / all areas were well covered (5)

9) Please circle which additional trainings you would find useful (if any).

- a. Mental Health (14)
- b. Trauma Informed Care (9)
- c. Other (1- PTSD)

10) What training length would have been most useful if additional trainings were held?

- a. 2 Hours (21)
- b. Half day (4 hours) (3)
- c. Full day (8 hours) (1)
- d. Other (0)

11) Other additional comments.

- Maybe some videos.
- The instructors were great since they related well with what they taught. Getting us involved in the class was great with “I won’t, you will” activity.
- Very informative and useful. Would like more training in this area.

Additional Agencies that are Interested in Trainings

- Border Patrol
- Las Colinas Detention Facility
- San Diego County Sheriff’s Department
 - Peer Support
 - Peer Support and Critical Incident Response Team
 - Jail Population Management Unit
- Palomar Medical Center Emergency Department
- Poway Fire Department