

## Attachment D11. FASD Training of Trainers Post-test Survey

**Personal ID code:** First letter of your mother's first name \_\_\_\_ First digit of your social security number \_\_\_\_  
 Last digit of your social security number \_\_\_\_ First letter of your mother's maiden name \_\_\_\_

***In this first section, we'd like to ask you a few questions about yourself.***

<u>DEMOGRAPHICS</u>	<u>PROFESSIONALS/PRACTITIONERS</u>	<u>STUDENTS/RESIDENTS</u>
<p><b>1. In which State do you provide services?</b></p> <p><input type="checkbox"/> Colorado  <input type="checkbox"/> Idaho  <input type="checkbox"/> Montana  <input type="checkbox"/> Nevada  <input type="checkbox"/> North Dakota  <input type="checkbox"/> Utah  <input type="checkbox"/> Wyoming  <input type="checkbox"/> Other _____</p> <p><b>2. Are you Hispanic or Latino(a)?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>3. How do you describe your race? (Select all that apply)</b></p> <p><input type="checkbox"/> American Indian/Alaska Native  <input type="checkbox"/> Asian  <input type="checkbox"/> Black /African American  <input type="checkbox"/> Native Hawaiian/other Pacific Islander  <input type="checkbox"/> White</p> <p><b>4. The highest degree you have attained...</b></p> <p><input type="checkbox"/> High school diploma  <input type="checkbox"/> Associates degree  <input type="checkbox"/> Bachelor's degree  <input type="checkbox"/> Master's degree  <input type="checkbox"/> Doctorate  <input type="checkbox"/> Medical degree</p> <p><b>5. Are you a licensed/certified alcohol &amp; drug counselor?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>6. Are you the parent/caregiver of a child with FAS/FASD?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p>	<p><b>7. What is your current area of practice?</b></p> <p><input type="checkbox"/> Counseling  <input type="checkbox"/> Nursing  <input type="checkbox"/> Social work  <input type="checkbox"/> Substance abuse treatment  <input type="checkbox"/> Psychologist  <input type="checkbox"/> Occupational therapy  <input type="checkbox"/> Physical therapy  <input type="checkbox"/> Speech &amp; language therapy  <input type="checkbox"/> Physician  <input type="checkbox"/> OB/GYN  <input type="checkbox"/> Pediatrician  <input type="checkbox"/> Psychiatrist  <input type="checkbox"/> Family medicine  <input type="checkbox"/> Internal medicine  <input type="checkbox"/> Preventive medicine  <input type="checkbox"/> Occupational medicine  <input type="checkbox"/> Geneticist  <input type="checkbox"/> Dentist  <input type="checkbox"/> Correctional health  <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Other Profession _____</p>	<p><b>8. What is your current area of study?</b></p> <p><input type="checkbox"/> Counseling student  <input type="checkbox"/> Nursing student  <input type="checkbox"/> Social work student  <input type="checkbox"/> Addictions student  <input type="checkbox"/> Psychology student  <input type="checkbox"/> Occupational therapy student  <input type="checkbox"/> Physical therapy student  <input type="checkbox"/> Speech/language student  <input type="checkbox"/> Medicine  <input type="checkbox"/> OB/GYN resident  <input type="checkbox"/> Pediatric resident  <input type="checkbox"/> Psychiatry resident  <input type="checkbox"/> Family medicine resident  <input type="checkbox"/> Internal medicine resident  <input type="checkbox"/> Genetics resident  <input type="checkbox"/> Dentistry resident  <input type="checkbox"/> Other resident _____</p> <p><input type="checkbox"/> Other Student/Area of Study _____</p>

The public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333 ATTN: PRA (XXXX-XXXX)

**Below are two scenarios that describe alcohol-related behaviors in women. Please read each scenario carefully and respond to the questions that follow regarding the described individual and behavior.**

### **Scenario 1**

Over the past few months, Sally has started to drink more than her usual amount of alcohol. In fact, she has noticed that she now needs to drink twice as much in order to get the same effect. Several times she has tried to cut down or stop drinking. However, each time she tried she became very agitated and couldn't sleep so would start drinking and the symptoms would go away. Her family has complained that she is often hung over, moody, and has become unreliable – making plans one day and cancelling them the next. In fact, they report that she frequently calls them while intoxicated and has no memory of the calls or what she promised the next day.

