



CENTRES OF EXCELLENCE FOR CHILDREN'S WELL-BEING

Children and Adolescents with Special Needs

Fetal Alcohol Spectrum Disorder: An Inventory of Intervention Strategies, Programs and Services in Canada

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CENTRES OF EXCELLENCE FOR CHILDREN'S WELL-BEING

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EXECUTIVE SUMMARY

In Canada, FASD is recognized as one of the most prevalent preventable disabilities, and strategies for prevention, identification and intervention have been studied, developed and implemented across the country. This report is an inventory of FASD intervention strategies in Canada.

Intervention strategies may include any activities, methods, programs or services aimed at improving education, employment, social, mental health and physical health outcomes of individuals with FASD and their caregivers. In this report, intervention strategies that fit this definition are divided into three categories: research, policies, and programs and services. Diagnosis – also known as "identification" in FASD literature – is often an important first step in gaining access to intervention strategies, such as treatment and support services. However, for the purposes of this report, diagnosis and assessment are not included as an intervention strategy. Chapter One reviews research on intervention strategies and Chapter Two outlines Canadian federal and provincial policies on FASD. Chapter Three is a detailed list of intervention programs and services for individuals and families affected by FASD. While the goal of this report is to provide a comprehensive inventory of intervention strategies in Canada, it goes a step further and discusses, where applicable, the theoretical underpinnings of the strategies.

Research methods employed in the production of this paper were secondary and involved reviewing literature and policy documents. Databases and the Web were used to search for research, policies, and programs and services available in Canada.

RÉSUMÉ

Au Canada, l'ETCAF est reconnu comme l'une des incapacités prévalentes parmi les plus faciles à prévenir ; des stratégies de prévention, de dépistage et d'intervention ont été étudiées, élaborées et mises en œuvre partout au pays. Ce rapport présente l'inventaire des stratégies d'intervention pour contrer l'ETCAF au Canada.

Ces stratégies incluent l'ensemble des activités, des méthodes, des programmes et des services axés sur l'amélioration de l'éducation, de l'emploi, des résultats sociaux et de santé, tant physique que mentale, des personnes affectées par l'ETCAF et de leurs soignants. Dans le rapport, les stratégies d'intervention répondant à cette définition sont divisées en trois catégories : recherche, politiques, et programmes et services. Le diagnostic – aussi appelé « identification » dans la documentation sur l'ETCAF – représente souvent une première étape importante pour l'accès aux stratégies d'intervention, tels les traitements et les services de soutien. Cependant, aux fins de ce rapport, le diagnostic et l'évaluation ne sont pas considérés comme des stratégies d'intervention. Le premier chapitre passe en revue la recherche sur les stratégies d'intervention, tandis que le deuxième décrit les politiques fédérales et provinciales canadiennes face à l'ETCAF. Le troisième chapitre donne la liste détaillée des programmes d'intervention et des services offerts aux personnes et aux familles affectées par l'ETCAF. Bien que l'objectif du rapport soit de fournir un inventaire exhaustif des stratégies d'intervention au Canada, il va plus loin en commentant, lorsque cela s'avère pertinent, les fondements théoriques des stratégies.

Les auteurs ont appliqué des méthodes de recherche secondaire pour produire le rapport, entre autres un recensement des écrits et des documents sur les politiques. Les bases de données et l'Internet ont été mis à profit pour inventorier la recherche, les politiques, les programmes et les services mis en œuvre au Canada.

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2.8 Ontario	27
2.8.1 Aboriginal Fetal Alcohol Syndrome/Fetal Alcohol Effects	27
2.9 Quebec	27
2.10 Atlantic Provinces	28
2.11 Northwest Territories	28
2.11.1 <i>Early Childhood Development Framework for Action, 2001</i>	28
2.12 Nunavut	28
2.13 Yukon	29
Chapter Three – Programs and Services	30
3.1 Introduction	30
3.2 The Individual – Programs for Children, Adolescents and Adults with FASD	30
3.2.1 Example - Child and Adolescent Services Association (CASA)	32
3.3 Family/Parent/Caregiver Intervention Strategies	32
3.3.1 Cowichan Valley FAS Society	33
3.4 Education and Awareness	33
3.4.1 Example – FASEout	33
3.4.2 Example – FAS/E Support Network of B.C.	34
3.3 Networking and Coordinating	34
3.5.1 Example: Alberta Aboriginal Committee on FASD	34
3.6 Research and Development	35
Appendix I – Other FASD Inventories	63
References	64
Tables	
Table 1: Ongoing research projects in Canada	3
Table 2: Database search results	5
Table 3: Canadian policies that include FASD intervention	29
Table 4: FASD Intervention Programs and Services Listed Alphabetically by Province	35

INTRODUCTION

Fetal alcohol spectrum disorder (FASD) is a developmental and cognitive disability caused by the effects of alcohol on the fetus during pregnancy (Clinesmith, n.d., 60). In Canada, FASD is recognized as one of the most prevalent preventable disabilities, and strategies for prevention, identification and intervention have been studied, developed and implemented across the country. This report is an inventory of FASD intervention strategies in Canada.

Intervention strategies may include any activities, methods, programs or services aimed at improving education, employment, social, mental health and physical health outcomes of individuals with FASD and their caregivers. In this report, intervention strategies that fit this definition are divided into three categories: research, policies, and programs and services. Diagnosis – also known as “identification” in FASD literature – is often an important first step in gaining access to intervention strategies, such as treatment and support services. However, for the purposes of this report, diagnosis and assessment are not included as an intervention strategy. Chapter One reviews research on intervention strategies and Chapter Two outlines Canadian federal and provincial policies on FASD. Chapter Three is a detailed list of intervention programs and services for individuals and families affected by FASD. While the goal of this report is to provide a comprehensive inventory of intervention strategies in Canada, it goes a step further and discusses, where applicable, the theoretical underpinnings of the strategies.

Research methods employed in the production of this paper were secondary and involved reviewing literature and policy documents. Databases and the Web were used to search for research, policies, and programs and services available in Canada.

CHAPTER ONE – INVENTORY OF RESEARCH

1.1 Introduction

This chapter is an inventory of peer-reviewed research papers and ongoing research projects focused on intervention strategies. The first section lists the main Canadian FASD research organizations and the second section reviews the literature on FASD intervention strategies. Whenever possible, the intent, description, theoretical underpinnings and evaluation of the intervention strategy are summarized.

1.2 Research Organizations

Across Canada, several organizations for FASD research exist. In British Columbia, the FAS Research Network of BC operates as a collaboration between researchers at the University of British Columbia, the University of Victoria, and the BC Children's and BC Women's Hospitals. According to *BC's Strategic Plan*, the BC Centre of Excellence for Women's Health is also engaged in some FASD research (Government of British Columbia, 2003). However, a search of the Internet did not produce any information on the FAS Research Network or the specific FASD research that the BC Centre of Excellence for Women's Health has undertaken. Other organizations, such as the Northern Family Health Society, are not specifically FASD focused, but support some research projects on FASD prevention (Northern Family Health Society, n.d.).

The Centre of Excellence for Children and Adolescents with Special Needs is a consortium of four universities and one territorial government. The consortium is led by Lakehead University, and other members include Memorial University of Newfoundland, the University of Northern British Columbia, Mount Saint Vincent University and the Government of Nunavut. The objectives of the Centre are to improve accessibility to useful information and services, to improve access to appropriate service delivery, and to augment community capacity to influence policy (Centre of Excellence, n.d.). The UNBC Task Force on Substance Abuse coordinates and carries out research on substance abuse

in rural, remote and northern communities. The Task Force has published several papers about FASD.

The Canada Northwest FASD Research Network Partnership represents the biggest mobilized effort to build capacity in FASD research. It is a branch of the Canada Northwest FASD Partnership, which was started in 1998 and is an “alliance of seven jurisdictions working together towards the development and promotion of an interprovincial/territorial approach to prevention, intervention, care and support of individuals who are affected by Fetal Alcohol Spectrum Disorder” (Canadian Northwest FASD Research Network, n.d. a).

One of the Partnership’s achievements has been the creation of its Research Network in 2005. According to the Network’s Web site, the mission of the organization is to “create, nurture, and sustain a collaborative environment” for research leading to greater FASD prevention and intervention strategies and includes a Network Action Team for Intervention Research in Individuals with FASD (Canadian Northwest FASD Research Network, n.d. b). The Web site includes a project inventory of completed and ongoing research. The intervention focused research is outlined in Table 1. Publications were not completed or available for these projects, and detailed information regarding the theoretical frameworks applied and the status of any evaluation of the intervention strategy are not included.

Table 1: Ongoing research projects in Canada

Project Name	Contact	Description
Maintaining a Long-Term Commitment to Children in Care: Factors that Influence the continued Capacity of Foster Parents Who are Raising First Nations Children with FAS/FAE in Rural and Reserve Communities	Dr. Kathy Jones (204) 985-4061	Qualitative research exploring the factors that influence foster parents’ ability to maintain a stable environment
Fetal Alcohol Spectrum Disorder Practice Standards Pilot and Evaluation Projects	Dorothy Badry badry@ucalgary.ca	Develop and evaluate case management standards
Qualitative Research Involving Holistic, community-Based Interventions for Individuals with Fetal Alcohol	Rae Mitten (306)966-6200	Qualitative analysis of holistic, community-based, interdisciplinary interventions for individuals with

Spectrum Disorder		FASD
Literacy and Life Skills for Aboriginal Children and Youth with Fetal Alcohol Spectrum Disorder	Dr. Linda Wason-Ellam (306)966-7578	Interdisciplinary research on effective methods of teaching reading, writing and life skills to Aboriginal children with FASD
Developing a Model of Service Delivery for Youth with FASD (age 7-17) and their Families	Deborah Kacki (204)582-8658 ext. 101	A pilot project involving consultation with service providers to develop a model of service delivery
An Intervention Research Project with Kids Kottage: The Impact of Therapeutic Respite Care on Young Children with Special Needs and their Caregivers	John McLennon jmcclenna@ucalgary.ca	Assessment of a respite program to determine how it impacts children and their caregivers

Source: Canadian Northwest Research Network Partnership, n.d. c, FASD Inventory Project

1.3 Peer-Reviewed Literature

Three databases – Medline, Academic Search Premier (ASP) and Canadian Research Index (CRI) – were searched using four terms:

- fetal alcohol spectrum disorder
- fetal alcohol spectrum disorder and intervention
- fetal alcohol syndrome and intervention
- fetal alcohol effect and intervention fetal

The numerical results of the search are outlined in Table 2. After accounting for duplicates, the twelve searches produced a total of 261 articles. However, a review of the search results indicate that much of the research on FASD focuses on the biophysical aspects of the disability and on diagnosis and assessment; for example, many articles describe the effects of prenatal alcohol use on the individual. There is also more research on prevention than on intervention. Peer-reviewed articles about intervention were typically literature reviews; very few represented research projects on intervention strategies. In total, only 27 articles apply to this report.

Table 2: Database search results

Database	Search Terms	Total
Medline	Fetal alcohol spectrum disorder	39
Medline	Fetal alcohol spectrum disorder and intervention	9
Medline	Fetal alcohol syndrome and intervention	116
Medline	Fetal alcohol effect and intervention	1
ASP	Fetal alcohol spectrum disorder	96
ASP	Fetal alcohol spectrum disorder and intervention	19
ASP	Fetal alcohol syndrome and intervention	57
ASP	Fetal alcohol effect and intervention	4
CRI	Fetal alcohol spectrum disorder	7
CRI	Fetal alcohol spectrum disorder and intervention	1
CRI	Fetal alcohol syndrome and intervention	7
CRI	Fetal alcohol effect and intervention	6

In the remainder of this chapter, intervention strategies that have been addressed by peer-reviewed research are organized into six categories: General Intervention Research, Behaviour and Social Skill Interventions, Family Interventions, Interventions in the Education System, Nursing Interventions, and Medical Interventions. Each research project is summarized, including the intent of the intervention strategy studied, the theoretical underpinnings, and any evaluation of the strategy that has been conducted.

