**In order to receive CEUs please complete both sections**

**Supporting children and youth in families with ALS: Guide for Healthcare Professionals**

**Recorded Webinar #6**

**CEU Evaluation Form**

**Underline** the answer that you wish to indicate.

1. Content of the materials presented was: Not Useful Neutral Useful
2. Duration of the presentations was: Too Long About right Too Short

3. Research evidence and outcomes data

were used to support the presentations:

Disagree Neutral Agree

4. I think the impact of this work on my

clients who use assistive technology will be:

Adverse Neutral Beneficial

1. I was provided with feedback on my ability to master the learning objectives:
2. The information I learned will support my ability to collect data and measure outcomes as part of my evidence-based practices:

Disagree Neutral Agree

Disagree Neutral Agree

1. I think the following could be improved:
2. I think the following was particularly good / useful:
3. In my assessment, my continuing education needs that relate to achieving the most effective communication for my clients who use assistive technology include the following:
4. **Underline** items if you are 1) a member of ASHA; 2) a teacher; 3) an OT; 4) a PT; 5) a member of RESNA; 6) an ATP; 7) an ATS; 8) other: .

**Supporting children and youth in families with ALS: Guide for Healthcare Professionals**

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Learning Assessment Form

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Completion of this quiz is a requirement to receive CEUs for attending this seminar. Underline/Highlight/Circle the correct answer to each question. You must pass with 80% correct to be eligible for CEUs.**

**1.** Research on children and families with illness highlights youth living with a family member with an illness leads to:

1. Poor coping skills, suicide and runaways
2. Poor coping skills, including self-isolation and feelings of guilt and responsibility for the ill person
3. Self-isolation, anger and violence
4. Wanting to die themselves, poor coping skills and runaway

2. What is the primary reason parents/families do to talk to their youth about ALS?

1. Fear of dying
2. Anger about having ALS
3. Wish to protect their child
4. Mistrust of health care

3. Which one is NOT a suggestion when talking with families about their “new normal”

1. How has ALS made their family communicate differently?
2. Encouraging children to talk about something new that has come into their lives since ALS
3. Talking about how their loves will never be the same after ALS
4. Having youth draw feelings and ALS

4. Children and youth in families with ALS engage in care. Which is NOT a finding from the national ALS study:

1. The majority were older than 14 years old
2. Care occurs weekly – often daily - for many hours per day
3. Much care occurs in the evening or during the night, disrupting sleep
4. Almost 60% of youth had *NO TRAINING* for the care they provide

Continued…

5. When facilitating a conversation with families about caregiving, having the adult with ALS share with the youth about how they feel about care is important because children\_\_\_\_\_\_\_\_\_\_, thus having the adult tell them will \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

a. don’t often listen to adults; help them focus

b. fear their care is not good enough; will help to lower their fears

c. are afraid of the adult; make them less fearful

d. Don’t like to provide care; make them care more

6. Why are caregiving skills and training important?

a. Reduces anxiety and depression and increases self-efficacy

b. Reduces the possibility of harm to the patient and caregiver

c. Leaves caregivers to acquire skills through trial and error

d. All of the above

7. What are three key transition points with ALS where you will likely see changes in youth?

a. First visit with dr, progression, death

b. Diagnosis, progression, hospitalization

c. Diagnosis, progression, end of life

d. First fall, progression, end of life

8. Constant talking about wanting to die to be with the person who passed away is an example of what?

a. Anticipatory grief

b. Anger at death

c. adolescent confusion

d. Complicated grief

9. Talking about death and dying with children and youth helps:

a. Process the loss of a parent

b. Feel less anxious about death

c. Feel comfortable in expressing their feelings

d. All of the above

10. Which is NOT a suggestion for care services when seeing families in clinic settings?

1. During interviews with a patient in clinic is it a good Idea to ask if they have children or grandchildren.
2. Only ask about children older than 10, as they are most likely to understand more
3. Connect them with the Child Life Specialists (CLS), who are available to talk and address their needs.
4. Take the child/youth to another, quieter area, to talk, play games, do projects and relate to them on a level that each child can understand depending on their age.

Please note any suggestions for improving this activity in terms of learning value.

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