

# **FASD Videoconferencing Learning Series 2010/11 Evaluation**

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Final Report

June 2011

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# EXECUTIVE SUMMARY

## **Introduction**

The FASD Videoconference Learning Series, administered through Alberta Children and Youth Services, was introduced in 2007 to increase community and individual capacity to support individuals with FASD and their caregivers across the lifespan. The initiative specifically addresses the need for educational programs that target a wide variety of urban and rural audiences. CASA Child, Adolescent and Family Mental Health was contracted to develop the content for the 2010/11 program year, and to conduct a formative and summative evaluation.

The 2010/11 FASD Videoconference Learning Series presented 11 educational sessions between September 2010 and March 2011. Sessions were targeted to the following groups: parents/caregivers, youth/young adults, service providers, health care professionals and educators.

## **Evaluation Methods**

Quantitative and qualitative data were collected through videoconference participant surveys, archived video web surveys, presenter surveys, site attendance sheets, statistics for web site use and a spreadsheet listing the sites connected for each session. Quantitative data were analyzed using a statistical software package and qualitative data were coded using a thematic analysis.

## **Evaluation Results**

### ***Participant Demographics***

The largest target audience (i.e. 84%) attending the sessions was service providers. Approximately half of the survey respondents were from Alberta. The remainder hailed from other provinces/territories including Saskatchewan, the Northwest Territories and British Columbia. Thirty-three percent (33%) of respondents said that they or their organization were members of an FASD service network.

### ***Attendance***

There were 1,239 participants who attended the 11 sessions presented in 2010/11. Attendance at individual sessions ranged from 39 to 211 with the average being 113. This is double the 612 participants who attended the 2009/10 FASD Learning Series. There were a total of 593 sites connections for the 11 sessions with an average of 54 sites connected for each session. Presentations were archived on-line for public access.

### ***Participant Feedback***

Overall, 48% of those surveyed regarding the 11 sessions responded. An overwhelming majority (i.e. 88%-93%) of respondents “strongly agreed” or “agreed” that the learning objectives were clear, that the learning objectives were met, that the content was relevant for them, that they would be able to apply what they had learned and that it was a valuable learning experience. Average overall rating of their satisfaction with the content of the sessions was 81%. A large majority of respondents also “strongly agreed” or “agreed” that their awareness of the topic increased (i.e. 88%), and that they will share what they learned with others (i.e. 89%).

In every session average differences in respondent assessments of their pre-post change in knowledge showed that they perceived their knowledge to have increased after attending a session. The average increase in knowledge from each of the 11 individual sessions ranged from

+3% to +31% and the average knowledge increase for all 11 sessions was +11% which was statistically significant at a p-value of 0.001. The following is a participant quote about a positive impact of the video sessions: “. . . **not having to travel to another community makes this approach very time and cost effective . . .**”

Although 96% of the respondents “strongly agreed” or “agreed” that the use of videoconferencing helped them to attend the presentations, their comments suggest that there is still room for improvement with some of the technical aspects of the videoconferences. The average overall rating of their satisfaction with the videoconferencing was 78%.

Overall, average respondent ratings of the presenters suggest that the presenters were well prepared (i.e. 90%), effective communicators (i.e. 90%) and knowledgeable (i.e. 91%). Respondents made suggestions related to improving the technology especially audio quality (i.e. 20%) and to improve the process for asking questions (i.e. 16%). The most frequent suggestions for future topics were strategies to deal with FASD (i.e. 25%) and mental health issues and FASD (i.e. 22%).

### ***Presenter Feedback***

Overall, presenters rated the presenter orientation package helpful (i.e. 82%) and complete (i.e. 82%). Their high average agreement ratings suggest there was enough assistance to format their presentation (i.e. 85%), enough technical support (i.e. 95%), and enough time to prepare their presentation (i.e. 83%). The team at the site of the live presentation was highly rated for welcoming the presenters (i.e. 95%) and being well-organized (i.e. 83%). Presenters felt they received enough information about the intended audience (i.e. 86%) and the audio and/or visual system worked well (i.e. 86%).

### ***Archived Videos***

Between September 2001 and May 2011, there were a total of 24,355 “hits” for individual videos archived on the Government of Alberta Cross-Ministry Committee web site. The most frequently accessed category of videos was the individuals, family members/caregivers category (i.e. 36%) followed by the support service providers category (i.e. 20%). Overall ratings for the content of the video were 90%. Respondents agreed that viewing the video was a valuable learning experience (90%) and that the web site increased their access to FASD training (90%). They indicated that they will be able to apply what they learned (88%), and that they plan to use one or more videos to train others (84%). Their agreement that the web site is user-friendly was slightly lower at 81%. After viewing a video, their ratings suggest that their knowledge increased by an average of 12%.

### **Conclusion**

This evaluation has shown that using technology to disseminate the videoconferences resulted in increasing access to FASD information. This is supported by data which demonstrates stronger uptake in rural regions, and by reports from participants stating that the technology enabled them to participate.

While frustration was experienced by some participants when the technology did not work the way it was intended, the benefits of increasing access to FASD education and training far outweigh the limitations experienced with the videoconference technology.

Besides increasing access, the FASD Learning Series has been remarkably efficient in distributing the expertise of the presenters, a valuable but scarce resource to many more people than the

number who could attend one live presentation. The more often the videos are viewed, the more cost effective it becomes. The evidence suggests that access to the archived videos should continue, and that utilization could be further enhanced through advertising and operational improvements to the web site.

There is very strong evidence that the participants attending the FASD Videoconference Learning Series increased their knowledge in the content of the presentations. The average post-session knowledge gain of 11% is statistically significant (i.e.  $p < 0.001$ ). Not only did their knowledge increase, participant ratings suggest that the content was relevant to them (i.e. 85%) and that they would be able to apply what they had learned (i.e. 82%). There were similar findings from the web surveys that rated the archived videos.

The FASD Learning Series presented information to service providers, parents, caregivers and individuals affected by FASD. The knowledge gained by these diverse groups is a valuable resource to enhance community and individual capacity to support individuals with FASD and their caregivers across the lifespan.

### **Recommendations**

Based on the findings of this evaluation, implementing the following recommendations will contribute to further increasing the effectiveness and efficiency of the FASD Learning Series.

#### **1. Maximize use of the videos already produced.**

The videos already produced are a valuable resource for FASD information and training. Ensuring continuing use of the videos means that even more individuals will receive information to support individuals with FASD and their caregivers. The recommendations below are ways to ensure continuing access to the videos:

- a) Address difficulties in accessing the website and/or archived videos.**
- b) Continue to advertise archived video sessions.**
- c) Develop and distribute FASD training packages using the archived videos.**

#### **2. Explore the use of a webinar format for the sessions.**

The videoconferences continue to have various technical problems (i.e. 40% of all comments were about technical issues). One way of addressing these technical problems is to consider shifting from a video format to a webinar format.

#### **3. Build on success by identifying and optimizing the factors which contributed to the dramatic increase in participation during 2010/11.**



# 1.0 INTRODUCTION

The Fetal Alcohol Spectrum Disorder (FASD) Cross-Ministry Committee (CMC) established the FASD Collaborative Technology Program to support the development and delivery of learning opportunities for all stakeholders involved with FASD. The FASD Videoconference Learning Series, administered through Alberta Children and Youth Services, was introduced in 2007 to increase community and individual capacity to support individuals with FASD and their caregivers across the lifespan. The initiative specifically addresses the need for educational programs that target a wide variety of urban and rural audiences. CASA Child, Adolescent and Family Mental Health was contracted to develop the content for the 2010/11 program year, and to conduct a formative and summative evaluation.

The 2010/11 FASD Videoconference Learning Series presented 11 educational sessions between September 2010 and March 2011. Session content was targeted to the following audiences: parents/caregivers (9 sessions), youth/young adults (5 sessions), service providers (6 sessions), health care professionals (4 sessions) and educators (1 session). Some of the sessions were designed to target more than one audience. All sessions were recorded and the videos were uploaded to the CMC-FASD website for continued unrestricted use. They can be viewed at the following link: <http://www.fasd-cmc.alberta.ca/home/572.cfm>. The following table lists the 2010/11 FASD Videoconference Learning Sessions along with the audiences each session targeted. Posters used to advertise the sessions can be seen in Appendix A.

Date	Name of Session	Target Group
Sep 29	<b>Opening the Brain Boxes</b>	Parents/caregivers Youth/Young adults
Oct 27	<b>Building the Brain Boxes</b>	Parents/caregivers Youth/Young adults
Nov 10	<b>Friendship? Dating? Sex? Relationships in the Complex FASD World</b>	Parents/caregivers Youth/Young adults
Nov 24	<b>Creating a Brain Friendly Life</b>	Parents/caregivers Youth/Young adults
Dec 8	<b>Understanding Substance Use Problems and Addictions in Women as Key to FASD Prevention</b>	Service providers Healthcare Professionals
Jan 12	<b>The Implications of Neuroplasticity for a Brain Affected by FASD</b>	Service providers, Healthcare professional Parents/caregivers
Jan 26	<b>Diagnosis of FASD in the Adolescent Years</b>	Parents/caregivers Service providers Healthcare professionals
Feb 9	<b>What Do We Mean by Trauma-Informed Care?</b>	Service providers Healthcare professional
Feb 23	<b>Becoming a Successful Adult Learner</b>	Youth/Young adults Parents/caregivers Educators
Mar 9	<b>Cognitive Interventions for Individuals with FASD</b>	Service providers Healthcare professionals Parents/caregivers
Mar 23	<b>Reframing Life with FASD</b>	Youth/Young adults Parents/caregivers Service providers

The evaluation of the FASD Videoconference Learning Series focuses on the series as a whole as well as on the use of video technology as a means to support learning. The evaluation addresses these two questions:

1. How did the FASD Videoconference Learning Series impact participant knowledge about FASD?
2. How effective is videoconferencing as a method of providing education about FASD?

## **2.0 EVALUATION METHODS**

Quantitative and qualitative data were collected through participant and presenter self-report surveys. All survey participants were informed about issues of confidentiality and anonymity and that their participation was voluntary. Quantitative data for change in knowledge were analyzed using a statistical software package (SPSS) and qualitative data were coded using thematic analysis.

### **a) Participant Surveys**

Session participants who provided their e-mail address on attendance sheets located at each presentation and viewing site were e-mailed a link to an on-line survey within four days after attending a session. The survey was open for responses for one week after the initial invitation. Reminder e-mails were sent one day before the on-line survey was closed. The overall response rate for the 11 sessions was 48%. The response rate for each individual videoconference can be seen in Appendix B. A copy of the participant post-session survey can be seen in Appendix C. The survey in Appendix C was modified for some sessions in the following ways:

- For those who attended the sessions in person (i.e. live), questions about videoconferencing were omitted.
- For sessions with more than one presenter, there was an opportunity to provide individual ratings for each presenter.

### **b) Presenter Surveys**

After each session, an e-mail link to an on-line survey was sent to each presenter. A reminder e-mail was sent two weeks after the initial invitation to complete the survey. The presenter survey was closed two weeks after the last session of the entire series was completed. Eighteen invitations to complete a presenter survey were sent and 9 completed surveys were received. This is a response rate of 50%. A copy of the presenter survey can be seen in Appendix D.

