

Michigan Department of Health and Human Services &
Community Mental Health Association of Michigan Present the Following:

2-Day PECFAS Training for Agency Trainers

Featuring: Julie Helmer

November 28 & 29, 2018
9:00am – 5:00pm (registration at 8:30am)

Community Mental Health Association of Michigan (formerly MACMHB)
426 S. Walnut, Lansing, MI 48933

2-DAY PECFAS TRAINING FOR AGENCY TRAINERS



Requirement: You must have completed a 2-day PECFAS Rater training: Documentation is required. Reliability Testing is not included in this training.

Note: Preference will be given to those registering who are from a CMH who currently do NOT have a PECFAS Rater Trainer.

Description: This training includes a comprehensive training experience with the PECFAS, including the hands-on experience using the scoring guidelines for each of the seven subscales, as well as training tips and strategies. Scoring and

mentoring of Reliability Vignettes will be discussed and practiced. Participants can anticipate receiving extensive experiential practice and becoming a confident and well-informed trainer. Participants will be expected to present material during the training to ensure skills needed to be a trainer.

Objectives:

1. Increase your understanding of the general rules of scoring the PECFAS and the specific scoring guideline for each subscale.
2. Demonstrate your ability to differentiate the levels of severity of behaviors and explain how these differences are scored on the PECFAS subscales.
3. Create 2 appropriate examples of items illustrating scoring rules.
4. Develop an understanding of all 7 subscales related to the PECFAS.
5. Develop an understanding of presentation styles.
6. Increase capacity to plan and create trainings.
7. Discuss FAQs related to PECFAS to create consistent answers among trainers.
8. Enhance presentation skills relative to teaching the PECFAS.
9. Develop skills on addressing wrong answers related to testing and supporting test takers.
10. Enhance presentation skills in using quizzes in presentations.
11. Become able to present the PECFAS as a research-based tool, with proven validity and reliability.
12. Gain skills related to presenting the clinical uses of the PECFAS, including age ranges and appropriate clinical settings.
13. Demonstrate ability to convey to trainees the general rules of scoring the PECFAS, the specific scoring guidelines for each subscale and potential issues regarding the subscales that may arise in local trainings.
14. Learn how to score Participant's Reliability Tests and how to maintain the reliability status of your trainees.

Who Should Attend: Mental Health Professionals who are already trained as PECFAS Raters who work in the Michigan public mental health system.

Training Fee: There is no fee to attend this training. Training materials, continental breakfast, lunch and refreshment breaks are included. Registration is required and space is limited. The Michigan Department of Health and Human Services, through the Community Mental Health Association of Michigan, has provided funding for this initiative through a Federal Children's Mental Health Block Grant.

Cancellation: While there is no fee, we request written cancellation notice (awilson@cmham.org) if you find that you are unable to attend once you have registered. This assists us with meal counts and allows others to attend who may have been turned away because of limited space.

Agenda:

DAY ONE

8:30am - 9:00am	Registration and light refreshments
9:00am - 10:15am	Introductions, Using the Agenda, Power Points, Quizzes
10:15am -10:30am	Break
10:30am - 11:45am	Designing/Planning your Training and Developing Examples
11:45am -12:30pm	Lunch (on site)
12:30pm - 2:00pm	School/Daycare Subscale, Example, Quizzes
2:00pm - 2:45pm	Home Subscale: Examples, Quizzes
2:45pm - 3:00pm	Break
3:00pm - 4:15pm	Developing your Training Style; Solving Problems
4:15pm - 5:00pm	Community Subscale: Examples, Quizzes

DAY TWO

8:30am - 9:00am	Registration and light refreshments
9:00am - 9:45am	Behavior Toward Others: Examples, Quizzes
9:45am -10:15am	Frequently Asked Questions (FAQ): Standardizing your Response
10:15am - 10:30am	Break
10:30am - 12:00pm	Moods Subscale: Examples, Quizzes
12:00pm - 12:45pm	Lunch (on site)
12:45pm - 1:45pm	Self-harmful Behaviors: Quizzes
1:45pm - 2:45pm	Thinking Scale: Examples, Quizzes
2:45pm - 3:00pm	Break
3:00pm - 4:00pm	Reliability Testing: Scoring, Mentoring, Decision-Making
4:00pm - 5:00pm	Reviewing Trainer Responsibilities: Designing Training, Presenting, Scoring, Mentoring, Record-Keeping, On-going QA

Social Work Continuing Education Credits:

Social Workers: This course qualifies for a maximum of 13.5 Continuing Education hours. The Community Mental Health Association of Michigan is an approved provider with the Michigan Social Work Continuing Education Collaborative. Approved Provider Number: MICEC 060818.

