

Treatment Across the Lifespan for Persons with FASD

Form Approved
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Exp.: XX/XX/XXXX

AMERICAN ACADEMY OF PEDIATRICS POST-TRAINING EVALUATION SURVEY

Thank you completing the training on fetal alcohol spectrum disorders (FASD). We would like to invite you to complete a post-training evaluation survey. We appreciate your willingness to help us evaluate the effectiveness of the training and its impact on your practice as you address the prevention, identification, and treatment of FASD.

This survey will take approximately 7 minutes to complete. Your responses will be kept secure and no individually identifying information will be included. Risks to participating in this survey are minimal and include the risk of your information becoming known to individuals outside the AAP.

Your participation in this survey is voluntary. You may decline to answer any question and you have the right to stop the survey at any time.

Please submit questions to the project partners at PEHDIC@aap.org.

UNIQUE IDENTIFIER INFORMATION (to help us match your pre- and post-training surveys)

Today's date: ___ ___ / ___ ___ / ___ ___ ___ ___

1. First 2 letters of your mother's maiden name ___ ___
2. Month of your birthday ___ ___
3. Last 2 digits of your social security number ___ ___
4. State in which you practice ___ ___

The public reporting burden of this collection of information is estimated to average 7 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 (0920-1129)

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TRAINING SATISFACTION

5. To what extent do you agree the following educational objectives were met? (Mark one response per row)

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Identify potential referrals, secondary conditions, risk factors, and care planning for individuals with FASDs.	1	2	3	4	5
Describe developmental and functional concerns for individuals with FASDs and their families.	1	2	3	4	5
Explain various treatment approaches for FASDs.	1	2	3	4	5
Explain support services and resources for families and providers.	1	2	3	4	5

KNOWLEDGE QUESTION

6. Which of the following are true statements? (Check all that apply)

- a. FASDs are temporary conditions that children outgrow.
- b. Treatment options for FASDs are aimed at improving the symptoms and/or providing environmental modifications, and developing parenting strategies and educational interventions, to optimally address the brain-based problems.
- c. Even with appropriate services and supports, individuals with an FASD cannot be successful and productive members of society.
- d. Each person with an FASD is similar, so treatment approaches are standard and do not require individual modification
- e. Children with FASDs may benefit from a structured environment in both home and school where there are reasonable rules, expectations, routines, and supervision.

7. Which of the following is a true statement? (Check all that apply)

- a. Children with FASDs benefit from a structured environment where there are reasonable rules, expectations, routines, and supervision based on their developmental age.
- b. Many children with an FASD have an elevated sense of self due to the neurobehavioral dysregulation.
- c. The developmental disabilities seen in FASD are only seen before the age of 5 and do not manifest until the child is school age or older.

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- d. While FASDs are medical conditions, medications have no place in their management.
- e. Unlike children when with other developmental disabilities, children with FASD respond best to punishments they violate rules rather than positive behavioral reinforcement.

8. Which of the following approaches can be used to manage and treat FASDs? (Check all that apply)

- a. A combination of special education, vocational programs, and tutors.
- b. Medication for treating specific symptoms.
- c. Behavioral and developmental evaluation and therapy.
- d. Interventions that include parent-child interaction in a structured environment.
- e. Trial on alternative diets such as limiting sugar and carbohydrate intake or diets rich in calcium.

9. Which of the following is NOT a common neurobehavioral finding in children with prenatal alcohol exposure? (Check all that apply)

- a. Little or no interest in playing with children.
- b. Poor reading comprehension, memory deficits, and difficulty with mathematics.
- c. Short attention span, hyperactivity, and increased distractibility.
- d. Poor problem-solving abilities, social skill deficits, and language skill delays.
- e. Impulsive and aggressive behavior.

10. Complete the sentence by selecting all answers that are applicable.

It is important to obtain the history of prenatal alcohol exposure and identify a patient with an FASD even if a child is already in the school-age years because children with prenatal alcohol exposure: (Check all that apply)

- a. Can have behavioral problems that do not respond to traditional parenting or behavioral intervention strategies.
- b. May need a different approach to learning (may need an individualized education plan in the school setting).
- c. May have social skill deficits that need to be addressed with close supervision and guidance and support in peer and adult interactions.
- d. Generally have no discernible problems in expressive language that masks disabilities in auditory processing, receptive communication and social pragmatic use of speech as well as other hidden disabilities.
- e. Have impairments and disabilities that often do not improve until they reach adulthood.

OPINION QUESTIONS

11. To what extent do you agree with the following statement?

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. Concern about mothers'/parents' response to screening for	1	2	3	4	5

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	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
prenatal alcohol exposure is a barrier to screening.					
b. Diagnosis of one of the FASDs may confer a negative stigma to a child and/or his or her family	1	2	3	4	5

PRACTICE QUESTIONS

If any of the following screening, diagnostic or referral items do not apply to you in your current position, please circle "N/A" for each item that is not applicable.

12. How confident are you in your skills to do the following? (Mark one response per row)

	N/A	Not at all Confident in my Skills	A Little Confident in my Skills	Moderately Confident in my Skills	Confident in my skills	Completely Confident in my skills
a. Utilize resources to refer patients for diagnosis and/or treatment for FAS(D)	0	1	2	3	4	5
b. Manage/coordinate the treatment of persons with FASDs	0	1	2	3	4	5

13. How willing are you to do the following? (Mark one response per row)

	N/A	Not at all Willing	A little Willing	Moderately Willing	Willin g	Completely Willing
a. Utilize resources to refer patients for diagnosis and/or treatment for FAS(D)	0	1	2	3	4	5
b. Manage/coordinate the treatment of persons with FASDs	0	1	2	3	4	5

GENERAL QUESTIONS

14 Based on what you learned in this activity, do you plan to change:

- a) The strategies you implement in practice (e.g., how you diagnose/manage patients, coordinate care, etc.)? Yes No
- b) What you do in practice (e.g., how you perform exams, instruct, counsel patients/families, etc.)? Yes No

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If YES to either of the above questions, please identify any changes in practice that you plan to make:

If NO and you do not plan to make changes in practice, other than lack of time and resources, why not? (select all that apply)

Systems-related barriers - please describe:

The activity reinforced what I am already doing in practice

No practice changes were recommended

Changes were not appropriate options for my practice

Other - please describe: _____

15. On a scale of 1 to 7, what was the return on your investment of time/effort for participating in this activity? (1 low return to 7 high return)

Low return			Medium return			High return
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

16. Do you feel a commercial product, device, or service was inappropriately promoted in the educational content?

Yes No

If yes, please comment:

16. On a scale of 1 to 5 (1 not at all valuable to 5 highly valuable), please rate the value of the including of MOC points for participating in this activity.

Not at all valuable	Somewhat valuable	Neutral	Valuable	Highly valuable
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

17. This MOC activity is relevant to my current practice. Yes No

If yes, please explain why: _____

18. Please share any additional comments and suggestions for how to improve this educational session.

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Thank you for taking the time to answer these questions!