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Prenatal Alcohol and Other Drug Exposures: A Child Welfare Practice Toolkit Survey of Knowledge

Thank you for considering participation in this survey, a component of the U.S. Department of Health and Human Services' evaluation of the *Prenatal Alcohol and Other Drug Exposures: A Child Welfare Toolkit*. This survey is an opportunity for the evaluation team to understand what agency staff know about aspects of screening for prenatal substance exposure, as well as identifying and caring for children prenatally exposed to substances. This information helps us to understand whether any changes need to be made to the toolkit content in the future to improve its usefulness to child welfare professionals.

We realize how limited your time is; the survey should take approximately 16 minutes to complete. Your participation in the survey is voluntary. You may decline to answer any question you do not wish to answer, and you may exit the survey at any time. There are no risks involved in participating in the survey. While you will not receive any direct benefits from participating in this survey, your responses will help us learn more about the usefulness of the toolkit.

Your survey responses will be stored in a password-protected electronic database. Only evaluation team members from the contract staff of JBA and ICF will be able to access survey data. Your name, or any other personally identifying information, will not appear in any report. Be assured that your individual responses will not be shared with your colleagues, supervisors, leadership, or any other staff of your agency. Your survey responses will remain private to the extent permitted by law.

If you have questions or concerns about the survey or the evaluation, you may contact Project Director Erin Ingoldsby at ingoldsby@jbassoc.com.

Please select your choice below. You may print a copy of this consent form for your records. Clicking on the "Agree" button indicates that:

- You have read the above information.
- You voluntarily agree to participate.
- You are 18 years of age or older.
- Agree
- Disagree

Section A. Knowledge of issues covered in the Strategic Planning module of the toolkit

For this set of items, please select the answer that is MOST correct.

	Draft phrasing of item
A-1	<p>When planning to implement a new identification/screening process for prenatal exposures, which of the following steps does NOT need to be considered before implementation?</p> <ol style="list-style-type: none"> The team should outline a policy and criteria that guide child welfare staff on who should be screened and who does not need to be screened. The team should ensure that child welfare professionals have received training on prenatal alcohol exposure, the reasons someone may drink during pregnancy, and the effects. The team should understand how poorly implemented or inconsistent screening practices can lead to disparities and disproportionality in child welfare involvement. The team should have an agency-wide standard for referring families for additional services that can help clarify conditions and diagnoses.
A-2	<p>Effective organizational planning requires input from varying perspectives. This includes involving persons with lived experience. Which of the following options best describes how these stakeholders should be included?</p> <ol style="list-style-type: none"> Birth parents can provide comments on practices after implementation to demonstrate the child welfare agency's attempt to partner. Foster parents can help co-create services and processes to effectively support children prenatally exposed to alcohol. Families should be asked to participate in system improvements, even if system stakeholders are more influential. Adults with FASD should be consulted in case management decisions for children with potential prenatal alcohol exposure.
A-3	<p>Which of the following statements is FALSE regarding engagement in cross-system collaboration to address prenatal substance exposures?</p> <ol style="list-style-type: none"> Prenatal substance exposures require support from multiple service agencies. Substance use and child welfare involvement are often multi-generational issues. Collaboration across multiple systems often results in loss of information. Collaboration builds authentic engagement with families in service delivery.
A-4	<p>When considering cross-system collaboration, it is important to...</p> <ol style="list-style-type: none"> ...carefully consider which system partners are included, as discussions can leave the child welfare agency vulnerable to scrutiny. ...determine when you would like to implement changes, as collaborating with multiple partners can impede decision-making. ...consider the work needed to implement, as cross-system collaboration can help build an agency's internal capacity to manage change. ...weigh the costs and benefits, as it may be too difficult to get everyone adequately informed about the desired system improvements.

Section B. Knowledge of issues covered in the Staff Training module of the toolkit

For this set of items, please select the answer that is MOST correct.

	Draft phrasing of item
B-1	True or False ? Fetal alcohol spectrum disorders (FASDs) are considered a brain-based disability because they rarely have physical symptomology.
B-2	Prenatal exposure to alcohol can affect how a child grows and develops. Which of the following is a possible indicator of FASDs? a. Larger head size b. Gross motor impairment c. Above-average BMI
B-3	Why are FASDs referred to as a “hidden disability”? a. Most children with FASDs have facial abnormalities associated with other conditions. b. Behaviors exhibited by children with FASDs can look very similar to autism or ADHD. c. Behavioral, intellectual, and physical effects are often so specific they’re difficult to identify.
B-4	True or False ? Common parenting strategies are typically effective in parenting children with FASDs too.
B-5	Which of the following strategies has been shown to be effective for parenting children with FASDs? a. Focusing on autonomy and choice b. Giving consequences for misbehavior c. Implementing external supports or cues
B-6	Which of the following substances causes the most significant, permanent changes to the developing brain with long-term neurobehavioral effects? a. Alcohol b. Cocaine c. Heroin d. Marijuana
B-7	Every child welfare professional can contribute to identifying possible parental substance exposure through screening, observation, and discussion with caregivers. Using information in the table below, match each child welfare professional role with an additional opportunity to explore information about potential prenatal exposure to alcohol and other drugs. Please select the best response for each role. [See below]

