Development of a FASD Curriculum for Alaskans

Final Report to National Area Health Education Center Office

Submitted by

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May 2003
EXECUTIVE SUMMARY

In May 2001, the Alaska Center for Rural Health (ACRH), University of Alaska Anchorage, received a purchase order from the National Area Health Education Center Office in the Bureau of Health Professions, Health Resources & Services Administration. ACRH is Alaska’s Area Health Education Center. The purpose of the funding was to assist the Family and Youth Services Training Academy (FYSTA), also at the University of Alaska Anchorage, in developing a curriculum on Fetal Alcohol Spectrum Disorders.

In May 2002, ACRH sought a one-year extension on this project. This extension request reflected that FYSTA had experienced nearly a full year delay in hiring staff to develop the curriculum. In that report, ACRH submitted a document describing Alaska’s technical capacity for delivering curricula via distance, a deliverable in the original scope of work, and proposed the following revised scope of work:

- ACRH would be an active participant on the Advisory Committee, when invited and appropriate;
- ACRH would evaluate a pilot FASD curriculum, documenting its impact on knowledge, attitude, and behavior, as well as recommendations for future dissemination.

ACRH participated in the Advisory Committee meeting in June 2002. ACRH did not attend any subsequent meetings, as FYSTA did not perceive them to be relevant to ACRH’s evaluation work.

The bulk of this report documents findings from assessing distinct FASD 101 pilot workshops. The four appendices are “sub-reports” of each assessment effort. ACRH describes changes in knowledge, attitude, and behavior, as well as perceptions of the overall workshop, and recommendations for future dissemination. A side benefit of this project is development of an assessment tool which FYSTA can use in subsequent FASD training venues.

Project Fidelity

This project did not manifest as originally planned by ACRH in 2001. It also did not manifest as planned in the revision of May 2002. FYSTA took almost a year in hiring the FASD Curriculum Development Coordinator. That position was defunded in June 2002. At that time, FYSTA elected to work with contractors instead of dedicated staff. FYSTA and ACRH met with those contractors officially in August, and again in October 2002. The core curriculum was ready for a field test by November 2002. FYSTA identified new contractors in December. The project has successfully held onto its new “path” since that time.
Methodology

This report documents ACRH’s evaluation of FASD 101 curricula implemented between October 2002 and February 2003, as well as the Training of Trainers workshop in April 2003.

In collaboration with FYSTA, ACRH developed an evaluation plan in October 2002 in which ACRH would assess three sets of training events, using essentially a core set of open-ended and closed questions:

1. **FASD 101 Workshop in November 2002**: Key informant interviews immediately following the workshop, and follow-up phone interviews three months later.
2. **Department of Corrections Training Events**: Mailed postcard survey.
3. **Training of Trainers Workshop in April 2003**: Structured debriefing and surveys immediately following the workshop.

Findings and Recommendations

Independent of the training setting and the type of respondent, ACRH found that the respondents were positive about the curriculum, trainers, power point slides, and the training in general. Overall, the respondents indicated that they gained new knowledge of FASD. The manner in which the development of the brain during pregnancy is affected by the use of alcohol left a lasting impression upon many of the respondents. Other findings are as follows:

**November FASD 101 Workshop**: Based upon the data collected immediately following the workshop and three months later, respondents reported improved knowledge of FASD and changed attitude and behavior. In some cases, respondents with an increased level of professional experience and knowledge of FASD tended to rate the materials presentation more critically.

**Department of Corrections Staff Training**: It is difficult to make generalizations because DOC employed two different curricula and three trainers with varied levels of experience and knowledge of FASD. However, in general, DOC is a more punitive environment. *Training needs to be modified to meet the needs of incarcerated inmates affected by FASD.*

**Training of Trainers (TOT) Workshop**: The TOT workshop participant responses were relatively mixed with regards to how closely the trainer needs to follow the power point slides and trainer’s manual. *Many of the TOT workshop participants indicated that they prefer to have the FASD 101 curriculum presented in its entirety, followed by a session in which it is slowly taken apart for training purposes.*

**Recommendation 1**: The curriculum successfully improves knowledge, attitudes, and behaviors related to FASD. Core materials should not be modified for most users.
**Recommendation 2:** The curriculum should be modified to meet the unique needs of Department of Corrections staff, working in a punitive environment.

**Recommendation 3:** When training individuals to train others (TOT), the curriculum should be presented in its entirety, followed by a session in which it is slowly taken apart for training purposes.
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I. BACKGROUND & PURPOSE

In October 2000, the State of Alaska received a grant from the Substance Abuse and Mental Health Services Administration to address and better serve Alaskans living with Fetal Alcohol Spectrum Disorders (FASD). One goal of the grant was to improve lifelong outcomes through improved services. This would require individuals who interact with FASD-affected people to learn more about the brain-based disorder and develop new skills.

The Family and Youth Services Training Academy (FYSTA) at the University of Alaska Anchorage trains staff from the Alaska Division of Family and Youth Services. FYSTA was charged with developing an FASD curriculum, especially one that could be disseminated statewide.

In May 2001, the Alaska Center for Rural Health (ACRH), University of Alaska Anchorage, received a purchase order from the National Area Health Education Center Office in the Bureau of Health Professions, Health Resources & Services Administration. ACRH is Alaska’s Area Health Education Center. The purpose of the funding was to assist the Family and Youth Services Training Academy (FYSTA) in developing a curriculum on Fetal Alcohol Spectrum Disorders.

Specifically, ACRH was responsible for four items:

1. Coordinate and facilitate meetings of the Curriculum Development Advisory Committee;
2. Determine Alaska’s technical capacity to disseminate an FASD curriculum via distance;
3. Evaluate a pilot version of the FASD 101 curriculum; and

In May 2002, ACRH sought a one-year extension on this project. This extension request reflected that FYSTA had experienced nearly a full year delay in hiring staff to develop the curriculum. In that report, ACRH submitted a document describing Alaska’s technical capacity for delivering curricula via distance, and proposed the following changes to the scope of work:

- ACRH would be an active participant on the Advisory Committee, when invited and appropriate;
- ACRH would evaluate a pilot FASD curriculum, documenting its impact on knowledge, attitude, and behavior, as well as providing recommendations for future dissemination.

ACRH participated in the Advisory Committee meeting in June 2002, but did not attend any subsequent meetings, since FYSTA did not perceive them to be relevant to
ACRH’s evaluation work. ACRH is not aware if this committee has met since June 2002.

II. METHODOLOGY

ACRH used qualitative and quantitative tools to evaluate the FASD 101 curriculum. The qualitative approach provides a deep, rich description of the respondents’ perceptions in a narrative form. The quantitative method of research allows for the collection of a defined level of information from a large population. While they do not usually collect in-depth perceptions, collecting closed-answer responses (which require participants to select from a group of boxes) allow comparisons and other analytic techniques.

For the quantitative data, ACRH developed a brief survey with responses organized on a Likert scale. FYSTA collaborated in the development of this instrument, and approved its final form. Further, because of how easily data can be organized with this tool, FYSTA may elect to evaluate future training sessions with it as well. ACRH employed this tool three times in this project, both in its printed form, and orally in interviews. First, ACRH organized it into a postcard survey to Department of Corrections staff. ACRH used it orally in the three-month follow up phone interviews of the November FASD 101 workshop. Finally, ACRH used a variation of it, and additional questions, in printed form as part of the Training of Trainers workshop evaluation.

For the qualitative data, ACRH met with FYSTA staff and contractors to determine what information would be beneficial to them in revising and improving the curriculum. Based on their input, ACRH developed interview and focus group instruments. The first experience was in the dyad interview following the November FASD 101 workshop. The method was employed three months later with the telephone interview follow up of the same workshop. Finally, the structured debriefing following the Training of Trainers workshop also collected open-ended respondent perceptions.

A. Project Fidelity

This project did not manifest as originally planned by ACRH in 2001. It also did not manifest as planned in the revision of May 2002. FYSTA took almost a year in hiring the FASD Curriculum Development Coordinator, who started in November 2001. That position was defunded in June 2002, a month after HRSA accepted ACRH’s project extension and revised scope of work.

In July 2002, FYSTA elected to work with contractors instead of dedicated staff. FYSTA and ACRH met with those contractors officially when they began in August, and met again in October 2002. The core curriculum was ready for a field test by November 2002. FYSTA changed contractors. The project has successfully held onto its new “path” since that time.
Despite the changes, FYSTA has developed an excellent curriculum. As demonstrated in this evaluation, workshop attendees rate the training experience and materials highly, independent of the trainer or setting.

III. FINDINGS

This section summarizes key findings. A copy of each complete report, including methodology, is included in the four corresponding appendices.

A. November FASD 101 Workshop: Dyad Interview with Open-Ended Questions

The key informants were both professionals in the substance abuse field. One respondent reported having limited knowledge of FASD and the other respondent identified herself as an experienced professional with previous FASD training. Both respondents were currently employed in positions that worked directly with people with FASD. They attended the training to get information that would help them in their professional roles. (See Appendix A for complete report.)

The key informants were generally positive about the FASD 101 workshop. They were pleased with the curriculum and reported that the information was valuable to them. The workshop was described as a “good introduction” with “fast information” on FAS.

Both key informants preferred to have more time to absorb the information presented. They described the workshop as a fast-paced session that presented a lot of complex information in a single session. They stated that the level of complexity of the material required more time to present.

