Moving Towards FASD-Informed Care

In Substance Use Treatment

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Document prepared by researchers of the

CanFASD
CANADA FASD RESEARCH NETWORK

University of Alberta:

Aamena Kapasi, Ph.D
Melissa Tremblay, Ph.D.
Jacqueline Pei, Ph.D.
Devyn Rorem, M.Ed.
Erika Makowecki, M.Ed.
Viktoria Wuest, B.Sc.
Meghan Regier, B.A.

University of Guelph:

Kaitlyn McLachlan, Ph.D.
Bianka Dunleavy, B.A.

Centre of Excellence for Woman's Health

Nancy Poole, Ph.D.

University of Saskatchewan:

Mansfield Mela, MBBS,
Monique Reboe Benjamin, M.Sc.
Andrea DesRoches, M.A.

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Angel Aspden
Lisa Brownstone
Paula Dewan
Capri Rasmussen
Bryany Denning
David Brown
Yona Lunsky
Virginia Lane

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Working with Individuals with FASD in Substance Use Treatment

This guide outlines current practices to support individuals with Fetal Alcohol Spectrum Disorder (FASD) who are in treatment for substance use. In this guide we provide consolidated and expanded knowledge regarding appropriate substance use treatment approaches for individuals with FASD. We adopt the perspective that individuals with FASD can benefit from treatment support that is well-suited to their unique neurodevelopmental needs.

Getting Started

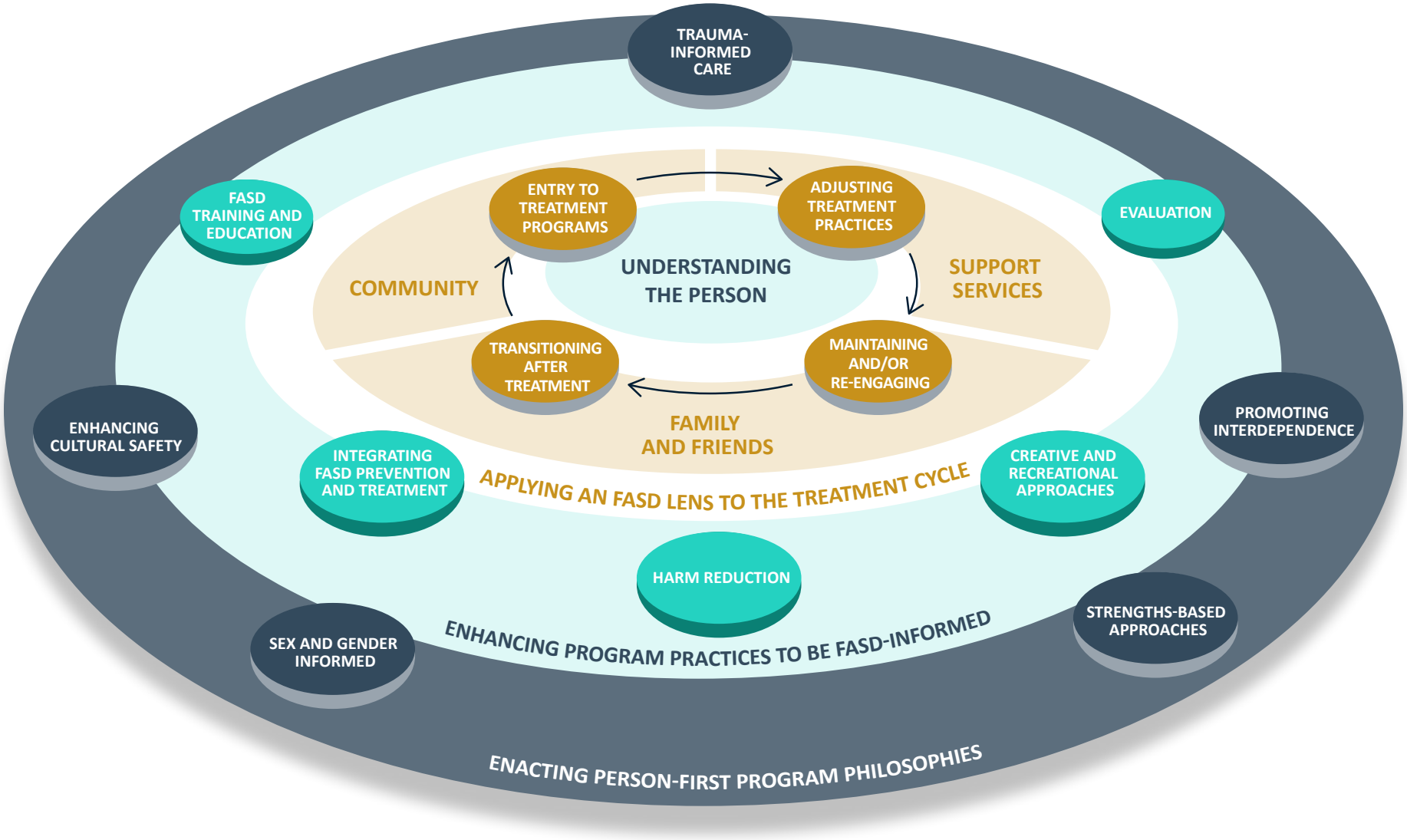
FASD is a diagnostic term used to describe impacts on the brain and body of individuals prenatally exposed to alcohol. FASD is a lifelong disability. Individuals with FASD will experience some degree of difficulty in their daily living, and may need support with motor skills, physical health, learning, memory, attention, communication, emotional regulation, and social skills to reach their full potential. Each individual with FASD is unique and has areas of strengths and challenges. [1]

