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## Prenatal Alcohol and Other Drug Exposures: Provider Survey

1. Which of the following **best** describes your current professional background? *(Select one)*.
  - Medical provider (e.g., primary care physician, pediatrician, nurse practitioner)
  - Behavioral health or mental health provider (e.g., psychiatrist, psychologist, behavioral specialist, counselor, LPC, LSCW)
  - Developmental therapist of intervention services (e.g., speech pathologist, physical therapist, occupational therapist)
  - Education specialist (e.g., early intervention specialist, education specialist)
  - Other (please describe) \_\_\_\_\_
  
2. How many years have you provided services to children and/or families involved with [LOCAL CW AGENCY]? *(Select one)*
  - Less than 1 year
  - 1 to 5 years
  - 6 to 10 years
  - 11-20 years
  - 21+ years
  
3. How many years have you provided services to children and/or families involved with the child welfare system? *(Select one)*
  - Less than 1 year
  - 1 to 5 years
  - 6 to 10 years
  - 11-20 years
  - 21+ years
  
4. In the **previous 12 months**, how many children involved with the child welfare system have you (not your practice, but you **as an individual provider**) provided services to? Your best guess is fine. *(Select one)*
  - Under 10
  - 11-25
  - 26-50
  - 51-75
  - 76-100
  - Over 100
  
5. Please select the ages of children that you typically work with that are involved with the [LOCAL CW AGENCY]. *(Select all that apply)*

- Prenatal
- Newborn-less than 1
- 1-5

- 6-10
- 11-15
- 16+

This next set of questions asks about the services that you provide to children involved with [LOCAL CW AGENCY] and how you communicate with those children’s caregivers and child welfare agency staff. Please remember that this survey is anonymous and your responses will not affect your employment status or partnership with [LOCAL CW AGENCY].

**6. Which of the following best describes services you, as an individual, provide to children involved with [NAME OF LOCAL CHILD WELFARE AGENCY]?**

When you do serve <b>children involved with the child welfare agency:</b>			
	<b>...how often do you provide this service to those children?</b>	<b>...how long after calling to schedule an appointment are they typically able to be seen?</b>	
<i>(Select the <u>best response</u> for each question for each row)</i>			
<b>a. Medical examinations, physical health checks, or other medical treatment:</b>	<input type="radio"/> Routinely <input type="radio"/> Rarely <input type="radio"/> Occasionally <input type="radio"/> Never	<input type="radio"/> Don't provide service <input type="radio"/> 1 week or less <input type="radio"/> 2-6 weeks	<input type="radio"/> 7 weeks to 3 months <input type="radio"/> 4+ months
<b>b. Initial screening to identify potential developmental, learning, intellectual and/or cognitive issues:</b>	<input type="radio"/> Routinely <input type="radio"/> Rarely <input type="radio"/> Occasionally <input type="radio"/> Never	<input type="radio"/> Don't provide service <input type="radio"/> 1 week or less <input type="radio"/> 2-6 weeks	<input type="radio"/> 7 weeks to 3 months <input type="radio"/> 4+ months
<b>c. Assessment and/or diagnosis of developmental, learning, intellectual, and/or cognitive issues:</b>	<input type="radio"/> Routinely <input type="radio"/> Rarely <input type="radio"/> Occasionally <input type="radio"/> Never	<input type="radio"/> Don't provide service <input type="radio"/> 1 week or less <input type="radio"/> 2-6 weeks	<input type="radio"/> 7 weeks to 3 months <input type="radio"/> 4+ months
<b>d. Ongoing treatment for developmental, learning, intellectual, and/or cognitive issues:</b>	<input type="radio"/> Routinely <input type="radio"/> Rarely <input type="radio"/> Occasionally <input type="radio"/> Never	<input type="radio"/> Don't provide service <input type="radio"/> 1 week or less <input type="radio"/> 2-6 weeks	<input type="radio"/> 7 weeks to 3 months <input type="radio"/> 4+ months
<b>e. Initial screening to identify potential mental health or behavioral issues:</b>	<input type="radio"/> Routinely <input type="radio"/> Rarely <input type="radio"/> Occasionally <input type="radio"/> Never	<input type="radio"/> Don't provide service <input type="radio"/> 1 week or less <input type="radio"/> 2-6 weeks	<input type="radio"/> 7 weeks to 3 months <input type="radio"/> 4+ months
<b>f. Assessment and/or diagnosis of mental health or behavioral issues:</b>	<input type="radio"/> Routinely <input type="radio"/> Rarely <input type="radio"/> Occasionally <input type="radio"/> Never	<input type="radio"/> Don't provide service <input type="radio"/> 1 week or less <input type="radio"/> 2-6 weeks	<input type="radio"/> 7 weeks to 3 months <input type="radio"/> 4+ months
<b>g. Ongoing treatment for mental health or behavioral issues:</b>	<input type="radio"/> Routinely <input type="radio"/> Rarely <input type="radio"/> Occasionally <input type="radio"/> Never	<input type="radio"/> Don't provide service <input type="radio"/> 1 week or less <input type="radio"/> 2-6 weeks	<input type="radio"/> 7 weeks to 3 months <input type="radio"/> 4+ months
<b>h. Screening, assessment and/or diagnosis to identify speech, physical therapy, and/or occupational needs:</b>	<input type="radio"/> Routinely <input type="radio"/> Rarely <input type="radio"/> Occasionally <input type="radio"/> Never	<input type="radio"/> Don't provide service <input type="radio"/> 1 week or less <input type="radio"/> 2-6 weeks	<input type="radio"/> 7 weeks to 3 months <input type="radio"/> 4+ months
<b>i. Ongoing treatment for speech, physical therapy, and/or occupational therapy:</b>	<input type="radio"/> Routinely <input type="radio"/> Rarely <input type="radio"/> Occasionally <input type="radio"/> Never	<input type="radio"/> Don't provide service <input type="radio"/> 1 week or less <input type="radio"/> 2-6 weeks	<input type="radio"/> 7 weeks to 3 months <input type="radio"/> 4+ months
<b>j. Referral or specific assessment of</b>	<input type="radio"/> Routinely <input type="radio"/> Rarely	<input type="radio"/> Don't provide service	<input type="radio"/> 7 weeks to 3