Knowledge, Attitude, and Behavior: The key informants acknowledged that they gained new information from the FASD 101 workshop and planned to use this information in their professional and personal life. They were positively impacted by the workshop and planned to change their behavior based on the information shared at the workshop. One respondent plans to train her coworkers on the basics of FASD. The other stated that she would modify her interactions with her clients, both parents and children, based on the new knowledge gained from the training.

B. November FASD 101 Workshop, Three Month Follow-up: Telephone Interviews with Open and Closed Questions

The seven respondents had an overall positive view of the training, the trainer, and the power point slides. It is apparent that the workshop positively impacted respondents’ knowledge of FASD, their attitudes toward those affected by FASD, and their resulting behaviors. The majority of the respondents strongly agreed that they gained a lot of new information at the workshop and that the information was relevant to their job.
Knowledge: Prior to the workshop, the facilitator indicated that it was important that the workshop participants leave the workshop with the knowledge that FASD is a brain-based disorder. Based upon the respondents’ self reports three months following the workshop, the information that using alcohol during pregnancy has an impact upon the development of the brain left a lasting impression upon many of the respondents. (See Appendix B for complete report.)

Participants reported that the workshop was informative and interesting and that the trainer was interesting and knowledgeable. The aspect that left the biggest impression was the gravity and scope of the problem, the effects of alcohol on the developing brain, and the trainer and her experiences.

Attitude: This information has helped respondents become more sensitive to the needs of children affected by FASD, and helped them open the lines of communication with these children. Most respondents felt the subject matter was relevant to their job, helping them gain a new perspective on some of their clients. Half of the respondents agreed that recommendations shared at the workshop were appropriate for the real world of working with people affected by FASD.

Behavior: Some participants reported changes in the way they interact with children with FASD, and half felt that they have changed the way they interact with some of their clients after the FASD 101 workshop. The participants reported that they often use the FASD information either at their place of work or in their home, and several reported that they share the information gained at the workshop with others.

C. Department of Corrections: Postcard Survey with Closed Questions

ACRH was unaware at the time the evaluation was planned and implemented that the DOC staff were trained by three trainers using two separate curricula. It was discovered in hindsight that three trainers with varied levels of experience and training did four separate training sessions using two different curricula. For these reasons, the results are not reflective of the FASD 101 curriculum or a particular trainer. (See Appendix C for complete report.)

Despite the use of two separate curricula and three different trainers for the DOC workshops, as a whole, the Department of Corrections survey respondents indicated that the workshops were positive and evaluated the training, trainer, and slides as “good.” Half of the respondents indicated that they “gained a lot of new information.”

The DOC training did not fully meet the expectations of the participants. The content of the workshop was not particularly useful to them in their work environment and the suggestions given did not match the “reality of working with those affected with FASD in the criminal justice system.” Again, these findings are not directly reflective of the FASD 101 curriculum, as ACRH is unable to determine which respondents participated in which training.
D. Training of Trainers, April 2003: Closed question Survey and Structured Debriefing

Overall, the Training of Trainers (TOT) workshop participants indicated that the training and power point slides were “good” and the trainers were knowledgeable and responsive to the group. Most participants perceived the subject matter as relevant to their job and the recommendations as appropriate to the real world of working with people affected with FASD. (See Appendix D for complete report.)

During the structured debriefing, the participants discussed three main topic areas: the presentation of the materials at the workshop, their perception of the content of the curriculum, and their perception of the application of the materials to their work.

Some of the participants gave feedback on the manner in which the materials were presented at the workshop. They expressed a need to first absorb the FASD 101 training by hearing in its entirety, followed by a session in which the information is slowly taken apart for training purposes. Some of the participants expressed that the structure of the TOT workshop did not allow for enough interaction.

In terms of curriculum content, a majority of the participants said they planned to share the information with coworkers, view the material in the future, and recommend the training to others in the profession. Participants indicated that the curriculum presented at the TOT was not a completed product and will require more work.

There was significant discussion related to the amount of information that should be on the power point slides. The group did not come to a consensus on this topic as some participants felt the information in the trainer’s guide needed to be directly reflected in the slides in order to maintain consistency and integrity across all presentations, while other participants felt that if all the information was available on the slides, there might be a tendency to simply read the slides, which would make for a dull presentation.

When discussing the application of the materials to their work, some participants said they liked the “canned presentation” because it allows for a basic structure and enables tailoring to meet particular needs of differing groups. Others felt they could not tailor it to meet their specific needs. Several of the participants talked about the need to add personal experiences to the presentation to make it more interesting to the audience.

A majority of the participants reported they were “highly knowledgeable” or “relatively knowledgeable” of FASD, had experience with working with people affected by FASD, and were currently working directly with FASD affected people.

The level of the participant’s experience and knowledge of FASD appeared to be directly connected with their satisfaction with the structure of the TOT workshop and their perception of curriculum. Those participants who came to the workshop with very little experience and who were relatively new to the field were mostly positive in their
rating of the workshop. The participants who came to the training with a high level of experience in presenting the FASD 101 curriculum and experience working with individuals affected with FASD tended to rate the TOT workshop less positively.

IV. DISCUSSION AND CONCLUSIONS

Despite staffing changes and corresponding delays, FYSTA has developed and deployed an excellent curriculum on FASD. It successfully improves people’s knowledge on the topic, and impacts their attitude and behavior positively.

As this project ends, FYSTA is introducing its Training of Trainers materials to the general public, and in a web-based format. The first official Training of Trainers course, called a FASD Training Certification program, is scheduled to commence in June 2003. FYSTA has 18 training slots available, and 70 applicants. They intend to evaluate the training experience with the survey instrument which ACRH helped develop.
Appendix A

Evaluation of November 2002
FASD 101 Workshop Dyad Interviews
Evaluation of November 2002 FASD 101 Workshop Dyad Interviews

I. EXECUTIVE SUMMARY

A. Overview and Purpose

On November 21, 2002 the Alaska Center for Rural Health (ACRH), University of Alaska Anchorage, conducted two key informant interviews immediately following the FASD 101 workshop at the Prevention Symposium 2002: Gathering Resources for Today and Tomorrow at the Hilton Hotel.

The purpose of the dyad interview was to determine participants’ impression of the workshop, content usefulness, and anticipated usage of the lessons learned. Of particular interest was whether workshop participants anticipated making any changes in how they interact with clients with Fetal Alcohol Spectrum Disorders (FASD).

B. Key Findings

1. Respondent Background

One respondent worked with children in an Anchorage-based substance abuse treatment center and reported having limited knowledge of FAS. The second respondent identified herself as a professional in the substance abuse field with previous FASD training over several years.

2. Reason for FASD Interest and Motivation for Attending the Workshop

Both respondents were employed in positions that worked directly with people with FASD. They attended the training to get information that would help them in their professional roles.

3. Overall Impression of the Workshop

The key informants were positive about the FASD101 workshop, were generally pleased with the curriculum, and reported that the information was valuable to them. The workshop was described as a “good introduction” with “fast information” on FAS.

Both key informants preferred to have more time to absorb the information presented. They described the workshop as a fast-paced session that presented a lot of complex information in a single session. They thought that, given the complexity of the material presented, more time should have been available during the workshop to absorb it.
4. **Respondent Training Needs**

One of the respondents works with children and would have liked to learn more about the strategies that she can use when working with FASD children and their parents.

5. **Information New to Respondents**

The key informants acknowledged that they gained new information, such as the following, from the FASD 101 workshop: the condition is brain-based, the condition causes difficulty with abstract thinking and causes eating and sleeping disorders, and there are a variety of resources available for assistance.

6. **Next Steps for Workshop Participants**

Both respondents reported that they plan to use the information in their professional and personal life. They were positively impacted by the workshop and plan to change their behavior based upon the information shared at the workshop. One respondent plans to train her coworkers on the basics of FASD. The other respondent stated that she would modify her interactions with her clients, both parents and children, based upon the new knowledge gained from the training.

II. **BACKGROUND**

The Family Youth Services Training Academy (FYSTA), University of Alaska Anchorage, has been designated by the Alaska Department of Health and Social Services to be the lead agency in the development of a curriculum on Fetal Alcohol Spectrum Disorders (FASD).

The Family Youth Services Training Academy is in the process of developing a “FASD 101” curriculum that will target the State of Alaska social service professionals, such as the Department of Corrections Probation Officers and the Division of Family and Youth Services staff. In addition to the FASD 101 curriculum, FYSTA is in the process of developing a curriculum for web-based training and “training of trainers” (TOT) components. Parent advocates are advising FYSTA in the development of these materials.

The Alaska Center for Rural Health (ACRH), UAA, has funding from the National Area Health Education Center, Bureau of Health Professions, Health Resources & Services Administration, to perform an evaluation of the FASD 101 curriculum, including outcomes and recommendations.

This report documents evaluation findings from the FAS Summit 2002: Gathering Resources for Today and Tomorrow workshop, held on November 21, 2002 at the Hilton Hotel.
III. INTRODUCTION AND PURPOSE

The purpose of the key informant interviews was to gain feedback on impressions of the FASD 101 workshop, on content usefulness, and on anticipated usage of lessons learned. FYSTA was especially interested in whether workshop participants anticipated making any changes in how they interact with clients with Fetal Alcohol Spectrum Disorders.