1.3.1 General Intervention Research

Grant, T., Huggins, J., Connor, P., Pedersen, J. Y., Whitney, N., & Streissguth, A. (2004). A pilot community intervention for young women with fetal alcohol spectrum disorders. *Community Mental Health Journal*, 40(6), 499-511.

The intervention strategy examined in this research is intensive home-visiting and case-management support. A standard Parent-Child Assistance Program (PCAP) was modified for application with women with FASD. A standard PCAP involves case managers who work closely with mothers when they are pregnant, or shortly after they have given birth, to build trusting relationships with their clients. The case manager also helps the parent with a wide range of challenges. The program incorporates both prevention and intervention strategies.

PCAP clients with FASD have a particular set of challenges, and the modified program addresses these. The case managers speak in clear and simple terms. Clients are asked to show, rather than verbally express, their understanding of instructions. Re-teaching is part of the process and consistency in both case-manager and instruction is encouraged as an important aspect of success. The case-managers take a more direct role in helping their clients overcome barriers in accessing services, such as transportation and childcare problems.

This strategy recognizes that many clients in the PCAP suffer from FASD and that this results in difficulties with the program. The modifications are aimed at bridging the gap between the program and female clients with FASD to maximize the benefits of the PCAP. The goal is to make the program more accessible and thus reduce the incidence of alcohol use during pregnancy and improve the health and well-being of families affected by FAS.

The authors evaluated this program during a 12-month pilot study. It was concluded that the modified PCAP program resulted in “decreased alcohol and drug use, increased housing and use of contraceptives, and improved medical and mental health services” (Grant et al., 2004).

Legge, C., Roberts, G., & Butler, M. (2000). *Situational analysis: Fetal alcohol syndrome/fetal alcohol effects and the effects of other substance use during pregnancy*. Ottawa, ON: Canada's Drug Strategy, Health Canada.

This qualitative research evaluates the state of FASD activities in Canada. It focuses on prevention, identification and intervention activities to determine where there are gaps in services. The research analysis is based on a life-span approach to FASD and argues that “comprehensive and coordinated services are needed across the life span” (Legge et al., 2000, p. 38).

Leslie, M., & Roberts, G. (2001). *Enhancing Fetal Alcohol Syndrome (FAS)-related interventions at the prenatal and early childhood stages in Canada*. Ottawa, ON: Canadian Centre on Substance Abuse.

This research project does not focus on one intervention strategy; rather, its aim is to identify good practices as well as gaps in the current set of strategies represented by Health Canada's Community Based Programs for prenatal and early childhood issues: the Community Action Program for Children (CAPC), Canada Prenatal Nutrition Program (CPNP), and Aboriginal Head Start (AHS).

The project developed a national advisory committee and surveyed CAPC, CPNP and AHS projects about FASD activities. A literature review and in-depth examination of projects followed to identify good practices and service gaps in the projects. It found that most CAPC, CPNP and AHS projects focused on prevention, and that intervention programs tended to engage in activities that require fewer human and financial resources. Best practices for intervention cited were: advocating for the child and family, providing a stable program environment for affected children and supporting stability at home, and providing support to families affected by FASD. The research concludes that Health Canada's Community Based Programs are well suited to deliver FASD-focused programs, but that current activities should be enhanced to improve intervention services.

Mitten, R. (2004). Section 9 - Fetal Alcohol Spectrum Disorder and the justice system. In *Final Report, Submissions to the Commission on First Nations and Métis Peoples and Justice Reform (Vol. II)*. Retrieved from <http://www.justicereformcomm.sk.ca/volume2.gov>

This research recognizes that people with FASD are disproportionately represented in the criminal justice system and are in need of intervention strategies that will improve this outcome. The research is grounded in the theory of social construction and discusses two intervention strategies: community-based treatment and therapeutic courts for individuals

with FASD. The intent of these strategies is to reduce the incidence of secondary disabilities by providing alternative court and sentencing practices.

Oliver, C., White, H., & Edwards, M. (1998). *Fetal alcohol syndrome, a hopeful challenge for children, families and communities: A report*. Ottawa, ON: Health Canada.

The goal of this research is to develop, implement and evaluate an FASD pilot project that “will enhance and/or introduce secondary and tertiary prevention efforts into existing prevention and early intervention programs” (Oliver, et al., 1998, p. 2). Two programs – the Children’s Centre in Fort McMurray and the Lethbridge Native Women’s Transition Home – were chosen as the pilot sites.

The theoretical underpinnings of this work are outlined in seven guiding principles:

1. Collaborative in process (consensus building)
2. Multi-disciplinary in approach
3. Culturally sensitive
4. Gender, social and economic determinants analysis
5. Build on the strengths and capacities of the selected sites
6. Family centered and community focused
7. Holistic and innovative

The report outlines the strengths and weaknesses of the two programs noting the strategies that worked. Prevention was a primary focus, however, intervention strategies were reviewed and recommended.

Roberts, G., & Nanson, J. (2000). *Best practices: Fetal Alcohol Syndrome/Fetal Alcohol Effects and the effects of other substance use during pregnancy*. Ottawa, ON: Canada's Drug Strategy Division, Health Canada.

Section 7 of this Health Canada publication, “Interventions for Persons Affected by Prenatal Substance Use,” is a literature review of best practices research. It concludes that a multidisciplinary approach to providing a long-term, stable environment is recommended. Children with FASD can experience improved outcomes with structured routines and social skill development.

1.3.2 Behaviour and Social Skill Interventions

O'Connor, M. J. Frankel, F., Paley, B. Schonfeld, A., Carpenter, E., Laugeson, E., et al. (2006). A controlled social skills training for children with fetal alcohol spectrum disorders. *Journal of Consulting and Clinical Psychology, 74*(4), 638-648.

This research is on the efficacy of child friendship training (CFT), a type of social skills training facilitated by the parents of children with FASD. The strategy is intended to address the problems children with FASD often have adapting socially. For example, alcohol-exposed children can experience difficulty with empathy, and be inconsiderate of the feelings and rights of others. They may also resist authority and tend toward delinquent behaviour. The aim of CFT is to teach social problem solving skills and competence (p. 639) and have more successful relationships.

This research is based on the theoretical framework of social learning theory (Frankel, Paley, Marquardt, & O'Connor, 2006), in which appropriate behaviour is modeled and rehearsed with the help of the caregiver(s) to help children with FASD make friends, engage in play, and deal with conflict.

The evaluation of CFT involved comparing the outcomes of children participating in the CFT intervention with children in a delayed treatment control (DTC) group. The

researchers evaluated the children's progress with children, parent and teacher reports of social skills and problem behaviours. They conclude that CFT is a beneficial intervention that significantly increased social skills and reduced problem behaviours in children with FASD. The findings support other research (e.g., Frankel et al., 2006) that tested the effectiveness of CFT with children diagnosed with attention deficit disorder (ADD).

Timler, G. R., Olswang, L. B., & Coggins, T. E. (2005). "Do I know what I need to do?"
A social communication intervention for children with complex clinical profiles.
Language, Speech, and Hearing Services in Schools, 36, 73-85.

Timler, Olswang, and Coggin's (2005) work examines a social communication intervention strategy. This strategy is aimed at improving the cognitive social skills of children with FASD. It employs checklist cards as a tool to prompt children's social cognition and mental state verb production.

This strategy draws on the theory of mind and social communication interventions to teach children with FASD to interpret and respond to challenging social situations, thus improving their social cognitive skills. Children learn to use appropriate language for describing their mental states, other people's mental states, and how to resolve challenging social situations. It is a tool set for helping children work through challenging social situations and reflect on various problem solving methods.

A case study was employed to evaluate the usefulness of this intervention technique. Measures of mental state verb production and social cognitive skills indicated that social communication intervention "addressed multiple deficits while facilitating a child's ability to reflect, plan and evaluate her responses" (Timler, et al., 2005, p. 83). However, it is also concluded that more research is needed to develop this intervention model.

1.3.3 Family Interventions

Wilton, G., & Plane, M.B. (2006). The Family Empowerment Network: A service model to address the needs of children and families affected by Fetal Alcohol Spectrum Disorders. *Pediatric Nursing*, 32(4), 299-306.

Wilton and Plane's (2006) research focuses on family support initiatives and the Family Empowerment Network (FEN) in particular. The FEN is an intervention program that provides information, referral and support by combining two techniques: "hotline" and "parent-to-parent" matching.

FEN is designed to address the concerns of families having difficulties finding and accessing services for their children with FASD. Its goal is to help families find the services they need and parents network with other parents. The program was developed according to Weissbourd's (1987) criteria for family support programs. FEN services are focused on the family to reduce stress and to promote the health and well-being of the child(ren) with FASD and the whole family through all the life stages. This particular family support initiative was not evaluated in this article.

Brown, J. D., Sigvaldason, N., & Bednar, L. M. (2005). Foster parent perceptions of placement needs for children with fetal alcohol spectrum disorder. *Children & Youth Services Review*, 27(3), 309-327.

This research examines what foster parents of children with FASD need in order to be successful caregivers. Instead of examining one specific intervention strategy, this research suggests several interventions, including social support, material support, a structured environment and professional support.

Victorian Order of Nurses (VON) Canada. (2006). *Parenting guidelines for families of children with FAS/FAE*. Ottawa, Ontario: VON Canada.

This research project combined primary data collection – information collected from parents and caregivers of children with FAS – and secondary research methods to develop a set of best practice guidelines for parenting approaches.

The project was grounded in the determinants of health framework. Determinants that apply to the research are: social support networks, social environments, personal health practices and coping skills, and healthy child development. Evaluation processes took place during the key activities undertaken by the project. An evaluation report was produced based on the outcome of the evaluations.

1.3.4 Interventions in the Education System

Duquette, C., Stodel, E., Fullarton, S., & Hagglund, K. (2006). Persistence in high school: Experiences of adolescents and young adults with Fetal Alcohol Spectrum Disorder. *Journal of Intellectual & Developmental Disability, 31* (4), 219-231.

This research is not about one intervention strategy; rather, it engages with adolescents with FASD to learn what challenges them most, and what intervention strategies have helped them succeed. The intent of the research is to determine what is contributing to students' persistence in high school to better understand what intervention strategies contribute to positive education outcomes.

The research is a case study of eight individuals in Canada and the United States that draws from the Student Integration Model (SIM) for theoretical grounding. There are three factors associated with this model: background characteristics, academic integration, and social integration. The research concludes that parental advocacy is an important intervention strategy for keeping adolescents with FASD from dropping out of high school.

Duquette, C., Stodel, E., Fullarton, S., & Hagglund, K. (2006). Teaching students with developmental disabilities: Tips from teens and young adults with fetal alcohol spectrum disorder. *Teaching Exceptional Children, 39*(2), 28-31.

This short article summarizes research that is not yet published. It lists the intervention strategies that teachers should utilize in the high-school setting to produce successful learning experiences. The research is grounded in the theory that students with FASD require interventions in the school setting in order to maximize their opportunity for successful learning.

Harpur, L. (2001). FASD teens in the classroom: Basic strategies. *Guidance & Counseling, 17*(1), 24-29.

The intervention strategies outlined here are peer support, student advocates (student aide), team based support, and structured environment. These strategies are intended to help the teen with FASD have a successful high school experience. The strategies are focused on repetition, routine, structure and one-on-one support.

The theoretical underpinning of this paper is that environment significantly influences whether individuals with FASD will thrive. A multi-faceted approach that ultimately creates a highly structured environment will most benefit the student with FASD.

The evaluation of the intervention strategies recommended in this article is implicit. They are supported by the current literature but have not been subjected by these authors to an evaluative process.

Padgett, L. S., Strickland, D., & Coles, C. (2006). Case study: Using a virtual reality computer game to teach fire safety skills to children diagnosed with fetal alcohol syndrome. *Journal of Pediatric Psychology, 31*(1), 65-70.