### **c) Archived Session Web Surveys**

In September 2010, the videos for the 39 sessions presented during 2008/09 and 2009/10 with a link to an online survey were posted on the Government of Alberta Cross-Ministry Committee web site. Videos of the 2010/11 sessions along with their survey links were posted approximately 2 weeks after the live presentation. In May 2011 data was downloaded from the completed online surveys. A copy of the online survey for the archived sessions can be seen in Appendix E.



#### d) Statistics

At each participating site participants were asked to sign an attendance sheet. The attendance number for each session was determined by adding the number of names listed on all the site attendance sheets submitted for each session.

Alberta Children and Youth Services provided a spreadsheet with the names of the connected sites for each session and statistics about use of the web site with the archived online sessions.

#### Limitations

The following considerations should be taken into account when interpreting the evaluation results:

- **Videoconference attendance may actually be higher than that reported.**  
Reporting attendance involved participants signing an attendance sheet at their viewing site, the site faxing the attendance sheet to Children and Youth Services and Children and Youth services sending the attendance sheets to the evaluators. If any of the following situations occurred, attendance numbers would have been under-reported:
  - Participants who attended a videoconference may not have signed their name on an attendance sheet at their viewing site.
  - Some individual sites may not have faxed their attendance sheet to Children and Youth Services.
  - Children and Youth Services may not have received all the faxed attendance sheets by the time they were sent to the evaluators.
- **The number of hits for the individual videos likely over-represents the number of times the archived videos were accessed.** The number of “hits” only means that a page or video was accessed and does not necessarily mean that one hit equals the viewing of one whole video. People may have only watched only a portion of a video rather than the entire video or more than one hit may have been required to see an entire video.
- **Data from the web surveys is not very representative of the number of hits for individual archived videos.** Surveys were completed for only 17 of the 50 archived videos and only 29 surveys were completed in total. Although 24,000 hits likely over-represents the number of times the archived videos were accessed, it is still likely that 29 is a very low response rate.

## 3.0 EVALUATION RESULTS

### 3.1 Participant Demographics

#### Target Groups

To identify target groups attending the sessions, participant survey respondents were asked to indicate if their primary interest in the session was as a service provider, parent/caregiver or an individual affected by FASD. The table below shows that similar to previous years, the majority of session participants were service providers. In comparison to the other groups, the percentage of parents/caregivers and individuals affected by FASD was much smaller.

#### Survey Respondents by Target Group

	2008/09 (n=682)	2009/10 (n=178)	2010/11 (n=610)
Service Provider	86%	93%	84%
Parent/caregiver	13%	7%	15%
Individual affected by FASD	2%	0%	1%

Service providers were asked to indicate the sector where they work. The table below shows that in 2010/11 the majority of service providers came from the health care, social services and education sectors. Compared to 2009/10, the most notable change was the increased representation from education (i.e. from 11% to 22%) and the decreased representation from the justice sector (i.e. from 17% to 3%). The work sector of service provider respondents for each individual session is shown in Appendix F.

#### Work Sector of Service Provider Survey Respondents

Sector	2008/09 (n=798)	2009/10 (n=163)	2010/11 (N=522)
Social Services	17%	27%	22%
Health Care	18%	20%	22%
Education	44%	11%	22%
Community non- profit	8%	16%	19%
Other	3%	7%	10%
Justice	5%	17%	3%
Employment and Immigration	-	2%	1%
Government of Alberta	5%	-	-

#### Viewing Location

The sessions were broadcast to various sites spanning across Alberta, British Columbia, Saskatchewan and the Northwest Territories. Within Alberta, location sites were grouped into three categories – the city of Edmonton, Northern Alberta (i.e. all sites north of Edmonton), and Southern Alberta (i.e. all sites south of Edmonton). The table below shows the locations where attendees viewed the FASD videoconferences. Compared to 2009/10, the most notable changes were the 23% decrease in viewers in Edmonton and the corresponding increases in viewers in Southern Alberta, Northern Alberta, the Northwest Territories and Saskatchewan. One reason for the decrease in the number of attendees in Edmonton was that in 2010/11 the Edmonton sites were restricted to the one site where the session was presented live to ensure that there was a live audience for the presenter as in the previous year some of the presenters had noted that it was difficult to present without a live audience. Viewing location for each video session is shown in Appendix G.

### Viewing Location of Survey Respondents

Location	2008/09 (n=891)	2009/10 (n=183)	2010/11 (n=586)
Southern Alberta	34%	24%	36%
Northern Alberta	16%	17%	20%
Northwest Territories	2%	9%	16%
Saskatchewan	11%	10%	12%
Edmonton	12%	34%	11%
British Columbia	20%	5%	2%
Yukon	3%	-	2%
Ontario	1%	-	1%
Other <sup>b</sup>	1%	-	1%
Nunavut	-	1%	-

<sup>a</sup> Other includes: Nunavut, Prince Edward Island and Manitoba.

### Session Type

The table below shows that the majority of survey respondents viewed the session by videoconference. Only 10% attended a live session (i.e. the site where the presenter delivered the session in person).

Type of Session Attended		
Sessions	Number and Session Type	
	Live	Video
Sep 29	9	46
Oct 27	18	85
Nov 10	1	29
Nov 24	5	58
Dec 8	9	23
Jan 12	1	48
Jan 26	2	61
Feb 9	5	20
Feb 23	2	24
Mar 9	1	75
Mar 23	4	38
<b>Total</b>	<b>57 (10%)</b>	<b>507 (90%)</b>

### Membership in an FASD Network

In 2010/11, 33% said that they or the organization they represent were members of a FASD Service Network. Compared to 2009/10, the percent who were sure that they belonged to an FASD service network decreased by 6%.

#### Are you or your organization a member of an FASD service network?

	2009/10 (n=172)	2010/11 (n=592)
Yes	39%	33%
No	39%	38%
Don't know	22%	29%

## 3.2 Attendance

As shown in the table below, the total attendance for the 11 sessions presented in 2010/11 was 1,239. The attendance numbers for each of the individual sessions can be seen in Appendix H. The table below shows that compared to 2009/10, although there were 7 fewer sessions presented, the attendance numbers doubled and the average number of people attending per session more than tripled.

#### Attendance by Year

	2008/09	2009/10	2010/11
Total Attendance	1,801	612	1,239
Number of sessions	21	18	11
Average attendance per session	94	34	113

As shown in the table below, there were 141 different sites participating in the videoconference series with a total of 593 site connections for the 11 sessions. The number of sites connected for each individual session ranged from 31 to 76 sites with an average of 54 sites per session. Appendix I shows the number of site connections, number registered and number of attendance sheets received for each session.

Note that the attendance numbers could actually be higher than those reported above. This is because the procedure used to track attendance relied on attendees to sign the attendance sheet at their site and for the site to fax the attendance sheet to Children and Youth Services which were then sent on to the evaluator. As the table below shows, attendance sheets were received from 283 of the 593 sites connected to the 11 sessions, which is a return rate of 48%. Since registration numbers for the 11 sessions (i.e. 1,629) were higher than the attendance numbers (i.e. 1,239) it is possible that no one attended at some of the sites not submitting attendance sheets. However, there is no confirmation that this is the reason why attendance sheets were not submitted.

	Number of Sites Connected	Number of Sites Who Sent In Attendance Sheets	Number of sites without attendance sheets
Total	593	283	310
Average	54	26	28

### **3.3 Participant Ratings**

Participants were asked questions about session content, delivery using videoconferencing and the presenter. In this section of the evaluation report, the ratings for all the 11 sessions have been summarized and are presented by comparing the responses with those from the 2008/09 and 2009/10 FASD Videoconference Learning Series. For ease of comparison average agreement ratings were determined by assigning numerical values to the rating scale and calculating the numerical averages which were then converted to percentages. The comparisons of the ratings for each year should be interpreted with caution as there is a wide variation in the number of respondents for each year. In Appendix L, summaries of ratings for individual sessions are presented.

#### **Learning Objectives**

The tables below show that in 2010/11, an overwhelming majority of respondents “strongly agreed” or “agreed” that the learning objectives were clear and that the learning objectives were met.

	Year	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement <sup>a</sup>
Learning objectives were clear.	2008/09 (n=712)	-	3%	59%	36%	2%	83%
	2009/10 (n=178)	1%	3%	40%	54%	1%	87%
	2010/11 (n=572)	2%	4%	53%	40%	1%	83%

<sup>a</sup> To determine average agreement, ratings were assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the numerical ratings was converted to a percentage.

	Year	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement <sup>a</sup>
Learning objectives were met.	2008/09 (n=823)	1%	4%	59%	32%	4%	82%
	2009/10 (n=178)	1%	3%	46%	49%	1%	86%
	2010/11 (n=571)	2%	6%	51%	37%	3%	82%

<sup>a</sup> To determine average agreement, ratings were assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the numerical ratings was converted to a percentage.

### **Content of Sessions**

The tables below show respondent ratings for content of the sessions. Overall, an overwhelming majority of respondents “strongly agreed” or “agreed”, that the content was relevant for them, that they would be able to apply what they had learned, that it was a valuable learning experience, that their awareness of the topic increased and that they would share what they learned with others. These high agreement ratings suggest that the content of the sessions met the needs of those attending and that the knowledge they gained will be passed on to others. Compared to 2009/010, the average agreement ratings for these questions were only slightly lower.

	Year	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement <sup>a</sup>
The content was relevant to me.	2008/09 (n=844)	1%	2%	58%	38%	1%	84%
	2009/10 (n=173)	2%	3%	40%	54%	1%	87%
	2010/11 (n=570)	2%	4%	46%	46%	1%	85%

<sup>a</sup> To determine average agreement, ratings were assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the numerical ratings was converted to a percentage.

	Year	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement <sup>a</sup>
I will be able to apply what I have learned at this session.	2008/09 (n=840)	-	4%	59%	34%	3%	83%
	2009/10 (n=178)	1%	4%	44%	49%	2%	86%
	2010/11 (n=572)	2%	6%	52%	38%	2%	82%

<sup>a</sup> To determine average agreement, ratings were assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the numerical ratings was converted to a percentage.

	Year	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement <sup>a</sup>
This was a valuable experience.	2008/09 (n=837)	1%	4%	53%	40%	2%	84%
	2009/10 (n=178)	2%	2%	40%	55%	1%	88%
	2010/11 (n=565)	3%	4%	42%	48%	2%	85%

<sup>a</sup> To determine average agreement, ratings were assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the numerical ratings was converted to a percentage.

	Year	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement <sup>a</sup>
My awareness of this topic increased as a result of this session.	2009/10 (n=180)	2%	6%	41%	50%	1%	85%
	2010/11 (n=569)	3%	8%	44%	44%	1%	82%

Note: This question was only added to the survey in 2009/10 so there are no ratings for 2008/09.

<sup>a</sup> To determine average agreement, ratings were assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the numerical ratings was converted to a percentage.