FYSTA may use the input from respondents that are highlighted in this report to make changes to the current curriculum. However, while respondent feedback is extremely valuable, they should be considered in proper context. That is, respondents are not experts in training curriculum design; they were asked to offer their “top-of-mind” impressions of the training in a structured conversation. For example, respondents’ desire to obtain more strategies does not necessarily indicate the need to modify the curriculum, but trainers may consider informing workshop participants in the beginning that the main purpose of the training is not to introduce strategies.

IV. METHODOLOGY

A. Recruitment

All workshop participants were invited to participate in a post-workshop session in which they would be asked to provide feedback about the workshop.

This announcement was made at the start of the session, and again during the final break. Thus, the informants were recruited “on the spot” and the interview took place immediately after the workshop. These key informant interview participants were not pre-recruited prior to the FASD 101 workshop, and were not offered any incentives for their participation. Their signature on a sign-up sheet indicated participation.

The original intent of this review was to conduct a focus group with workshop participants. However, due to the low volume of people who volunteered to provide feedback, there were not enough participants to constitute a complete focus group, which would require 6-10 participants. Instead of canceling the session altogether, ACRH staff decided to conduct a dyad interview.

It should be noted that the analysis in this report is limited only to the opinions of individual interviewees and therefore cannot be generalized to reflect the opinions of the entire group.

B. Interviews

The key informant interviews were conducted immediately following the FASD 101 workshop in a private meeting room at the Hilton Hotel.
ACRH employed a qualitative approach in the assessment of the FASD 101 curriculum at the 2002 FAS Summit. Dyad key informant interviews were used to collect information about the FASD 101 workshop and to facilitative discussion on the individuals' perception of the training material. Dyad is a qualitative technique where two respondents are gathered together and exposed to a concept, then interviewed to hear their thoughts and feelings. This method allowed for in-depth qualitative information that can be used to reveal the workshop participants perceptions. This allows more individual insight than with a focus group, but it does not include a wide range of responses or group dynamics that are present in focus groups.

ACRH developed questions in consultation with Maureen Harwood, consultant to FYSTA.

The key informant questions ascertained:

- Overall impressions of the session
- What information was new to the participants
- What participants already knew coming into the workshop
- If the participants would interact differently based upon the information
- Suggestions for improvement

ACRH recommends that, at future workshops, respondents be pre-recruited for assessment participation. An incentive such as a discount on the conference registration fee may also improve participation in the session following the workshop.

V. FINDINGS

A. Respondents and Their FASD Background

As stated earlier, ACRH was able to conduct two key informant interviews. One respondent worked with children in an Anchorage-based substance abuse treatment center, and reported having limited knowledge of FASD. She had heard of FASD, but did not have a lot of information about it.

The second respondent was self identified as a professional in the substance abuse field from Fairbanks. She periodically received FASD education, having attended sessions on FASD for a number of years, including an FAS Symposium in Fairbanks.

B. Reason for FASD Interest and Motivation for Attending Workshop

Both respondents were currently employed in positions that worked directly with people with FASD. They attended the training to get information that would help them in their professional roles.
One respondent reported feeling shocked and overwhelmed in her new job when she realized the large number of people receiving treatment and the subsequent impact on the children she was overseeing.

The second respondent, having attended FASD-related workshops in the past, sought updated information on the topic. She reported to be particularly interested in information that would help her pursue prevention for people in her community. Her interest in promoting FASD prevention stemmed not only from her professional experiences, but also because she personally knew children in her community that she suspected had prenatal exposure to alcohol, and had a relative with the disorder.

- “And just this year in June I joined with [the treatment center], helping with the infants while the mothers were in treatment. I had no clue. I was really shocked. There’s a lot of women in there. I got really scared and I was like ‘what am I doing here’ and I don’t even know how the babies are going to be.”
- “The main reason I wanted to attend was to get the latest information. The reason why I want more information is because I want to do more prevention, you know, for the young people and with young mothers in our community. Working in the child protection agency, these children with FASD or FAE - especially with FAE because you don’t have the facial features or anything and sometimes people don’t realize that they are affected by alcohol - they’re expected to behave like normal, quote normal, children.”

C. Overall Impression of the Workshop

Overall responses to the FASD 101 workshop were positive. Participants reported being pleased with the FASD 101 workshop curriculum and felt the information was valuable to them. The workshop was described as a “good introduction” with “fast information” on FAS.

- “I think this was good.”
- “This was a good introduction…”
- “I like the fact that Mary Lou Canney was able to contribute from her own personal experience, what worked and what didn’t.”

1. An Introductory Course to FASD

Participants were in agreement that the workshop was intended to be an introduction to the topic of FASD.

One respondent described it as targeting “laypeople” new to the topic of FASD. This respondent identified herself as well informed on the subject, and felt she belonged in a session with a more specialized focus. On the other hand, she mentioned later in the interview that the session presented a great deal of information and moved along at a
rapid pace. Further, she identified several specific ways in which the session was beneficial to her, though she had attended other FASD trainings in the past.

2. More Time Needed to Absorb Information

The respondents, including the more knowledgeable participant, preferred to have more time to absorb the information presented. They described the workshop as a fast-paced session that presented a lot of complex information in a single session.

One respondent noted that it would have been nice to have 15 minutes to absorb a single topic area. She also noted that she did not understand some of the terminology used in the session.

- “There’s so much information to have, it seems like it would have been nice to have one topic and an extra 15 minutes or something. Give me a good example or visual example of what went on. Instead of some of these big terms I was like ‘what? what is this about?’ And I’m too shy to even speak up enough in a crowd or say something. Maybe just an extra 5 or 10 minutes on the terms…”

- “That lady was talking too fast. Some of the information was like what?”

- “For the amount of information you know it just went too fast. I felt like I didn’t learn enough… Because zoom we’re done. It was good but the transition was too quick.”

- “This is a lot of good information but you know the course was so ‘chchchhchchchhhch’ and I was like, but but, oh dear.”

3. The Subject is Complex

Both respondents, including the more knowledgeable participant, acknowledged that the subject matter, independent from their impression of the workshop, was extremely complicated and required time – perhaps even a whole semester course – to absorb the enormous amount of information.

One respondent reported that the knowledge base required was so vast that the FASD 101 session was not the final point for knowledge, but a starting point that equipped her with the knowledge to be better prepared to attend subsequent sessions on FASD.

- “…Its almost like we need a whole semester just to learn about FASD 101.”

- “And maybe if we went into one course maybe tomorrow it will help me. I’m going to go into one course. It should be more helpful. There’s lots of information that we needed to know.”

- “I thought I was going to learn to do things and which I did.”

- “[The session] was almost all day though and there’s still so much more.”
D. Information New to Respondents

The key informants acknowledged that they gained new information, such as the following, from the FASD 101 workshop: the condition is brain-based, the condition causes difficulty with abstract thinking and causes eating and sleeping disorders, and there are a variety of resources available for assistance.

1. It is a Brain Condition

The variability of functioning and visual learning style of those affected by FASD was new information to both respondents.

- “...I had no clue about… the brain concepts…it’s really dysfunctional at times and then the next day they can seem normal...one thing I liked was where she said…clue the child...get the visual idea…it’s the techniques”.

- “Like we have outboard motors and snow machines in the villages. If a spark plug is not clean or is old, it misfires. To me that’s what I learned about this. The neurotransmitters are not connecting like they should so there are holes.”

2. Difficulty with Abstract Thinking

Respondents were in agreement with the information regarding people with FASD having difficulties understanding abstract concepts.

- “One example is you know they don’t take in abstract information, but they do real well with visual.”

3. Eating and Sleeping Disorders

Respondents also mentioned that they were unaware that people with FASD sometimes had sleeping and eating disorders. The information presented at the workshop helped them make sense of this.

4. Resources Available For Help

One respondent was particularly surprised that there was a plethora of FASD resources and services available. She was enthusiastic about the resources available to use in her work. This is further described in the “Something Can Be Done About it” section of this report.

5. A New Perspective on FASD

Both respondents reported that the information was not only new, but it gave them a new perspective or outlook on FASD. Both respondents made statements indicating they would be more sensitive and understanding of people affected by this condition.
The respondents both acknowledged that impairment to abstract thinking was a new insight for them. Further, it had not occurred to them that when a person with FASD breaks a law or acts inappropriately, it might be because they are fulfilling a fundamental physical need, such as shoplifting food because they are hungry.

- “I have a totally different outlook you know…you know, out of respect because they’re innocent and they are beings that came that way. And they have nothing to do with it…”
- “I’m going to have to have a different outlook on the child and the parent.”
- “And it was really interesting when she said that when they shoplift that’s because they’re hungry. I never thought of it that way.”
- “Yes, like shoplifting [because of hunger was a new concept…]”
- “You know before I started learning more about FASD you know I just thought they were trouble makers and I didn’t want my son to associate with them.”
- “She said she was teaching and she went ‘ememmeme’ and that’s what it sounds like to a kid…not hearing the message. That was new to me.”

E. Next Steps for Workshop Participants

Both respondents reported that they plan to use the information in their professional and personal life. The FASD 101 curriculum clearly impacted both of the respondents and they articulated how they would change their behavior. One respondent plans to train her coworkers on the basics of FASD. The other stated that she would modify her interactions with her clients, both parents and children, based upon the new knowledge gained from the training.

