

ANNEX
I-II-III

TRIADD
& PARTNERS
QUESTIONNAIRE

ANNEX I : TRIADD PARTNERS

La Fondation Apemh, (promoter)

M. Raymond CECCOTTO, director
Rue du Château 10,
L- 4976 Bettange-sur-Mess
Luxembourg
Tel:+352 / 37 91 91 - 1 | Fax: +352 / 37 16 96
E-Mail: apemh@apemh.lu

Website: www.apemh.lu

Web master: Jean-Jacques Hoffmann :
software@apemh.lu

Co-ordination : Jackie West

Apemh-Euroformat
32, Square Ambiorix, Bte.47
B-1000 Brussels
Belgium
Tel: + 32 2 230 6693 | Fax: + 32 2 230 0560
E-mail: apemh-euroformat@skynet.be

UFEP (Unité de Formation et d'Education Permanente) c/o La Fondation APEMH,

Contact Malou Spier, e-mail : ufep@apemh.lu

Website: www.ufep.lu

Expert : Dr. Paul Berry, Chartered
Psychologist, la Fondation APEMH
Im Unterdorf 12,
D-38165 Lehre/Wendhausen
Tel: 00 49 53098236
E-Mail: paulberry@t-online.de

AFASER

Contacts : Gérard ZRIBI, Thierry BEULNE
1, Avenue Marthe,
95400 CHAMPIGNY-SUR-MARNE, France
Tel: +33 / 1 45 16 15 15 | Fax: +33 / 1 45 16 15 19
E-mail: afaser@afaser.org

Minguzzi Institute

Contact: Vincenzo Caporaso
Via S.Isaia 90
I-40123 Bologna BO
Italy
Tel: +39 051 524 117 | Fax: + 39 051 521 268
E-mail: formming@provincia.bologna.it

Website: www.minguzzi.provincia.bologna.it

BILD (British Institute of Learning Disabilities)

Contact: Dr. John HARRIS, John
NORTHFIELD johnnorthfield@yahoo.co.uk
Campion House, Green Street,
Kidderminster, Worcs DY10 1JL, UK
Tel: +44 / 15 62723010 | Fax: +44 /15 62723029
E-Mail j.harris@bild.org.uk

Website: http://www.bild.org.uk

Tau-Groep / Zonnelied

Contact : Johan de Groef, Luk Zelderloo
Leon Theodorstraat 85
B-1090 Jette
Belgium
Tel: + 32 2 421 1019 | Fax: + 32 2 532 1305
E-mail: taugroep@skynet.be

Web site: www.taugroep.be

University College Dublin

Contact: Prof. Michael Timms
Centre for Disability Studies
University College Dublin
Belfield
Dublin 4
Ireland
Tel: + 353 1 716 8337 | Fax: + 353 1 716 8568
E-mail: michael.timms@ucd.ie

ARFIE (Association de Recherche et de Formation sur l'Insertion en Europe)

Rue du Château 10,
L- 4976 Bettange-sur-Mess
Luxembourg
E-mail: arfie@arfie.info

Web site: www.arfie.info

EASPD

Ms. Natacha Glautier
Ouderghemlaan 63
B-1040 Brussels
Tel: +32 2 282 46 10 | Fax: + 32 2 230 72 33
E-mail: easpd@skynet.be

Website: www.easpd.org

ANNEX II: STAFF NEEDS QUESTIONNAIRE



**TRIADD
TELETRAINING, RESEARCH AND
INFORMATION AROUND DUAL DIAGNOSIS**
PROJET PILOTE - PROGRAMME LEONARDO DA VINCI

Questionnaire for Support Workers
Group leaders, Heads of Service....

This questionnaire was drawn up within the framework of the Leonardo da Vinci programme for the pilot project entitled « TRIADD » (TELETRAINING, RESEARCH AND INFORMATION AROUND DUAL DIAGNOSIS)

We have defined people with `dual diagnosis´ as those who have both a learning disability and mental health problems.

This questionnaire should be filled in by experienced front-line staff who support people with a learning disability combined with mental health problems (dual diagnosis), or group leaders, heads of service, workshop directors – those who know the users well. We are looking for descriptions of about ten users per partner.

By filling in this questionnaire as fully as possible you are helping us to make a European comparison of the difficulties of supporting people with dual diagnosis, **of which the main objective is to better understand your further training needs.**

For more information about the project, please go to our project web site (currently under construction) : www.triadd.lu

Your name (optional) :

Your basic training :

Your current work :.....

Your employer :.....

First name of the person with a learning disability:..... Age : Gender :

How long have you been working with this person ?.....

0. Briefly describe the background of this disabled person and what has happened in recent months

.....

Treatment :

1. Is there a known psychiatric diagnosis for this person? Yes No

Do you know what it is?.....

2. If these problems have been evident for some time, has this person already received treatment in a psychiatric unit or service? :

- In hospital /psychiatric department?
- Partial hospitalisation (Day hospital) ?
- Outpatient treatment (consultation in a health centre) ?

3. Is this person currently receiving psychiatric medical treatment ?

- In hospital/psychiatric unit?
- Partial hospitalisation (day hospital) ?
- Outpatient treatment (consultation in a health centre)?

4. As far as you know, does this person take any form of drug therapy?:

- Neuroleptic drugs, anti-depressants, tranquillisers, etc. Yes No
 occasional long term
- Anti-epileptic Yes No
 occasional long term

Living environment

5. Where does this person live?

- Family
- Residential care.....
- Supervised group flat/home.....
- Own home with a support service.....
- Own home.....