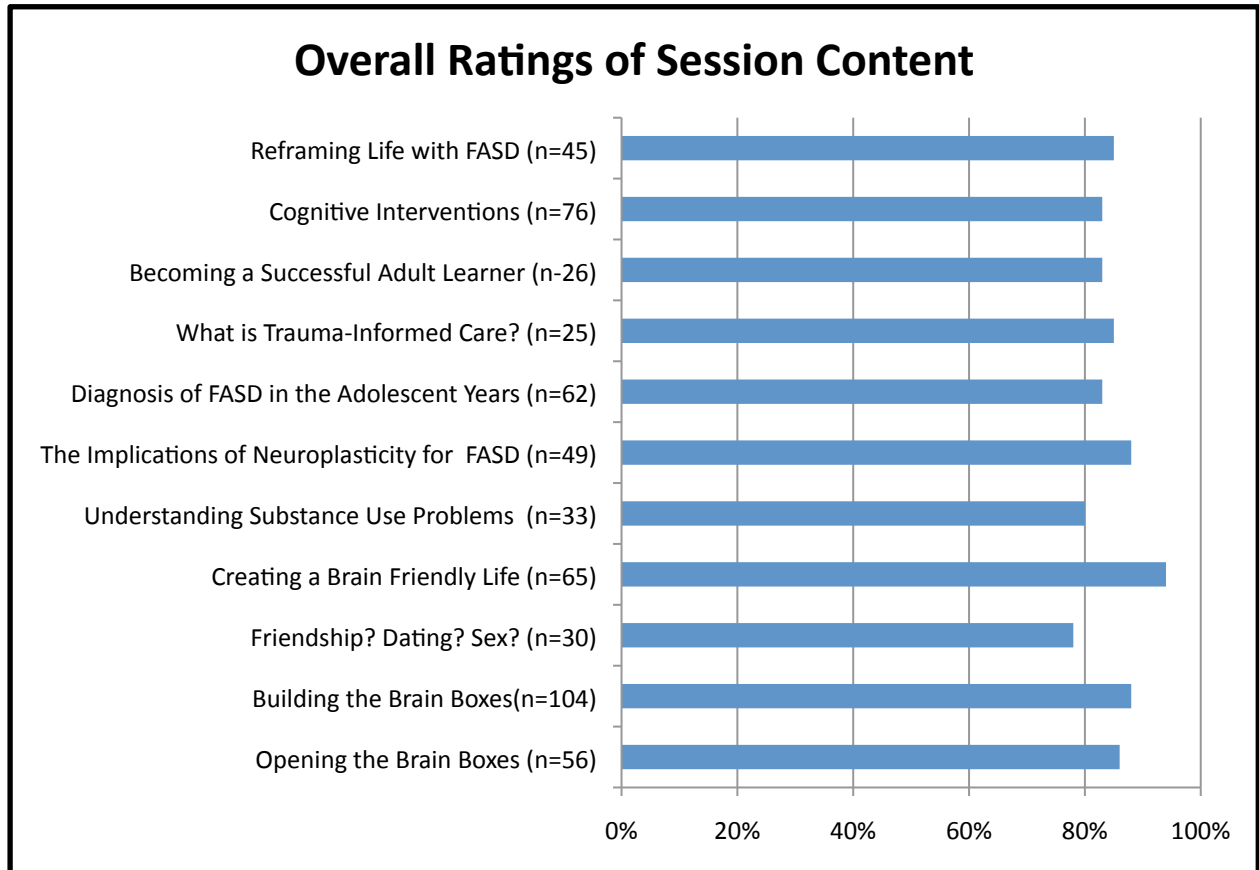
	Year	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement <sup>a</sup>
I will share what I have learned with others.	2009/10 (n=102)	2%	2%	44%	50%	2%	86%
	2010/11 (n=572)	2%	6%	48%	41%	3%	83%

Note: This question was only added to the survey in 2009/10 so there are no ratings for 2008/09.

<sup>a</sup> To determine average agreement, ratings were assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the numerical ratings was converted to a percentage.

### Overall Rating of Session Content

Session participants used a 4-point scale (1=Poor; 2=Fair; 3=Good; 4=Excellent) to give overall ratings for session content. Ratings for individual sessions are presented in the chart below. The highest rating was 94% and the lowest rating was 78%.



Overall ratings of session content are presented in the table below. Of the 571 respondents 90% of the ratings were “excellent” or “good”. Compared to 2008/09, the average agreement ratings are 8% lower.

### Overall ratings for session content by year

	Year	Excellent	Good	Fair	Poor	Don't Know	Average Agreement <sup>a</sup>
Overall rating for content of the sessions.	2008/09 (n=854)	47%	43%	7%	2%	1%	84%
	2009/10 (n=206)	63%	28%	6%	2%	1%	89%
	2010/11 (n=571)	52%	38%	8%	2%	-	81%

<sup>a</sup> Each rating was assigned a numerical value (i.e. excellent=4; good=3; fair=2; poor=1) and the average of all the ratings was converted to a percentage.



### **Videoconferencing as a Method of Delivery**

The following tables show ratings for questions relating to videoconferencing as a method of delivery. Similar to 2008/09, respondents strongly agreed that the use of videoconferencing helped them attend the sessions (i.e. average agreement 92%). Ratings for video and audio quality decreased compared to 2009/10 suggesting that there is still room for improvement.

	Year	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know/Does Not Apply	Average Agreement <sup>a</sup>
Use of videoconferencing helped me attend this session.	2008/09 (n=848)	-	2%	32%	64%	2%	91%
	2009/10 (n=159)	1%	7%	23%	62%	7%	89%
	2010/11 (n=513)	1%	2%	26%	72%	-	92%

<sup>a</sup> To determine average agreement, ratings were assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the numerical ratings was converted to a percentage.

	Year	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement <sup>a</sup>
I was satisfied with the video quality of the presentation.	2008/09 (n=838)	6%	14%	54%	24%	2%	74%
	2009/10 (n=156)	2%	4%	38%	43%	13%	85%
	2010/11 (n=513)	7%	14%	49%	30%	-	76%

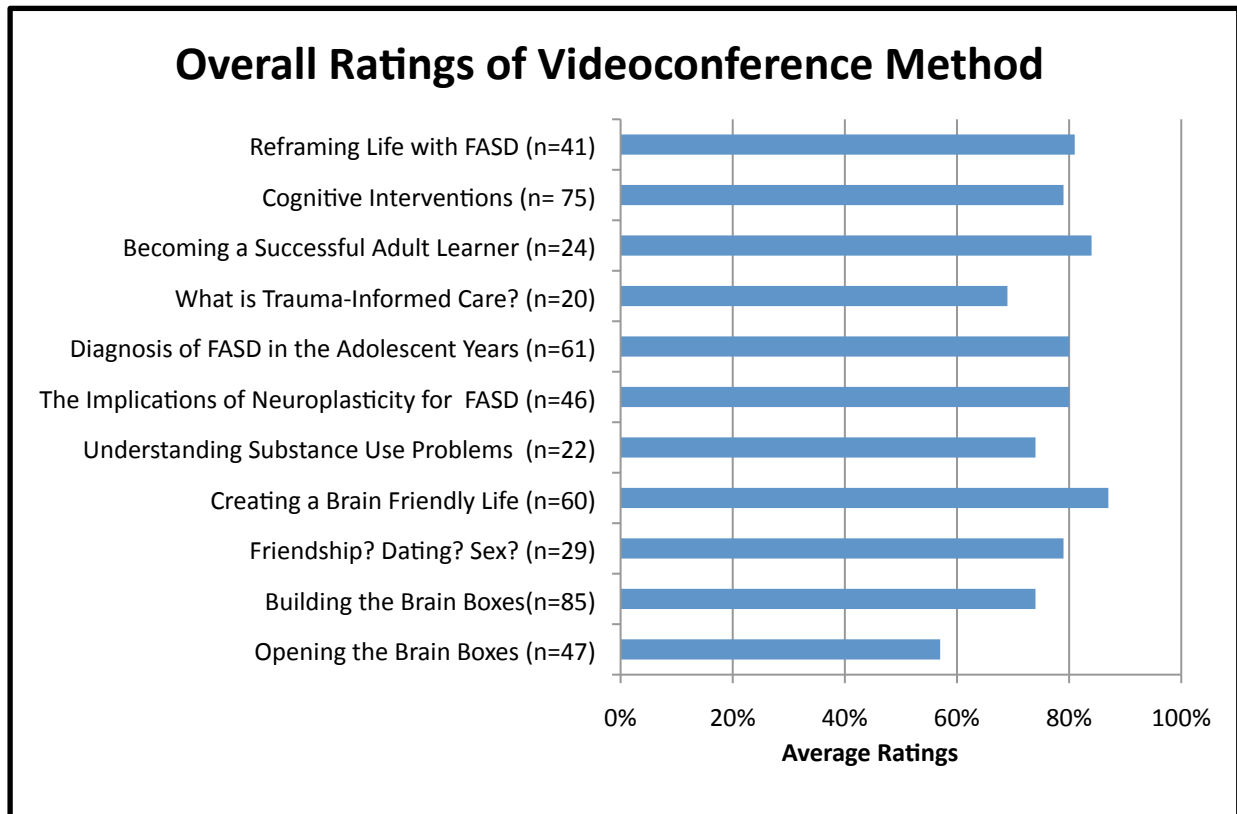
<sup>a</sup> To determine average agreement, ratings were assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the numerical ratings was converted to a percentage.

	Year	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement <sup>a</sup>
I was satisfied with the audio quality of the presentation.	2008/09 (n=839)	6%	12%	55%	26%	1%	76%
	2009/10 (n=156)	3%	11%	35%	39%	12%	81%
	2010/11 (n=506)	3%	15%	53%	29%	-	77%

<sup>a</sup> To determine average agreement, ratings were assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the numerical ratings was converted to a percentage.

### Overall Rating of Videoconference as a Method of Delivery

Session participants used a 4-point scale (1=Poor; 2=Fair; 3=Good; 4=Excellent) to give overall ratings for videoconference as a method of educational delivery. Overall ratings for each session are shown in the chart below. The sessions are in chronological order starting with the first session, “Opening the Brain Boxes” at the bottom of the chart. The ratings ranged considerably, from a low of 57% to a high of 87%. Note that the ratings increased noticeably after the lowest rating which was for the first session, “Opening the Brain Boxes”.



As shown in the table below, 80% of the ratings for the use of videoconferencing as a tool for the sessions were “excellent” or “good”. However, the average agreement rating of 78% has decreased by 6% from 2009/10.

	Year	Excellent	Good	Fair	Poor	Don't Know	Average Agreement <sup>a</sup>
Overall the use of videoconferencing for this session was:	2008/09 (n=827)	40%	46%	10%	3%	1%	81%
	2009/10 (n=98)	40%	42%	4%	2%	11%	84%
	2010/11 (n=510)	30%	50%	14%	3%	5%	78%

<sup>a</sup> Each rating was assigned a numerical value (i.e. excellent=4; good=3; fair=2; poor=1) and the average of all the ratings was converted to a percentage.

### **Participant Ratings of the Presenters**

The following tables present ratings specifically pertaining to the session presenters. Overall, the presenter ratings suggest that the presenters were well prepared, effective communicators, and knowledgeable in their subject area. These ratings were just slightly lower than in 2009/10.

	Year	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement <sup>a</sup>
The presenter was well prepared.	2008/09 (n=851)	1%	1%	40%	57%	1%	90%
	2009/10 (n=120)	1%	-	16%	82%	1%	95%
	2010/11 (n=730)	1%	2%	33%	64%	1%	90%

<sup>a</sup> To determine average agreement, ratings were assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the numerical ratings was converted to a percentage.

	Year	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement <sup>a</sup>
The presenter was an effective communicator.	2008/09 (n=852)	1%	3%	42%	53%	1%	87%
	2009/10 (n=118)	2%	-	21%	77%	-	93%
	2010/11 (n=735)	1%	1%	34%	63%	-	90%

<sup>a</sup> To determine average agreement, ratings were assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the numerical ratings was converted to a percentage.