1. Something Can Be Done About it!

The respondents had an awareness that something could be done to help people with FASD, and felt empowered by the new information they gained from the training. One plans to share this information with her co-workers by teaching the basic FASD information to them. The other was interested in learning more about the strategies to use when working with FASD affected clients.

- “There’s lots of information that made me realize some facts and what else, what more can I do for that baby, instead of labeling them ‘you poor thing.’”
- “Well for me I’ll be able to teach other people the basics of what FASD is. You know I can give a crash course. To at least bring an understanding to the people who don’t know much about FAS.”
- “I’m going to E-mail [the trainer] and she’s going to send some strategies, ideas, and stuff we can do in the classrooms.”
• “Their development… really was ‘Oh I’m going to do that to my babies, you know?’ They have weak muscles. They’re not capable of flipping over and you know okay?”
• “Well first I’m gonna review (the information).”

2. Working Differently with People with FASD

In addition to changing their overall outlook on individuals with FASD, respondents felt they would take steps to work with children differently than in the past.

• “It gave me new ideas on how to work with someone like that… So what I normally would expect from a client I would have to do differently.”
• “Not every child is the same…you have to use different ways to soothe them…you have to use different ways to calm them down…your voice and everything like that…”

3. Spreading the Information

Respondents discussed the importance of spreading the information about FASD to other people. They had specific people in mind that would have benefited from FASD 101. One respondent planned to use the information from the workshop to teach others at her work.

• “[A relative with child with full FAS] needs to get some training. She doesn’t understand FAS.”
• “Oh yeah [my colleagues would benefit from this training]. I think if they were able to slow down too because despite the fact that they have 16 kids in the room and there are 3 of them that are just jumping around from place to place, I think they could focus on a different route, reaching that child and say ‘hey c’mon we’re over here, okay? You know let’s go over here and sit down and relax.’”
• “And I was not happy with how the school approached the problem [with the students with FAS]. In fact the principle said to my husband and I when we were in there for my child’s school progress he said, ‘I wish we could just, you know, just throw these three troublemakers out of school.’”

F. Respondent Training Needs

One of the respondents works with children and would have liked to learn more about the strategies that she can use when working with FASD children and their parents.

1. Want More Information Related to Strategies

Respondents sought more specific strategies for working with children with FASD. This was particularly true for the individual who was new to the topic of FASD. She
referred to two specific strategies mentioned in the training and remarked that she would have liked to learn other techniques.

One respondent reported that Mary Lou Canney’s portion of the presentation, where she talked about strategies that worked and didn’t work from her personal experiences of having a son with FASD, enhanced the overall training.

- “The main thing I wanted to get into was the strategies -- what else they can do. She showed us the little example of the little boy who was just so anxious. You know they made a solution where they put a ball there. I wanted more information like that cause in the Head Start Program we do have some kids that are not diagnosed with effects and stuff and they could use other solutions and other tasks that they could reach that child if they ‘hey we got your attention c’mon let’s go this way or do it in a different pattern.’”

- “One thing I liked was the one idea where she was like okay, I cue the child way before … and she’d flip [the card] over without verbally saying it. And he would get the visual idea and say ‘oh okay, it’s almost time.’ Then you know she’d put the book that she needed to have next. That’s what I wanted, more techniques, more ideas where I could go be in the classroom. That’s really, has some of the areas that we need.”

- “When she said that they do better with concrete information and visual. Using more visual effects and hands-on and not a lot of abstract thinking. So to me that was one valuable information that I got today, re-looking and reframing how I work with substance abuse clients that have alcohol related effects…if we suspect.”

VII. DISCUSSION AND CONCLUSIONS

This report is limited to the opinions of only two individuals. The findings do not reflect the opinions of all of the FASD 101 workshop participants. Further, these respondents are not experts in curriculum design. They were simply asked for their impressions of the workshop.

The respondents felt the information was useful and well-presented. They intend to incorporate the information, especially strategies, into their interactions with FASD-affected individuals. They would have liked more time to absorb the information, and more concrete suggestions for how to use it.
Appendix B

Telephone-Based Evaluation of the November 2002 FASD 101 Workshop
I. EXECUTIVE SUMMARY

A. Overview and Purpose

The Alaska Center for Rural Health (ACRH), UAA seeks to assess the impact of the FASD 101 workshop upon knowledge, attitudes, and behaviors of participants. To this end, in February 2003, ACRH conducted telephone interviews with a group of participants who attended the FASD 101 workshop at the Prevention Symposium 2002: Gathering Resources for Today and Tomorrow at the Hilton Hotel in Anchorage November 21, 2002. ACRH conducted a dyad interview immediately following the workshop in November. The three-month follow-up interviews enabled an assessment of the longer-term impact of the workshop.

B. Key Findings

Based upon the telephone interviews, it was apparent that the workshop positively impacted respondents' knowledge of FASD, their attitudes toward those affected by FASD, and their resulting behaviors.

Prior to the workshop, the facilitator indicated that it was important that the workshop participants leave the workshop with the knowledge that FASD is a brain-based disorder. Based upon the respondents' self reports three months following the workshop, the information that using alcohol during pregnancy has an impact upon the development of the brain left a lasting impression upon many of the respondents.

1. Knowledge

Participants remembered that the FASD 101 workshop was informative and interesting and that the trainer was interesting and knowledgeable.

The following aspects of the FASD 101 workshop left the biggest impression: 1) the gravity and scope of the problem, 2) the effects of alcohol on the developing brain, and 3) the trainer and her experiences.

Participants found the following beneficial or helpful about the workshop: 1) learning the many ways children can be affected by FASD and 2) the handouts provided.

The majority of the respondents strongly agreed that they gained a lot of new information at the workshop and that the information was relevant to their job.
2. **Attitude**

This information has helped respondents become more sensitive to the needs of children affected by FASD, and has helped them open the lines of communication with these children. Most respondents felt the subject matter was relevant to their job and they gained a new perspective on some of their clients after the workshop. Half of the respondents agreed that recommendations shared at the workshop were appropriate for the real world of working with people affected by FASD.

3. **Behavior**

Some respondents reported changes in the way they interact with children with FASD, and half felt they have changed the way they interact with some of their clients after the FASD 101 workshop. The respondents reported that they often use the FASD information either at their place of work or in their home. Several of the participants reported that they share the information gained at the workshop with others.

4. **Overall Evaluation**

The respondents very clearly indicated they had an overall positive view of the training, the trainer, and the power point slides.

II. **BACKGROUND AND PURPOSE**

The Family Youth Services Training Academy (FYSTA), UAA, has been designated by the Alaska Department of Health and Social Services to be the lead agency in the development of a curriculum on Fetal Alcohol Spectrum Disorders (FASD).

The Family Youth Services Training Academy is in the process of developing a “FASD 101” curriculum that will target the State of Alaska social service professionals. In addition to the FASD 101 curriculum, FYSTA is in the process of developing curriculum for web-based training and “training of the trainers” (TOT) components. Parent advocates are advising FYSTA in their development of these materials.

The Alaska Center for Rural Health (ACRH), UAA, has funding from the National Area Health Education Center, Bureau of Health Professions, Health Resources & Services Administration to perform an evaluation of the FASD 101 curriculum, including outcomes and recommendations.

FYSTA conducted an FASD 101 training workshop at the FAS Summit 2002: *Gathering Resources for Today and Tomorrow* on November 21, 2002 at the Hilton Hotel. Results of a dyad interview conducted immediately following the workshop are presented separately. The purpose of this report is to document ACRH’s evaluation of the workshop three months later, including retained knowledge and changes in attitude and behavior.
III. METHODOLOGY

The Alaska Center for Rural Health (ACRH) used follow up telephone interviews to evaluate the FASD 101 Training workshop. The interviews included open and closed questions.

Interviewing the workshop participants three months following the experience allows analysis of the longer-term impact of the workshop. The purpose is to look at their long-term impressions of the workshop, what has been helpful to them, and what they are actively using in their work.

The telephone interview participants were pre-recruited during the FASD 101 workshop. The workshop participants volunteered for the telephone interview by their signature on a sign-up sheet that was presented to the workshop participants during the training. The telephone interviews occurred during the month of February 2003, three months following the FASD 101 workshop.

Of the fifteen volunteers who placed their signature on the sign up sheet, eight of them were subsequently interviewed. The seven remaining volunteers were called at least three times before dropping them from the interview list.

A. Methodology for Open-ended Questions

Key informant interviews, whether in-person or via telephone, collect individual perceptions and in-depth data not available in a survey format.

ACRH developed the questions in consultation with FYSTA. The interview questions included:

- Did they remember the workshop, and if so, what did they recall?
- What information left the biggest impression?
- What specific things did the participants find helpful or beneficial?
- Has there been anything they have used that they learned at the workshop?

B. Methodology for Closed Questions

Closed questions, as in surveys, enable the collection of a defined level of information from a large population. While they do not usually collect in-depth perceptions, collecting closed-answer responses (which require participants to select from a group of boxes) allow comparisons and other analytic techniques.

The closed questions were developed through modification of a self-assessment tool developed by ACRH. The instrument was presented to FYSTA and approved for the telephone survey. ACRH used this instrument for the three month follow-up to the FAS Summit 2002.
The closed ended questions asked the participants to rate the overall impression of the training, trainer, and power point slides on a five point Likert scale. Participants were also asked to indicate their level of agreement with statements about the workshop, on a four point Likert scale. A copy of the instrument can be found in Appendix E.