In Canada, approximately 4% of individuals have FASD. It is more common than most other neurodevelopmental disabilities; however, awareness and knowledge of FASD is lacking in the general population, as well as in substance use treatment centres.[2] Across Canada, substance use and addiction represent serious health concerns, and high levels of alcohol and drug misuse are reported for individuals with FASD.[3] It is likely that you have met or worked with individuals with FASD in your substance use treatment program. Often, individuals with FASD have exceptional difficulty engaging or remaining in substance use treatment due to their brain-based differences. These brain-based differences present an additional barrier to being successful in substance use treatment, above and beyond the many other barriers that can exist for anyone seeking treatment.

This guide is grounded in the belief that people with FASD are capable of change and growth. It is not a question of whether an individual with FASD may benefit from substance use treatment. Rather it is incumbent on us, the service providers, to ask *how* we might support growth. In doing so we must consider ways in which we can adapt treatment to best support this population by providing appropriate, FASD-informed services.

We enact the underlying philosophy that adopting a humanistic and goal-oriented approach is fundamental to promoting healthy outcomes. In this document we provide information to foster adaptive and creative thinking that may increase opportunities for success for individuals with FASD. We recognize that service providers who work in substance use treatment already possess a wealth of knowledge and expertise. Our aim is to provide guidance to elevate your existing skillset to incorporate an FASD lens to the work you are already doing.

In this document, we provide recommendations and guidelines for practices for substance use treatment for individuals with FASD based on research conducted between 2020-2022. These practices include screening and identification, adjusting treatment practices throughout the treatment journey, and program philosophies that are important to consider for individuals with FASD. At the end of this document, we have provided a list of additional resources that accompany the practices outlined. In a separate document, "Substance Use Treatment in FASD Populations: Research Document", we describe the methods and results from the data collection that was conducted to inform this resource.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Explaining the diagram:

There are multiple components to the diagram that speak to different layers of supports and practices that are recommended for clients with FASD. In the centre of the diagram is understanding the individual with FASD and the ways FASD affects each person.

There is a process to substance use treatment that moves from entering treatment, to participating in treatment, transitioning out of treatment, and maintaining or re-engaging with treatment. This circle represents the cycle people often experience with substance use treatment, and different recommendations are made for each step along the way to support an FASD-informed process. In addition, throughout the cycle, access to support services is important to foster healthy outcomes, including, and beyond, substance use.

