

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



PECFAS Booster Training for Agency Trainers

Trainer: Julie Helmer MA LLP

**To participate in this training, you MUST be an employee of a Michigan CMHSP
or a CMHSP contract provider.**

When

July 13, 2018

8:30am – 5:00pm (registration at 8:00am)

Who attends

You MUST be a PECFAS Trainer to attend. Reliability Testing is included.

You will need to document the date of your last PECFAS Reliability test (within the past 2 years)

Where

Community Mental Health Association of Michigan – 426 S. Walnut, Lansing, MI 48933

Agenda:

8:00 am – 8:30 am	Registration, Light Refreshments and Introductions
8:30 am – 9:30 am	School: Review & Training Challenge
9:30 am – 10:15 am	Home: Review and Training Challenge
10:15 am – 10:30 am	Break
10:30 am – 11:15 am	Community: Review & Training Challenge
11:15 am – 12:00 pm	BTO: Review & Training Challenge
12:00 pm – 12:45 pm	Lunch (on-site)
12:45 pm – 1:15 pm	Scoring: Review
1:15 pm – 1:45 pm	Mood: Review & Training Challenge
1:45 pm – 2:15 pm	Self-Harm: Review & Training Challenge
2:15 pm – 3:00 pm	Thinking: Review & Training Challenge
3:00 pm – 5:00 pm	PECFAS testing (select Vignettes)

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 Community Mental Health Block Grant.

Description: This Booster training includes a review of the PECFAS including the guidelines, scoring principals and the scoring of each of the seven subscales. This training includes **Reliability Testing**.

Who Should Attend: Mental Health Professionals who are already trained as PECFAS Trainers.

Objectives:

- Explain the importance of regular PECFAS booster training as a part of using this research-based tool; state 2 ways how this affects validity and reliability.
- Increase your understanding of the general rules of scoring the PECFAS and the specific scoring guideline for each subscale.
- Demonstrate your ability to differentiate the levels of severity of behaviors and explain how these differences are scored on the PECFAS subscales.
- Create 2 appropriate examples of items illustrating scoring rules.
- Maintain reliability by passing Reliability Test.
- Enhance presentation skills relative to teaching the PECFAS.

About the Presenters:

Julie Helmer, MA, LLP 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.

Training Fees:

This is a free training. Space is limited.

While there is no fee for this event, we request written cancellation notice 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.

Bibliography:

Carlson, John, PhD, et al. CAFAS/PECFAS Level of Functioning Summary Report – FY2016. Michigan State University. June, 2017.
Hodges, Kay Ph.D, 2012, PECFAS, Self-Training Manual and Blank Scoring Forms, Multi-Health Systems Inc
Hodges, Kay Ph.D., 2009 PECFAS: Preschool and Early Childhood Functional Assessment Scale, Mult-Health Systems Inc

Social Work:

This course is approved by the Michigan Social Work Continuing Education Collaborative-Approval #041718-00

The Collaborative is the approving body for the Michigan Board of Social Work. # CE hours approved: 5

Course Delivery Method: Face-to-Face seminar.

Evaluation: A completed evaluation/attestation form is required to be turned in at the conclusion of the training.

Grievance: If you are in any way dissatisfied with a training or process and would like to file a grievance, please call our office at (517) 374-6848

Hotel Information – Lansing:

Country Inn & Suites by Carlson

6511 Centurion Drive

Lansing, MI 48917

Phone: (517) 827-7000

Rate: \$75 plus tax

Please call and indicate you are with CMHAM group to receive the discounted rate of \$75 plus tax.

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PECFAS BOOSTER TRAINING
July 13, 2018 ~ CMHAM, Lansing
(Must Register Online – Questions email awilson@cmham.org)

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

To participate in these trainings, you **MUST** be an employee of a Michigan CMHSP or a CMHSP contract provider.
You **MUST** already be trained as PECFAS Trainer to attend the Booster Training for Agency Trainers.

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.*

HOW TO REGISTER ONLINE

ON LINE:

<https://cmham.ungerboeck.com/prod/emc00/register.aspx?OrgCode=10&EvtID=5113&AppCode=REG&CC=118040526516>

or use the Tiny URL

<https://tinyurl.com/PECFASboosterjuly>

If you have problems, email awilson@cmham.org

THIS IS THE INFORMATION TO BE ENTERED ONLINE:

Date and location of the last PECFAS Train the Trainer Training	
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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. 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: _____

Questions? Call CMHAM (517) 374-6848