This research examines the effectiveness of a virtual reality computer game intervention in education. The computer game is used to teach children with FASD about fire safety. Five children took part in this research and were tested after the skill learning for knowledge retention. There is no theoretical underpinning stated. The results conclude that this intervention works well as an education delivery system.

Roebuck-Spencer, T.M. (2004). Implicit strategy affects learning in children with heavy prenatal alcohol exposure. *Alcoholism, Clinical and Experimental Research, 28* (9), 1424-1431.

Two intervention strategies for verbal learning were studied: California Verbal Learning Test – Children’s Version (CVLT-C) and a verbal learning subtest of the Wide Range Assessment of Memory and Learning (VL-WRAML). The intention of these strategies is to improve the verbal learning outcomes of children with FASD. Two groups of children were tested using the two verbal learning strategies. The research concludes that the CVLT-C, which is an implicit strategy, did a better job of helping children learn and retain verbal information.

Ryan, S., & Ferguson, D. L. (2006). On, yet under, the radar: Students with fetal alcohol syndrome disorder. *Exceptional Children, 72*(3), 363-379.

This research is not about a specific intervention strategy. Instead, it examines the experiences of school-age children, their parents and teachers to determine what intervention strategies are being utilized and whether they are successful.

The intent of the strategies employed by the teachers is to improve students’ learning experiences and help them succeed. While it is not explicitly stated what theoretical

framework is being applied to this research, its participatory approach implies that students with FASD, their parents and teachers are best situated to describe the challenges they face.

The findings indicated that teachers who did not use differentiated instruction practices had less success helping students with FASD succeed in school. A lack of coordination between home, school and other services is noted, and several recommendations for overcoming this are listed. For example, it is suggested that there should be a stronger link between diagnosis, intervention and services, and that teachers should be better equipped to identify formal and informal supports for families affected by FASD.

Timler, G.R., Olswang, L.B. (2001). Variable structure/variable performance: Parent and teacher perspectives on a school-age child with FAS. *Journal of Positive Behavior Interventions*, 3 (1), 48-57.

This study examines parent and teacher perspectives regarding the educational needs of a school-age child with FAS. The author discusses intervention strategies that may affect the different perceptions held by the parent and the teacher, such as scaffolding and environmental structure.

In this case study, the parent and teacher perspectives are compared and contrasted. The parent perceives that her son has difficulty at home listening to, and following, instructions. She wants continued delivery of special services to her son. The teacher, on the other hand, focuses on the boy's strengths and successes. She recommends that the child spend more time in regular educational programming, stating that greater integration with the rest of the class is the best approach.

The research concludes with a discussion of intervention strategies. The home is defined as a low-structured environment while school is defined as a high-structured environment with maximum scaffolding. Scaffolding "refers to the ways in which an adult adjusts or modifies the type of support provided to the child as he or she moves the child through

the zone to a higher level of performance” (Timler & Olswang, 2001, p. 49). The student thrives in the school’s structured setting, and it is recommended that strategies, such as priming, be implemented for transition between the high and low structured environments.

1.3.5 Nursing Interventions

Many articles about intervention strategies were aimed at educating nurses about their role in improving outcomes for children with FASD. Many of these emphasize prevention strategies. The intervention-focused articles were based on secondary research, such as literature review. The content of these articles are summarized and listed in this section.

Intervention strategies were aimed at tertiary prevention – reducing risks and enhancing protective factors. Nurses are described as being well-situated to implement a set of strategies, including early diagnosis, home visits, education, and support for parents. Nurses can play an important role in fostering stable homes

For example, a case study of one family affected by FASD is conducted in which a nurse undertakes several important intervention strategies. The nurse conducts home visits to monitor the infant’s physical health and as the child grows, the nurse also monitors his development. Education regarding the child’s condition and the services available to the family was also undertaken with the parent. These strategies are intended to improve the physical and mental health outcomes of the child born with FASD.

These strategies are aimed at minimizing the disability and maximizing the capabilities of people with FASD. They are intended to promote protective factors, such a stable home environment, avoiding violent behaviour in the home, and early diagnosis. Nurses can help caregivers and parents learn how to promote appropriate behaviour, social skills and healthy relationships. Services that contribute to tertiary prevention include diagnostic

services, special education and mental health services, respite care, education, and support groups.

The theoretical underpinnings of these articles are not explicitly stated. However, it is implied that the interface between the home and the medical system is an important intervention site that is under-utilized. These articles are intended to educate nurses and improve their engagement with FASD intervention. There is no evaluation of these techniques undertaken.

Caley, L. M., Shipkey, N., Winkelman, T., Dunlap, C., & Rivera, S. (2006). Evidence-based review of nursing interventions to prevent secondary disabilities in fetal alcohol spectrum disorder. *Pediatric Nursing*, 32(1), 155-162.

Caley, L. M., Kramer, C., & Robinson, L. K. (2005). Fetal Alcohol Spectrum Disorder. *The Journal of School Nursing*, 21(3), 139-146.

Fitzgerald, E. M. (1999). Assisting caregivers of young children exposed in utero to alcohol, crack/cocaine and other drugs: A model for intervention. *Kentucky Nurse*, 47(4), 26.

Gardner, J. (1997). Fetal alcohol syndrome - recognition and intervention. *The American Journal of Maternal Child Nursing*, 22(6), 318-322.

Green, H. L., Diaz-Gonzales de Ferris, M.E., Vasquez, E., Lau, E.M., & Yusim, J. (2002). Caring for the child with fetal alcohol syndrome. *Journal of the Academy of Physician Assistants*, 15(6), 31-34.

Haggerty Davis, J. (1984). Fetal Alcohol Syndrome: A challenge for the community health nurse. *Journal of Community Health Nursing*, 1 (2), 99-111.

Hess, D. J. (1998). Families caring for children with fetal alcohol syndrome: The nurse's role in early identification and intervention. *Holistic Nursing Practice, 12*(3), 47-54.

Jessup, M. (1988). Fetal alcohol syndrome: Prevention and intervention for the nurse. *California Nurse, 84*(1), 12-13.

1.3.6 Medical Interventions

Only one article reviewed medical interventions, such as the prescribing of medications to individuals with FASD.

Frankel, F., Paley, B., Marquardt, R., & O'Connor, M. (2006). Stimulants, neuroleptics, and children's friendship training for children with fetal alcohol spectrum disorders. *Journal of Child and Adolescent Psychopharmacology, 16* (6), 777-789. [no full text]

This research examines a medication-based intervention strategy involving prescription stimulant and neuroleptic medication. The intention of the strategy is to improve learning outcomes for children engaged in social skills training, thus, ultimately improving the peer relationships of children with FASD.

The children involved in this research were given either stimulant or neuroleptic medication while also participating in Children's Friendship Training (CFT). The strategy was evaluated through parent and teacher reported outcomes. It was found that children prescribed neuroleptic medication showed the greatest improvement while children prescribed stimulants showed no improvement and poorer outcomes.

CHAPTER TWO - POLICY

2.1 Introduction

In this chapter, Canadian federal and provincial strategies for FASD are listed and summarized. All of these policies combine prevention, identification and intervention strategies. There is also great variation across the country regarding the extent to which FASD is recognized and targeted in provincial strategy documents. Some provinces include FASD within broader policies for people with special needs, while others are aimed directly at FASD. This chapter begins by summarizing federal level responses to FASD, and summarizes two key national strategies: *Fetal Alcohol Spectrum Disorder (FASD): a Framework for Action* and *It Takes a Community*. Regional strategies are next, followed by provincial policies. For each policy, a description, as well as the intent, theoretical underpinnings and evaluation, are provided where applicable. Table 3 lists these strategies by province.

2.2 National Intervention Strategies

The current Health Canada FAS/FAE Initiative is organized by the Population and Public Health Branch (PPHB) and includes an inter-departmental Working Group, Federal/Provincial/Territorial Working Groups, a National Advisory Committee (NAC), and a National First Nations and Inuit CPNP/FAS/E Steering Committee. The NAC leads a committee focusing on screening, diagnosis and surveillance that has developed national standardized guidelines for diagnosis and assessment (Public Health Agency, n.d.).

Health Canada literature on FASD includes *Enhancing Fetal Alcohol Syndrome (FAS-related Intervention at the Prenatal and Early Childhood Stages in Canada)*; *Best Practices: Fetal Alcohol Syndrome/Fetal Alcohol Effects and the Effects of Other Substance Use During Pregnancy*; and *Situational Analysis: Fetal alcohol syndrome/fetal alcohol effects and the effects of other substance use during pregnancy*.

These reports describe Canada's current FASD activities, best practices and service gaps. Health Canada provides funding for community FASD-related services and activities through programs such as Community Action Program for Children (CAPC), Canada Prenatal Nutrition Program (CPNP) and Aboriginal Head Start (AHS). The National Crime Prevention Centre also funds FASD –related projects such as the NorWest Community Health Centre's "Enhancing Community Responsiveness to the Needs of Individuals Living with FASD" (Public Safety Canada, 2005). Community organizations for FASD can be funded by Human Resources Development Canada (HRDC) through programs such as Supporting Community Partnerships Initiative (SCPI), Youth programming, and Aboriginal Human Resource Development Agreements (AHRDAs).

2.2.1 Fetal Alcohol Spectrum Disorder (FASD): A Framework for Action

The Public Health Agency's 2003 *Framework for Action* was initiated by the federal government and the National Advisory Committee on FASD, and was developed in consultation with organizations, communities and individuals across Canada. It is a pan-Canadian strategy aimed at improving education and awareness, prevention, and intervention of FASD in Canada. According to the *Framework for Action*, the document is a set of "building blocks [that] include a vision for the future, five broad goals (a more precise definition of where progress is needed on a number of fronts), examples of strategies that should or could be used to reach the vision and achieve the goals, as well as a set of guiding principles that, ideally, will be adopted by every community, project, policy and program aimed at supporting FASD prevention and action" (p. 3).

Five goals:

1. Increase public and professional awareness and understanding of FASD and the impact of alcohol use during their pregnancy
2. Develop and increase capacity
3. Create effective national screening, diagnostic and data reporting tools and approaches
4. Expand the knowledge base and facilitate information exchange

5. Increase commitment and support for action on FASD

Six guiding principles:

1. Inclusive
2. Guided by understanding
3. Compassion and respect
4. Culturally appropriate
5. Evidence-based
6. Sustainable and comprehensive

The *Framework for Action* is intended to improve Canadians' knowledge and understanding of FASD better and to "present the broad picture of where collaborative action could lead" by showing what actions are needed to achieve these goals.

2.2.2 It Takes a Community

1. Framework for the First Nations and Inuit Fetal Alcohol Syndrome and fetal Alcohol Effects Initiative
2. A Resource Manual for Community-based Prevention of Fetal Alcohol Syndrome and Fetal Alcohol Effects

This policy document was developed through consultations with Canadian First Nations and Inuit communities that took place in 2000 (Health Canada, 2001). It is a framework for the development, implementation and evaluation of the First Nations and Inuit FAS/FAE Initiative. Funding for the Initiative is delivered through the First Nations and Inuit Health Branch (FNIHB) and the PPHB. The first part of the document outlines the Initiative's goals, principles and objectives for FASD prevention and intervention strategies. The second part of the document is a manual to guide communities that are implementing the Initiative.

The two key goals of the Initiative are:

1. To prevent FAS/FAE births
2. To increase the knowledge, skills and quality of life of FAS/FAE affected children, mothers, fathers, and families

The Initiative is based on seven guiding principles:

1. Strengthening and supporting families and communities holistically
2. Family-centered prevention
3. Community-based and culturally appropriate
4. A coordinated approach through collaborative partnerships
5. Contributing to capacity building
6. Universal and equitable access to quality programs
7. Accountability

Four objectives for attaining the Initiative's goals are outlined:

1. Raising awareness
2. Reaching those at risk
3. Working with those affected
4. Creating Linkages

This strategy is intended to reduce the number of children born with FASD, and to provide supports and interventions to those affected by FASD and improve their quality of life. The Initiative includes a brief discussion of evaluation. In this discussion, outcome-based evaluation for Initiative projects, services, and activities will be carried out by (1) creating pre-determined criteria and (2) measuring actual results or outcomes against the pre-determined criteria. However, there is no evaluation of the framework provided.

