



Deaf, Hard of Hearing, Blind, and Physical Disabilities  
Clinical Mental Health Training  
Final Report

## Introduction

This report summarizes the strength and weaknesses, evaluation results/findings and data analysis of pre/post knowledge surveys of in person and remote trainings offered to public sector and nonprofit clinical personnel beginning in the August 2019 and extending to December 2020.

In person trainings sites were secured and scheduled at all 8 SPA locations prior to the stay at home orders that were issued in March 2020. In addition to Wayfinder, we had 7 other site reservations at Children's Bureau, Hillside, and Vista del Mar locations. As a result of the stay at home orders, only 2 in-person trainings were able to be held at the Wayfinder and Hillside Pasadena office locations with an additional 6 offered through the Zoom venue. Initial outreach was revised to reflect changing to the Zoom venue and outreach was expanded to all SPAs. Of the 6 scheduled virtual trainings, only 4 were attended with an average of 5 participants per session.

## Strengths of Trainings:

- The initial in person trainings occurred in two different SPA settings which were accessible with convenient parking, comfortable accommodations and user-friendly technology.
- The in-person trainings included two individuals with disabilities (vision loss and physical disability) as the co-facilitators. Their participation and perspective were poignant, enlightening, and served as an excellent platform for audience engagement.
- The co-facilitator perspective and lived experience contributions complemented and reinforced the training content. This synergy proved to be a significant factor in positive feedback by participants.
- Through the NASW approval for this training, 2 licensed clinicians elected to receive CEUs from the sessions.
- The diversity of participant's experience and background contributed to the richness of discussion and stimulated provocative and illuminating points of view.
- The training presentations successfully and effectively balanced the impact of multiple and diverse sources including relevant and contemporary demographic profiles, best practices, clinical vignettes, personal testimonials and reflections.
- The training content addressed clinical practice challenges across the lifespan and continuum of disabilities.
- With the loss of co-facilitators for the Zoom training venue, vignettes and videos were effectively substituted into the training content. These platforms complemented training content and generated rich discussions.

## Barriers of Trainings:

- The onset of COVID-19 interfered with intended on-site training and no doubt impacted the delivery of training and subsequent participant involvement.
- Zoom fatigue contributed to decline in training enrollment and substantially impacted participant response to pre/post surveys and training evaluations which were sent out but not returned to us.
- The loss of co-facilitators due to COVID-19 distractions and interruption with everyday routines presented a significant loss to the diversity of perspectives and lived experience input.
- Return of expected surveys and evaluations was hampered by the transfer from onsite to Zoom trainings. Returns were incomplete and, in some cases, never received. Thus, the resulting feedback and knowledge testing was not as representative as hoped for.
- Conclusions about training effectiveness and usefulness were compromised by lower-than-expected attendance and return of surveys.
- The switch to the Zoom training venue hampered participant responses and interaction with trainer.

**Training evaluation summary:** Evaluation protocols were easier to maintain during the 2 on-site trainings. Once the training venue migrated to the Zoom platform, the return rate of evaluations substantially decreased. There was a total of 12 fully completed evaluations returned. There were no comments added to evaluation forms although verbal feedback at end of training sessions were very positive. The evaluation questions appear below with percentages included for 3 ratings, Extremely satisfied (ES), Very Satisfied (VS) and Moderately Satisfied (MS). The evaluation forms addressed 5 Likert rankings but there were no other rankings reported except for the 3 cited above.

Overall satisfaction with your learning experience at the presentation  
 ES-67%            VS-17% MS-16%

Satisfaction with presenter's knowledge of the topic  
 ES-67%            VS-25% MS-8%

Satisfaction with logistics such as location, accessibility, registration, and organization of presentation  
 ES-67%            VS-33%

Satisfaction of interaction with the presenter as respectful, patient, and professional  
 ES-67%            VS-25% MS-8%

Satisfaction of the information you received regarding how to access mental health services  
 ES-58%            VS-17% MS-25%

### **Evaluation Summary**

- Total number of returned evaluations was much less than expected, especially considering that this training was provided to working professionals. While the feedback is illustrative of the participant's satisfaction, it represents a small number to draw conclusions on.
- Generally, participants reported being satisfied with all aspects of the training.

- Compared to all survey questions, participants reported less than full satisfaction with learning how to access mental health services. This is curious since all of the participants were providing DMH services at their place of employment.
- Zoom trainings pose a particular challenge for returning evaluations. Reminders for evaluation returns were sent before, during and after trainings.

**Pre/Post Survey:** For the onsite trainings, two (2) sets of pre- and post-surveys were completed and findings were tabulated. There was a significant drop off of pre- and post-survey completion once the Zoom training platform had to be used rendering the analysis inconclusive. The data received from the 2 on site trainings before the Covid-19 shutdown and transition to the Zoom training platform is too small to lead to any definitive conclusion about the growth in knowledge by training participants.

**Conclusion:** Despite extensive outreach which included both professional and personal contacts, registration for both in person and zoom trainings was very low. Before the stay in residence order, trainings were scheduled for 8 different SPA locations. Both in person and Zoom enrollment averaged 5 participants/training. Factors which may have impacted low enrollment included limited interest in topic, commitment to other more relevant trainings, and agency prohibition about trainings not related to agency requirements or focus. Participants reported both anecdotally and through evaluations that they found training content and presentation useful and of value. A recommendation from this project would be for DMH to mandate a day of training for all DMH providers on how to work with disabled consumers, and a similar training could be provided. This would demonstrate an increased commitment to equitable services provided to individuals with disabilities. Additionally, this project has demonstrated that gaining valuable participant data and feedback is much more challenging in a virtual platform than it is in person. We had anticipated that more individuals would have wanted the free CEU credits that were offered which would have enabled us to have greater leverage in getting people to complete the surveys and pre/post tests prior to us approving their CEU request. However, only two individuals requested CEUs which was a surprisingly low number. In future projects, we recommend that the trainings be provided in person and while sites may be located in each of the SPAs, we recommend that the trainings continue to advertised throughout the whole county and enable participants from any SPA to attend at any training location they prefer. Especially since it is sometimes the case that licensed professionals may commute across more than one SPA between their home and place(s) of work. Wayfinder found great value in this project which was able to benefit a number of clinicians during a deeply challenging time. It is our hope that similar future projects will continue to emphasize the importance and value of understanding diverse populations in clinical practice.