	Year	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement <sup>a</sup>
The presenter was knowledgeable.	2008/09 (n=811)	1%	1%	38%	59%	1%	89%
	2009/10 (n=120)	2%	-	17%	80%	1%	94%
	2010/11 (n=738)	-	-	33%	67%	-	91%

<sup>a</sup> To determine average agreement, ratings were assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the numerical ratings was converted to a percentage.

### **Participant Comments**

In addition to quantitative data, participant survey respondents were asked an open-ended question about how the videoconference could be more useful. Participant responses to this question were summarized and coded by theme. The most frequent responses are presented in the table below. Comments for individual sessions can be seen in Appendix L.

#### **Participant Comments (n=262 comments) <sup>a</sup>**

	<b>Percent of all comments</b>
<b>Technical</b> – Technical comments included that the slides and/or presenter could not be seen (46), the audio was poor (37), there were other general technical difficulties (23), give everyone a reminder of etiquette for videoconferences, improvements were seen and like having the sessions archived online.	41%
<b>Positive</b> – General positive comments included that the sessions and/or presenters were excellent (6), good (6), great (5), useful (3), instilled hope (3), invaluable (2), well done, well planned, well set up, went well, very powerful, very successful, inspirational, touching, exceptional, modeled how to provide support, an eye opener and easy to understand. Respondents appreciated being able to access this information in their home communities (4). One person living with FASD noted that information from the sessions has improved his/her situation.	17%
<b>Content of session</b> – Positive comments included that the sessions were relevant (2), the examples were helpful, the stories were appreciated and the suggestions presented were good. Suggestions for improving the sessions included having more strategies (5), more background information on the presenter (2), more discussion (2), more practical information (2) more examples (2), more advanced information (2), more research, more resources, more relevance, better organization of the session, to discuss the supports needed when describing positive outcomes that can be achieved, offer more information than only what is on the power point. Other suggestions were to have a presenter who has FASD, to debrief after the session, to demonstrate helpful approaches, to offer different levels of training, to not spend a lot of time on programs not yet available to the public (2), to use care not to offend groups of people (i.e. teachers, those with FASD) as they may be in the audience (2), to make sure the session meets its goal (2) and that the advertisement is clear so that expectations will be met (2).	15%
<b>Site</b> – Comments included that the TV at the site was too small (5), room at site was too crowded (3), had to travel too far to get to site (2), the site was hard to find, make sure the site is prepared ahead of time (2), train site facilitators.	5%

<sup>a</sup> The number in brackets is the number of times that comment was made. Comments without numbers were made only once.

## Comments

The comments below describe some of the impacts of being the videoconferences in the participant's own words.

- "I think this method of delivery is great. It lets us get new info without having to spend a lot of money traveling, etc. I especially like being able to access the archives afterwards - This way I am able to screen the material before my clients and their families sit down with me to view the sessions. It helps me to be better ready to discuss / elaborate / pick and choose the material we watch - and is respectful of everyone's time."
- "... it was really nice to be able to access this information at our office, and then be able to continue on with my day - not having to travel to another community makes this approach very time and cost effective. . . ."

## Future Topics

The following table lists respondent choices for future videoconference topics. The topics with the largest percentage of requests are strategies to deal with FASD and mental health and FASD.

### Other FASD Presentation Topics of Interest (n=1643 suggestions)

Topic	Percent
Strategies to Deal with FASD	25%
Mental Health Issues and FASD	22%
Addictions and FASD	20%
Teens and FASD	20%
Children and FASD	19%
Resources about FASD	19%
Assessment and Diagnosis of FASD	18%
Law and FASD	15%
Caregivers and FASD	15%
Adults and FASD	15%
Caregivers and FASD	15%
Employment and FASD	14%
Any Information about FASD	12%
Other <sup>a</sup>	3%

<sup>a</sup> Other topic suggestions not included in the categories above were: aboriginal women in institutions with addictions and FASD, supported living options for adults, attachment, behavior interventions, best practices for therapy, changing laws, classroom strategies, diagnosis, resources for Saskatchewan, disability, education, training for service providers, helping those without professional diagnosis, housing and supports for elders with FASD, immigrants and FASD, infants and FASD, how to facilitate interactions between children with and without FASD, learning language and FASD, neuropsychology, parent mentor, parenting, prevention, programming, research, resources for structured environment like a wilderness camp, respite resources, substance abuse, supports for families including environmentally safe community, transition supports, developing higher thinking skills.

## Level of Future Training

Respondents were asked what level of training they would be most interested in for future presentations. The table below shows that the most requests were for the intermediate level training, followed by advanced training. The least number of requests were for introductory level training.

Level	Number	Percent
Intermediate	298	51%
Advanced	250	43%
Introductory	31	5%
<b>Total</b>	<b>579</b>	<b>100%</b>

## 3.4 Change in Knowledge

To assess the impact of the session on participant knowledge, participants were asked to rank their level of knowledge about the session topic both before and after the session. As illustrated in the table below, in every session average differences in participant pre-and post-ratings show that participants perceived their knowledge of the session topic to increase after participating in the session. The amount of the knowledge increase ranged from +3% to +31% with the average being +11%. A paired samples T-test was performed to determine whether or not the change in level of knowledge was statistically significant. Similar to the 2 previous years, the post-session increase in knowledge was found to be significant at a p-value of 0.001.

### Percent Change in Knowledge by Session

Session	Sample Size (n)	Average Rating Pre Session (%)	Average Rating Post Session (%)	Pre-Post-Difference (%)
Opening the Brain Boxes	56	54%	85%	+31%
Building the Brain Boxes	104	76%	87%	+11%
Friendship? Dating? Sex? Relationships in the Complex FASD World	30	83%	90%	+7%
Creating a Brain Friendly Life	65	78%	91%	+13%
Understanding Substance Use Problems and Addictions in Women as Key to FASD Prevention	33	79%	90%	+11%
The Implications of Neuroplasticity for a Brain Affected by FASD	46	69%	87%	+18%
Diagnosis of FASD in the Adolescent Years	63	81%	91%	+10%
What Do We Mean by Trauma-Informed Care?	25	75%	91%	+16%
Becoming a Successful Adult Learner	26	83%	91%	+8%
Cognitive Interventions for Individuals with FASD	75	78%	87%	+9%
Reframing Life with FASD	45	88%	91%	+3%
<b>Average 2010/11</b>	<b>568</b>	<b>78%</b>	<b>89%</b>	<b>+11%**</b>
<b>2009/10</b>	<b>177</b>	<b>78%</b>	<b>93%</b>	<b>+15%**</b>
<b>2008/09</b>	<b>848</b>	<b>77%</b>	<b>84%</b>	<b>+10%**</b>

\*\* Significant p<0.001. Note the average pre-post difference of all the sessions was calculated to reflect the different sample sizes of each session and hence may not match the mathematical difference between the average pre-and post-scores. Note that for 2010/11, only complete sets of pre-post-data were included in the determination of significance (i.e. n=525).

### **3.5 Presenter Feedback**

The table below shows presenter ratings about their experience presenting a videoconference session.

#### **Presenter Feedback (n=9)**

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Don't Know</b>	<b>Does not Apply</b>	<b>Average Agreement (%)<sup>a</sup></b>
The presenter orientation package was helpful.	-	-	11%	56%	11%	22%	82%
The information provided in the presenter orientation was complete.	-	-	11%	56%	11%	22%	82%
I received adequate information about the intended audience for my presentation.	-	-	56%	44%	-	-	86%
I received enough assistance with the formatting of my presentation.	-	-	13%	75%	13%	-	85%
I received enough technical support and guidance at the time of my presentation.	-	-	22%	78%	-	-	95%
The audio and/or visual system worked well during my presentation.	-	-	56%	44%	-	-	86%
I felt welcomed at my presentation site.	-	-	22%	78%	-	-	95%
The site was well organized for my presentation.	-	11%	44%	44%	-	-	83%
The timelines I was given were adequate to prepare my material.	-	-	22%	67%	11%	-	83%

<sup>a</sup> Each rating was assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the ratings was converted to a percentage. Note that for the average agreement calculation, the numbers for “does not apply” and “don’t know” were not included.

#### **Presenter Comments**

Two presenters said they did not receive an orientation package. One presenter said that timelines were only given the day before the material was due. The following suggestions were given by the presenters.

- Have questions part way through as well as at the end as 2 hours is a long time to sit.
- Have uncluttered space around the speaker as it can be distracting and have a place for the speaker to put notes.
- If sites lose visual feed, tell the audience which slide the presenter is on.
- Have timelines given 2 to 4 weeks in advance.
- Be careful how you step directly into the lights as it appears funny on the camera and it's hard to adjust your eyes afterwards.
- Have an orientation on the process of presenting by video conference for those new to this.

### **3.6 Archived Videos**

In September 2010, the archived videos for the 39 sessions presented during 2008/09 and 2009/10 were posted on the Government of Alberta Cross-Ministry Committee web site. During the 2010/11 learning series, the sessions were posted approximately 2 weeks after they were presented. By the end of the 2010/11 learning series, there were 50 FASD learning sessions archived and posted. Each archived video session has a link to an online survey. The following section presents summaries of data collected from September 2010 to May 2011.

### Statistics

The table below shows that most people who accessed the archived videos did not use search engines but came directly to the CMC web site. The top ten search engines used to reach the archived videos can be seen in Appendix J.

Traffic Source	%
Direct Traffic	83%
Search Engines	12%
Referring Sites	5%

The archived videos are categorized on the web site according to the main group each session was targeting. There were over 8,000 “hits” (i.e. number of times accessed) to the 6 categories shown in the table below. The most frequently accessed category of videos was the individuals, family members/caregivers category (i.e. 36%) followed by the support service providers category (i.e. 20%).

### Archived Video Category Hits

Category	# of Hits	% of Hits
Individuals, Family Members/Caregivers Affected by FASD	2997	36%
Support Service Providers	1629	20%
Educators	1119	14%
Health Care Providers	955	12%
Legal and Justice Systems	865	10%
Research and Evaluation	696	8%
<b>Total</b>	<b>8,261</b>	<b>100%</b>

Within each category, the number of hits to each individual archived video were tracked. In total there were 24,355 hits to individual sessions. A list of each archived video with the number of hits is shown in Appendix K.



### Web Survey Feedback

The tables below show the responses from the web surveys. Overall, the ratings for the archived videos are similar to those for the videoconferences.