2.3 Regional Intervention Strategies

2.3.1 Canada Northwest FASD Partnership

The Canadian Northwest FASD Partnership, previously known as Prairie Northern FAS Partnership when it was created in 1998, is an inter-provincial/territorial collaboration working on the prevention, intervention and support of individuals and families affected by FASD. British Columbia, Alberta, Saskatchewan, Manitoba, Yukon, Northwest Territories and Nunavut are partners in this organization.

2.4 British Columbia

2.4.1 Fetal Alcohol Spectrum Disorder: A Strategic Plan for British Columbia

According to the authors of this framework, *BC's Strategic Plan* is “intended to provide policy makers, service providers, community groups, and researchers a map of the multi-layered and multifaceted work involved in the prevention and intervention and support for FASD” (British Columbia n.d., p. 5). It is also intended to bring community partners together, initiate discussion, and consolidate priorities for action in all sectors for three years between 2003 and 2006.

Principles and Values:

1. Respect, Compassion and Cultural Sensitivity
2. Comprehensiveness
3. Collaboration, Inclusion and Capacity Building
4. Balance
5. Evidence-based

Key Components of a Provincial Strategy (these are also “Options for FASD Strategic Initiatives”):

1. Community development, health promotion and public awareness strategies to raise awareness of FASD as a life-long disability and the risks associated with alcohol and substance use during pregnancy
2. Early identification and intervention/support for all pregnant women who use alcohol and their partners/support systems
3. Focused intervention for high risk pregnant and parenting women and their partners/support systems
4. Timely diagnosis, assessment and planning for children, youth and adults affected by FASD
5. Comprehensive and lifelong intervention and support for children, youth and adults affected by FASD and their families/support systems
6. Leadership and co-ordination of FASD initiatives at the community, regional, provincial and national levels.

There is no evaluation criteria provided and the strategy has not been evaluated by any outside organization.

2.5 Alberta

Alberta does not have a strategy or initiative that directly addresses FASD. However, FASD is considered a priority of the provincial government. Support for FASD is delivered in five broad areas, three of which are prevention focused (Alberta Government Children’s Services, 2007). The two intervention categories for government support are:

- Partnership initiatives such as the Alberta FASD Cross-Ministry Committee and the Canadian FASD Partnership
- General health and human services programs that provide support to a wide range of individuals with disabilities and needs, including those affected by FASD

The Alberta Children's Services has also invested in several demonstration projects that are considered to utilize best practices (Alberta Government Children's Services, 2007). These are listed in Chapter Three.

2.5.1 Alberta Children and Youth Initiative (ACYI)

The ACYI is a partnership of government ministries working together on issues related to the health and well-being of the province's children and youth (Alberta Government Children's Services, 2006). This Initiative does not focus specifically on FASD but on the health of young people as a whole. FASD-related issues are included in the ACYI's *Policy Framework for Services for Children and Youth with Special and Complex needs and their Families*, which is discussed next. The goal of the ACYI is to ensure that children across Alberta are safe, healthy and ready to learn (Alberta Government Children's Services, 2006).

2.5.2 *Policy Framework for Services for Children and Youth with Special and Complex needs and their Families*

This is a policy framework describing how ministries will work together with regional authorities to deliver services to families with children and youth with special and complex needs. The framework was developed collaboratively and involved the following Alberta government ministries: Children's Services, Health and Wellness, Alberta Mental Health Board, Learning, Community Development, Persons with Developmental Disabilities (Alberta Children and Youth Initiative Partners, n.d.). The framework's guiding principles are:

1. Family centered
2. Shared responsibility
3. Coordinated and integrated access
4. Children and youth focused
5. Individualized supports
6. Comprehensive

7. Culturally sensitive
8. Aboriginal culture
9. Accountability
10. Evidence-based interventions

Policy Directions:

1. Management of Integrated Service Delivery for Children and Youth with Complex Needs and their Families
2. Cross-ministry Collaboration for Children and Youth with Special Needs and their Families
3. Sustainability of Services/Transition Planning
4. Cross-ministry Information Sharing

This strategy is intended to outline the Government of Alberta's approach regarding the provision of services to families with children and youth with special and complex needs and to that these families receive the coordinated supports necessary to achieve optimal development and well-being (Alberta Children and Youth Initiative Partners, n.d.).

2.6 Saskatchewan

2.6.1 Communities Working Together: Saskatchewan's Action Plan for Citizens with Cognitive Disabilities

This document focuses on Saskatchewan's strategy for improving the health and well-being of all people with cognitive disabilities. The intent of this plan is to improve prevention and intervention strategies in Saskatchewan through partnerships. One of its three priorities for action is strengthening FASD prevention and intervention. The main intervention strategy is partnering with the Saskatchewan Fetal Alcohol Support Network, which is a non-profit organization that supports parents and caregivers of individuals with FASD. The other two strategies focus on prevention and diagnosis/assessment (Government of Saskatchewan, 2005).

2.7 Manitoba

There is not yet a document outlining Manitoba's FASD strategies. However, Healthy Child Manitoba describes Manitoba's developing FAS strategy on its Website (Healthy Child Manitoba, n.d.). A key component of the strategy involves partnering with Canadian Northwest FAS Partnership. The strategy will be culturally sensitive and focus on prevention, intervention and support. *Support in the Classroom for Students with FAS* is an example of an intervention strategy delivered through a partnership between Healthy Child Manitoba, Manitoba Education and Youth and Winnipeg School Division No. 1. Its goal is to support students in grades 3 to 6 with FAS (Healthy Child Manitoba, n.d.). This program is also listed in Chapter Three.

2.8 Ontario

2.8.1 Aboriginal Fetal Alcohol Syndrome/Fetal Alcohol Effects (Aboriginal FAS/FAE)

The province of Ontario does not have a formal strategy for dealing with FASD. The main FASD-related government program is the Aboriginal FAS/FAE (Government of Ontario, 2004). The program is delivered by nineteen Aboriginal organizations and "draws upon the strength of traditional Aboriginal teachings about pregnancy, birth and parenting" (Government of Ontario, 2004, p. 3). The main activities undertaken by this initiative are prevention-focused. Intervention strategies include support groups, outreach services and home-visits (Government of Ontario, 2004).

2.9 Quebec

The province of Quebec has not developed specific strategies or programs for addressing FASD.

2.10 Atlantic Provinces

There are no government strategies for FASD intervention in the Atlantic Provinces. Currently, the main strategy implemented appears to be the dissemination of information materials.

2.11 Northwest Territories

The Northwest Territories has not yet developed or implemented a formal government strategy for FASD intervention. The goals for FASD are included in the Early Childhood Development Framework for Action that was produced in 2001 by the Departments of Education, Culture and Employment, and Health and Social Services.

2.11.1 Early Childhood Development Framework for Action, 2001

This is a framework for promoting child health and wellbeing in the Northwest Territories. Within the framework, FASD is noted as an area for attention. Prevention, intervention and support are briefly discussed, with the focus being on education and support for parents. The intent of this strategy is to protect and promote health and wellbeing among children in the Northwest Territories, including those with FASD (Government of the Northwest Territories, 2001). There is a section on monitoring the success of the framework, however, it does not evaluate any initiatives or strategies specifically targeting FASD-related issues.

2.12 Nunavut

Nunavut is a member of the Canadian Northwest FASD Network. It also describes itself as being in the initial stages of developing a FAS/FAE program. The program intends to encompass education, awareness and support to individuals and families (Nunavut Department of Health and Social Services, n.d).

2.13 Yukon

Yukon Territory does not have a formal strategy on FASD intervention. According to the Government of Yukon’s Throne Speech of 2003-2004, “Fetal Alcohol Spectrum Disorder is one of the most serious, all pervasive Yukon problems that is affecting our education, health care, justice and social service systems” (Government of Yukon, 2003). In this speech, a commitment was made to implementing a “five-step action plan to deal with this FASD affliction” (Government of Yukon, 2003). However, a search of the Internet for this plan does not produce any results. The Yukon is a partner of the Canadian Northwest and it appears that most of its FASD-related activities take place through this organization. The Yukon Health and Social Services also mentions FASD as being a serious issue in Yukon, however, all of the activities described are prevention related (Yukon Health and Social Services, 2005).

Table 3: Canadian policies that include FASD intervention

Scope	Strategy	Priority
Canada	<i>Fetal Alcohol Spectrum Disorder (FASD): A Framework for Action</i>	1
Canada	<i>It Takes a Community</i>	1
NW Canada	Canada Northwest FASD Partnership	1
BC	<i>Fetal Alcohol Spectrum Disorder: A Strategic Plan for British Columbia</i>	1
Alberta	Alberta Children and Youth Initiative (ACYI)	2
Alberta	<i>Policy Framework for Services for Children and Youth with Special and Complex needs and their Families</i>	2
Saskatchewan	<i>Communities Working Together: Saskatchewan’s Action Plan for Citizens with Cognitive Disabilities</i>	2
Ontario	Aboriginal FAS/FAE	1
NWT	<i>Early Childhood Development Framework for Action, 2001</i>	2

Priority:

Priority 1 – primarily or solely FASD programming and services, or have at least one FASD-specific program/service offered.

Priority 2 – programs and services geared to a wider range of diagnoses.

CHAPTER THREE – PROGRAMS AND SERVICES

3.1 Introduction

The previous two chapters have described research activities and policy documents pertaining to FASD intervention strategies. In this chapter, the focus shifts away from the theoretical to on-the-ground delivery of intervention-based programs and services. These programs and services employ a range of intervention strategies from education and support services to child development and employment counseling. Some programs are aimed specifically at individuals with FASD, while others target families and caregivers. The location of service delivery can vary as well. For example, intervention can take place in the home, school, clinic or place of employment. Many programs are multi-disciplinary, and engage in a variety of activities aimed at helping people affected by FASD.

This chapter defines four intervention strategies that programs employ based on who, or what, the services are directed towards. These are: individual, family, education and awareness, networking and coordinating, and research and development. Each strategy is described, and the basic theory behind it is discussed. A comprehensive list of intervention programs and services follows in Table 4.

3.2 The Individual – Programs for Children, Adolescents and Adults with FASD

People with FASD are faced with a diverse set of challenges that continue to impact them for the duration of their life. Infants may suffer from low birth weight, restlessness and failure to thrive, and as they approach school age, they may show signs of attention deficit and sensory dysfunction. Adolescents and adults are at risk of developing “secondary disabilities” such as mental health issues, delinquency, and substance abuse. Support is required in order to have success achieving education and employment goals.

The basic theoretical grounding of this kind of approach – one that focuses on intervention strategies for individuals – is that the challenges associated with FASD can be minimized. These strategies tend to focus on helping individuals develop skills, such as appropriate social behaviour and physical coordination, and may involve speech therapy, occupational therapy, physical therapy, learning assistance and counseling. For example, child development centres may offer a range of services designed to give children the skills they need to experience success at school and in their relationships.

Intervention strategies vary depending on the age of the individual with FASD. Programs for infants often involve the medical system. For example, nurses can do home visits to check on the infants' weight and health. At this age, most intervention strategies target the caregiver, providing information, advice and support. Parents are taught techniques for dealing with issues like sensory dysfunction and learn the importance of providing good nutrition for their babies. As children grow, intervention strategies involve improving developmental outcomes. For example, speech therapy for young children with FASD helps them prepare for school.

Programs for individuals with FASD may also focus on advocacy and support. These types of services provide assistance with employment, education, accessing services, finding housing, and navigating the criminal justice system. For example, a disproportionately high number of people with FASD end up in the criminal justice system, and some programs specifically deal with advocating for FASD assessments and alternative sentences.