B-7		
Answer	Child Welfare Role	Opportunity to Explore Information about PSE/PAE
d.	1. Foster care	a. Build rapport with families and help them access what they need to remain together
c.	2. Investigations/assessment	b. Help ensure families have the information and services they need to care for their children
a.	3. In-home services	c. Meet with families in their home and help set the stage for a supportive, strengths-based approach to screening
b.	4. Adoption	d. Support relationships between foster care

		providers and parents and explore emerging needs and connections to services
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Section C. Knowledge of issues covered in the Screen and Identify module of the toolkit

For this set of items, please select the answer that is MOST correct.

C-1	<p>Which of the following is NOT a characteristic of prenatal substance exposure screening in the context of child welfare?</p> <ul style="list-style-type: none"> a. A way to determine the likelihood of a child or youth’s prenatal alcohol exposure b. A universal, structured dialogue between a child welfare caseworker and a parent or caregiver c. A clinical assessment that determines whether prenatal alcohol exposure has had a diagnosable effect on a child d. A process that may or may not include a formal screening tool
C-2	<p>Many agencies develop Plans of Safe Care (POSC) for infants born and identified as being substance exposed, a requirement for agencies established through the <i>Comprehensive Addiction and Recovery Act (CARA)</i> of the Child Abuse and Prevention Treatment Act (CAPTA). Most of these children are referred to a child welfare agency due to a toxicology test that confirms prenatal exposure to substances or when neonatal abstinence syndrome (NAS) or neonatal opioid withdrawal syndrome (NOWS) is suspected or confirmed.</p> <p>Which of the following statements is TRUE of toxicology test for identifying children exposed to alcohol before birth?</p> <ul style="list-style-type: none"> a. Conversations about alcohol consumption in pregnancy is recommended; however, toxicology tests are required to confirm exposure. b. A positive toxicology report should also prompt conversations about alcohol use, because polysubstance use is very common. c. Toxicology tests can be limited but are able to reliably detect alcohol consumed during the third trimester of pregnancy.
C-3	<p>Screening and identification processes must be guided by thoughtful policy and procedures. Which of the following is recommended when implementing screening processes for the identification of prenatal alcohol and other drug use?</p> <ul style="list-style-type: none"> a. Incorporate screenings as a part of routine child welfare assessment procedures, like health assessments, developmental screenings, and family assessments. b. Train child welfare staff on the effects of prenatal alcohol exposure in order to determine when it is appropriate to complete screenings with families. c. Rely on newborn toxicology screenings completed by trained medical professionals, as these tests are comprehensive and routinely performed at most hospital.
C-4	<p>Which of the following statements is TRUE regarding documentation processes for information gathered about prenatal exposures to alcohol and other drugs?</p> <ul style="list-style-type: none"> a. Documentation is critical because it can serve as evidence for removal b. Negative screens should be documented so additional inquiries are avoided c. Data forms should distinguish between drug and alcohol use during pregnancy

C-5	<p>Which of the following should child welfare professionals do to enhance identification and care of children with prenatal alcohol and other drug exposures?</p> <ul style="list-style-type: none"> a. Look for and take opportunities to obtain information about potential prenatal exposure in interactions with parents and other sources. b. Document information obtained about prenatal substance exposure in case files. c. Consider if the case has enough indicators that prenatal substance exposure history should be obtained. d. A and B e. All of the above
C-6	<p>Which of the following is NOT an effective screening approach?</p> <ul style="list-style-type: none"> a. Conduct screening driven by organizational policy and protocol. b. Use culturally responsive screening practices. c. Target screening only to the children suspected of being prenatally exposed to alcohol or other substances. d. Have ongoing conversations with families founded on authenticity to reduce fear of punishment or stigma.
C-7	<p>Which of the following is NOT an effective screening approach?</p> <ul style="list-style-type: none"> a. Conducting screenings driven by organizational policy and protocol. b. Applying screening processes that align with the family's cultural values. c. Targeting screenings to children most at-risk of prenatal exposure. d. Encouraging families to confirm prenatal alcohol exposure without punishment or stigma.
C-8	<p>True or False? The primary responsibility for successfully embedding screening into an agency's child welfare practice lies with front-line staff, because they typically administer the screenings.</p>
C-9	<p>Even when toxicology screenings are universally performed, reporting to child welfare can be inconsistent and demonstrate bias. For this reason...</p> <ul style="list-style-type: none"> a. ...all hospitals have adopted universal prenatal alcohol exposure screening and reporting policies. b. ...all child welfare agencies are encouraged to adopt universal prenatal alcohol exposure screening approaches. c. ...all child welfare staff should be trained to identify when prenatal alcohol exposure screening is needed.
C-10	<p>True or False? A maternal history of prenatal substance use, including alcohol use, should be collected for <u>every</u> child involved with child welfare.</p>

Section D. Knowledge of issues covered in the Refer and Integrate Services module of the toolkit

For this set of items, please select the answer that is MOST correct.

