

**C8. Arctic Fetal Alcohol Spectrum Disorder Regional Training Center
Intro to FASDs Workshop Post-Test**

For each item, please choose the response that best completes the sentence or answers the question.

1. The best public health message related to alcohol consumption by women of childbearing age is...
 - a. Women who know they are pregnant should not consume alcohol.
 - b. Women who are pregnant or could become pregnant should not consume alcohol.
 - c. All sexually active women should not consume alcohol.
 - d. Women of childbearing age should not consume alcohol.
 - e. Alcohol use, in moderation, is safe for all women.

2. An episode of binge or risky drinking for women of childbearing age (18-44) is defined as more than ____ standard drinks in about a two hour period.
 - a. 2
 - b. 3
 - c. 4
 - d. 5
 - e. 6

3. Which one of these is NOT considered a standard drink?
 - a. 12 ounces of beer
 - b. 12 ounces of wine cooler
 - c. 5 ounces of wine
 - d. 3 ounces of vodka
 - e. All of the above are standard drinks

4. Positive responses given to items on the TWEAK or the T-ACE screening instruments indicate...
 - a. a diagnosis of alcoholism
 - b. the likelihood that the woman will seek treatment for alcohol abuse
 - c. the need for the health care provider to discuss the risks associated with drinking alcohol, especially when the woman is pregnant
 - d. the difference between binge drinking and problem drinking
 - e. the need for immediate admission to a treatment facility for further evaluation

5. Scientific studies of the effects of alcohol on the fetus have shown that...
 - a. Alcohol has no effect on the development of the fetus in the third trimester.
 - b. Alcohol can only affect fetal development in the first trimester.
 - c. A small to moderate amount of alcohol is safest during the second trimester.
 - d. Of all the different types of alcohol, wine is the safest for a pregnant woman to consume.
 - e. None of the above is correct.

6. Although specific deficits experienced by individuals with an FASD vary widely, behavioral deficits are likely to include which of the following?
 - a. memory problems, underactivity, and self-injurious behavior
 - b. inattention, memory problems and hyperactivity
 - c. particular mannerisms, hoarding, and memory problems
 - d. emotion regulation, weight loss, fatigue, irritability
 - e. auditory hallucinations, disorganized speech, and flat affect
7. Which of the following include all three facial abnormalities associated with fetal alcohol syndrome?
 - a. Low set ears, large palpebral fissures, large forehead
 - b. Small palpebral fissures, smooth philtrum, thin upper lip
 - c. Large palpebral fissures, smooth philtrum, thin upper lip
 - d. Large forehead, flattened cheeks, small palpebral fissures
 - e. Thin upper lip, distinct philtrum, ectropion
8. Which of the following is NOT required to confirm a diagnosis of fetal alcohol syndrome (FAS)?
 - a. Facial dysmorphia
 - b. Growth retardation
 - c. Central nervous system (CNS) abnormalities
 - d. Documentation of prenatal alcohol exposure
 - e. All of the above are required for a diagnosis of FAS
9. A variety of strategies have been found to be effective when working with individuals with an FASD. Which one of the following may not be as effective?
 - a. Concise, explicit instructions
 - b. Stable routines
 - c. Social cues
 - d. Visual aids
 - e. Repetition
10. Which organ system is primarily susceptible to damage or alteration caused by prenatal alcohol exposure?
 - a. The circulatory system
 - b. The skeletal system
 - c. The central nervous system
 - d. The reproductive system
 - e. The digestive system
11. Growth deficit, central nervous system abnormalities, and a specific set of craniofacial features are all necessary for a diagnosis of which of the following conditions?
 - a. Fetal alcohol syndrome
 - b. Fetal alcohol spectrum disorder
 - c. Alcohol-related neurodevelopmental disorder
 - d. Fetal alcohol effects
 - e. Static encephalopathy/alcohol exposed
12. How is the University of Washington 4-Digit Diagnostic Code System used to identify an FASD?