diagnosis related to prenatal alcohol exposure:	<input type="radio"/> Occasionally <input type="radio"/> Never	<input type="radio"/> 1 week or less <input type="radio"/> 2-6 weeks	months <input type="radio"/> 4+ months
k. Referral or specific assessment of diagnosis related to prenatal substance exposure (other than alcohol).	<input type="radio"/> Routinely <input type="radio"/> Rarely <input type="radio"/> Occasionally <input type="radio"/> Never	<input type="radio"/> Don't provide service <input type="radio"/> 1 week or less <input type="radio"/> 2-6 weeks	<input type="radio"/> 7 weeks to 3 months <input type="radio"/> 4+ months

7. Does your organization or do you as an individual have an inter-agency agreement/memo of understanding (MOU) with [LOCAL CHILD WELFARE AGENCY] to provide services to children involved with the child welfare agency?

- Yes
- No
- Don't know

8. Among the services listed in Question 6 that you provide to children involved with [LOCAL CHILD WELFARE AGENCIES], do you tend to provide these services based on certain child characteristics (e.g. age of child, type of child welfare placement)?

- Yes, please describe any child characteristics that tend to influence your services.

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- No, I tend to provide these services to all groups of children regardless of their age, child welfare placement type, or other characteristics and needs.

9. After providing services to a child involved with [LOCAL CHILD WELFARE AGENCY], what is the typical process you use for communicating medical needs, updated diagnoses, and/or general impressions or recommendations with case workers and/or caregivers? (Select all that apply)

- Give information at the time of appointment to child welfare agency staff/ caseworker who brings the child
- Give information at the time of appointment to family/guardian/caregiver who brings the child
- Follow-up communication to child welfare agency staff/caseworker to give results of child's appointment
- Follow-up communication to family/guardian/caregiver to give results of child's appointment
- Other (please describe) \_\_\_\_\_

*This next set of questions asks specifically about children involved with [LOCAL CHILD WELFARE AGENCY] who are known as (or suspected of) being prenatally exposed to alcohol.*

10. Does the way you provide services change if you have reason to believe, or actually know, that a child has been prenatally exposed to alcohol?

- Yes, please describe how this knowledge might affect your services to the child:

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- No.

11. Among the children involved with the [LOCAL CHILD WELFARE AGENCY], that you have personally provided services to in the previous 12 months, what percentage of children would you estimate had been prenatally exposed to alcohol? \_\_\_\_\_%
12. For children involved with [LOCAL CHILD WELFARE AGENCY], whom you suspect are prenatally exposed to alcohol, what are your three most common recommendations (this could include referrals to other services)?
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
13. Does the way you provide services change if you have reason to believe, or actually know, that a child has been prenatally exposed to drugs other than alcohol?
- Yes, please describe how this knowledge might affect your services to the child:
- \_\_\_\_\_
- \_\_\_\_\_
- No.
14. Please consider the children involved with the [LOCAL CHILD WELFARE AGENCY] that you have personally provided services to over the previous 12 months. What percentage of those children would you estimate had been prenatally exposed to drugs other than alcohol? \_\_\_\_\_%
15. Thinking about the children involved with [LOCAL CHILD WELFARE AGENCY] who you have reason to believe may have been prenatally exposed to drugs other than alcohol, what are your three most common recommendations (this could include referrals to other services)?
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_