D-1	<p>Which of the following is <u>not</u> an example of an effective parenting program or support strategy for families affected by prenatal substance exposure?</p> <ul style="list-style-type: none"> a. Creating an ecomap of a family's support system to help identify family and community supports for parents and caregivers. b. Helping parents or caregivers correct poor parenting habits that serve as common triggers for misbehavior by children. c. Establishing and maintaining external supports for the child, such as buddy systems, picture prompts, or consistent routines. d. Helping parents or caregivers understand that challenging behaviors are often the result of prenatal brain damage.
D-2	<p>After exposure to alcohol before birth is confirmed, which of the following is associated with positive outcomes for children and youth?</p> <ul style="list-style-type: none"> a. Maternal substance use treatment b. Treatments for withdrawal symptoms c. Special education programs
D-3	<p>To receive a formal diagnosis of a Fetal Alcohol Spectrum Disorder (FASD), children and youth must be...</p> <ul style="list-style-type: none"> a. examined by their primary care physician or another medical professional. b. evaluated at a specialized diagnostic clinic by a multidisciplinary team. c. given a comprehensive toxicology screening and test positive for alcohol.
D-4	<p>True or False? Adolescents who were prenatally exposed to drugs may be more inclined to misuse substances themselves and could therefore benefit from substance use counseling.</p>
D-5	<p>In many jurisdictions, services for families affected by prenatal exposures to alcohol and other drugs may be unavailable or inaccessible. However, child welfare agencies can work with providers to tailor existing services to meet the needs of these families. Which of the following is an example of a service that can be adapted:</p> <ul style="list-style-type: none"> a. Substance use treatments can be modified to emphasize and support the parent-child bond b. Concepts for evidence-based interventions in group formats can be distilled and provided at the individual level c. Parenting guidance and resources can be tailored to teach skills relevant for caregivers of children with prenatal exposures d. All of the above services can be adapted appropriately
D-6	<p>Child welfare agencies may need to provide direct assistance to families to access services for children with prenatal exposures to alcohol and other drugs. Which of the following options best describe how caseworkers can encourage follow-through?</p> <ul style="list-style-type: none"> a. Inquire about any barriers families have to attendance b. Encourage families to make their own appointments c. Inform families how lack of follow-through may be viewed
D-7	<p>True or False? Some states have their own confidentiality laws that take precedence over HIPAA regulations.</p>

D-8	True or False ? Due to HIPAA Privacy Rules, child welfare staff are not able to follow up with service providers on diagnostic results or treatment plans.
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Section E. Knowledge of issues covered in the Partner with Caregivers module of the toolkit

For this set of items, please select the answer that is MOST correct.

E-1	<p>Which of the following is a common sign of Neonatal Abstinence Syndrome (NAS) and Neonatal Opioid Withdrawal Syndrome (NOWS)?</p> <ul style="list-style-type: none">a. High-pitched criesb. Excessive sleepingc. Weakened reflexesd. Hearing impairment
E-2	<p>The effects of prenatal exposure to alcohol and other substances may mirror the symptoms of other conditions, leading to inaccurate diagnoses or diagnosis of the co-occurring condition only. Getting an accurate and complete diagnosis is critical because</p> <ul style="list-style-type: none">a. The sooner prenatal alcohol exposure is confirmed, the more likely its impacts can be reversedb. Not all services are recommended for children with FASD, even some that are typically effectivec. Unlike ADHD or autism, children with prenatal alcohol exposure typically outgrow their behaviors
E-3	<p>True or False? Child welfare professionals who partner with kinship, foster care providers, and adoptive parents using a singular approach will be most effective.</p>
E-4	<p>What is NOT a key message child welfare professionals can communicate to help reduce shame and guilt among people whose child was exposed to alcohol or other substances before birth?</p> <ul style="list-style-type: none">a. Most people who ingest substances during pregnancy are taking medication for their own health (e.g., anti-depressants).b. Some people ingest substances before they know they are pregnant.c. Some people ingest alcohol because a physician said it was ok to drink some wine with dinner while pregnant.b. Having a child with an FASD does not mean the parent is a bad parent.