Intervention programs for individuals with FASD are less common than family-oriented programs or education and awareness programs. Furthermore, many of these types of programs are for individuals with mental and physical disabilities, and are not specifically for those with FASD. For example, the Big Country Outreach Program in Alberta does not specifically target FASD, but has services that are appropriate for and that include individuals with FASD.

3.2.1 Example - Child and Adolescent Services Association (CASA)

Web site: <<http://www.casaservices.org/casahome.htm>>

The CASA is an example of an organization that offers multidisciplinary, intensive, intervention-based programs for individuals with FASD. Many programs and services are available for all ages, including clinical services, home-visitation, social skill tutoring and support for families. The following is a list of these programs.

Infant and pre-school services:

- Clinical Services
- Head Start Program
- Home Visitation

School age program:

- Social Skills Groups
- Trauma and Attachment Group
- Family Therapy Team
- Wilderness Therapy

Children's Day Program

- Abbotsfield Partners for Kids and Youth
- Castledown Outreach – therapy for families and individuals

Adolescent's Day Program

- Adolescent Day Program
- CASA House
- Legal Aid Youth Assessments

3.3 Family/Parent/Caregiver Intervention Strategies

Many programs and services target families and caregivers of individuals with FASD. These include support groups for caregivers, resources and referral, and in-home mentorship. The rationale behind this approach is that supporting the family will increase the likelihood that children and adolescents with FASD will also be supported. The home is where children spend most of their early development years, and caregivers who are educated, supported, and aware of available services are better equipped to implement intervention strategies on a continual basis. Intervention at this level is often about instructing parents, caregivers and families on how to work on child development techniques in the home and make environmental adaptations that help children with FASD thrive.

3.3.1 Examples – Cowichan Valley FASD Action Team Society

Web site: <<http://www.cvfasd.org/index.htm>>

The Cowichan Valley FASD Action Team Society is “a diverse community group dedicated to promoting action that will prevent Fetal Alcohol Spectrum Disorder (FASD) and maximize the potential of people living with it” (CVFAS, n.d. a). It applies a multidisciplinary approach to its program delivery. The CVFAS’s Action for Parenting Program is aimed at parents living with FASD “to develop comprehensive, individualized approaches to navigate the challenges of parenting and living with FASD” (CVFAS, n.d. b). Assistance is offered in accessing services, developing support networks and dealing with isolation and stress. One-on-one mentoring allows intensive and individualized programming for women with FASD and their families.

3.4 Education and Awareness

Education and awareness is the most common intervention strategy because it is the least expensive in terms of both human and financial resources. It can be the sole focus of a program, but is often accompanied by other intervention strategies. Education and awareness programs are important for helping individuals and families access important services. They most often focus on prevention strategies; however, some include intervention strategies with the goal of providing important information about living with FASD or caring for individuals with FASD.

3.4.1 Example – FASEout: Fetal Alcohol Syndrome/Effects Outreach Project

Web site: <<http://www.faseout.ca/eng/home.htm>>

Led by the Canadian Institute for Child Health, this is a national program funded by the Public Health Agency of Canada. The aim of this program is to develop a set of best practices and support their implementation across the country. This is an education focused program for raising awareness about FASD. It offers information and power

point presentations for schools and other organizations trying to improve their service delivery.

3.4.2 Example – FAS/E Support Network of B.C.

Web site: <<http://www.fetalalcohol.com/>>

The Support Network provides a series of services, mainly aimed at disseminating information about FASD. Training programs, workshop presentations, and participation in public awareness campaigns are the primary activities of the Network. According to the Support Network's Web site, it is also active in research and development of resource materials about FASD. Networking with other agencies is also an important part of the education and awareness programming that this organization does.

3.5 Networking and Coordinating

An important aspect of most programs is networking and coordinating with other organizations to maximize the efficacy of service delivery. Few programs exist for the sole purpose of facilitating these activities. An example follows that shows how this kind of program can be intervention-focused and a vital part of improving the treatment of FASD.

3.5.1 Example: Alberta Aboriginal Committee on FASD

Web site: <<http://www.visions.ab.ca/content/childhealth/albertaFAScommittee.asp>>

The main goal of this program is to get First Nations involved and represented in programs and strategies. The Alberta Aboriginal Committee on FASD does not run any programs; instead, it is made up of provincial organizations, community members and parents of children with FASD. Monthly meetings are used to keep informed about provincial activities, programs and projects.

3.6 Research and Development

Intervention research and research organizations are the focus of Chapter One and are discussed in greater detail there. This section acknowledges that research and development sometimes take place as part of FASD intervention programs and services.

Table 4, which lists intervention programs and services, indicates when research and development activities are included.

Table 4: FASD Intervention Programs and Services Listed Alphabetically by Province

Name	Contact Info	Location	Description	Type	Priority	Website
309 Program	Sherry Rohovie and Lou Bardics (403) 328-9606 ext. 210	Alberta	An all-male class operating out of a high school that teaches core subjects to help individuals with FASD, ODD and ADHD become successful and contributing members of society	I	2	N
Accredited Supportive Living Society (ASLS) - FASD Program	Karissa Schuler (780) 332-4183, ext. 112	Alberta	Resources, referrals and support for families affected by FASD; life skills training for those with FASD	I F E/A	1	N
Adoption 2000 Consulting Inc.	Alice McNeil (403) 504-42631	Alberta	Resources, education, training; advocacy; family support and counseling	F E/A	2	N
*Alberta Aboriginal Committee on FASD	Beverly Allard (780) 423-2285 ext 132	Alberta	Aboriginal focus; culturally-sensitive programming and services; development of education and service delivery	N/C R/D	1	Y
Alberta Association for Community Living	Bruce Uditsky (780) 451-3055	Alberta	Advocacy for those with developmental delays; family support; awareness initiatives; development of educational programming	F E/A R/D	2	Y

Alberta FASD Cross Ministry Committee	Darren Joslin (780) 415-0523	Alberta	Culturally-sensitive policy development	R/D	1	N
Alberta Ministry of Children's Services	Darren Joslin (780) 415-0523	Alberta	Funding; work with regional health authorities	N/C R/D	2	Y
Awakenings	Tyler White (403) 734-3852	Alberta	Goal of program is to develop responses for FASD and improve service delivery	I F E/A N/C	1	N
Big Country Outreach Program	Kate Heptonstall (403) 820-7260	Alberta	Health service intervention/therapy for children with special needs; home visits	I	2	N
Bridges	Lauren Fourrier (403) 526-7473	Alberta	Resources; family support; awareness; summer camp for children with special needs	I F E/A	2	N
Calgary Fetal Alcohol Network Committee	Carole Parder (403) 297-3052	Alberta	Education/conferences; awareness; parent mentorship program	F E/A	1	Y
Canadian FASD Diagnostic and Training Centre Ltd.	Nancy Schneider (780) 812-0566	Alberta	Training and education for practitioners; awareness	E/A	1	Y
CAPC/CPNP Regional Programs, Alberta	Stephanie Bishop (780) 495-7351	Alberta	Education, support for at risk children 0-6 and mothers	I F E/A	2	N
Catholic Social Services	Dorothy Henneveld (780) 477-1999	Alberta	FASD programming; family support and education; programs include: FASD Support Program, Coaching Families and Step-by-Step	F E/A	1	Y
Central Alberta FASD Community Outreach Project	Sue Carstensen (403) 340-3885	Alberta	Services for children with FASD and their families	I F	1	N

Central Alberta Interagency FASD Committee	Victoria G. Peetso (403) 340-3885	Alberta	Policy and program improvement/development efforts; networking of professionals	N/C R/D	1	N
*Child and Adolescent Services Association (CASA)	Sandra Kendrick (780) 438-0011	Alberta	Health services and therapy programs for children with mental health problems; education and training (e.g., Parents of Adolescents Group, 1-2-3 Magic)	I F E/A	2	Y
The Children's Center	Ruby Canning (780) 743-3309	Alberta	Education and awareness targeting schools and community groups; family support group	F E/A	1	N
Community Development, CFSA, Region 8	John Gregg (780) 538-5104	Alberta	Coordination of FASD programs and service delivery	N/C	1	N
D-V Massey and Associates	Valerie J. Massey (780) 471-1860	Alberta	Therapy for children with psychological and emotional disorders; educational programs	I E/A	1	Y
Families for Alberta's Children Today	Darlene Kozicky (780) 724-2216	Alberta	Family support for adoptive parents of children with special needs; resources	F E/A	2	N
Family Centre	Crystal Elliott (403) 320-4232	Alberta	Family support services; education and resources	F E/A	2	Y
Family Ties (1997) Association	Greg Schmidt (403) 320-8888	Alberta	Family support services; youth mentorship programs	I F	2	Y
FAS Association	Florence McIntyre Palmer (403) 276-1577	Alberta	Support group; information and educational resources	F E/A	1	N
FAS Consultant	Marilyn Frye (780) 842-2802	Alberta	Education and awareness workshops; family support; networking to improve services	F E/A N/C	1	N

FAS/FAE and Related Birth Disorders Support Group	Pat (403) 510-0125	Alberta	Support hotline	F	1	N
DBA Works for FASD Support	Linda Simser (403) 510-0125	Alberta	Family support; in-home services; advocacy; child tutoring	I F E/A	1	N
FAS-T: A National Training Program	Dianna Souveny (403) 343-8876	Alberta	Training programs; family and youth support and counseling programs	I F E/A	1	Y
FASD Community Outreach Project	Jennifer Thiessen (403) 845-4531	Alberta	Family support; education and information; life skills development for those with FASD	I F E/A	1	N
FASD Coordinating Committee, Region 1	Hazel Mitchell (403) 329-7200	Alberta	Development of resources and coordinating of programming	N/C R/D	1	N
FASD Employability Specialist – Edmonton Region	Brian Mader (780) 644-2847	Alberta	Employment and training assistance for those with FASD	I	1	N
Fetal Alcohol Support Society	Thelma Vincent (780) 814-7624	Alberta	For those with FASD birth to death; assist in providing equipment; family support; education	I F E/A	1	N
Glenrose Rehabilitation Hospital – FASD Clinical Services	Gail Andrew (780) 735-7999 ext. 2328	Alberta	Training for practitioners; research projects	E/A R/D	1	Y
Hobbema Indian Health Services Centre	Marilyn Yellowbird-Rowan (780) 585-2219	Alberta	Workshops; information	E/A	1	N
Joining Forces – Fetal Alcohol Society	(403) 202-7233	Alberta	Family support; information and resources	F E/A	1	N

Lakeland Centre for Fetal Alcohol Spectrum Disorder	Audrey McFarlane 1-877-594-5454	Alberta	Training, conferences; best practices development; family support; awareness initiatives; mentorship	F E/A	1	Y
Lawryk Consulting (Calgary)	Liz Lawryk (403) 949-3991	Alberta	Individualized intervention development; advocacy; strategic planning	I E/A R/D	2	N
Learning and Teaching Resources Branch	Catherine Walker (780) 422-0988	Alberta	Provides information on where and how to access programs and information	N/C	1	Y
Lethbridge Community Justice Project	Donna Debolt (403) 393-2220	Alberta	A partnership of service providers to increase awareness and advocacy for youth with FASD in the criminal justice system	I F E/A N/C	1	N
Lethbridge Family Services, DaCapo	Brenda Cannady (403) 320-9119	Alberta	Individualized programs for those with FASD; family support; education/information	I F E/A	1	Y
Lloydminster Early Intervention	Sherri Husch Foote (780) 875-5347	Alberta	Development of service plans; family support; family networking	I F N/C	2	Y
Mental Health Services	(403) 340-5466	Alberta	Services for ages 0-18 with emotional problems	I	2	N
Northern Association for FASD	Charlene McLay (780) 523-2715	Alberta	Information; family support	F E/A	1	N
Northwest Regional FASD Society	Colleen Burns (780) 926-2218		Education; awareness; workshops; resource library	E/A	1	Y
Organic Brain Dysfunction Triage Institute (Calgary)	(403) 949-3991	Alberta	Specialized training programs for practitioners/teachers/parents	E/A	1	Y
Parent Talk	Shauna Murray (780) 481-1294	Alberta	24 hour parent support; resources	F E/A	2	Y