**Please respond to the following by circling the number that most closely corresponds to your reaction to this situation.**

<b>9. In your opinion, how likely is it that Sally's situation might be caused by...</b>	<b>Not at all likely</b>	<b>Not very likely</b>	<b>Neither likely nor unlikely</b>	<b>Somewhat likely</b>	<b>Very likely</b>
• her own bad character.	1	2	3	4	5
• a chemical imbalance in her brain.	1	2	3	4	5
• the way she was raised.	1	2	3	4	5
• stressful circumstances in her life.	1	2	3	4	5
• a genetic or inherited problem.	1	2	3	4	5
• God's will.	1	2	3	4	5

<b>10. On a scale of 1 (Not at all) - 6 (Extremely), how likely would you be to...</b>	<b>Not at all likely</b>						<b>Extremely likely</b>
• feel ashamed if people knew someone like Sally was a member of your family?	1	2	3	4	5	6	
• be uncomfortable having a conversation with Sally?	1	2	3	4	5	6	
• be angry with Sally?	1	2	3	4	5	6	
• believe that Sally's drinking is controllable?	1	2	3	4	5	6	
• talk with Sally about her drinking?	1	2	3	4	5	6	
• feel sorry for Sally?	1	2	3	4	5	6	
• think that Sally's drinking is her own fault?	1	2	3	4	5	6	
• interview Sally for a job if you were an employer?	1	2	3	4	5	6	
• feel irritated with Sally?	1	2	3	4	5	6	
• be likely to help Sally?	1	2	3	4	5	6	
• feel sympathy for Sally?	1	2	3	4	5	6	
• believe that Sally is responsible for her drinking?	1	2	3	4	5	6	
• rent Sally an apartment if you were a landlord?	1	2	3	4	5	6	
• be concerned about Sally?	1	2	3	4	5	6	
• try to stay away from Sally?	1	2	3	4	5	6	

### **Scenario 2**

During the past year, Jessica has started to drink more than her usual amount of alcohol. In fact, she has noticed that she now needs to drink twice as much in order to get the same effect. Three months ago, Jessica found out that she is pregnant and her doctor told her she should not drink alcohol during her pregnancy. Jessica has tried but so far has not been able to stop drinking. Some of Jessica's friends told her that when they were pregnant the taste and/or smell of alcohol made them sick. Jessica was hoping that she would have the same reaction, but that has not been the case. Out of concern for Jessica's health and the health of her baby, her family has tried several times to talk with her about it. However, they are telling her that she is being selfish and not behaving in the best interest of her child. This approach is only increasing how guilty and ashamed Jessica is feeling about not being able to stop. As a result, Jessica has become very secretive about her drinking, sneaking a drink whenever she has a chance.

Please respond to the following by circling the number that most closely corresponds to your reaction to this situation.

<b>11. In your opinion, how likely is it that Jessica's situation might be caused by...</b>	<b>Not at all likely</b>	<b>Not very likely</b>	<b>Neither likely nor unlikely</b>	<b>Somewhat likely</b>	<b>Very likely</b>
• her own bad character.	1	2	3	4	5
• a chemical imbalance in her brain.	1	2	3	4	5
• the way she was raised.	1	2	3	4	5
• stressful circumstances in her life.	1	2	3	4	5
• a genetic or inherited problem.	1	2	3	4	5
• God's will.	1	2	3	4	5