Schooling :

6. Did this person attend school?

- Mainstream school? Yes No
- Special school? Yes No

7. Up to what age?.....

Training and vocational experience

8. Does this person have a diploma or professional qualification? Yes No

9. Has s/he carried out a normal job? Yes No

If yes, for how long?

10. Is s/he working at the moment? Yes No

If yes, is this work in :

- Sheltered workshop.....
- Open employment

11. Does s/he work full time? Yes No

12. Does s/he receive any supplementary support?

- with personal care (ie. day hospital) Yes No
- specialised support (occupational day centre...)? Yes No

13. If this person does not work

- Is s/he cared for by a psychiatric unit? Yes No
- Does s/he receive support in an establishment or specialised service Yes No

Behaviour

14. How would you describe the learning disability?

.....

15. What leads you to say that this person has dual diagnosis?

Please describe the mental health problems

.....
.....
.....
.....
.....

16. What, in your opinion, are the most difficult problems :

- From the point of view of the service?

.....
.....
.....
.....

- From the point of view of his/her immediate environment?

.....
.....
.....
.....

- From the family's point of view?

.....
.....
.....
.....

- For the person him/herself?

.....
.....
.....
.....

17. What would you like to do, given the specific problems you are faced with?

.....
.....
.....
.....

Training

18. Which training courses have you already followed on the issue of dual diagnosis?

Please list them :

1.
2.
3.
4.
5.

19. What in your opinion are the subjects and contents of training courses which should be developed in order to work with people who have dual diagnosis?

Please mention all the elements that you would like to see in a training course on dual diagnosis. For example :

- challenging behaviour (please specify)
- integration into a group
- communication with families
- others

.....
.....
.....
.....

20. Do you already use information technology such as the internet, e-mail or distance learning?

.....
.....
.....
.....

MANY THANKS FOR YOUR CO-OPERATION

ANNEX III : EVALUATION OF TRAINING COURSE QUESTIONNAIRE



TRIADD
TELETRAINING, RESEARCH AND
INFORMATION AROUND DUAL DIAGNOSIS
 PROJET PILOTE - PROGRAMME LEONARDO DA VINCI

www.triadd.lu

TRAINING EVALUATION FORM

Please take some time to fill in this questionnaire – all your comments are very important for the evaluation of this course and the pilot project.

Course: Dates:

Name : (optional) Sex: M F Age :

Your basic training/qualification

.....

Training courses you have already attended on this subject:

.....

Your current occupation:

.....

How long have you been doing this job?

.....

Which groups of people (clients) do you work with?

.....

BASIC INFORMATION & PREPARATION	Comments
1) Did you visit the TRIADD web site? <div style="text-align: right;">YES NO</div>
2) Did you find the web site useful? <div style="text-align: right;">YES NO</div>
3) Did you read the Key Words for Front-line staff? <div style="text-align: right;">YES NO</div>
How useful were they? Very useful <input type="checkbox"/> Quite useful <input type="checkbox"/> No use <input type="checkbox"/>
Were you given any preparation material or reading matter before the course?
How would you assess your level of knowledge on Dual Diagnosis before this training course? (1= no knowledge, 5= fairly full knowledge) <div style="text-align: right;">1 – 2 – 3 – 4 – 5</div>
EXPECTATIONS & OBJECTIVES	Comments
Did you set any objectives for yourself? <div style="text-align: right;">YES NO</div>
Were you able to express your expectations during the training course? <div style="text-align: right;">YES NO</div>
Were they taken into account? <div style="text-align: right;">YES NO</div>
Were objectives set for every day of the course? <div style="text-align: right;">YES NO</div>
Were these daily objectives met? <div style="text-align: right;">YES NO</div>

CONTENT OF THE COURSE	Comments
Were you satisfied with the content of the course? YES MORE OR LESS NO
Was the content presented well and clearly (not too much terminology and jargon?) YES NO
Do you think you will really be able to use the contents of this course in your work? YES NO
IF NOT, please try to explain why.
Can you communicate the contents of this course to your colleagues? YES NO
What would you have liked to see/hear more of?

ORGANISATION OF THE COURSE	Comments
Did you find the timetable of the course OK? YES NO
Did the length of the course seem right? YES NO
Did the trainers and speakers seem to be well-informed and on top of their subject? YES NO
Were you able to express yourself as you wished during the course? YES NO
Was the group as a whole well-balanced and suited to this course? YES NO

SUPPORT	Comments
Did you find the methods of support used (documents, slides, videos etc.) satisfactory? YES NO

WHAT YOU GAINED	Comments
Do you think you increased your knowledge (know-how) on this course? YES NO
Did you learn any new methods, techniques, tools that you can use in your work? YES NO
Did you become aware of any new opinions, attitudes and approaches...? YES NO
Did you become aware of any new means of communication? YES NO
How would you judge your level of knowledge and know-how about this subject now (after the course)? 1- 2 - 3 - 4 -5

SUGGESTIONS AND OTHER COMMENTS

Please number the elements you particularly appreciated in this course (3 things)

Please number the elements you think should be improved (3 things).

Would you like to be offered a training course on any other subject – if so, what?

Do you feel you know where to go for more Information about Dual Diagnosis?

Any other comments :

Comments

1.

2.

3.

1.

2.

3.

Many thanks for your co-operation. We will be getting back to you in about six months' time for a re-evaluation of the usefulness of this course and to hear your suggestions.