Session Title	Number of completed surveys
Living and Dealing with FASD	5
Cognitive Interventions for Individuals with FASD	1
FASD and Practice: Issues for Probation Officers	1
Becoming a Successful Adult Learner	2
What Do We Mean by Trauma-Informed Care?	1
FASD and Practice: Issues for School Administrators	1
Living with FASD – As a Person, As a Parent	3
Diagnosis of FASD in the Adolescent Years	2
Winning the Battle with FASD: A Family's Success Story	1
Employability Strategies for Persons with FASD	1
FASD 101	1
Grief and Loss: Strategic Support for Clients	1
Approaches to Treatment: Animal Assisted Therapy	1
Medication	1
Friendship? Dating? Sex? Relationships in the Complex FASD World	4
FASD prevention: Women and Pregnancy	1
Implications of Neuroplasticity in a Brain Affected by FASD	2
<b>Total</b>	<b>29</b>

### How web survey respondents learned about the FASD videos

Method	Number
Search engine (e.g. google)	11
FASD Learning Series Videoconference	9
Colleague	8
The Alberta cross-ministry web site	6
Friend	4
Other	3

Other: The Asante Centre, District Partner for FASD e-mail outs of internet links, family member

### Web Survey Respondents by Target Group (n=24)

Target Group	Number
Service provider for a person affected by FASD	19
Parent or caregiver of an individual affected by FASD	7
Individual affected by FASD	3

### Work Sector of Service Provider Web Survey Respondents (n=20)

Topic	Number
Education	7
Healthcare (e.g. addictions, mental health)	5
Social Services (e.g. Child and Youth services)	4
Community (e.g. not-for-profit)	3
Other	1
Justice	-
Employment and immigration	-

Other: Foster parent

### Are you or your organization a member of an FASD service network? (n=27)

	Number
No	15
Don't know	7
Yes	5

### How do you rate the overall content of this video? (n=22)

Poor	Fair	Good	Excellent	Don't Know	Average Agreement <sup>a</sup>
1	1	3	16	1	90%

<sup>a</sup> Each rating was assigned a numerical value (i.e. excellent=4; good=3; fair=2; poor=1) and the average of all the ratings was converted to a percentage.

### Respondent Ratings

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement <sup>a</sup>
This web site is user-friendly. (n=26)	-	2	16	8	-	81%
This web site increased my access to FASD training. (n=26)	-	1	8	15	2	90%
I plan to use one or more of the videos on this web site to teach others about FASD. (n=23)	2	-	5	10	6	84%
I will be able to apply what I have learned from this video. (n=27)	-	-	12	12	3	88%
Viewing this video was a valuable learning experience. (n=24)	-	1	6	14	3	90%

<sup>a</sup> Each rating was assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the ratings was converted to a percentage. Note that for the average agreement calculation, the numbers for "does not apply" and "don't know" were not included.

### Change in Knowledge

The following table shows that respondents of the web survey rated their knowledge as having been increased by 12% after viewing an archived video.

#### Please indicate your rating for the following statements (n=27)

	Not at all	Minimally	Moderately	Very Well	Don't Know	Average Agreement <sup>a</sup>
Before this session, how well did you understand the topic area?	-	4	13	10	-	81%
After this session, how well do you understand the topic area?	-	-	7	18	2	93%

### Future Topics

The following table lists respondent choices for future videoconference topics. The topic most requested is mental health issues and FASD.

#### Other FASD Presentation Topics of Interest (n=136 suggestions)

Topic	Response count	Percent (%)
Mental Health Issues and FASD	16	12%
Strategies to Deal with FASD	13	10%
Assessment and Diagnosis of FASD	13	10%
Any Information about FASD	12	9%
Adults and FASD	11	8%
Addictions and FASD	9	7%
Teens and FASD	10	7%
Children and FASD	9	7%
Resources about FASD	9	7%
Employment and FASD	9	7%
Other <sup>a</sup>	9	7%
Law and FASD	8	6%
Caregivers and FASD	8	6%

<sup>a</sup> Other includes relationship with peer groups, sexual offenders, respite services, research related to brain functioning and interventions to restore or modify brain function, early intervention for organizational and behavior development, how to support FASD children as they become adults and parents, ongoing scientific research findings, neuroplasticity, research related to the effect of alcohol on the brain and effective interventions, and demographics of diagnosis.

#### Requests for Level of future FASD training (n=26)

	Number
Intermediate	14
Advanced	11
Introductory	1

## **Respondent Comments from the Web Surveys**

**Positive (7 comments)** The videos were described as absolutely wonderful, very well done, useful, overall a great job, excellent, extremely helpful. Specific benefits of the videos described in the respondents own words include the following:

“I got all the information I need to be equipped, compassionate and focused.”

“It [gave] me a great insight into the behavior of my adult son with FASD.”

“This is a most valuable resource as I live in a remote area of BC.”

**Technical (6 comments)** The video did not operate smoothly (3), the audio was poor (2) and it was hard to find the archived video on the web site.

**Advertising (3 comments)** Please increase advertising. The advertising did not match what was covered in the session and a link was forwarded to other FASD service providers.

**Access (2 comments)** Two respondents said they would like to have a copy of the video.

## 4.0 Conclusion

This evaluation has shown that using technology to disseminate the videoconferences resulted in improved access to FASD information. This is supported by data which demonstrates stronger uptake in rural regions, and by reports from participants stating that the technology enabled them to participate.

While frustration was experienced by some participants when the technology did not work the way it was intended, the benefits of increasing access to FASD education and training far outweigh the limitations experienced with the videoconference technology.

Besides increasing access, the FASD Learning Series has been remarkably efficient in distributing the expertise of the presenters, a valuable but scarce resource to many more people than the number who could attend one live presentation. The more often the videos are viewed, the more cost effective it becomes. The evidence suggests that access to the archived videos should continue, and that utilization could be further enhanced through advertising and operational improvements to the web site.

There is very strong evidence that the participants attending the FASD Videoconference Learning Series increased their knowledge related to the content of the presentations. The average post-session knowledge gain of 11% is statistically significant (i.e.  $p < 0.001$ ). Not only did their knowledge increase, participant ratings suggest that the content was relevant to them (i.e. 85%) and that they would be able to apply what they had learned (i.e. 82%). There were similar findings from the web surveys that rated the archived videos.

The FASD Learning Series presented information to service providers, parents, caregivers and individuals affected by FASD. The knowledge gained by these diverse groups is a valuable resource to enhance community and individual capacity to support individuals with FASD and their caregivers across the lifespan.

## 5.0 RECOMMENDATIONS

Based on the findings of this evaluation, it is recommended that the FASD Learning Sessions continue, and that the following actions be taken to improve the effectiveness and efficiency of the initiative.

### **1. Maximize use of the videos already produced.**

The videos already produced are a valuable resource for FASD information and training. Ensuring continuing use of the videos means that even more individuals will receive information to support individuals with FASD and their caregivers. The recommendations below are ways to ensure continuing access to the videos:

#### **a) Address difficulties in accessing the website and/or archived videos.**

Viewers of archived videos indicated that the videos did not operate smoothly and that it was hard to find them on the web site. Making the site and the archived material more user-friendly will likely increase utilization.

#### **b) Expand the advertising of the archived video sessions.**

Advertising the archived videos more broadly will enhance access to this valuable FASD resource.

#### **c) Develop training materials for use with the archived videos.**

Training materials for use with clients and/or staff would further enhance the relevance of the video content for those working in the field.

### **2. Explore the use of a webinar format for the sessions**

The videoconferences continue to have various technical problems (i.e. 40% of all comments were about technical issues). One way of addressing these technical problems is to consider shifting from a video format to a webinar format. In addition to bypassing the technical issues with the video format, a webinar format may make it easier to track attendance and to provide a direct link to an evaluation survey.

### **3. Build on success by identifying and optimizing the factors which contributed to the dramatic increase in participation during 2010-11.**

## Appendix A

# Fetal Alcohol Spectrum Disorder Learning Series

## Fall Videoconference Sessions

### Brain Box Series:

Presenter: Karmen Krahn Schulties

Target Audience: Youth/Young Adults, Parents/Caregivers

#### Opening the Brain Boxes

September 29, 2010 9:00 – 11:00am MDT

##### Learning Objectives:

- Understanding regional brain function and the impact of prenatal exposure to alcohol
- To begin interpreting all behaviour as a function of the brain and its various regions
- Identifying necessary external support strategies including long term supportive people

#### Building Brain Boxes

October 27, 2010 9:00 – 11:00am MDT

##### Learning Objectives:

- Understanding how the brain communicates with itself, with the body and the sensory environment (topics to include addiction, social perception and sexuality as a sensory issue)
- Understanding healthy memory and prosthetic strategies for learning when memory is faulty
- Planning for a more comfortable experience with the sensory world while learning coping and tolerance skills

#### Creating a Brain-Friendly Life

November 24, 2010 9:00 – 11:00am MST

##### Learning Objectives:

- Making brain-friendly adaptations to the environment as a way of fostering greater supported independence
- Understanding how to recruit existing strengths for the sake of practical independence and emotional self-regulation
- Taking inventory of internal motivators and recruiting them to improve relationships, decision-making and a sense of purpose (ie. vocation)
- Properly identifying the function or purpose of the behaviour in order to learn the skills that will make the behaviour obsolete
- Designing a plan with the intention of reducing the frequency, intensity and duration of unhealthy or unacceptable behaviours

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### Friendship? Dating? Sex? Relationships in the Complex FASD World

November 10, 2010 9:00 – 11:00am MST

Presenter: Danna Ormstrup and Pam van Vugt

##### Learning Objectives:

- Explore issues in relationships for persons affected by FASD
- Learn the skills needed to be successful in relationships
- Learn strategies for helping persons affected by FASD be more successful in relationships

Target Audience: Youth/Young Adults, Parents/Caregivers

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### Understanding Substance Use Problems and Addictions in Women As Key to FASD Prevention

December 8, 2010 9:00 – 11:00am MST

Presenter: Nancy Poole

##### Learning Objectives:

To improve understanding of:

- The continuum of substance use and addiction
- Trends in girls' & women's alcohol, tobacco and other substances use and addiction
- Health impacts of substance use by girls and women
- Key pathways to substance use by girls and women
- Linked issues such as experience of trauma, violence and mental health concerns
- Other linked determinants of health
- Approaches to prevention, harm reduction, treatment and support
- Links to prevention of FASD

Target Audience: Service Providers, Health Professionals

For registration information, please visit:  
[www.fasd-cmc.alberta.ca](http://www.fasd-cmc.alberta.ca)

To add a videoconference location, please  
email [erin.day@gov.ab.ca](mailto:erin.day@gov.ab.ca)  
\*Max sites: 25\*

**Government  
of Alberta** ■

*The FASD Learning Series is part of the Alberta government's commitment to programs and services for people affected by FASD and those who support them.*

# Fetal Alcohol Spectrum Disorder Learning Series

## Winter Videoconference Sessions

### The Implications of Neuroplasticity for a Brain Affected by FASD

January 12, 2011 9:00 – 11:00am MST

Presenter: Dr. Bryan Kolb

#### Learning Objectives:

- To learn about neuroplasticity in the human brain
- To learn how neuroplasticity could affect brains damaged by prenatal alcohol consumption
- To learn the possible implications for cognitive and behavioural interventions

Target Audience: Service Providers, Healthcare Professionals, Parents/Caregivers

### Diagnosis of FASD in the Adolescent Years

January 26, 2011 9:00 – 11:00am MST

Presenters: Dr. Gail Andrew, Dr. Carmen Rasmussen, Dr. Jacqueline Pei

#### Learning Objectives:

- Preparing the teen for assessment of a possible FASD diagnosis
- Core aspects of the assessment process, especially the executive function and mental health deficits
- Interventions, supports and transition planning that are informed by the strengths and deficits profile
- Developing a collaborative network within the community to support this process
- Review previous research on difficulties faced by adolescents with FASD
- Review preliminary findings of a mentoring program for youth with FASD