IV. FINDINGS

A. Analysis of Telephone Interview

ACRH conducted eight telephone interviews. The respondents were from varied backgrounds. Four were professionals in the field of FASD, and one had an adopted son with FASD.

1. Knowledge

Participants reported that the FASD 101 workshop positively impacted their knowledge of FASD.

a. What the participants remembered about the FASD 101 Workshop

Participants remembered the FASD 101 workshop as informative and interesting, and that the trainer was interesting and knowledgeable.

a1. Workshop very informative: Participants said the workshop was highly informative and interesting. They remembered basic FASD information from the workshop, such as the effects of alcohol on the development of the fetus.

- “I am new to the field, and all of the information was very helpful.”
- “This was a real ‘waker-upper.’ It brought a new level of awareness.”
- “This was a very comprehensive training…the workshop covered a good number of dimensions.”
- “They talked about a student and ways in which you adapt. This was a good workshop.”

a2. The trainer: Participants also remembered the trainer, Maureen, and described her as knowledgeable, competent, and interesting.

- “I was impressed with Maureen. The information she presented was very interesting. She did a great job.”
- “…the facilitator had a good grasp of the concepts and good supporting information.”
- “I remember the teacher and the mom.”
b. Biggest impression

The following aspects of the FASD 101 workshop left the biggest impression: 1) the gravity and scope of the problem, 2) the effects of alcohol on the developing brain, and 3) the trainer and her experiences.

b1. The gravity and scope of the problem: Several participants were impressed with the content and new FASD information presented in the workshop, especially noting the substantial impact of FASD and the scope of the problem.

• “The ‘gravity’ of the new information and how important it is to get out to the public.”
• “It is a huge problem.”

b2. The effects of alcohol on the brain: Several individuals were impressed with the information that addressed the effects and damage alcohol can have on the developing brain.

• “The possible brain damage from the very beginning of the development of life when a mother drinks.”
• “The visible distortion of the brain.”

b3. The trainer & her experiences: Participants praised the trainer, Maureen, who left a lasting impression in a variety of ways.

• “Her energy and enthusiasm. It was not boring.”
• “The true life stories about what happened to her in her work with children.”

b4. Other: In addition, one participant said the four-digit code, representing the impacts on different aspects of the person, left a big impression. “Very useful.”

c. What was beneficial or helpful about the workshop

Participants found the following beneficial or helpful about the workshop: 1) learning the many ways that children can be affected by FASD and 2) the handouts provided.

c1. The specific ways children can be affected by FASD: Many of the participants said they benefited by learning the many ways children can be affected by FASD, such as their physical appearance, vision, language, and social aspects.

• “The physical features.”
• “The spectrum of effects.”
• “The manner in which children look differently when affected…not all the same.”
• “Not just academics in school, but it can affect everyday functioning.”

c2. Handouts: Several participants said the handouts provided at the workshop were helpful. One individual commented that she/he is interested in obtaining a CD of the presentation.

• “I took home a lot of handouts, and read 75% of them when I got home.”
• “The pictures of different types of kids.” [Note: these pictures were provided by the keynote speaker, not by the workshop.]

c3. Other: One participant found it helpful to learn the terminologies surrounding FASD.

• “[I] didn’t know the terminology going into the training and found this very helpful.”

2. Attitude

Participants reported that the workshop has helped them become more sensitive and aware of the needs of children affected by FASD, which has also helped them open the lines of communication with these children. In particular, the use of visual prompts has helped break down communication barriers.

• “I have more communication with kids, and I am seeking new ways to help kids feel more comfortable; break the barrier.”
• “Sensitive to different learning styles and the manner in which children can be affected—have learned to adapt to the person.”
• “I know what to look for and what to expect.”

3. Behavior

Participants reported that the FASD 101 workshop impacted their behavior toward individuals affected with FASD.

The respondents reported that the FASD 101 workshop has had an impact upon their behavior in the following ways: a) impacted the manner in which they interact with children affected with FASD, b) the use of the information in their work and homes and c) the sharing of the information gained at the workshop with others.

a. Impact on interactions with children impacted by FASD

Some respondents reported changes in the way they interact with children with FASD based upon the FASD 101 workshop.

Several respondents discussed the manner in which the information shared at the workshop has changed the way they think about and approach children affected by
FASD. One individual works with children in foster care and stated that he has opened up his communication with the kids:

- “...opened up communication with kids...seeking new ways to help kids feel more comfortable...break the barrier...”

The respondent with an adopted child with FASD stated that, based upon the knowledge she gained at the workshop, she has modified the manner in which she approaches her child:

- “…when my child is upset, I slow down and try to understand where he is.”
- “…I am more patient”.

b. They use the information often – either in their work or home

Several of the respondents reported that they use the FASD information often, either at their place of work or in their home. All of the respondents stated that they learned useful information that they are actively utilizing in their lives. Two individuals function as a part of a diagnostic team and one stated that she uses the FASD 101 workshop information on a daily basis in her job. Another respondent is a coordinator of a FASD clinic and said she uses the information on a daily basis.

- “I use the FASD 101 information on a daily basis in my job. I function as part of a diagnostic team.”
- “I am the coordinator of a FASD Clinic and I use this information on a daily basis.”

c. Sharing of the information gained at the workshop with others

Three of the respondents talked about the ways in which they share the information they gained at the workshop with others. One respondent mentioned the importance of dispersing this information to the public.

- “…the gravity of the new information and the importance of getting this information out to the public.”
- “I shared the information with my husband and I am continuing to look for information about how brains are affected by FASD.”

Another respondent developed an “information sheet” based upon the FASD 101 workshop curriculum:

- “I developed an ‘information sheet’ based upon the information from the FASD 101 workshop and I pass this out when doing community education.”
B. Overview of closed questions

In this section, the closed questions are organized by respondents’ overall evaluation of the training and the impact that the FASD 101 curriculum had upon their knowledge, attitude, and behaviors.

1. Overall Impressions of the Workshop

The following table shows survey results for questions 1 – 3.

<table>
<thead>
<tr>
<th>Question</th>
<th>Very Good</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>Very Poor</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall evaluation of training</td>
<td>6</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Overall evaluation of trainer</td>
<td>7</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Overall evaluation of power point slides</td>
<td>3</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
</tbody>
</table>

The first three questions evaluated the overall training, trainer, and power point slides. Respondents largely ranked the overall training and the trainer as “very good.” The responses indicated that participants felt very positively about the training and the trainer. Regarding power point slides, the majority ranked it “good.”

The following table reflects the number of respondents who agreed or disagreed with specific statements about knowledge gains or work style changes as a result of the session.
Table 2. Changes in Knowledge and Behavior

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Neutral</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gained a lot of new information</td>
<td>5</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Subject matter relevant to my job</td>
<td>6</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Recommendations appropriate for real world of working with people affected by FASD</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Have gained a new perspective on some clients after the FASD workshop</td>
<td>5</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Have changed the way I interact with some of my clients after the FASD workshop</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
</tbody>
</table>

The majority of the respondents reported to have “gained a lot of new information” and found the subject matter relevant to their job.

Half of the respondents (50%) strongly agreed with the statement about the workshop’s appropriateness for the “real world” of working with people affected by FASD. Three respondents “somewhat agreed” and one was neutral.

As for gaining a new perspective or changing the way respondents interact with clients affected by FASD, the majority were in strong agreement with these statements. The respondents who were neutral did not work directly with clients affected by FASD.

V. DISCUSSION AND CONCLUSIONS

It should be noted that the analysis in this report is limited to the opinions of only eight workshop participants and therefore cannot be generalized to reflect the opinions of the entire group.

Evaluations conducted immediately after training is beneficial for assessing changes in knowledge. By conducting follow-up interviews three months after training, it is possible to assess changes in attitude and behavior, as well as retained knowledge. This evaluation successfully assessed changes in knowledge, attitudes, and behavior as a result of the FASD 101 training workshop.
Based upon the three month follow up telephone interviews, the eight respondents’ knowledge, attitudes, and behaviors were positively impacted by the FASD 101 workshop.

- Respondents ranked the trainer, training, and power point slides positively.
- Respondents remembered important training information, and could articulate it.
- Respondents discussed how the training had changed their attitude toward FASD, improving their sensitivity and communication style. It also changed their work behavior, and how they interact with FASD-affected clients.

Overall, the November 21, 2002 FASD 101 workshop was a successful training experience for the respondents.
Appendix C

Department of Corrections Postcard Survey
I. EXECUTIVE SUMMARY

The Alaska State Office of Fetal Alcohol Syndrome (FAS) conducted four workshops in October and November 2002 and in February 2003 with the Department of Corrections (DOC) staff. The Alaska Center for Rural Health (ACRH), UAA mailed out a postcard survey three months following the training to evaluate the long term impact of the workshops. The purpose of the postcard survey was to assess what the participants remembered about the workshops, and how the information has affected their work and their perceptions toward those affected with FASD.

This report contains aggregated evaluation data that is based upon both the FASD 101 curriculum and another curriculum. This is because, at the time the evaluation was planned and implemented, ACRH was unaware that there were multiple trainers and curricula. In fact, three different trainers with varied levels of experience and training did the four trainings that were provided to the DOC staff. For these reasons, the results are not reflective of the FASD 101 curriculum or a particular trainer.