Parkland Community Living and Support Society	Shauna Rae Mayes (403) 347-3333	Alberta	Family support; training; home intervention and individualized programs	I F E/A	2	Y
Pediatric Rehabilitation and Outreach Services	Kerry McKinnon (403) 314-5240	Alberta	Therapy and home visits for children ages 0-16 with special needs	I	2	N
Physician/ Psychiatrist	Dr. Kieran D. O'Malley	Alberta	Research; education	E/A R/D	1	N
SKILLS Society	(780) 496-9686	Alberta	Family support and respite; assist those with brain injuries in life skills and gaining employment	I F	2	Y
Teaching & Independent Parenting Support Program (TIPS)	(780) 672-0257	Alberta	Family support and counseling; education	F E/A	2	N
Well Community – Well Families	Beverly Allard (780) 423-2285 ext 132	Alberta	Family support	F	1	Y
Wholistic Family Legacy Foundation of Canada	Renae Richards (403) 581-0406	Alberta	Workshops	E/A	1	N
WJS Alberta	Ann Nicol (780) 439-5087	Alberta	Program design for those with developmental disabilities; outreach services	I	2	N
YWCA of Edmonton – Family Services for Children with Disabilities	Gillian Cameron (780) 423-9922 ext. 289	Alberta	Family support and respite services	F	2	Y
ACCESS Program	Marsh Teichman (604) 599-3341	British Columbia	Vocational awareness and pre-employment program for adults with disabilities, including those with FASD	I	2	N

Action for Parenting Program	SandiLea Gibson (250) 748-0236	British Columbia	Support program for parents who have FASD themselves	I F	1	N
Adoption Support Program	Carol Hale (250) 721-6798	British Columbia	Education and support for adoptive families	F E/A	2	N
Adoptive Families Association of BC	(604) 320-7330	British Columbia	Resources and support groups for FASD adoptive parents	F E/A	1	Y
Alberni Valley FASD Action Team	Ron Jorgenson or Penn Thrasher (250) 723-7123	British Columbia	Advocacy and networking to improve FASD services	F N/C	1	N
The Asante Centre for Fetal Alcohol Syndrome	Audrey Salahub (604) 467-7101	British Columbia	Speech therapy, family support, resources	I F E/A	1	Y
B.C. Aboriginal Head Start	Rose Sones (off-reserve) (604) 666-9917 Christine Burgess (on-reserve) (604) 666-3284	British Columbia	Early intervention for Aboriginal children	I	2	N (off-reserve) Y (on-reserve)
B.C. Aboriginal Network on Disability Society	Robert Harry (250) 381-7303	British Columbia	Resources, community education and program coordination	E/A N/C	2	Y
B.C. Assoc. for Mental Health in Developmental Disability	Randy James (250) 860-5183	British Columbia	Networking and advocacy for mental health services	N/C	2	N
B.C. FAS Resource Society	Julianne Conry	British Columbia	Education and research	E/A R/D	1	N
B.C. Women's Hospital – Fir Square Program	(604) 875-2000	British Columbia	Assistance for pregnant/early-postpartum women with substance abuse and their children	I F	2	N

Bulkley Valley CDC	Charlene Johnson (250) 847-4122	British Columbia	Intervention services for children with developmental needs as well as family support services	I F	2	Y
Bulkley Valley FAS Prevention Committee	Cheryl Wickson (250) 847-8959	British Columbia	Advocacy, education and family support	E/A F	1	N
Business Action Service Education (BASE) Program	Ken Peters (250) 692-1732	British Columbia	Supported employment and entrepreneurial development for adults with FASD	I	1	N
Campbell River FAS/E Community Action Network	Mary Catherine Bellamy (250) 286-0955	British Columbia	Education to teachers, intervention programs, school intervention focus and community approach	I E/A	1	N
CAPC/CPNP/A HS Regional Programs, FASD Lead	Christine Liu (604) 666-9971	British Columbia	Education, support for at risk children 0-6 and mothers	I F E/A	2	N
Central Okanagan Child Development Association	Mike Morrill (250) 763-5100	British Columbia	Intervention, therapy for children with special needs; family support; resource library	I F E/A	2	Y
Children's Therapy and Family Resource Centre	Barb Regasz (250) 371-4100	British Columbia	Therapy services for special needs children ages 0 –18; resource library	I E/A	2	Y
Cicada Place	Joyce Dahms-Whiffen (250) 352-9595	British Columbia	Transition house for at-risk adolescents and young adults. 20% of residents have FASD	I	2	N
Community Healing and Intervention Program	Eleine Gordon (250) 489-4563	British Columbia	Culturally sensitive programming and services for FASD children and teens; resources and education	I E/A	1	N

Community Inclusion Program	Annmarie Richmond and Caolyn Yakel (250) 748-0236	British Columbia	A program for adolescents and young adults with FASD that encourages skill development	I E/A	1	N
Community Support Group (CSG) Volunteer Program for Adult Males with FASD	Andrew Boyd (604) 517-2956	British Columbia	The goal of this program is to develop volunteer support services to assist adult men with FASD	I	1	N
Comox Valley Child Development Association	Heather McFetridge (250) 338-4288	British Columbia	Intervention and therapy services for children with special needs	I	2	Y
Connections	Jan Lutke (604) 589-8438	British Columbia	Resources, training, program development; family strategic planning and 'tool' provision – not support groups	F E/A	1	Y
*Cowichan Valley FASD Action Team Society	Ro deBree (250) 748-5115	British Columbia	Service planning; parent coaching; training and education	F E/A	1	Y
Crabtree Corner (YWCA) FAS/NAS Prevention Program	Nola Harper (604) 689-2808	British Columbia	Parent support group, education	F E/A	1	Y
Delta Association for Child Development	(604) 946-6622	British Columbia	Services for children with special needs (i.e. behavioural intervention); family support	I F	2	Y
ECD Early Childhood Development Program	Karla Lindstrom (250) 635-4906	British Columbia	Intervention for children with special needs; family support; awareness	I F E/A	2	N
FAS Bookshelf Inc.	(604) 942-2024	British Columbia	Resources	E/A	1	Y
FAS Community Working Group	(250) 338-1711	British Columbia	Education and resources; community networking	E/A N/C	1	N

*FAS/E Support Network of B.C.	(604) 607-7715	British Columbia	Information and support hotline; training programs; resources	F E/A	1	Y
FASD Community Circle – Victoria	David Gerry (250) 383-0818	British Columbia	Education; family support; community networking	F E/A N/C	1	Y
FASD Intervention Pilot Project	Kimberly Lane (604) 467-7101	British Columbia	Two therapy groups – one for children and one for caregivers	I F	1	N
FASD Mentoring Project	Barb Smith (250) 388-7940	British Columbia	Goal is to develop a group of volunteers to mentor children with FASD	I	1	N
FAS Resource/Support	Chris Primus (250) 997-3090	British Columbia	Family support; education for professionals and parents	F E/A	1	N
First Nations Friendship Centre	Shelley Wintrup (250) 542-1247	British Columbia	Education; resources library; family support; advocacy	F E/A	1	N
FOCUS Employment Program	Linda Schmidt (250) 692-1700	British Columbia	Specialized education program for adults with FASD offered through CNC	I E/A	1	Y
Fraser Valley CDC	Karen McLean (604) 852-2686	British Columbia	Intervention health services and programming for children with developmental delays; family support; education	I F E/A	2	Y
Friday's Child FASD Program	Audrey Waite (250) 334-2477	British Columbia	Assists families of young children with FASD by providing instruction on ways to deal with their children successfully	F	1	N
Genesis House FASD Program	Tina Antorbus (604) 880-1280	British Columbia	Highly structured and supervised residential program for inmates with FASD	I	1	N

Infant Development Program of B.C.	Dana Brynelsen (604) 822-4014	British Columbia	Individual and family supports; home visits; advocacy and education	I F E/A	1	Y
Kamloops FASD Community Awareness Program	Corrinna Rai (250) 554-9486	British Columbia	Support group	F	1	N
Kelowna and Area FASD Community Team	Pat Richardson (250) 861-3934	British Columbia	Community organizational membership; awareness; family support	F E/A N/C	1	N
Kids Edge	Anne Price (250) 692-1732	British Columbia	A support program for children 0-6 with FASD and their families	I F E/A	1	N
Maple Ridge FAS/ADD Resource Centre & Welfare Advocacy Group	Beryl Trimble (604) 463-6750	British Columbia	Advocacy; resources	E/A	1	Y
Nanaimo CDC	Valerie Massy (250) 753-0251	British Columbia	Intervention health services and programming for children with developmental delays; family support; education	I F E/A	2	Y
Non Traditional Job Development for People with FASD	Marg Anderson (250) 635-4479	British Columbia	Provides supported employment services for adults with developmental disabilities, including FASD	I	2	N
North Okanagan Neurological Association	Helen Armstrong (250) 549-1281	British Columbia	Intervention health services and programming for children with developmental delays; family support	I F	2	Y

North Peace Community Resources Society	Patricia Emery (250) 785-6021	British Columbia	Individual therapy; family support; education	I F E/A	1	Y
North Region CAPC/FADER Coalition	Erica Chidac (250) 561-2689	British Columbia	Training, advocacy, education, resources	E/A	1	Y
Okanagan FASD Initiatives	Kim Lyster (250) 492-5814	British Columbia	Resources; Aboriginal outreach; family support; networking	F E/A N/C	1	N
OSNS CDC	Colleen Power (250) 492-0295	British Columbia	Advocacy; early intervention health and support services	I	2	Y
Pacific Legal Education Association (PLEA)	Ray Hartley (604) 871-0450	British Columbia	Development of best practices	R/D	2	Y
PLEA/Asante Centre for FAS Youth Justice FASD Pilot Project	Audrey Salahub (605) 467-7101	British Columbia	Goals are to enhance knowledge of FASD and improve identification and intervention services for youth in the criminal justice system	I F E/R N/C	1	N
Penticton FASD Support Group	Penny Poitras (250) 493-4915	British Columbia	Family support group	F	1	N
Perinatal Connections	Susan Cuumming (250) 312-6232	British Columbia	Resources	F E/A	2	N
Port Alberni Association for Children with Developmental Disabilities	Karen Barr (250) 723-7349	British Columbia	Therapy for ages 0-19 with developmental delays	I	2	N
Powell River Association for Community Living	Liz Kellough (604) 485-6411	British Columbia	Resource library; family, young adult and children programming for those affected; family support	I F E/A	1	Y
Provincial FASD Prevention Consultant	Anne Fuller (250) 387-5947	British Columbia	Policy development and network development; education	E/A N/C	1	N

Provincial Outreach Program for Fetal Alcohol Spectrum Disorder (POPFASD)	(250) 564-6574	British Columbia	A Website for providing information related to the effects of FASD on student learning and behaviour	E/A N/C	1	Y
Queenswood Professional Resource Group Inc.	David W. Hallman	British Columbia	Training for practitioners	E/A	1	Y
Ridge Meadows CDC	John Maddalozzo (604) 463-0881	British Columbia	Health services and programming for children with special needs; family support; education	I F E/A	2	Y
Royal City Neighbourhood Improvement Employment Project for Men with Disabilities	Andrew Boyd (604) 517-2956	British Columbia	Provides supervised and supported employment	I	2	N
Sal'i'shan Institute Society	Bill Mussell (604) 792-7300	British Columbia	Education and training for practitioners	E/A	1	N
Salmon Arm/Shuswap FASD Community Team	Penny Ogasawara (250) 832-4921	British Columbia	Community organization membership; awareness; development of best practices; family support	F E/A N/C	1	N
SCOPE	(604) 951-1300	British Columbia	Education, training, life skills and employment assistance for those with barriers ages 19-24; support and home visits	I	2	N
Sheway	Monica Stokl (604) 216-1699	British Columbia	Health care and support services for parents with addictions; education and advocacy; culturally sensitive approach	I E/A	1	Y