*The next set of questions asks about training that you may have received about prenatal substance exposure and your level of knowledge about prenatal substance exposure. As a reminder, this survey is anonymous and your responses will not affect your employment status or partnership with [LOCAL CHILD WELFARE AGENCY].*

16. Have you ever participated in courses or training about identifying or treating the physical, developmental or behavioral effects of children with prenatal substance exposure?
- Yes [go to Q17]
- No [skip to Q18]
17. Please select the types of substances that were included in those courses or trainings. Some substances listed below can fall into more than one category. (*select all that apply*).
- Alcohol  Tobacco

- Marijuana
- Opioids (e.g., heroin, morphine, codeine, OxyContin, Percocet)
- Stimulants (e.g., cocaine, methamphetamine, ecstasy)
- Other illicit drugs (e.g., PCP, bath salts)
- Other misused prescription medication (e.g., Ritalin, Adderall, Xanax, etc.).

**18. How would you rate your level of understanding about the development of children with prenatal exposure to alcohol? (Select one).**

- No knowledge
- Beginner
- Intermediate
- Advanced

**19. How would you rate your level of understanding about the development of children with prenatal exposure to drugs other than alcohol? (Select one).**

- No knowledge
- Beginner
- Intermediate
- Advanced

**20. In your opinion, what type of prenatal substance exposure do you think is most harmful? (select one).**

- Alcohol
- Tobacco
- Marijuana
- Opioids (e.g., heroin, morphine, codeine, OxyContin, Percocet)
- Stimulants (e.g., cocaine, methamphetamine, ecstasy)
- Other illicit drugs (e.g., PCP, bath salts)
- Other misused prescription medication (e.g., Ritalin, Adderall, Xanax, etc.).

**Please select either “True” or “False” to reflect your opinions and knowledge about prenatal exposure to alcohol.**

- 21. Alcohol use during pregnancy is one of the leading known cause of developmental disability and birth defects in the United States. True False**
- 22. Alcohol can harm an embryo or fetus at any time during pregnancy. True False**
- 23. Women who drink early in pregnancy but stop drinking are not at risk for having a child with a Fetal Alcohol Spectrum Disorder. True False**
- 24. Of all substances of abuse, alcohol produces the most serious neurobehavioral effects in the fetus. True False**
- 25. There is no cure for Fetal Alcohol Spectrum Disorders, although treatment can mitigate some effects. True False**

26. A woman can have 1 or 2 drinks a day without causing harm to her baby since she isn't bingeing. True False
27. Fetal Alcohol Spectrum Disorders only occur if the mother is an alcoholic during pregnancy. True False
28. Most children with a Fetal Alcohol Spectrum Disorder have unusual facial features. True False
29. Please select all of the possible effects of prenatal exposure to alcohol on children. (Select all that apply).
- |   |   |
|---|---|
| <input type="checkbox"/> Growth deficits  | <input type="checkbox"/> Learning disabilities              |
| <input type="checkbox"/> Brain damage   | <input type="checkbox"/> Social issues                      |
| <input type="checkbox"/> Intellectual disability                                | <input type="checkbox"/> Sleep problems                     |
| <input type="checkbox"/> Abnormal facial characteristics                        | <input type="checkbox"/> Poor adaptive skills               |
| <input type="checkbox"/> Heart, lung, and kidney defects                        | <input type="checkbox"/> Neonatal Abstinence Syndrome (NAS) |
| <input type="checkbox"/> Hyperactivity and behavior problems                    | <input type="checkbox"/> Other effects (please describe):   |
| <input type="checkbox"/> Attention and memory problems                          | -----   |
| <input type="checkbox"/> Difficult with judgment, reasoning and self-regulation |   |

*Finally, these last questions ask about your general impressions and feedback about service availability as well as working with [LOCAL CHILD WELFARE AGENCY]. Please remember that the answers that you provide are anonymous and your responses will not affect your partnership with [LOCAL CHILD WELFARE AGENCY] or any staff at that agency.*

30. In your local community, are there challenges in accessing services for children, or in the types of services available for children who may be affected by prenatal exposure to alcohol or other drugs? If so, please describe:
- 
- 
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31. From your perspective, what processes best support the identification, assessment, and treatment of children involved with [LOCAL CHILD WELFARE AGENCY] who have been prenatally exposed to alcohol or other drugs?
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Thank you for your participation!