Target Audience: Parents/Caregivers, Service Providers, Healthcare Professionals

### Women's Health: Trauma, Treatment & Addictions (title subject to change)

February 9, 2011 9:00 – 11:00am MST

Presenter: Dr. Nancy Poole

#### Learning Objectives: TBA

Target Audience: Service Providers, Healthcare Professionals

### Becoming a Successful Adult Learner

February 23, 2011 9:00 – 11:00am MST

Presenters: Harriet Switzer and Youth Panel

#### Learning Objectives:

- Understand the experience of the youth or adult student affected by FASD
- Learn ways to engage an adult affected by FASD in a school experience
- Learn ways to shape successful learning for adults with learning disabilities

Target Audience: Youth/Young Adults, Parents/Caregivers, Educators

### Cognitive Interventions for Individuals with FASD

March 9, 2011 9:00 – 11:00am MST

Presenter: Dr. Carmen Rasmussen and Dr. Jacqueline Pei

#### Learning Objectives:

- Review previous research studies on cognitive interventions for children with FASD
- Learn about new Alberta-based research aimed at improving cognitive functions (executive functioning, attention, and working memory) among children with FASD
- Understand the links between research, practice, and real-world implications of cognitive intervention research among individuals with FASD

Target Audience: Service Providers, Healthcare Professionals, Parents/Caregivers

### Reframing Life with FASD

March 23, 2011 9:00 – 11:00am MDT

Presenter: Harriet Switzer and Candace

#### Learning Objectives:

- To learn that joy is possible in the challenges as well as the successes
- To create hope

Target Audience: Youth/Young Adults, Parents/Caregivers, Service Providers

For registration information, please visit:  
[www.fasd-cmc.alberta.ca](http://www.fasd-cmc.alberta.ca)

To add a videoconference location, please  
email [erin.day@gov.ab.ca](mailto:erin.day@gov.ab.ca) \*Space is limited\*

**Government  
of Alberta**

*The FASD Learning Series is part of the Alberta government's commitment to programs and services for people affected by FASD and those who support them.*



## Appendix B

**Participant Survey Response Rates <sup>a</sup>**

Sessions	Total Participants Attending	# of Surveys Returned	Response Rate
Sep 29	120	57	48%
Oct 27	211	108	51%
Nov 10	78	34	44%
Nov 24	137	68	50%
Dec 8	80	33	41%
Jan 12	101	50	50%
Jan 26	141	64	45%
Feb 9	65	27	42%
Feb 23	39	26	67%
Mar 9	174	78	45%
Mar 23	93	48	52%
<b>Total</b>	<b>1,239</b>	<b>593</b>	<b>48%</b>

<sup>a</sup> Response rates were calculated by using the number of surveys received divided by the number of participants attending each session (from attendance sheets).

## Appendix C

### Sample Participant Post-Session Survey

#### Diagnosis of FASD in the Adolescent Years

We would like your feedback about the FASD Learning Series video conference session, Diagnosis of FASD in the Adolescent Years presented on January 26th. Please take a few minutes to complete the following questions. There are no right or wrong answers. All responses will be kept confidential and anonymous. E-mail addresses will not be linked to the surveys.

If you have any questions about this survey, please phone 780-415-6684 and ask for the Research Department.

**Please enter below the location where you attended this session.**

Site (Building)

Community (City/Town)

**1. Are you or your organization a member of the FASD Network?**

- ☐ YES
- ☐ NO
- ☐ I Don't Know

**2. Please indicate ALL of the following descriptions that apply to you.**

- ☐ Parent and/or Caregiver for an individual affected by FASD
- ☐ Individual affected by FASD
- ☐ Service Provider for a person affected by FASD

**3. If you are a SERVICE PROVIDER, please choose ONE of the following to indicate the primary area where you work. If you are not a service provider, please skip this question and go on to the next.**

- ☐ Employment and Immigration
- ☐ Health care (e.g. Addictions, Mental Health, etc.)
- ☐ Education
- ☐ Justice
- ☐ Community (Not-for-Profit)
- ☐ Social Services (Child & Youth Services, Disabilities, Seniors, etc.)
- ☐ Other

Please specify other

## Diagnosis of FASD in the Adolescent Years

**4. Please choose one response that indicates your agreement with each of the following statements.**

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
a. The learning objectives were clear to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The learning objectives were met.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The content was relevant to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I will be able to apply what I have learned from this session.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I will share what I have learned in this session with others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. My awareness of this topic increased as a result of this session.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. This was a valuable learning experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**5. Please give your overall rating for this session.**

	Poor	Fair	Good	Excellent	Don't Know
a. Overall, the content of this session was:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**6. Did you attend this session in-person or by videoconference?**

- ☐ Live, in-person
- ☐ Videoconference

**7. Please indicate your agreement with the following statements.**

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
a) The use of videoconferencing to deliver this presentation helped me attend this session.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I was satisfied with the video quality of the presentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I was satisfied with the audio quality of the presentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**8. Please give your overall rating of the videoconference.**

	Poor	Fair	Good	Excellent	Don't Know
Overall, the use of videoconferencing for this session was:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**9. Change in Knowledge**

	Not At All	Minimally	Moderately	Very Well	Don't Know
a. BEFORE this session, how well did you understand the topic area?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. AFTER this session, how well did you understand the topic area?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Diagnosis of FASD in the Adolescent Years

### 10. The Presenter

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
The presenter was knowledgeable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The presenter was an effective communicator.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The presenter was well prepared.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 11. Over the next 3 years, what other subject areas relating to FASD would be of interest to you? Please check ALL that interest you.

- |  |   |
|--|---|
| <input type="checkbox"/> Mental Health Issues and FASD | <input type="checkbox"/> Teens and FASD               |
| <input type="checkbox"/> Addictions and FASD           | <input type="checkbox"/> Adults and FASD              |
| <input type="checkbox"/> Assessment/Diagnosis of FASD  | <input type="checkbox"/> Employment and FASD          |
| <input type="checkbox"/> Law and FASD                  | <input type="checkbox"/> Any Information about FASD   |
| <input type="checkbox"/> Caregivers and FASD           | <input type="checkbox"/> Strategies to Deal with FASD |
| <input type="checkbox"/> Children and FASD             | <input type="checkbox"/> Resources about FASD         |

Other (please specify)

### 12. For the future, what level of FASD training are you most interested in? Please check only ONE answer.

- ☐ Introductory
- ☐ Intermediate
- ☐ Advanced

### 13. How could we make this videoconference session more useful for you?

## Appendix D

### FASD Learning Series Presenter Satisfaction Survey

#### FASD Presenter Template

We would like your feedback on the FASD Video Learning Series session(s) that you presented. Please take a few minutes to complete the following questions. There are no right or wrong answers. All answers will be kept confidential and all responses are anonymous and not linked back to your email address. If you have any questions about this survey, phone 780-415-6684 and ask for the Research Department.

#### 1. How much do you agree with the following statements?

	Strongly disagree	Disagree	Agree	Strongly agree	Don't know	N/A
a) The presenter orientation package was helpful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) The information provided in the presenter orientation package was complete.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I received adequate information about the intended audience for my presentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) I received enough assistance with the formatting of my presentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) I received enough technical support and guidance at the time of my presentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) The audio and/or visual systems worked well during my presentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) I felt welcomed at my presentation site.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) The site was well-organized for my presentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) The timelines I was given were adequate to prepare my material.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you disagreed with the timelines, please tell us how much time you would have liked.

#### 2. Please provide any suggestions you may have for improvement.

#### 3. Please provide any suggestions you may have for future presenters in the FASD video series.

## Appendix E

### Sample Web Survey

#### Diagnosis of FASD in the Adolescent Years

Please complete this survey about the FASD video you have just seen. The survey will take about 5 minutes to complete. Your feedback will help us to determine the viewing audience, to assess the usefulness of the videos and to identify topics for future videos. Responses are completely anonymous and confidential. E-mail addresses will not be linked to any surveys. By completing the survey, you are giving your consent to participate.

If you have any questions about the survey, you can phone 780-415-6684 and ask for the Research Department.

##### 1. Please indicate your agreement with the following statements.

	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
This web site is user-friendly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This web site increased my access to FASD training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I plan to use one or more of the videos on this web site to teach others about FASD.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

##### 2. Where did you find out about the FASD videos? Please choose ALL that apply.

- ☐ FASD Learning Series videoconference
- ☐ Colleague
- ☐ Friend
- ☐ Search engine (e.g. google)
- ☐ The Alberta Cross-Ministry web site
- ☐ Another web site

Other (please specify the web site and/or any other place where you found out about the FASD videos)

##### 3. Please check ALL of the following groups that you belong to.

- ☐ Parent or caregiver of an individual affected by FASD
- ☐ Individual affected by FASD
- ☐ Service provider for a person affected by FASD

## Diagnosis of FASD in the Adolescent Years

4. If you are a service provider, please choose **ONE** of the following to indicate the primary area where you work. If you are not a service provider, please skip this question and go on to the next one.

- ☐ Employment and Immigration
- ☐ Healthcare (e.g. addictions, mental health, etc.)
- ☐ Education
- ☐ Justice
- ☐ Community (not-for-profit)
- ☐ Social Services (Child and Youth Services, Disabilities, Seniors, etc)
- ☐ Other (please specify)

5. Are you or your organization a member of the FASD Network?

- ☐ Yes
- ☐ No
- ☐ Don't Know

6. Please indicate your agreement with the following statements.

	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
I will be able to apply what I have learned from this video.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Viewing this video was a valuable learning experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. How do you rate the overall content of this video?

	Poor	Fair	Good	Excellent	Don't know
Overall, the content of this video is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Please indicate your agreement with the following statements.

	Not at all	Minimally	Moderately	Very well	Don't know
Before this session, how well did you understand the topic area?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After this session, how well do you understand the topic area?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Diagnosis of FASD in the Adolescent Years

**9. Over the next three years what other subject areas relating to FASD would be of interest to you? Please check all that interest you.**

- |   |                                     |   |
|---|-------------------------------------|---|
| <input type="checkbox"/> Mental Health Issues     | <input type="checkbox"/> Caregivers | <input type="checkbox"/> Employment                   |
| <input type="checkbox"/> Addictions               | <input type="checkbox"/> Children   | <input type="checkbox"/> Any FASD Information         |
| <input type="checkbox"/> Assessment and Diagnosis | <input type="checkbox"/> Teens      | <input type="checkbox"/> Strategies to deal with FASD |
| <input type="checkbox"/> Law                      | <input type="checkbox"/> Adults     | <input type="checkbox"/> Resources about FASD         |
| <input type="checkbox"/> Other (please specify)   |                                     |   |

**10. For the future, what level of FASD training are you most interested in? Please check only ONE answer.**

- ☐ Introductory      ☐ Intermediate      ☐ Advanced

**11. Please tell us how we could make the videos more useful to you and/or the people you work with.**



## Appendix F

**Work Place of Service Provider Survey Respondents by Session**

Session	Health Care Provider	Educator	Social Services	Community Not-for- profit	Other	Justice	Employment and Immigration
Sept 29	8	8	13	12	3	5	0
Oct 27	18	20	25	17	11	3	1
Nov 10	4	3	7	7	5	0	0
Nov 24	10	12	16	12	8	2	0
Dec 8	8	6	2	12	3	1	0
Jan 12	11	12	8	7	7	0	1
Jan 26	16	12	19	6	3	2	0
Feb 9	13	0	2	4	4	0	1
Feb 23	4	6	5	4	1	1	3
Mar 9	16	28	9	12	2	2	0
Mar 23	8	10	11	4	5	0	1
<b>Total</b>	<b>116</b>	<b>117</b>	<b>117</b>	<b>97</b>	<b>52</b>	<b>16</b>	<b>7</b>
<b>Percent</b>	<b>22%</b>	<b>22%</b>	<b>22%</b>	<b>19%</b>	<b>10%</b>	<b>3%</b>	<b>1%</b>