SNAP	Brad Watson (604) 687-3114	British Columbia	Resources; parent network and support hotline for adoptive parents of children with special needs	F E/A	2	Y
South Okanagan/ Similkameen FASD Community Team	Virginia McMillen (250) 494-0787	British Columbia	Community organization membership; education and awareness; family support; best practices development	F E/A N/C	1	N
South Peace Child Development Society	Ruth Westcott (250) 782-1161	British Columbia	Intervention for children with special needs; family support; resources	I F E/A	2	N
Staying in School, Staying on Track	Deborah Rutman and Sharon Hume (250) 370-6087	British Columbia	A national demonstration project that provides a adapted classroom environment for students with FASD	I	1	N
Step by Step Child Development Society	Gordon Blackwell (604) 552-0896	British Columbia	Education, family support and care services for children with disabilities aged 0-6	I F E/A	2	Y
Structured for Success (SFSP)	Tanis Hempe (250) 563-4871	British Columbia	A multi-agency pilot program to support parents and caregivers of children with FASD	F	1	N
Sunny Hill Hospital	Christine Loock (604) 453-8306 ext. 8295	British Columbia	Education, services and advocacy for FASD children and families	I F E/A	1	Y
Sunshine Coast Community Services Society	Vicki Dobbyn (604) 885-5881	British Columbia	Intervention for children with special needs (therapeutic riding; therapy, life skills training); family support	I F	2	Y
Terrace CDC	Margot Van Kleeck (250) 635-9388	British Columbia	Intervention for children with special needs; family support	I F	1	N
Tillicum Haus Native Friendship Centre	(250) 753-6578	British Columbia	Family support and intervention/health services to those with FASD	I F	1	Y

Vancouver Community Mental Health Services	Kathy Scheelar (604) 734-7622	British Columbia	Family support and early intervention for children with mental health issues	I F	2	Y
Vernon and Area FASD Initiative	Pat Martin (250) 549-5717	British Columbia	Organizational membership, development of best practices	E/A N/C	1	N
Westcoast Genesis Society	Andrew Boyd (604) 515-2950	British Columbia	Life skill and re-entry skills for adult criminals with FASD	I	1	N
Western Society for Children	Wanda Gendron (604) 515-0810	British Columbia	Education and family networking and support	I E/A	2	Y
White crow Village Children's Camps	Kee Warner (250) 695-6635	British Columbia	Individual and family camps	I F	1	Y
Aboriginal Health & Wellness Centre of Winnipeg, Inc.	(204) 825-3750	Manitoba	Outreach and education; culture-based healing	E/A	1	Y
Addictions Foundation of Manitoba	Pat Klimack (204) 944-6277	Manitoba	Resource library	E/A	2	Y
Addictions Foundation of Manitoba – Parkwood	Viola Fleury (204) 729-3845	Manitoba	Resource library and workshops	E/A	2	Y
ArtsAbility	Maya Gislason (250) 472-9405	Manitoba	A program that engages student in creative activities with the goal of creating a cohesive support system for students with FASD	I	1	N
Brandon Inter Agency FAS/FAE Committee Inc.	Linda Skeoch (204) 729-3839	Manitoba	Supportive resources	F E/A	1	N
CAPC/CPNP Regional Programs, FASD Lead	Lisa Lacroix (204) 983-2626	Manitoba	Education, support for at risk children 0-6 and mothers	I F E/A	2	N

Career Connections Inc.	George R. McLeod (204) 728-9594	Manitoba	Life skills and employment training	I	2	N
Child/Family Resource Centre Inc.	Wendy Trylinski (204) 472-3671	Manitoba	Presentations and other awareness/education	E/A	1	N
Children's Clubhouse	Karen Penner (204) 338-3572	Manitoba	Programs and services for those with FASD, families and practitioners	I F E/A	1	N
Clinic for Alcohol and Drug Exposed Children	Mary Cox Millar (204) 787-1822	Manitoba	Resources and development of knowledge-sharing strategies	E/A N/C	1	N
Coalition on Alcohol and Pregnancy	Dale Kendel (204) 786-1607	Manitoba	Networking and sharing of education, training and services/programs for those with FASD and families	I F E/A N/C	2	N
FAS Information Manitoba	Deborah Kacki 1-866-877-0050	Manitoba	Information line	E/A	1	N
FAS Presenter/ Speaker	Jackie Herbert (204) 725-0722	Manitoba	Education	E/A	1	N
FASD Life's Journey Inc.	Brenda Bennett (204) 772-1591	Manitoba	Advocacy, resources, support for those with FASD and families	I F E/A	1	N
FASD Youth Justice Pilot Project	Deborah Kacki (204) 582-8658 ext. 101	Manitoba	Identifies and provides support for youth with FASD in the criminal justice system	I F	1	N
Fetal Alcohol Family Association of Manitoba Inc.	Deb Thordarson (204) 786-1847	Manitoba	Advocacy, support and education for those with FASD, families and practitioners	I F E/A	1	Y
Flin Flon/ Creighton FAS/FAE Committee	Janet Modler (204) 687-1718	Manitoba	Training, education and support for families, teachers and practitioners	F E/A	1	N
Focus on Employment Inc.	Shanlee Scott (204) 734-9675	Manitoba	Employment support services for those with disabilities	I	2	N

Healthy Child Manitoba	Michelle Dubik (204) 945-2215	Manitoba	Community development, classroom programming and information for families and professionals	E/A N/C	1	Y
Interagency Fetal Alcohol Spectrum Disorder Program	Deborah Kacki (204) 582-8658	Manitoba	Support for those with FASD aged 0-6 at home and in school	I	1	N
Manitoba FAS Community Mobilization Project – Building Community Capacity & Providing Direct Support to Adults	Corey LaBerge (204) 772-3467	Manitoba	Community development initiative for identifying and addressing gaps and barriers in services for adults with FASD	I	1	N
Manitoba Healthy Living	Dawn Ridd (204) 788-6667	Manitoba	Policy development, organizational coordination and networking, training and research	E/A N/C R/D	1	Y
Norway House Community Round Table on FASD	Lia Braun (204) 359-8083 ext. 202	Manitoba	Education and training; Aboriginal focus	E/A	1	N
The Pas – Norman/Swampy Cree Regional Inter-Agency FAS/FAE Committee	Donna Janzen (204) 627-8225	Manitoba	Collaborative network for service development	N/C	1	N
Pregnancy and Family Support Services Inc.	(204) 772-9091	Manitoba	General pregnancy support including emergency goods and an information/support line	F	2	N
Red River College, Continuing Education	Norma Kerr (204) 632-2145	Manitoba	Education and training for practitioners	E/A	1	Y

Rehabilitation Centre for Children	Marlene Waldron (204) 452-4311	Manitoba	Intervention services for children with disabilities offered on-site or in the home	I	2	Y
School Age FASD Classroom Project	Dorothy Schwab (no number avail)	Manitoba	Intervention project that utilizes adapted environment and low teacher-student ratios	I	1	N
Society for Manitobans with Disabilities	Anne-Marie Davis (204) 975-3266	Manitoba	Services for children with disabilities, family support	I F	2	Y
St. Amant Centre Inc.	Jo Verstraete (204) 256-4301	Manitoba	Individual services for those with disabilities, family support and training programs	I F E/A	2	Y
Tough Kids and Substance Abuse	Addiction Foundation of Manitoba (204) 944-6200	Manitoba	Drug awareness program for children and adolescents with cognitive disabilities, including FASD	I	2	N
West Regional Child and Family Services	Kathy Jones (204) 957-0037	Manitoba	On-reserve service provision, family support and school support for those with FASD; education	I F E/A	1	Y
Winnipeg Health Sciences Centre	(204) 787-2480	Manitoba	Family support for addictions	F	2	Y
Aboriginal Nurses Association of Canada	Dawn Bruyere (613) 724-4677	National	National professional organization focusing on Aboriginal health	E/A N/C	2	Y
Adoption Council of Canada	Eugenie Dore (613) 235-0344	National	Coordinates adoption and post-adoption services and support for adoptive parents of special-needs children	F E/A	2	Y
Alcohol and Substance Use in Pregnancy Helpline	1-877-327-4636	National	Information and support hotline	F E/A	1	Y
Association for the Neurologically Disabled of Canada	(416) 244-1992	National	Home-based rehab and intervention programs for children with FASD and other disabilities	I	1	Y

Canada Northwest FASD Partnership	Tim Moorhouse (780) 422-3305	National	Organizational partnership and networking for support and information-sharing	N/C	1	Y
Canadian Association for Community Living	Michael Bach (416) 661-9611	National	National organization for provincial associations across Canada; provides information	E/A N/C	2	Y
*FASEout: Fetal Alcohol Syndrome/Effects Outreach Project, Canadian Institute of Child Health	Diana Fox (613) 230-8838 ext. 228	National	Awareness and training program; coordination of organizations across Canada; development of best practices	E/A N/C	2	Y
FASD Information & Consultation Service	1-800-559-4514	National	Information source for practitioners	E/A	1	Y
FASD Team	(613) 952-1229	National	Government program providing information and resources on FASD research and funding	E/A	1	Y
FASworld	Bonnie Buxton (416) 264-8111	National	Information, resources and support	E/A	1	Y
National Indian and Inuit Community Health Representatives Organization	(450) 632-0892	National	Front line training for Inuit practitioners	E/A	1	Y
Pauktuutit	Jennifer Dickson (613) 238-3977	National	Education for Inuit communities	E/A	1	Y
SAFERA	Louise Loubier-Morin (418) 882-2488	National	French organization providing online discussion and information	E/A	1	Y

CAPC/CPNP Regional Programs, FASD Lead	Isabelle Melancon (506) 851-2994	New Brunswick	Services for at-risk children aged 0-6; education to women	I F E/A	2	N
FASD Resource and Support Services	Stacy Taylor (506) 858-8252	New Brunswick	Resource library	E/A	1	N
FASD School CARE – Nogomag Initiative	Lore Vitale (506) 523-8312	New Brunswick	School-based intervention	I	1	N
New Brunswick Fetal Alcohol Syndrome/Effects Network Inc.	Lisa D. Beaulieu Roy (506) 273-5537	New Brunswick	Education and intervention	I F E/A N/C	1	N
Ruth Woodward	Ruth Woodward (506) 452-7189	New Brunswick	Speech-language intervention	I F	1	N
UNBI Training Institute	Ellen Bubar (506) 458-9444 ext. 120	New Brunswick	Training and education for practitioners	E/A	1	Y
Deh Gah School Project	Jane Arychuk (867) 920-7260	Northwest Territories	Implementation of a school strategy to help children with FASD have a more positive education experience	I E/A	1	N
FASD Friendly Schools Project	Jane Arychuk (867) 920-7260	Northwest Territories	Implementation of a school strategy to help children with FASD have a more positive education experience	I E/A	1	N
Foster Family Coalition of the NWT	Pat Strus (867) 766-3326	Northwest Territories	Training, advocacy and support for foster families and children	I F E/A	2	Y
Health Promotion	Lona Hegeman (867) 873-7051	Northwest Territories	Awareness week	E/A	1	Y
HOPE – Fetal Alcohol Education and Support	Juneva Green (867) 872-2251	Northwest Territories	Education and support	F E/A	1	N