- a. A physician diagnoses based on medical history and anthropomorphic measurements.
 - b. A multidisciplinary team diagnoses based on the individual’s dysmorphic features, growth parameters, and neurodevelopmental functioning.
 - c. A neurologist diagnoses based on MRI results.
 - d. Either a physician or psychologist diagnoses based on evidence of prenatal alcohol exposure.
 - e. A psychologist diagnoses based on results from a battery of neuropsychological tests.
13. Which of the following best describes common impairments of the central nervous system among individuals who experience FASDs?
- a. Abstract reasoning, eye-to-eye gaze, body postures, repetitive motor mannerisms
 - b. Poor organization, trouble with transitions, visual-spatial deficits, clumsiness
 - c. Hypervigilance, concentration, smooth handwriting, developmental milestone achievement
 - d. Verbal ability, underactivity, capacity to self-monitor, appreciation of nonverbal cues
 - e. All of the above
14. When caring for an individual with a known FASD, it helpful to consider ____ rather than ____ in order to better understand ability and behavior.
- a. Developmental age; chronological age
 - b. Strengths; weaknesses
 - c. Protective factors; risk factors
 - d. Environment; mood
 - e. Chronological; adaptive
15. Which one of the following is NOT correct?
Persons with an FASD...
- a. May experience problems in school and getting along with other children.
 - b. Do not typically need support and services to live and work independently.
 - c. Can benefit from obtaining an early diagnosis.
 - d. May need support and services throughout their lives.
 - e. May be at an increased risk for victimization and high risk behaviors.
16. Which of the following are considered protective factors against secondary disabilities associated with FASDs?
- a. Living in stable and nurturing home environments
 - b. Early diagnosis (before 6 years of age)
 - c. Consistency in caregivers
 - d. Eligibility for social and educational services
 - e. All of the above

On a scale from 0 to 10 where 0 means “Not confident in my skills” and 10 means “Totally confident in my skills,” how confident are you in your skills to do the following? (circle one number per row)

	<u>Not</u>										<u>Totally</u>
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	<u>confident in my skills</u>											<u>confident in my skills</u>
Screen women for risky or hazardous drinking	0	1	2	3	4	5	6	7	8	9		10
Educate pregnant women about the effects of alcohol on their babies	0	1	2	3	4	5	6	7	8	9		10
Conduct brief interventions for reducing alcohol consumption	0	1	2	3	4	5	6	7	8	9		10
Utilize resources to refer patients who need formal treatment for alcohol abuse	0	1	2	3	4	5	6	7	8	9		10
Identify persons with possible FAS or other prenatal alcohol-related disorders	0	1	2	3	4	5	6	7	8	9		10
Diagnose persons with possible FAS or other prenatal alcohol-related disorders	0	1	2	3	4	5	6	7	8	9		10
Utilize resources to refer patients for diagnosis and/or treatment services	0	1	2	3	4	5	6	7	8	9		10
Manage/coordinate the treatment of persons with FASDs	0	1	2	3	4	5	6	7	8	9		10

We would like to know your thoughts about the FASD training. Please circle the number that most closely represents the extent to which you agree with the following statements.

Please circle ONE answer for each of the following items					
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>	
1	2	3	4	5	
Based on the content of the presentation I am able to:					
Explain the basic biomedical foundations of FAS.	1	2	3	4	5
Explain the basic clinical issues related to FASDs.	1	2	3	4	5
Explain procedures to ensure that all women of childbearing age receive appropriate alcohol screening.	1	2	3	4	5
Describe the most current approaches for screening in multiple settings.	1	2	3	4	5
Explain in appropriate detail the predictable alcohol-induced injuries that might result from exposure during each trimester.	1	2	3	4	5
Explain the range of birth defects that can result from prenatal alcohol exposure.	1	2	3	4	5
Train other health professionals to use the “Framework for FAS Diagnosis and Services.”	1	2	3	4	5
Describe how to use differential diagnosis to determine if an individual has FAS or a related disorder.	1	2	3	4	5
Explain FASDs throughout the lifespan to other health professionals.	1	2	3	4	5
Describe various treatment interventions that might be helpful for an individual living with an FASD.	1	2	3	4	5
Speakers					
The speaker(s) was knowledgeable about the content.	1	2	3	4	5
The speaker’s content was consistent with the course objectives.	1	2	3	4	5
The speaker(s) clarified content in response to questions.	1	2	3	4	5
The speakers’ teaching style was effective.	1	2	3	4	5
Content					
The presentation content was appropriate for the intended audience.	1	2	3	4	5
The presentation content was consistent with the course objectives.	1	2	3	4	5
Teaching Methods					
The teaching methods were appropriate for the subject matter.	1	2	3	4	5
Visual aids, handouts, and oral presentations clarified presentation content.	1	2	3	4	5
The training exercises were relevant to the topics covered.	1	2	3	4	5
Overall					
The information is relevant to my practice/program of study.	1	2	3	4	5
This program enhanced my professional expertise.	1	2	3	4	5
I would recommend this presentation to others.	1	2	3	4	5
I am satisfied with my experience in this training.	1	2	3	4	5

How will you use the information you received today?

What additional information do you need to make changes in your practice related to the prevention, identification, and treatment of FASDs?

Were there any areas of the training that needed more time / attention / explanation?

Please share any additional comments or suggestions.