Certificate Awarded: At the conclusion of this training, turn in your Certificate of Attendance form to the CMHAM Staff to be approved. You will turn in the top sheet & retain the bottom sheet which serves as your certificate. No other certificate will be given.

Certificate Issued By: Christina Ward, Director of Education & Training; cward@cmham.org; 517-374-6848

Evaluation/Grievance: There will be an opportunity for each participant to complete an evaluation of the course and the instructor. If you have any issues with the way in which this conference was conducted or other problems, you may note that on your evaluation or you may contact CMHAM at 517-374-6848 or through our webpage at www.cmham.org for resolution.

For Hotel Reservations: Country Inn & Suites: 6511 Centurion Drive, Lansing, MI 48917

Rate: \$75 plus taxes; to receive this special rate, call 517-827-7000 and use this group code: CMHAM

About the Presenter: Julie Helmer works as a contract trainer for MDHHS. In this position, Julie trains Early On® and Community Mental Health staff or contract staff working with infants, toddlers and young children, aged birth to 47 months in the state of Michigan in various Social Emotional Assessment Instruments. These assessments include Devereux Early Childhood Assessment for Infants and Toddlers (DECA I/T), Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO), Massie Campbell Attachment During Stress (ADS) and Preschool and Early Childhood Functional Assessment Scale (PECFAS). Julie is currently a Master Trainer in PECFAS for MHS. Julie has worked in the field of early childhood and mental health for over 18 years.

2-Day PECFAS Training for Agency Trainers

Training Registration Form (Attention: Anne)

November 28 & 29, 2018 from 9:00am – 5:00pm (registration at 8:30am)

Community Mental Health Association of Michigan CMHAM
formerly the Michigan Association of CMH Boards (MACMHB)
426 S. Walnut, Lansing, MI 48933

There is no fee to attend this training.
Space is limited. Registration is required.

Included in the training will be materials, continental breakfast, lunch and refreshment breaks.

While there is no fee for this event, we request written cancellation notice (awilson@cmham.org) if you find that you are unable to attend once you have registered. This assists us with meal counts and allows others to attend who may have been turned away because of limited space.

The Michigan Department of Health and Human Services, through the Community Mental Health Association of Michigan (formerly MACMHB), has provided funding for this initiative through a Federal Community Mental Health Block Grant.

Arrive 30 minutes prior to the Training at 8:30am. Training starts promptly at 9:00am.
Participants arriving late or departing early will NOT receive any CE credit. There are absolutely no exceptions.

REGISTER ONLINE

<https://cmham.ungerboeck.com/prod/emc00/register.aspx?OrgCode=10&EvtID=5210&AppCode=REG&CC=118101826516>

REQUIRED TO BE COMPLETE:

Yes, I have completed a 2-day PECFAS Rater training and any required boosters.

No, my CMHSP does NOT have a PECFAS Rater Trainer currently.

Yes, my CMHSP DOES have a PECFAS Rater Trainer currently.

I am requesting CEs for social workers. Permanent Licensure # _____ (required)

Name as Printed on Badge: _____ Title: _____

Agency/Company: _____

Address: _____ City, St, Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Special Needs: If You Have Special Dietary Or Physical Needs, Please Specify: _____

Arrangements for special needs will be honored for those written requests received 10 business days prior to the conference. Please inform us before November 14 if you require braille or large print. Clearly state your specific needs for mobility assistance, interpreters, etc. Attempts for on-site requests will be made.

In Case Of Emergency During Conference, Please Contact: _____

Daytime Phone: _____ Evening Phone: _____

Evaluation: There will be an opportunity for each participant to complete an evaluation of the conference and the instructor. If you have any issues with the way in which this conference was conducted or other problems, you may note that on your evaluation of the conference or you may contact CMHAM at 517-374-6848 or through our website at www.macmhb.org for resolution.

Questions? Call CMHAM (517) 374-6848