Living and Learning with FASD	Kathy Paul Drover (867) 873-9069	Northwest Territories	Works in partnership with Yellowknife children and family programs to provide support for children with FASD	I F E/A N/C	1	N
Yellowknife Association for Community Living	(867) 873-9069	Northwest Territories	Targets ages 0-6 with FASD; support to those with FASD, families and practitioners	I F E/A	1	Y
Yellowknife Foster Family Association	Tammy Krivda (867) 7160	Northwest Territories	Support, training and resources for foster families	F E/A	2	Y
CAPC/CPNP Regional Programs	Sophie Pitre-Arseneault (902) 426-5284	Nova Scotia	Education, support for at risk children 0-6 and mothers	I F E/A	2	Y
FASD Support Network of Nova Scotia	Tom Coffey (902) 678-0281	Nova Scotia	Education	E/A	1	Y
Mi'kmaq First Nation Healing Society	Della Maguire (902) 684-0104	Nova Scotia	Education and resources aimed to heal entire community	E/A	1	Y
Victorian Order of Nurses Canada, Eastern Region	Melissa Lee 1-866-777-7412	Nova Scotia	Parenting best-practices for FASD	E/A	1	Y
Health and Social Services	Winnie Banfield (867) 975-5758	Nunavut	Intervention education and services for those with FASD and families	I F E/A	1	N
Nunavut FASD Initiative	Winnie Banfield (867) 975-5758	Nunavut	Primary education and awareness initiative	E/A	1	N
Aboriginal Women's Support Centre	Castille Troy (613) 741-5590	Ontario	Counselling, support and services	I F E/A	2	Y
Amethyst Women's Addiction Centre	Carol Wu (613) 563-0363	Ontario	Parenting and children programs for FASD	I F	1	Y
Dryden Native Friendship Centre	Janis Wessel (807) 223-4180 ext. 28	Ontario	FASD educational resources	E/A	1	Y

Breaking the Cycle	Margaret Leslie (416) 364-7373 ext. 204	Ontario	Training resources for practitioners	R/D	1	Y
CAPC/CPNP Healthy Child Development Team, FASD Lead	Donna De Filippis	Ontario	0-6 at-risk child services, support and counseling	I F	2	N
Community Counseling Centre	Elaine Cousineau	Ontario	Resources and support	I F E/A	1	Y
Care Lines	Gilles Hachey (705) 848-6256 (Algoma District) – 3 other areas	Ontario	Support hotline	I F	2	N
Centre for Addiction and Mental Health Library	Sheila Lacroiz (416) 535-8501 ext. 6982	Ontario	Resource Centre	E/A	1	Y
FASD Consultant	Chris Margetson (519) 341-0295	Ontario	Resource centre; training for practitioners	I F E/A	1	Y
FASD Aboriginal Support Group	Marja George (519) 786-5647	Ontario	Education and support	I F E/A	1	N
FASD Durham	Sheila Burns (905) 427-8862 ext. 346	Ontario	Support, advocacy, training for practitioners	I F E/A	1	N
FASD Family Support Group	Elaine Cousineau (705) 472-2399	Ontario	Support for parents	F	1	Y
FASlink	Bruce Ritchie (519) 869-8026	Ontario	Online education and support for caregivers	F E/A	1	Y
FASD Hamilton & District	Peter O’Sullivan (905) 542-1923	Ontario	Support group	I F	1	N
FASworld Toronto	Bonnie Buxton (416) 264-8222	Ontario	Awareness and education	E/A N/C	1	Y

Fetal Alcohol Information Support Network	Theone Collins (705) 946-0638	Ontario	Support and information	I E/A	1	N
FASD Program	Maureen Parkes (807) 626-8485	Ontario	Support and education for all; advocacy and; training for practitioners	I F E/A M	1	N
FASD Group of Ottawa	Elspeith Ross (613) 737-1122	Ontario	Support and education for families and practitioners	F E/A	1	N
Fetal Alcohol Support and Information Network	Dave and Margie Fulton (807) 935-3168	Ontario	Support, training, education and resources	I F E/A	1	N
Fetal Alcohol Syndrome Treatment and Education Centre Inc.	Jill Dockrill (613) 961-1333	Ontario	Support and services primarily for individuals	I F	1	N
FASD North	Laila Wilkinson (705) 497-7416	Ontario	Awareness, education, advocacy and support	N/C	1	N
Healthy Generations Family Support Program	Judy Kay (807) 737-1447 ext. 224	Ontario	Education	F	1	Y
Native Child and Family Services of Toronto	(416) 969-8510	Ontario	Summer camp, support emphasizes those with FASD	I F	1	Y
Niagara Parent Support Group for Neurodevelopmental Disorders	Carol Haymes (905) 835-8941, press 1, ext. 124	Ontario	Support group for parents	F	1	N
Addiction Services	Darlene Oakes (902) 368-4273	Prince Edward Island	Presentations on FASD	E/A	1	Y
CAPC/CPNP Regional Programs	Sylvie Thibodeau-Sealy	Prince Edward Island	Education, support for at risk children 0-6 and mothers	I F E/A	2	N

Kids R First Family Resource Centre	(902) 436-1348	Prince Edward Island	Programming for all kids 0-6; parent education	I E/A	2	Y
Centre Quebecois de documentation en toxicomanie	Karine Belanger (514) 385-3490	Quebec	Provides information on FASD	E/A	1	Y
Commission de la Sante et des Services Sociaux des Premieres Nations du Quebec et du Labrador	(418) 842-1540	Quebec	Provides education and training	E/A	2	Y
First Nations Health and Social Services Resource Center	Andrea Brisebois (450) 638-3199	Quebec	Resource library	E/A	1	N
First Nations of Quebec and Labrador Health and Social Services	(418) 842-1540	Quebec	Awareness, training and resources	E/A	1	N
Syndrome d'Alcoolisation Foetale Effets Relatifs a l'Alcool	Louise Loubier-Morin (418) 882-2488	Quebec	Information and training; Online discussion board	E/A	1	Y
Adoption Support Centre of Saskatchewan Inc.	(306) 665-7272	Saskatchewan	Resource library	E/A	2	Y
Battlefords Interagency Committee on FASD	Colleen Sabraw (306) 446-4545	Saskatchewan	Awareness day, family support services	F E/A	1	N
Canadian Metis Heritage Corp.	Debra Edin (306) 752-4950	Saskatchewan	Resources, awareness presentations as well as family support and home visits	F E/A	1	N

CAPC/CPNP/AHS Regional Programs, FASD Lead	Elizabeth Dorion (306) 780-3276	Saskatchewan	Education, support for at risk children 0-6 and mothers	I F E/A	2	N
Circle Project	Heather Sinclair (306) 347-7515	Saskatchewan	Education and support	F E/A	2	Y
Independent Medical Rehabilitation	Jo Nanson (306) 477-4197	Saskatchewan	Therapy and workshops for those with FASD	I E/A	2	N
Keewatin FASD Support Committee	Louis Roy (306) 833-5502	Saskatchewan	Education and public awareness	E/A	1	N
Kinsmen Children's Centre	Alvin Buckwold (306) 655-1070	Saskatchewan	FASD services and resources	I E/A	1	Y
Kozmic Visual Connections	Shelley Kolisnek (306) 978-3362	Saskatchewan	Sale of visual supports for those with FASD	I	1	Y
Meadow Lake FASD Committee	Monica Harper (306) 236-6441	Saskatchewan	Support services	F	1	N
Northern Interdepartmental Committee for the Prevention of FAS/FAE	Kyla McKenzie (306) 425-5511	Saskatchewan	Coordination of educational opportunities	E/A N/C	1	Y
Prince Albert Fetal Alcohol Spectrum Disorder Committee	Dianne Nielsen (306) 765-6550	Saskatchewan	Education and awareness community organization	E/A	1	N
Regina FASD Community Network	Anne Pinay (306) 766-7540	Saskatchewan	Network working towards advocacy of FASD services	N/C	1	N
Regina Health District	(306) 766-5710	Saskatchewan	Rehab services for ages 0-18	I	2	N
Saskatchewan Association for Community Living	Carol Glazer (306) 955-3344	Saskatchewan	Programming for those with FASD and their families	I F	2	Y

Saskatchewan Fetal Alcohol Support Network Inc.	Marion Tudor (306) 975-0884	Saskatchewan	Training, education, support, networking and information exchange	F E/A N/C	1	Y
Saskatchewan First Nations Women's Commission	Erica Beaudin (306) 721-2822	Saskatchewan	Public advocacy and community strategy	N/C	1	N
Saskatchewan Health – Community Care Branch	Ginny Lane (306) 787-3862	Saskatchewan	Provincial interdepartmental committee, awareness day, education	E/A N/C	1	Y
Saskatchewan Learning	(306) 787-2192	Saskatchewan	Professional development workshops	E/A	1	Y
Saskatoon Association for Community Living	Jeanne Remenda (306) 652-9111	Saskatchewan	Advocacy	N/C	1	Y
Yorkton & Area FASD Committee	Tamara Dobmeier (306) 786-0558	Saskatchewan	Community networking for provision of education and resources	E/A N/C	1	N
CAPC Regional Programs	Pat Martin (867) 393-6780	Yukon	Education, support for at risk children 0-6 and mothers	I F E/A	2	N
Child Development Centre	Rachelle Best (867) 456-8182	Yukon	Early intervention ages 0-6; support for families; specified needs programming	I F	2	Y
Fetal Alcohol Syndrome Society of Yukon	Judy Pakozdy (867) 393-4948	Yukon	Workshops and support services	F E/A	1	N
Foster Parent Support Worker	Donna Wilkinson (867) 667-5692	Yukon	Workshops on FASD; family services	F E/A	1	N
Mountain Ridge Group Home	Tome Gibbs	Yukon	A long-stay group home for male adolescents who are cognitively disabled	I	2	N
Options for Independence	Elaine Seier (867) 633-4164	Yukon	Provides housing for adults with FASD	I	1	N

Trying Differently	Judy Pakozdy (867) 393-4948	Yukon	A support program for adults with FASD that helps with housing and improving quality of life	I	1	N
Youth of Today Society	Victoria Durrant (867) 633-9687	Yukon	Ages 15-22 with FASD; housing, meals, life skills, etc.	I	1	Under construction
Yukon Association for Community Living	Vicki Wilson (867) 667-4606	Yukon	Resource centre, advocacy	I E/A	2	N
With a Little Help from my Friends	Dr. Deborah Rutman (250) 370-6087	Yukon	Evaluation of a project aimed at reducing crime and the victimization of women with FASD in the Yukon	I	2	N

Column 5 – Type

I – Individuals

F – Families

E/A – Education/Awareness

N/C – Networking/Coordinating

R/D – Research/Development

* indicates programs discussed further in Chapter Three

Column 6 - Priority

Priority 1 – primarily or solely FASD programming and services, or have at least one FASD-specific program/service offered.

Priority 2 – programs and services geared to a wider range of diagnoses.

CONCLUSION

This report has employed database and Web searches to create a comprehensive inventory of intervention strategies in Canada. Canada's FASD activities are concentrated in the west and tend to be prevention-related. Intervention strategies are less common and are usually part of a multidisciplinary effort that includes prevention and identification. Individuals and caregivers are the targets of most intervention strategies, and education and awareness programs are the most common. Treatment centres and intensive support, such as home-visits, social skills training, and other types of therapy are often delivered by organizations serving people with special needs. FASD-specific treatment centres are the least common type of intervention strategy. Given the low number of peer-reviewed research articles on intervention and the lack of formal provincial or federal government FASD strategies, it is clear that a greater focus on FASD intervention strategies is needed. Intervention strategies aid individuals and families affected by FASD and minimize secondary disabilities, and provide people with this disability the opportunity to build on their strengths and realize their full potential.

APPENDIX I – OTHER FASD INVENTORIES

CCSA Inventory: <<http://www.ccsa.ca/NR/rdonlyres/F9834BA4-D849-4766-A592-A75BE37810B4/0/ccsa0080362005.pdf>>

Canadian Northwest Research Network Partnership – FASD Project Inventory:
<<http://www.fasdnetwork.ca/admin/contentx/default.cfm?PageId=4257>>

Kids Canada Policy Inventories Page: <<http://www.cprn.org/en/kids-policy.cfm>
CCSA: <http://www.ccsa.ca/NR/rdonlyres/F9834BA4-D849-4766-A592-A75BE37810B4/0/ccsa0080362005.pdf>>

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