

# Treatment Across the Lifespan for Persons with FASD

Form Approved  
OMB No. xxxx-xxxx  
Exp. Date xx/xx/xxxx

## AMERICAN ACADEMY OF PEDIATRICS PRE-TRAINING EVALUATION SURVEY

Thank you for your interest in fetal alcohol spectrum disorders (FASD). We would like to invite you to complete a pre-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 10 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. This project is being conducted with support from the Centers for Disease Control and Prevention (CoAg# OT18-1802). We plan to share findings with CDC in de-identified, aggregate form.

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](mailto:PEHDIC@aap.org).

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

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 10 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,

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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)

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## KNOWLEDGE QUESTIONS

5. 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, expectation, routines, and supervision.
6. 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.
  - D. While FASDs are medical conditions, medications have no place in their management.
  - E. Unlike children with other developmental disabilities, when they violate rules, children with FASD respond best to punishments rather than positive behavioral reinforcement.
7. 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.
8. 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.

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9. 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. May not have discernible problems in expressive language which can mask 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

10. 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 prenatal alcohol exposure is a barrier to screening.	1	2	3	4	5
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.

11. How often do you do the following?

	N/A	Never	Rarely	Sometimes	Usually	Always
a. Manage/coordinate the treatment of patient	0	1	2	3	4	5

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

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	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	Willing	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

14. Please feel free to comment on your response to any of the questions in this survey.

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Please take a moment to tell us about yourself:	
<p><b>How would you describe your gender identity? :</b></p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p><b>Are you Hispanic or Latino/a?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes (includes: Mexican, Mexican American, Chicano, Puerto Rican, Cuban, or other Hispanic or Latino/a)</p> <p><b>With what racial or cultural group(s) do you identify yourself? (Mark all that apply)</b></p> <p><input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Other (specify): _____</p>	<p><b>What year did you complete or will you complete your training:</b></p> <p>_____</p> <p><b>Are you, or will you be, a:</b></p> <p><input type="checkbox"/> Primary Care Pediatrician <input type="checkbox"/> Developmental/Behavioral Pediatrician <input type="checkbox"/> Geneticist <input type="checkbox"/> Other Pediatric Sub-specialty Specify: _____ <input type="checkbox"/> Family Physician <input type="checkbox"/> Other (specify): _____</p> <p><b>Please indicate your primary employment site setting, that is, the setting where you spend most of your time. Mark only ONE response.</b></p> <p><input type="checkbox"/> Self-employed solo practice <input type="checkbox"/> Two physician practice <input type="checkbox"/> Pediatric group practice, 3-10 pediatricians <input type="checkbox"/> Pediatric group practice, &gt;10 pediatricians <input type="checkbox"/> Multispecialty group practice <input type="checkbox"/> Health maintenance organization (staff model) <input type="checkbox"/> Medical school or parent university <input type="checkbox"/> Non-profit community health center <input type="checkbox"/> Non-government hospital or clinic <input type="checkbox"/> City/county/state government hospital or clinic <input type="checkbox"/> US government hospital or clinic <input type="checkbox"/> Other: _____</p> <p><b>Please describe the community in which your primary practice/position is located?</b></p> <p><input type="checkbox"/> Urban, inner city <input type="checkbox"/> Urban, not inner city <input type="checkbox"/> Suburban <input type="checkbox"/> Rural</p>

*Thank you for taking the time to answer these questions!*