## Appendix G

### Viewing Location of Participants by Session (from participant surveys)

Location	Sep 29	Oct 27	Nov 10	Nov 24	Dec 8	Jan 12	Jan 26	Feb 9	Feb 23	Mar 9	Mar 23	Total	%
Alberta South	23	36	9	33	11	23	17	15	10	25	10	212	36%
Northwest Territories	13	34	-	18	-	6	6	-	2	7	9	95	16%
Alberta North	12	19	14	9	10	2	16	5	7	16	7	117	20%
Edmonton	9	18	6	4	10	1	2	5	4		4	63	11%
Saskatchewan	-	-	4	2	1	10	12	2	3	25	9	68	12%
Yukon	-	-	-	1	-	7	-	-			1	9	2%
British Columbia	-	-	-	-	-	1	7	-	-	2	-	10	2%
Prince Edward Island	-	-	-	-	1	-	2	-	-	-	-	3	1%
Ontario	-	-	-	-	-	-	-	-	-	3	5	8	1%
Nunavut	-	-	-	-	-	-	-	-			1	1	-
Total	57	107	33	67	33	50	62	27	26	78	46	586	

## Appendix H

### Attendance Numbers for Individual Sessions

Session Title	Session Date	Attended <sup>a</sup>
Opening the Brain Boxes	Sept 29	120
Building the Brain Boxes	Oct 27	211
Friendship? Dating? Sex? Relationships in the Complex FASD World	Nov 10	78
Creating a Brain Friendly Life	Nov 24	137
Understanding Substance Use Problems and Addictions in Women as Key to FASD Prevention	Dec 8	80
The Implications of Neuroplasticity for a Brain Affected by FASD	Jan 12	101
Diagnosis of FASD in the Adolescent Years	Jan 26	141
What Do We Mean by Trauma-Informed Care?	Feb 9	65
Becoming a Successful Adult Learner	Feb 23	39
Cognitive Interventions for Individuals with FASD	Mar 9	174
Reframing Life with FASD	Mar 23	93
<b>Total</b>		<b>1,239</b>

<sup>a</sup>Total number attending from all sites based on attendance sheets submitted.

## Appendix I

**Number of Sites Connected and Number of Attendance Sheets by Session**

Session Date	Number Registered	Number of Sites Connected	Number of Sites Who Sent In Attendance Sheets	Number of sites without attendance sheets
Sept 29	169	31	16	15
Oct 27	251	45	31	14
Nov 10	136	46	14	32
Nov 24	242	46	27	19
Dec 8	168	56	26	30
Jan 12	114	59	19	40
Jan 26	116	66	40	26
Feb 9	89	57	21	36
Feb 23	81	50	17	33
Mar 9	154	76	38	38
Mar 23	109	61	34	27
<b>Total</b>	<b>1,629</b>	<b>593</b>	<b>283</b>	<b>310</b>
<b>Average</b>	<b>148</b>	<b>54</b>	<b>25.7</b>	<b>--</b>

## **Appendix J**

### **Search Engines Used to Access Archived Videos**

#### **Top 10 Search Engines:**

1. Google.ca (1782 visits)
2. Child.alberta.ca (1520)
3. Bing.com (269)
4. Programs.alberta.ca (220)
5. Industrymailout.com (215)
6. Google.com (209)
7. Fasworld.com (187)
8. Fasdoutreach.ca (163)
9. Alberta.ca (119)
10. Education.alberta.ca (101)

## Appendix K

Archived Session Video Hits			
Session Title:	Session Date:	# Hits:	% Hits
Building Brain Boxes	Oct 27/10	1,247	5%
Creating a Brain Friendly Life	Nov 24/10	946	4%
Opening the Brain Box	Sep 29/10	938	4%
Myles Himmelreich	Dec 8/08	651	3%
The Bio-Parent Experience	Jun 3/09	651	3%
Parental Expectations with an Adult Child Impacted by FASD	Oct 21/08	570	2%
Living with FASD: As a Person, As a Parent	Jun 30/09	569	2%
Safety Issues: FASD and Sexuality	Mar 17/10	552	2%
Unique Needs of Students with FASD	Feb 11/09	534	2%
Grief and Loss: Strategic Support for Clients	Mar 19/10	521	2%
Friendship? Dating? Sex? Relationships in the Complex FASD World	Nov 10/10	521	2%
FASD and Practice: Issues for Probation Officers	Feb 3/10	520	2%
FASD 101: Diagnosis and Support of FASD	Nov 6/09	508	2%
Engaging Students with FASD	Jan 20/09	506	2%
Winning the Battle with FASD: A Family Success Story	Mar 25/09	506	2%
Animal Assisted Therapy and Clients with FASD	Nov 24/09	505	2%
Employability Strategies for Persons with FASD	Mar 11/10	499	2%
Approaches to Treatment: Motivational Interviewing	Nov 25/09	497	2%
Medication Management in FASD	Nov 25/09	491	2%
FASD and Practice: Issues for Correctional Peace Officers and Sheriffs	Sep 16/09	485	2%
Reactive Attachment Disorder and FASD	Nov 24/09	479	2%
Enhancing Employability for Persons with FASD	Feb 11/10	479	2%
Mental Health Problems in Individuals with PAE and FASD	May 5/09	472	2%
Psychological Issues in Children & Adults with FASD	May 29/09	472	2%
The Mentor Experience: An Alberta Sampler	May 21/09	471	2%
Teacher and Parent Relationships	Jan 20/10	471	2%
FASD and Mental Health Treatment: A Multimodal Approach to Transgenerational Issues	May 13/09	471	2%
FASD Prevention: Women and Pregnancy	Jun 16/09	471	2%
Understanding the Needs of the Caregiver: Psychological Treatment and Intervention	May 28/09	470	2%
The Ongoing Face of Grief & Loss & the Theory Behind It	Oct 5/09	469	2%
Environmental Modifications	Mar 9/09	467	2%
Forensic Assessments of Youth Affected by FASD	Apr 16/09	466	2%
Implications of Neuroplasticity for a Brain Affected by FASD	Jan 12/11	466	2%
Financial Literacy	Jun 24/09	461	2%
FASD and Practice: Issues for Prosecutors	Jun 10/09	461	2%
FASD: Screening and Diagnosis Implications for Two	Apr 7/09	460	2%
Creating a Supportive School Community	Jan 29/09	459	2%
FASD and Practice: Issues for School Administrators	Jan 13/10	459	2%
Role of the Grandmother in FASD Care and Support	Dec 2/09	459	2%
Screening: Fitting the Puzzle Pieces Together	Mar 5/09	458	2%
FASD and the Criminal Justice System: Issues for Defence	Apr 23/09	455	2%
Approached to Treatment: Family Therapy	Nov 25/09	455	2%
Treating Substance Abuse Among Prenatally Exposed Persons	Oct 8/09	443	2%
Diagnosis of FASD in the Adolescent Years	Jan 26/11	440	2%
Understanding Substance Use Problems & Addictions in Women As Key to FASD Prevention	Dec 8/10	422	2%
What Do We Mean by Trauma Informed Care	Feb 9/11	270	1%
Becoming a Successful Adult Learner	Feb 23/11	166	1%
Cognitive Interventions for Individuals with FASD	Mar 9/11	146	1%
<b>Total hits for individual sessions</b>		<b>24,355</b>	<b>100%</b>

# Appendix L

## Individual Session Ratings

Individual session ratings are summarized in the tables below and presented in chronological order. The change in knowledge is the average percent difference in respondent ratings between how much knowledge they had of the topic presented before the presentation and how much knowledge they had of the topic after the presentation. The overall session rating is the respondents' average rating for the content of the session. The comments are a summary of those made specifically about that session. In the comment section, numbers in brackets are the number of times the preceding comment was made. Comments without numbers were made only once.

### Session # 1

**Title** – Opening the Brain Boxes (29 Sept 10)

**Overall rating of session content** = 86%

**Change in knowledge** = +31%

**Presenter** – Karmen Krahn Schulties

**Target Group** – Parents/caregivers; youth/young adults

**Attendance** - 120

**Survey response rate** – 48%%

The presenter was:	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement Rating <sup>a</sup>
Knowledgeable (n=56)	-	-	13	43	1	94%
An effective communicator (n=56)	-	-	11	42	2	91%
Well prepared (n=55)	-	-	11	43	1	93%

<sup>a</sup> Each rating was assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the ratings was converted to a percentage.

**Comments:** The content was described as very useful, excellent, great and insightful. Comments about looking forward to the next session and to continue having videoconferences suggest that this session was appreciated. The presenter was described as friendly and knowledgeable. The use of video was appreciated because new information can be obtained without travel costs. Being able to access the video archives is also appreciated.

At some sites, there were technical problems (26) that caused a lot of frustration. There was some frustration because the location of one site was hard to find and the receptionist at the site did not know about the session. At one site the handouts were only given out after the presentation but it would have been better to have them before the presentation. There was a suggestion for the handouts to have only 2 slides per page because the font was too small to read. A suggestion was made to send video etiquette sheets to all sites as some attendees did not appear to know that they were being viewed at other sites. One person commented that although this session was advertised as being suitable for teens, this person thought that the language used in this session would not have been comprehended by teens.

## Session # 2

**Title** – Building the Brain Boxes (27 Oct 10)

**Overall rating of session content** = 88%

**Change in knowledge** = +11%

**Presenter** – Karmen Krahn Schulties

**Target Group** – Parents/caregivers; youth/young adults

**Attendance** - 211

**Survey response rate** – 51%

The presenter was:	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement Rating <sup>a</sup>
Knowledgeable (n=104)	-	-	26	78	-	94%
An effective communicator (n=104)	1	-	30	73	-	92%
Well prepared (n=104)	1	-	31	71	1	91%

<sup>a</sup> Each rating was assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the ratings was converted to a percentage.

**Comments:** Positive comments about this session included that it was great, good, excellent, useful, an invaluable resource, well done, had good examples and practical suggestions. One person appreciated the session and 3 people said they would like a longer session. One comment was that this session did not seem appropriate for youth with FASD although it was advertised as being appropriate for youth. One teacher was unhappy because she felt that the presenter “put down” teachers with whom she had worked.

This session did not start on time (13) because of some technical difficulties (30) and as a result the content was not fully covered and was a bit disjointed. Some of the technical problems mentioned were not being able to see the presenter or the slides and having trouble hearing the presenter.

Suggestions included: being able to ask the presenter questions, having a debriefing time after the session, having a moderator to keep the questions on topic, having sessions at different training levels to meet differing training needs, having more sites available and making sure participants get handouts before the presentation.



### Session # 3

**Title** –Friendship? Dating? Sex? Relationships in the Complex FASD World (10 Nov 10)

**Overall rating of session content** = 78%

**Change in knowledge** = +7%

**Presenter** – Pam Van Vugt and Danna Ormstrup

**Target Group** – Parents/caregivers; youth/young adults

**Attendance** - 78

**Survey response rate** – 44%

The presenter was:	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement Rating <sup>a</sup>
Knowledgeable (n=30)	-	-	17	13	-	86%
An effective communicator (n=30)	-	2	15	13	-	84%
Well prepared (n=30)	-	1	17	12	-	84%

<sup>a</sup> Each rating was assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the ratings was converted to a percentage.