<b>12. On a scale of 1 (Not at all) - 6 (Extremely), how likely would you be to...</b>	<b>Not at all likely</b>					<b>Extremely likely</b>
• feel ashamed if people knew someone like Jessica was a member of your family?	1	2	3	4	5	6
• be uncomfortable having a conversation with Jessica?	1	2	3	4	5	6
• be angry with Jessica?	1	2	3	4	5	6
• believe that Jessica's drinking is controllable?	1	2	3	4	5	6
• talk with Jessica about her drinking?	1	2	3	4	5	6
• feel sorry for Jessica?	1	2	3	4	5	6
• think that Jessica's drinking is her own fault?	1	2	3	4	5	6
• interview Jessica for a job if you were an employer?	1	2	3	4	5	6
• feel irritated with Jessica?	1	2	3	4	5	6
• be likely to help Jessica?	1	2	3	4	5	6
• feel sympathy for Jessica?	1	2	3	4	5	6
• believe that Jessica is responsible for her drinking?	1	2	3	4	5	6
• rent Jessica an apartment if you were a landlord?	1	2	3	4	5	6
• be concerned about Jessica?	1	2	3	4	5	6
• try to stay away from Jessica?	1	2	3	4	5	6

**The following items deal with factors related to fetal alcohol spectrum disorders.**

**13. The best public health message related to alcohol consumption by women of childbearing age is...**

- Women who know they are pregnant should not consume alcohol.
- Women who are pregnant or could become pregnant should not consume alcohol.
- All sexually active women should not consume alcohol.
- Women of childbearing age should not consume alcohol.
- Alcohol use, in moderation, is safe for all women.

14. An episode of “binge” drinking for women of childbearing age is defined as:

- 2 drinks or more per occasion
- 3 drinks or more per occasion
- 4 drinks or more per occasion
- 5 drinks or more per occasion
- 6 drinks or more per occasion

15. Which one of these is NOT considered a standard drink:

- 12 ounces of beer
- 12 ounces of wine cooler
- 5 ounces of wine
- 3 ounces of vodka
- All of the above are standard drinks

16. Which of the following is NOT an essential element of all brief interventions?

- Empathy
- Responsibility
- Advice
- Confrontation
- Feedback

17. Although specific deficits experienced by individuals with an FASD vary widely, behavioral deficits are likely to include which of the following:

- memory problems, underactivity, and self-injurious behavior
- inattention, memory problems and hyperactivity
- particular mannerisms, hoarding, and memory problems
- emotion regulation, weight loss, fatigue, irritability
- auditory hallucinations, disorganized speech, and flat affect

18. Which of the following include all three facial abnormalities associated with fetal alcohol syndrome?

- Low set ears, large eye openings, large forehead
- Small palpebral fissures, smooth philtrum, thin upper lip
- Large palpebral fissures, smooth philtrum, thin upper lip
- Large forehead, flattened cheeks, small eyes
- Thin upper lip, distinct philtrum, ectropion

19. Which one of the following statements is NOT correct?

- Persons with FASDs may experience problems in school and in getting along with other children.
- Persons with FASDs generally do not need support and services to live and work independently as adults.
- Persons with FASDs can benefit from obtaining an early diagnosis.
- Persons with FASDs may need support and services throughout their lives.
- Persons with FASDs may be at an increased risk for victimization and high risk behaviors.

20. Which of the following is a safe amount of alcohol for a pregnant woman to consume?

- A standard drink twice a week
- A drink that is less than a standard amount twice a week
- After the first trimester, it is safe to have an occasional standard drink
- It is safe to drink alcohol during the third trimester
- No known amount of alcohol is safe during pregnancy

21. Which of the following are considered protective factors against secondary disabilities associated with FASDs?

- Living in stable and nurturing home environments
- Early diagnosis (before 6 years of age)
- Absence of exposure to violence
- Consistency in caregivers
- Eligibility for social and educational services
- All of the above

22. If there is time to ask non-pregnant women only one alcohol-use screening question, which of the following can be used?