Despite the use of two separate curricula and three different trainers for the DOC workshops, as a whole, the Department of Corrections survey respondents indicated that the workshops were positive and evaluated the training, trainer, and slides as ‘good.’ Half of the respondents indicated that they “gained a lot of new information.”

In contrast, many of the respondents were relatively mixed in their evaluation of the relevancy of training in terms of its appropriateness for the "real world" of working with those affected by FASD and their ability to gain a new perspective or change the manner in which they interact with those affected with FASD. ACRH is unable to discern if this is a result of the FASD 101 curriculum or other factors.

The two curricula, as they were presented to the DOC staff in October and November 2002, and February 2003, did not fully meet the expectations of the participants. Respondents indicated that the content of the workshop was not particularly useful to them in their specific work environment and suggestions given at the workshop did not match the “real world” of working with those affected with FASD in the criminal justice system. Again, these findings are not directly reflective of the FASD 101 curriculum, as ACRH is unable to determine which respondents participated in which training.

II. BACKGROUND AND PURPOSE

The Family Youth Services Training Academy (FYSTA), UAA has been designated by the Alaska Department of Health and Social Services to be the lead agency in the development of a curriculum on Fetal Alcohol Spectrum Disorders (FASD).
The Family Youth Services Training Academy is in the process of developing a “FASD 101” curriculum that will target the State of Alaska social service professionals. In addition to the FASD 101 curriculum, FYSTA is in the process of developing curriculum for web-based training and “training of the trainers” components. Parent advocates are advising FYSTA in their development of these materials.

The Alaska Center for Rural Health (ACRH), UAA has funding from the National Area Health Education Center, Bureau of Health Professions, Health Resources & Services Administration, to perform an evaluation of the FASD 101 curriculum’s impact on participants’ knowledge, attitude, and behavior changes related to FASD, and to document outcomes and recommendations.

This report documents evaluation findings from the FASD 101 training workshops from the Department of Corrections (DOC) staff. The evaluation was intentionally scheduled to occur three months after the actual workshops in order to assess how much participants remembered about the training (knowledge), and how it has affected their work (behavior). The State Office of FAS conducted four workshops in October and November 2002 and February 2003 with ninety-seven DOC staff from Anchorage, Fairbanks, and Juneau. The Alaska Center for Rural Health (ACRH) is working collaboratively to evaluate the FASD curriculum.

III. METHODOLOGY

A. Training

According to Keith Thayer, DOC Probation Officer III, there were four separate regional FASD 101 trainings with the DOC staff. The Southcentral Region received two FASD 101 trainings. The first one occurred on November 4, 2002 at the Anchorage Corrections Academy with Maureen Harwood as the trainer. The second Southcentral region training was given at the Corrections Academy on February 14, 2003 with Tiffany Baker as the contract trainer.

The Northern region received FASD 101 training on October 8, 2003 with Maureen Harwood as the trainer. The Southeast region received a FASD training on November 5, 2002 at the Juneau Police Department with Heidi Brocious, Community Coordinator Office of FAS, as the trainer.

Ms. Brocious and Ms. Baker did not use the FASD 101 curriculum while Ms. Hardwood used the FASD 101 curriculum for the training with the DOC staff.

FYSTA did not inform ACRH that the training would involve three different trainers and two separate curricula.
B. Postcard Survey Development & Deployment

A short survey was developed through modification of a self-assessment tool developed by ACRH. The instrument was presented to FYSTA and approved for use as a telephone survey. ACRH used this same instrument as the Follow-up Department of Corrections Postcard Survey.

The survey questions asked the participants to rate their overall impression of the training, trainer, and power point slides on a five point Likert scale. They were also asked to indicate their level of agreement with statements about the workshops, on a five point Likert scale. A copy of the instrument can be found in Appendix E.

In January 2003, ACRH contacted Keith Thayer, Probation Officer III at DOC, to discuss a plan with which to gain confidential feedback from the staff that attended the FASD 101 workshops. ACRH was directed to contact the DOC District Offices.

ACRH contacted the Southcentral region, Northern region, and Southeastern region office contact persons to discuss the postcard surveys. ACRH mailed all surveys on January 27, 2003. They were to be distributed at a staff meeting or another convenient time when staff would be together. The surveys were to then be gathered immediately after completion and mailed back to ACRH. A stamped return envelope was included with the survey for a convenient return to ACRH.

ACRH mailed 47 surveys to the Southcentral region, 25 surveys to the Northern region and 15 surveys to the Southeastern region. ACRH made contact with the regional office two times during the month of February 2003 and gave the date of March 7, 2003 as the final deadline for submitting the postcard surveys for evaluation.

IV. FINDINGS AND DISCUSSION

Twenty-one of the workshop participants filled out the confidential follow up survey and mailed it back to ACRH by March 7, 2003, for a response rate of 24%.

In this project, the small sample size makes it impossible to draw statistically significant conclusions. Rather, looking at the data to identify common themes is more relevant and valuable to the overall project.

Though sample size was low, those who did respond did share several opinions of the workshops; a considerable percentage coalesced on certain parts of the scale, demonstrating relatively clear messages about the workshop.

This section analyzes the results and discusses their implications. The following table shows survey results for questions 1 – 3.
Table 1. Overall Impressions of the Workshops

<table>
<thead>
<tr>
<th>Question</th>
<th>Very Good</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>Very Poor</th>
<th>No answer</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall evaluation of training</td>
<td>2</td>
<td>10</td>
<td>6</td>
<td>2</td>
<td>0</td>
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<td>21</td>
</tr>
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<td>Overall evaluation of trainer</td>
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<td>2</td>
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<td>1</td>
<td>21</td>
</tr>
<tr>
<td>Overall evaluation of power</td>
<td>3</td>
<td>10</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>21</td>
</tr>
</tbody>
</table>

The first three questions evaluated the overall training, trainer, and power point slides. Respondents largely ranked the overall training as “good” to “average,” with the majority evaluating it as “good.” The responses indicated that participants generally felt positive about the training. Those who regarded the training as only “average” felt that the trainer herself was actually “good.” Regarding power point slides, the majority again ranked it “good.”

The following table reflects the number of respondents who agreed or disagreed with specific statements about knowledge gains or work style changes as a result of the session.

Table 2. Changes in Knowledge and Behavior

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Neutral</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
<th>No answer</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gained a lot of new information</td>
<td>1</td>
<td>11</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>21</td>
</tr>
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<td>Subject matter relevant to my job</td>
<td>4</td>
<td>9</td>
<td>6</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>21</td>
</tr>
<tr>
<td>Recommendations appropriate for real world of working with people affected by FASD</td>
<td>2</td>
<td>5</td>
<td>4</td>
<td>6</td>
<td>2</td>
<td>2</td>
<td>21</td>
</tr>
<tr>
<td>Have gained a new perspective on some clients after the FASD workshop</td>
<td>2</td>
<td>6</td>
<td>9</td>
<td>1</td>
<td>2</td>
<td>1</td>
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</tr>
<tr>
<td>Have changed the way I interact with some of my clients after the FASD workshop</td>
<td>2</td>
<td>4</td>
<td>7</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>21</td>
</tr>
</tbody>
</table>
Some respondents reported not to have “gained a lot of new information.” Though half of the respondents agreed that they had “gained a lot of new information,” nearly a quarter (23.8%) was neutral on the question.

Respondents were relatively mixed on how relevant the training was to their employment. Six respondents (32%) disagreed with the statement about the workshop’s appropriateness for the “real world” of working with people affected by FASD, and another four (21%) were neutral.

As for gaining a new perspective, or changing the way respondents interact with clients affected by FASD, the majority of respondents were neutral, and some disagreed with these statements.

V. CONCLUSION

This report contains data that are based upon both FASD 101 curriculum and another curriculum. Three different trainers with varied levels of experience and training did the four trainings that were provided to the DOC staff. For these reasons, the results are not reflective of the FASD 101 curriculum or a particular trainer.

Based upon the responses of the participants three months following the DOC workshops, the DOC staff was generally positive about the overall training, trainer, and the training materials. However, the training did not fully meet the expectations of the audience.

It should be noted that DOC staff is dealing with a specific audience with specific needs. Survey results suggested that the content of the training (one or both curricula) was not useful in their specific work environment, and the suggestions given at the workshops did not appear to match the “real world” of their clientele.
Appendix D

FASD 101 Train the Trainers:  
A Structured Debriefing
I. EXECUTIVE SUMMARY

A. Overview and Purpose

On April 8, 2003, the Alaska Center for Rural Health (ACRH), UAA conducted a structured debriefing with a group of nineteen participants immediately following the FASD 101 Train the Trainers (TOT) workshop in Juneau, Alaska at the St. Paul Catholic Church. ACRH collected surveys from participants evaluating the session at the same time.

The goal of the evaluation was to determine the impact the FASD 101 Train the Trainers workshop on the participant and its application to their work. The purpose of this report is to present those findings.

Despite unanticipated delays, which compromised time available for the discussion-oriented debriefing, ACRH successfully collected valuable insights regarding the workshop and its future dissemination.

B. Key Findings

Overall, the TOT workshop participants indicated that the training and power point slides were “good” and the trainers were knowledgeable and responsive to the group. Most participants perceived the subject matter as relevant to their job, and the recommendations as appropriate to the real world of working with people affected with FASD.