**Comments:** The session was described as good, great and enjoyable and easy to understand. The handouts were appreciated. It would have been helpful to be able to see the slide show. The presenters were at an angle, not directly facing the audience. It could have been noted that the information was very general and that family and religious values should always be recognized. One person would have liked more examples of what individuals with FASD experience.

## Session # 4

**Title** - Creating a Brain Friendly Life (24 Nov 10)

**Overall rating of session content** = 94%

**Change in knowledge** = +13%

**Presenter** – Karmen Krahn Schulties

**Target Group** – Parents/caregivers; youth/young adults

**Attendance** - 137

**Survey response rate** –50%

The presenter was:	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement Rating <sup>a</sup>
Knowledgeable (n=65)	-	1	6	58	-	97%
An effective communicator (n=65)	1	-	10	54	-	95%
Well prepared (n=65)	1	-	10	54	-	95%

<sup>a</sup> Each rating was assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the ratings was converted to a percentage.

**Comments:** Karmen is an excellent FASD speaker. A survivor of FASD and ADHD said that this and other sessions attended had increased his/her knowledge and self-esteem and that as a result, his/her situation had definitely improved. One person noted that the technical problems of previous sessions had improved but 3 people noted that the power point for this session was hard to see. Two people said that the television at their site was too small.

Suggestions for this session included: having more information at an advanced level, having more time for the session (2), sending the presenter questions in advance, sending participants discussion topics before the session so they can be prepared for a discussion, having better video and audio quality, decreasing background noise, having more time for questions, having more sites available, pointing out that information is very general and there is even more to be learned.

**Sessions # 5**

**Title:** Understanding Substance Use Problems and Addictions in Women as Key to FASD Prevention (8 Dec 10)

**Overall rating of session content = 80%**

**Change in knowledge = +11%**

**Presenter –** Dr. Nancy Poole

**Target Group –** Service providers; healthcare professionals

**Attendance -** 80

**Survey response rate –** 41%

<b>The presenter was:</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Don't Know</b>	<b>Average Agreement Rating<sup>a</sup></b>
Knowledgeable (n=33)	-	-	12	21	-	91%
An effective communicator (n=33)	-	2	10	21	-	89%
Well prepared (n=32)	-	1	7	24	-	93%

<sup>a</sup> Each rating was assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the ratings was converted to a percentage.

**Comments:** One attendee appreciated being able to attend the session in his/her own community as this saved time. Other comments about the session were that the session was excellent, very successful and an enjoyable experience. There were some audio difficulties (3) and comments were also made about not being able to see the power point slides (3) as the speaker was talking about them. Other comments noted that the print was too small to read on the handouts/slides and that the material accompanying the handout was not readable. Regarding the content of the session, one suggestion was to have more examples. One person expected more content during the session but found that there were more resources given. Another person thought that the session did not address how to deal effectively with women and substance abuse issues.

**Session # 6****Title** – The Implication of Neuroplasticity for a Brain Affected by FASD (12 Jan 11))**Overall rating of session content** = 88%**Change in knowledge** = +18%**Presenter** – Dr. Bryan Kolb**Target Group** –Service providers; healthcare professionals; parents/caregivers**Attendance** - 101**Survey response rate** – 50%

<b>The presenter was:</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Don't Know</b>	<b>Average Agreement Rating<sup>a</sup></b>
Knowledgeable (n=46)	-	-	9	37	-	95%
An effective communicator (n=46)	-	-	12	34	-	93%
Well prepared (n=46)	-	-	12	34	-	93%

<sup>a</sup> Each rating was assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the ratings was converted to a percentage.

**Comments:** Positive comments included that the presenter was excellent, that the content was relevant and that the presenter's ability to present information about neuroplasticity was astounding. One person thought that the session was too short and another wanted more time for questions. One person suggested that the slides on the handouts be larger so that the print can be read and if needed, they should be printed in colour. Two people said that the site they attended was too small for the number of people attending and one person thought the television at the site he/she attended was too small.

Of the 15 people who provided comments, 11 mentioned that they experienced technical problems during this videoconference. These problems included microphones not being muted at other sites, background noise from the live site, not having a clear picture of the power point slides and losing connection to the main site.

**Session # 7****Title** – Diagnosis of FASD in the Adolescent Years (26 Jan 11)**Overall rating of session content** = 83%**Change in knowledge** = +10%**Presenter** – Dr. Gail Andrew, Dr. Jacqueline Pei, Dr. Carmen Rasmussen**Target Group** – Parents/caregivers; service providers, healthcare professionals**Attendance** - 141**Survey response rate** – 45%

<b>The presenter was:</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Don't Know</b>	<b>Average Agreement Rating<sup>a</sup></b>
Knowledgeable (n=63)	-	-	20	43	-	92%
An effective communicator (n=62)	-	1	22	39	-	90%
Well prepared (n=62)	-	-	17	45	-	93%

<sup>a</sup> Each rating was assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the ratings was converted to a percentage.

**Comments:** Positive comments about this session included being very satisfied with the workshop, enjoying the personal stories that linked theory and practice, finding the handout helpful, being well-done, being good as it is, and that there was great benefit in being able to learn in their own community.

One person would like to have been able to ask questions. Two people wanted more strategies, and another more on resources. One person thought the session could have used more time and another thought that the content was too basic. One suggestion was to have an interactive session involving assessment and diagnostic teams from different areas to present trends in their area and to discuss common problems. Of the 25 comments, 12 pointed out that there were technical problems. These technical problems included getting cut off during the session, the audio crackled, not muting microphones, difficulty connecting, getting cut off before 11 am, and when the speakers moved, their microphone would cut in and out.

## Session # 8

**Title** - What do We Mean By Trauma-Informed Care (9 Feb 11)

**Overall rating of session content** = 85%

**Change in knowledge** = +16%

**Presenter** – Nancy Poole

**Target Group** – Service providers; healthcare professionals

**Attendance** - 65

**Survey response rate** - 42%

The presenter was:	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement Rating <sup>a</sup>
Knowledgeable (n=25)	1	-	9	15	-	88%
An effective communicator (n=25)	2	2	11	10	-	79%
Well prepared (n=25)	1	0	12	11	1	81%

<sup>a</sup> Each rating was assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the ratings was converted to a percentage.

**Comments:** One person said that the session was excellent and another said that the material was good. As far as the content of the session, one person noted that the session met all objectives except connecting trauma-informed care to FASD prevention. Two people noted that the presenter did not add more content than was already on the slides and two others pointed out that the session was too short for amount of material covered. Suggestions included to have more advertising of the session so more people would attend, to have materials available earlier, to have more empathy shown, to have no condemnation of parents, and to have a more interactive session.

One person said that there was poor audio for the session and another missed part of presentation because of connection issue. Two people suggested having bigger screens at the viewing sites and one wanted a less crowded viewing site.

**Session # 9****Title** – Becoming a Successful Adult Learner (23 Feb 11)**Overall rating of session content** = 83%**Change in knowledge** = +8%**Presenter** – Lindsay McKerness, Emily Gidden and Denise Theunissen**Target Group** – Youth/young adults; parents/caregivers; educators**Attendance** - 39**Survey response rate** – 67%

The presenter was:	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement Rating <sup>a</sup>
Knowledgeable (n=25)	-	-	11	14	-	89%
An effective communicator (n=25)	-	-	11	14	-	89%
Well prepared (n=25)	-	-	10	15	-	90%

<sup>a</sup> Each rating was assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the ratings was converted to a percentage.

**Comments:** There were 3 overall positive comments saying the session was well done, and that having the student's experiences presented was very good. The only suggestions were to have representatives from other educational institutions present and to have other professionals such as trainers, educators or physicians present.

**Session # 10****Title** – Cognitive Interventions for Individuals with FASD (9 Mar 11)**Overall rating of session content** =83 %**Change in knowledge** = +9%**Presenter** – Dr. Carmen Rasmussen and Dr. Jacqueline Pei**Target Group** – Service providers; healthcare professionals; parents/caregivers**Attendance** - 174**Survey response rate** –45%**Ratings for Carmen Rasmussen**

The presenter was:	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement Rating <sup>a</sup>
Knowledgeable (n=75)	-	-	30	45	-	90%
An effective communicator (n=75)	-	-	32	43	-	89%
Well prepared (n=75)	-	-	30	45	-	90%

<sup>a</sup> Each rating was assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the ratings was converted to a percentage.

**Ratings for Jacqueline Pei**

The presenter was:	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement Rating <sup>a</sup>
Knowledgeable (n=75)	-	-	27	48	-	91%
An effective communicator (n=75)	-	-	27	48	-	91%
Well prepared (n=73)	-	-	27	46	-	91%

<sup>a</sup> Each rating was assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the ratings was converted to a percentage.

**Comments:**

There were 8 positive comments about this session such as the information can be applied right away, the session instilled hope, it was “very useful” and “very good”. One respondent learned something new even though being very experienced in FASD.

Comments about the content of the session included finding it frustrating to hear about computer programs that are not yet available to the public, wanting more strategies they could use, wanting more time for discussion and wanting more emphasis on research for strategies that were not as tentative as the current research discussed by the presenters. One respondent noted that the session did not start on time and went longer than expected. Two respondents thought that this session was not targeted enough for service providers.

There were 7 comments noting technical difficulties with the session such as poor audio, video equipment not working, and getting cut off quite a bit. Some suggestions were to use a webinar format, to make sure the site is ready and to present the material at a slower pace.



**Session #11****Title** – Reframing Life with FASD (23 Mar 11)**Overall rating of session content** = 85%**Change in knowledge** = +3%**Presenter** – Harriet Switzer and Candace**Target Group** – Youth/young adults; parents/caregivers; service providers**Attendance** - 93**Survey response rate** –52%**Ratings for Harriet Switzer**

<b>The presenter was:</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Don't Know</b>	<b>Average Agreement Rating<sup>a</sup></b>
Knowledgeable (n=45)	-	1	19	24	1	86%
An effective communicator (n=45)	-	1	18	25	1	87%
Well prepared (n=45)	1	4	18	21	1	82%

<sup>a</sup> Each rating was assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the ratings was converted to a percentage.

**Ratings for Candice**

<b>The presenter was:</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Don't Know</b>	<b>Average Agreement Rating<sup>a</sup></b>
Knowledgeable (n=45)	1	-	16	28	-	89%
An effective communicator (n=44)	1	1	17	25	-	88%
Well prepared (n=43)	2	3	14	24	-	85%

<sup>a</sup> Each rating was assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the ratings was converted to a percentage.

**Comments:**

There were 8 positive comments about this session including that it was an “eye opener”, a very powerful session, that Candice is an inspiration and brings hope, that Harriet modeled how to support FASD kids, that it was lively and informative and that the content was good. One respondent had expected more specific strategies rather than a personal story. Two respondents thought that knowing more of Candice’s background would have been helpful. Two respondents suggested having handouts of the main points would be helpful in organizing the information. One person noted that the supports Candice is receiving were not discussed which could give a misleading impression that she functions well without supports. There were 6 comments about technical difficulties such as that the audio was poor and that the first half of the presentation was missed because of technical difficulties.