- Do you get annoyed with people when you drink?
- On any single occasion during the past 3 months, have you had more than 4 drinks containing alcohol?
- What time of the day do you typically start drinking?
- Are you pregnant (because only pregnant women need to be screened for alcohol use)?
- None of the above can be used

<i>To what extent to you agree with the following statements?</i>	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neither agree nor disagree</i>	<i>Agree</i>	<i>Strongly agree</i>
23. Lifestyle changes don't occur automatically.	1	2	3	4	5
24. FASD is an umbrella term that covers multiple problems related to prenatal exposure to alcohol	1	2	3	4	5
25. There are no societal costs related to FASDs	1	2	3	4	5
26. Alcohol affects multiple organ systems throughout pregnancy... particularly the central nervous system	1	2	3	4	5
27. Only pregnant women need to be screened for alcohol use	1	2	3	4	5
28. There is no safe time, no safe type, and no known safe amount of alcohol that can be consumed during pregnancy	1	2	3	4	5
29. Brief interventions promote reductions in alcohol use among non-dependent individuals	1	2	3	4	5
30. Supportive, non-judgmental counseling can lead to decreased alcohol use during pregnancy	1	2	3	4	5

31. Which of the following is NOT reported as an outcome of research-based interventions for children with FASDs?

- improved social functioning
- improved child behavior
- development of executive functioning and self-regulation
- increased parental distress
- improved parenting attitudes

32. Positive responses given to items on the TWEAK or the T-ACE screening instruments indicate

- a diagnosis of alcoholism.
- the likelihood that the woman will seek treatment for alcohol abuse.
- the need for the health care provider to discuss the risks associated with drinking alcohol, especially when the woman is pregnant.
- the difference between binge drinking and problem drinking.
- the need for immediate admission to a treatment facility for further evaluation.

**33. Alcohol use during pregnancy**

- interferes with the normal proliferation of nerve cells.
- alters the brain's ability to produce or regulate cell growth, division, and survival.
- alters the expression of certain genes.
- alters the pathways of biochemical or electrical signals within cells.
- All of the above

**34. Which one of the following statements is NOT correct?**

- Some women expose their fetus to alcohol because of alcohol dependence or addiction.
- Health providers seek the best outcomes for women and fetuses by efforts to increase foreseeable benefits and minimize foreseeable harms.
- Most medical societies advocate coercive methods as a first intervention for women who expose a fetus to alcohol.
- Health providers have an ethical duty to respect their patients.
- The legal status of fetuses is addressed by federal and state laws.

**35. Which of these is NOT part of the addictive disease process?**

- Craving and compulsion
- Violent behavior
- Loss of control
- Continued use despite adverse consequences
- All of the above are part of the addictive disease process

**36. Scientific studies of the effects of alcohol on the fetus have shown that:**

- Alcohol has no effect on the development of the fetus in the third trimester.
- Alcohol can only affect fetal development in the first trimester.
- A small to moderate amount of alcohol is safest during the second trimester.
- Of all the different types of alcohol, wine is the safest for a pregnant woman to consume.
- None of the above is correct.

**37. Which of the following is NOT required to confirm a diagnosis of fetal alcohol syndrome (FAS)?**

- Facial dysmorphism
- Growth retardation
- Central nervous system (CNS) abnormalities
- Documentation of prenatal alcohol exposure
- All of the above are required for a diagnosis of FAS

***In this final section, we would like to know what you thought about the FASD training. Please circle the number that most closely represents the extent to which you agree with the following statements.***

<b><i>To what extent to you agree with the following statements?</i></b>	<b><i>Strongly disagree</i></b>	<b><i>Disagree</i></b>	<b><i>Neither agree nor</i></b>	<b><i>Agree</i></b>	<b><i>Strongly agree</i></b>
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			<i>disagree</i>		
38. Overall, the FASD training was interesting.	1	2	3	4	5
39. The training content will be useful to me professionally.	1	2	3	4	5
40. The training content increased my awareness & knowledge of the harmful effects of alcohol on the developing fetus.	1	2	3	4	5
41. The training exercises were relevant to the topics covered.	1	2	3	4	5
42. The training handouts enhanced the lecture material.	1	2	3	4	5
43. The instructor seemed knowledgeable about the topics.	1	2	3	4	5
44. The instructor seemed comfortable presenting the material.	1	2	3	4	5
45. I am satisfied with my experience in this training.	1	2	3	4	5

46. How will you use the information you received at this training?

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

48. What additional comments do you have about the *FASD* training?

**Thanks for your participation!!!**