

CE Program Title: Domestic Violence and Clinical Practice

Sponsoring organization: The New Jersey Collaborative for Emotionally Focused Therapy

Date: 11/21/21

Instruction	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. The program objectives were met.					
A. Objective #1: List three conditions that occur after IPV	1	2	3	4	5
B. Objective #2: List three areas of research on IPV and risk assessment	1	2	3	4	5
C. Objective #3: Identify three domestic incidents that lead to PTSD	1	2	3	4	5
D. Objective #4: Identify the three stages of the cycle of violence	1	2	3	4	5
E. Objective #5: Describe how chronic hyper-arousal impacts the brain	1	2	3	4	5
F. Objective #6: Recognize three unique treatment needs of the different victims of IPV.	1	2	3	4	5
G, Objective #7: Describe four different treatment approaches to IPV and the research associated	1	2	3	4	5
3. Content was appropriate for postdoctoral level training	1	2	3	4	5
2. Accuracy and utility of content were discussed.	1	2	3	4	5
4. Instruction at a level appropriate to postdoctoral level training.	1	2	3	4	5
5. Teaching methods were effective.	1	2	3	4	5
6. Visual aids, handouts, and oral presentations clarified content	1	2	3	4	5

Instructor 1:					
Name: _____	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
7. Knew the subject matter	1	2	3	4	5
8. Taught the subject competently	1	2	3	4	5
9. Elaborated upon the stated objectives	1	2	3	4	5
10. Presented content in an organized manner	1	2	3	4	5
11. Maintained my interest	1	2	3	4	5
12. Answered questions effectively	1	2	3	4	5
13. Was responsive to questions, comments, and opinions	1	2	3	4	5

Instructor 2:					
Name: _____	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
14. Knew the subject matter	1	2	3	4	5
15. Taught the subject competently	1	2	3	4	5
16. Elaborated upon the stated objectives	1	2	3	4	5
17. Presented content in an organized manner	1	2	3	4	5
18. Maintained my interest	1	2	3	4	5
19. Answered questions effectively	1	2	3	4	5
20. Was responsive to questions, comments, and opinions	1	2	3	4	5

Professional & Ethical Issues		
21. Presenter (or program chair, etc.) made clearly evident, prior to registration, the following:		
a. Requirements for successful completion of activity	Yes	No
b. Commercial support for CE program, sponsor, or instructor (or any other relationship that could reasonably be construed as a conflict of interest)	Yes	No
c. Commercial support for content of instruction (e.g., research grants funding research findings) that could be construed as a conflict of interest	Yes	No
d. Commercial support or benefit for endorsement of products (e.g., books, training, drugs, etc.)	Yes	No
e. Accuracy and utility of the materials presented, the basis of such statements, the limitations of the content being taught and the severe and most common risks?	Yes	No

Venue, Setting, etc.	Y	N
22. Facility was adequate for my needs		
23. Special needs were met		
24. Facility was comfortable and accessible		
25. Food and beverage were adequate (if applicable)		
26. Program brochure was informative and accurate		

Learning	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
27. Information could be applied to my practice (if applicable)	1	2	3	4	5

28. Information could contribute to achieving personal or professional goals.	1	2	3	4	5
29. Cultural, racial, ethnic, socioeconomic, and gender differences were considered.	Very Little	Little	Some	A Good Bit	A Great Deal
30. How much did you learn as a result of this CE program?	Very Little	Little	Some	A Good Bit	A Great Deal
31. Did this program enhance your professional expertise?	Yes	No			
32. Would you recommend this program to others?	Yes	No			
32.(a) How useful was the content of this CE program for your practice or other professional development?	Very Little	Little	Some	A Good Bit	A Great Deal

Participant Information

33. Please note your profession and status (Check all that apply)	<input type="checkbox"/> Psychologist	<input type="checkbox"/> Medical Professional	<input type="checkbox"/> Masters Level Licensed Therapist	<input type="checkbox"/> Social Worker	<input type="checkbox"/> Student
	<input type="checkbox"/> Administrator	<input type="checkbox"/> University Faculty	<input type="checkbox"/> Other: _____	_____	
34. Please note years in your profession	<input type="checkbox"/> Student	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11-20	<input type="checkbox"/> 20+

Narrative

35.. What was your overall impression of the activity? What went well? What could have been improved?

36. What did you learn that was new or different? How and/or will this information change how you practice?

37. What topics or presenters would you like to see at future CE presentations?

38. Other comments

Please use another sheet of paper if you wish to expand on your observations