During the structured debriefing, the participants discussed three main topic areas: 1) the presentation of the materials at the workshop, 2) their perceptions of the content of the curriculum, and 3) their perceptions of the application of the materials to their work.

1. Presentation of the materials at the workshop

Some of the participants gave feedback on the manner in which the materials were presented at the workshop. They expressed a need to first absorb the FASD 101 training by hearing it in its entirety, followed by a session in which the information is slowly taken apart for training purposes. Some of the participants said the structure of the TOT workshop did not allow for enough interaction and mentioned a need for increased interface with the other participants during the workshop.

2. Content of the curriculum

In terms of curriculum content, a majority of the participants planned to share the information with co-workers, view the material in the future, and recommend the
training to others in the profession. Participants indicated that the curriculum presented at the TOT was not a completed product and will require more work.

There was significant discussion related to the amount of information that should be on the power point slides. The group did not come to a consensus on this topic since some participants felt the information in the trainer’s guide needed to be directly reflected in the slides in order to maintain consistency and integrity across all presentations, while other participants felt that if all of the information was on the slides, there might be a tendency to simply read the slides, making for a dull presentation.

3. Application of the materials to their work

When discussing the application of the materials to their work, some participants liked the “canned presentation.” They felt it allows for a basic structure and enables tailoring to meet particular needs of differing groups. In contrast, others felt that they could not tailor it to meet their specific needs. Several of the participants talked about the need to add personal experiences to the presentation to make it more interesting to the audience.

4. Level of participant experience

A majority of the participants rated themselves as “highly knowledgeable” or “relatively knowledgeable” of FASD, and reported currently working with and having experience working with FASD affected people.

The level of the participant’s experience and knowledge of FASD appeared to be directly connected with their satisfaction with the structure of the TOT workshop and their perception of curriculum. The participants who came to the workshop with little experience and who were relatively new to the field were mostly positive in their rating of the workshop. The participants who came to the training with a high level of experience working with individuals affected with FASD tended to rate the TOT workshop less positively.

II. BACKGROUND AND PURPOSE

The Family Youth Services Training Academy (FYSTA), UAA has been designated by the Alaska Department of Health and Social Services, to be the lead agency in the development of a curriculum on Fetal Alcohol Spectrum Disorders (FASD).

The Family Youth Services Training Academy is in the process of developing a “FASD 101” curriculum that will target the State of Alaska social service professionals. In addition to the FASD 101 curriculum, FYSTA is in the process of developing curriculum for web-based training and “training of the trainers” components. Parent advocates are advising FYSTA in their development of these materials.
The Alaska Center for Rural Health, UAA, has funding from the National Area Health Education Center, Bureau of Health Professions, Health Resources & Services Administration, to perform an evaluation of the FASD 101 curriculum’s impact on participants’ knowledge, attitude, and behavior changes related to FASD, and document outcomes and recommendations.

Staff from the State of Alaska Health and Social Service Office of FASD and Family Youth Services Training Academy worked collaboratively to present the FASD 101 Train the Trainers workshop on April 8, 2003 in Juneau at the St. Paul Catholic Church.

The goal of the evaluation is to assess participant perceptions of the FASD 101 Train the Trainers workshop, especially of the content of the curriculum and its application. The purpose of this report is to present these responses.

III. QUALITATIVE AND QUANTITATIVE METHODOLOGY

A. Introduction

This project was a result of a collaborative effort between the Alaska Center of Rural Health and the Family Youth Services Training Academy, both at UAA. ACRH used both qualitative and quantitative methods to evaluate the FASD 101 Train the Trainers workshop. ACRH worked closely with the staff from FYSTA on planning the evaluation methodology. This section describes the methodology for the flexible and fixed methods of research.

B. Qualitative Methodology

ACRH originally intended to conduct a focus group following the FASD 101 TOT workshop. However, due to time constraints, that was not possible. (The church room was locked and it took nearly two hours to find a key.) A focus group generally requires 90-120 minutes. Due to delays in commencing the TOT workshop, ACRH only had 20 minutes for qualitative data collection. ACRH elected to conduct a structured debriefing and focus on high priority subject areas. The structured debriefing allows for in-depth qualitative information that can be used to reveal the workshop participants’ perceptions.

ACRH conducted the debriefing immediately following the FASD 101 Train the Trainer workshop in the training space used for the workshop at the St. Paul Catholic Church. The participants volunteered for the structured debriefing by their signature on a consent form.

ACRH developed the structured debriefing questions, which centered around:

- Overall impression of content of the curriculum
- Was it a worthwhile experience?
• Was this new information?
• Overall tone of the curriculum?
• What would you add? What would you take out?

C. Quantitative Methodology

In addition to the discussion following the TOT workshop, FYSTA and ACRH sought participant perceptions on a more refined and analytic level. Closed questions, as in a survey, enable the collection of a defined level of information from a population. These closed-answer responses (which require participants to select from a group of boxes) allow comparisons and other analytic techniques.

ACRH and FYSTA developed a survey tool through modification of a self-assessment instrument previously created by ACRH. FYSTA staff finalized the instrument.

The questions asked the participants to rate the overall impression of the training, trainer, and power point slides on a five point Likert scale. They were also asked to indicate their level of agreement with statements about the workshop, on a four and five point Likert scales. A copy of the instrument can be found in Appendix E.

On April 8, 2003, ACRH administered the quantitative instrument to a group of participants who attended the FASD 101 Train the Trainer in Juneau, Alaska at the St. Paul Catholic Church immediately following the workshop.

IV. FINDINGS

A. Qualitative Data

Based upon the feedback from the structured debriefing, several of the TOT workshop participants expressed concerns about the FASD 101 curriculum and the application of the materials to their work. Several participants suggested that the curriculum did not seem like a finished product and made suggestions for modifying the level of the language used, the slides, and the structure of the presentation of the materials.

1. Comfort with the presentation of the materials at the workshop

   a. Need to see the whole presentation first

   Participants commented on the structure of the Train the Trainer (TOT) presentation of materials. Some of the participants requested time to first absorb the information by hearing it presented in its entirety, followed by a session in which the information is slowly taken apart for training purposes.
b. More interaction wanted for TOT

Some of the participants mentioned that the structure of the TOT did not allow for enough interaction among participants.

- “…I personally would like to see more interaction. We were sitting in the circle too much…”
- “…It felt like we were given an overview and not really a training…rather than telling us …this would be good here or there…and then we could have done this thing of analyzing the content a little bit easier….”
- “…I didn’t like the listing of the types of activities we can do. It would have been good to actually do the activities rather than listing them.”

2. Comfort with the content of the curriculum

a. Curriculum needs more work

Some of the participants felt the curriculum presented at the TOT was not a completed product and required more work. One participant stated that despite the curriculum feeling incomplete, all the important elements were there.

- “…I felt like it was almost like a dry run. Like there was a lot of things that we were being asked. It is not a done deal. “
- “…it felt like we were being asked to tweak it and kind of adjust it a bit, add things or change things…it doesn’t feel like I can take [the curriculum] and do it…”
- “…it felt like all the important elements are there despite feeling incomplete…”

b. Level of language used and need for definitions

Some of the respondents requested that the level of the language used in the curriculum be modified. There were some words that were not familiar to all participants. It was acknowledged that the definitions were available but were separate from the trainer’s guide and slides. While some members of the group requested that the definitions be made part of the trainer’s guide and slides, others expressed concern that modifying the level of language would change the curriculum in a direction that was concerning.

- “…I would like to see the language brought down to a lower level.”
- “…there were some words that I wasn’t particularly comfortable with…oh I better go and look that up when I get home…”
- “…it would be nice to have the terminology defined…we need the definitions right there (on the slide)…”
• “…I hate to have this thing watered down, because I think it is very excellent…”

Since English may be a second language to many rural villages that are served, one participant said the level of language used should be a consideration:

• “…English being a second language is an issue… it’s not even a question of education…”

c. Discussion of the power point slides

There was a lively discussion among the participants regarding the slides and suggestions for modification. There was no consensus on this topic. Some participants felt that the information in the trainer’s guide needed to be directly reflected in the slides in order to maintain consistency and integrity across all presentations. One participant felt there were essential pieces of information in the guide that were not touched upon in the slides:

• “…in the slide portion it seems there is a heavy reliance on the presenters filling us in and providing additional information…it’s kind of scary…”

• “…my concern is that over time we will find that people might be missing some of the important parts in here and pay attention to the things that are easier, and that over time they will lose the consistent message.”

• “…there were stuff that are here (indicating the guide) that are essential pieces… not touched on in slides…”

There were other participants who felt that if all of the information was provided on the slides, there might be a tendency to simply read the slides, which would make for a dull presentation:

• “…it would be pretty dull if I just read what was on the power point slides.”

• “…I was thinking that I really hate to go to a presentation and have somebody stand and read to you, when I can read to myself…”

One participant felt the slides needed more graphics rather than words:

• “…I would have liked to see a little bit more pictures or graphics and action in the slides, rather than just words.”

Another participant said the slides needed to be simplified.

• “…I thought, to some extent, the slides were too busy and they were too much… trim them down and neaten them up…”
3. Perception of application to their work

a. “Canned” presentation

Some of the participants felt a canned presentation was positive because it allows for a structure for presenting the materials while allowing flexibility to tailor it to their regional needs.

- “...I do like the idea of a canned presentation...I have the ability to knock it down a few steps, so I like that...”
- “...I need the structure...I want to know what are the essentials that I need to present...”
- “...it gave me a concrete presentation I can do...I can still personalize it and give it to a group of people.”
- “...the goal of this, to my understanding, is to end up with a canned presentation that could be used by anyone...that's my concern, that how it's used should dictate who and what we find in it.”

b. Tailoring the presentation to meet their particular needs

While one participant stated that she could easily tailor the presentation to meet her needs, another expressed concern that the curriculum as it stands would not allow the tailoring needed for her particular audience.

- “...I can still personalize it...”
- “...I don't know if I would be comfortable using this packet because I would feel like I couldn't tailor it to the specific audience in our region.”

c. Personal stories help

Several of the participants talked about the need to add personal experiences to the presentation to make it more interesting to the audience:

- “...without the personal experiences that they were able to add, it would not have been a very effective presentation.”
- “...and to make it alive with the personal stories...without the personal stories it would be dead...”
- “...I clearly remember several of Maureen’s stories that she told us about...really stuck with me...I don't have a lot of personal stories to tell, I can think of one good story...”
B. Quantitative Data

The following table shows survey results for questions 1 – 3.

**Table 1. Overall Impressions of the Workshop**

<table>
<thead>
<tr>
<th>Question</th>
<th>Very Good</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>Very Poor</th>
<th>No answer</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall evaluation of training</td>
<td>5</td>
<td>9</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>Overall evaluation of trainer</td>
<td>7</td>
<td>9</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>19</td>
</tr>
<tr>
<td>Overall evaluation of power point slides</td>
<td>5</td>
<td>8</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>19</td>
</tr>
</tbody>
</table>

The first three questions evaluated the overall training, trainer, and power point slides. The responses indicated that participants generally felt positive about the training. Respondents largely ranked the overall training as “good” to “very good,” with the majority evaluating it as “good.”

The following table shows the results for questions related to the impressions of the trainer:

**Table 2. Evaluation of the Trainer**

<table>
<thead>
<tr>
<th>Question</th>
<th>Very High</th>
<th>High</th>
<th>Moderate</th>
<th>Low</th>
<th>Very Low</th>
<th>No Answer</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of topic</td>
<td>18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>19</td>
</tr>
<tr>
<td>Use of interesting teaching methods</td>
<td>3</td>
<td>6</td>
<td>7</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>19</td>
</tr>
<tr>
<td>Effective use of time</td>
<td>3</td>
<td>8</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>19</td>
</tr>
<tr>
<td>Responsiveness to group</td>
<td>11</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>19</td>
</tr>
</tbody>
</table>

The trainer was ranked as having “very high” knowledge of the topic and responsiveness to the group. In terms of using interesting teaching methods and effective use of time, the trainer was rated as “moderate” or “high.”

The following table shows the results for questions related to the impressions of the training:
Table 3. Evaluation of the Training

<table>
<thead>
<tr>
<th>Question</th>
<th>Too short</th>
<th>Between too short &amp; just right</th>
<th>Just right</th>
<th>Between just right &amp; longer time needed</th>
<th>Longer than needed</th>
<th>Don't know</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of time allotted for this session was:</td>
<td>2</td>
<td>4</td>
<td>10</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>The “interactive” quality of the session was:</td>
<td>4</td>
<td>9</td>
<td>5</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>19</td>
</tr>
</tbody>
</table>

The majority of the participants felt the length of time allotted for the session was “just right” or just between “too short” and “just right.” Most of the participants rated the interactive quality of session as “too short” or in-between “too short” and “just right.”

The following two tables show the overall impressions of the curriculum.

Table 4. Curriculum

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly agree</th>
<th>Somewhat agree</th>
<th>Neutral</th>
<th>Somewhat disagree</th>
<th>Strongly disagree</th>
<th>Does not apply</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>I gained a lot of new information</td>
<td>3</td>
<td>8</td>
<td>5</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>The subject matter for this training was relevant to my job</td>
<td>17</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>The session gave me some tools for being more effective in my job</td>
<td>8</td>
<td>7</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>Recommendations appropriate for real world of working with people affected by FASD</td>
<td>12</td>
<td>5</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>I will be able to more effectively interact with people affected by FASD</td>
<td>6</td>
<td>8</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>The information presented will help in identifying individuals who may be affected by FASD</td>
<td>6</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>19</td>
</tr>
</tbody>
</table>
Most of the participants “strongly agreed” that the subject matter was relevant to their job, and “strongly agreed” that the recommendations were appropriate when working with people affected by FASD.

The participants “somewhat agreed” or were “neutral” in response to gaining new information at the workshop. The majority indicated they either “somewhat agreed” or “strongly agreed” that they would more effectively interact with people affected by FASD, and that the information would be helpful in identifying individuals affected by FASD.

### Table 5. Curriculum

<table>
<thead>
<tr>
<th>Question</th>
<th>Very likely</th>
<th>Somewhat likely</th>
<th>Neutral</th>
<th>Somewhat unlikely</th>
<th>Unlikely</th>
<th>No answer</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>I will change or alter the approach I take with individuals affected with FASD</td>
<td>3</td>
<td>8</td>
<td>4</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>19</td>
</tr>
<tr>
<td>I will change or alter my expectation of individuals affected with FASD</td>
<td>2</td>
<td>8</td>
<td>5</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>19</td>
</tr>
<tr>
<td>I will view the materials given to me sometime in the future</td>
<td>15</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>I will share the materials given to me with co-workers and others in my profession</td>
<td>16</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>I will recommend the training to others in my profession</td>
<td>14</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>19</td>
</tr>
</tbody>
</table>

The majority of the participants stated it was “very likely” that they would view the materials given to them in the future, would share the material with co-workers, and would recommend the training to others in their profession. This is indicative of the fact that all of the participants were invited to the training to share the information in their own communities.

Tables six, seven, and eight reflect the level of participants’ experience and knowledge of working with people affected by FASD.
Table 6: How often do you work with people affected by FASD in your current position?

<table>
<thead>
<tr>
<th>All of the time</th>
<th>Most of the time</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Do not work with people affected by FASD</th>
<th>Don’t know/NA</th>
<th>No answer</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>7</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>19</td>
</tr>
</tbody>
</table>

Table 7: I would categorize myself as having…
(level of experience working with individuals affected with FASD).

<table>
<thead>
<tr>
<th>Extensive hands-on experience</th>
<th>Relatively high level of experience</th>
<th>Some hands-on experience</th>
<th>Limited hands-on experience</th>
<th>No previous experience</th>
<th>No answer</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>7</td>
<td>6</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>19</td>
</tr>
</tbody>
</table>

Table 8: Before the training I would have categorized myself as having…
(level of knowledge of FASD related issues).

<table>
<thead>
<tr>
<th>A very high level of knowledge</th>
<th>A relatively high level of knowledge</th>
<th>Somewhat knowledgeable</th>
<th>Limited knowledge</th>
<th>No knowledge</th>
<th>No answer</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>12</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>19</td>
</tr>
</tbody>
</table>

A majority of the participants rated themselves as “highly knowledgeable” or “relatively knowledgeable” of FASD, as having “extensive hands-on experience” or “relatively high level of experience” working with people affected by FASD, and as currently working hands-on “most of the time” or “all of the time” in their current position.

V. CONCLUSION

Based upon the analysis of qualitative and quantitative data collected from the participants from the TOT workshop, the participants indicated they were generally positive about the training. They perceived the power point slides as “good” and the trainers as very knowledgeable and responsive to the group. Most of the participants perceived the subject to be relevant to their job and the recommendations as appropriate to the real world of working with people affected with FASD.

The level of the participant’s experience and knowledge of FASD appeared to be directly connected with their satisfaction with the structure of the TOT workshop and their perception of curriculum. The participants with less knowledge and experience
appeared to rate the workshop very positively, while the more experienced participants appeared to rate the workshop less positively.

During the structured debriefing, the participants discussed three main topic areas: 1) the presentation of the materials at the workshop, 2) their comfort with the content of the curriculum, and 3) their perception of the application of the materials to their work.
Appendix E

FASD Curriculum Evaluation
Survey Instrument
**FASD Curriculum Evaluation Survey Instrument**

We are in the process of developing the FASD curriculum and we want to make certain is as useful and informative as possible. It is extremely important to us that we listen carefully to your feedback and implement the advice you give us. We appreciate your time in completing this confidential evaluation of the FASD training.

**Please rate the following:**

<table>
<thead>
<tr>
<th></th>
<th>Very good</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>Very Poor</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall evaluation of the training</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>DK</td>
</tr>
<tr>
<td>Overall evaluation of the trainer</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>DK</td>
</tr>
<tr>
<td>Overall evaluation of the PowerPoint slides</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>DK</td>
</tr>
</tbody>
</table>

**Please indicate of you completely agree, somewhat agree, somewhat disagree, or completely disagree with the following statements:**

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Somewhat agree</th>
<th>Neutral</th>
<th>Somewhat disagree</th>
<th>Strongly disagree</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>I gained a lot of new information</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>The subject matter for this training was relevant to my job</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>The recommendations were appropriate for the “real world” of working with people affected by FASD</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>I have gained a new perspective on some of my clients after the FASD training</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>I have changed the way I interact with some of my clients after the FASD training</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>NA</td>
</tr>
</tbody>
</table>

**Optional:**

In what way have you changed the way you interact with your clients.