There are two layers from which we can conceptualize the ways we can support individuals with FASD. The inner layer describes key practice recommendations that programs can use to best support the needs of clients with FASD. Within each practice area, this guide suggests specific activities or structures that can be implemented in both front-line and administrative levels. On the secondary, outer layer, we discuss person-first philosophies that have been identified as important to consider when working with individuals with FASD. These philosophies are overarching concepts that should be considered in all elements of treatment. The philosophies are not unique to clients with FASD but have been identified in our work as being particularly beneficial for this population. Given the stigma experienced by FASD populations, actioning person-first philosophies is a step towards advancing dignity and respect for the person, first.

Recommended Practices

The recommended practices in this guide are based on findings from a large, multi-phase research project that included data collection from multiple sources involving service providers, individuals with lived experiences, and previous literature. The findings highlighted the need for FASD-informed substance use treatment to best serve the FASD population. Being FASD-informed involves understanding FASD as a disorder while simultaneously acknowledging the individuality of each person. From this balanced perspective we might then evolve and advance our approaches to working with individuals with FASD to support positive outcomes. Individuals with FASD require appropriate services that are tailored for their unique strengths and challenges.

UNDERSTANDING THE PERSON WITH FASD

The recommended practices are organized into four broad areas, each with specific elements. The first two recommended practices pertain to **understanding the person with FASD**. The first recommended practice outlines the **brain-based differences** that may occur in individuals with FASD and how these can be used to better understand and reframe presenting behaviors. **Identification** of FASD is the next recommended practice, which involves identifying individuals with FASD in substance use treatment programs to inform supports and accommodations. This recommended practice describes tools and strategies for having FASD-informed conversations about FASD and using screening tools to identify individuals who may have FASD.

APPLY AN FASD LENS TO THE TREATMENT CYCLE

The next set of recommended practices outlines actionable suggestions to **apply an FASD lens to the treatment cycle**. First, the recommended practice '**entry to treatment programs**' describes suggestions to facilitate easier access to treatment for individuals with FASD. The next recommended practice '**adjusting treatment practices**' outlines suggestions to tailor treatment to the specific needs of the individual with FASD by adapting interventions or including external supports into treatment as required. The recommended practice '**supporting transitioning after treatment**' explores different ideas to support individuals moving on from treatment programming that helps in the maintenance of the progress that has been made during treatment. This includes considerations for co-creating a transition plan. The recommended practice '**maintaining and re-engaging with treatment programs**' provides considerations for sustaining treatment goals and gains as well as considerations for re-engaging with treatment if required throughout the individual's recovery journey. Lastly, the recommended practice '**accessing support services throughout the treatment cycle**' outlines considerations for supporting the complex needs of individuals with FASD. Considerations for integrating and accessing community services are described to facilitate comprehensive support.

ENHANCING PROGRAM PRACTICES TO BE FASD-INFORMED

The next set of recommended practices described pertain to the **enhancement of program practices to be more FASD-informed.** The first recommended practice explains the need for **FASD training and education**, which can provide program staff with a greater understanding of FASD and how to work with individuals with FASD. The next recommended practice of **integrating FASD prevention into treatment** outlines the importance of FASD prevention efforts. Tools and strategies are discussed that are aimed at reducing stigma and associated barriers for women to access substance use treatment. The recommended practice of **harm reduction** outlines the importance of supporting harm reduction in substance use treatment programs and provides specific suggestions for harm reduction practices. Next, the recommended practice of **creative and recreational approaches** explains the variety of activities that individuals with FASD may benefit from in substance use treatment. Evidence for incorporating creative and recreational practices and examples of specific activities is provided. Lastly, recommendations around **evaluation** are described in relation to treatment programming at the program and client level. The importance of evaluating client and program outcomes is emphasized.

ENACTING PERSON-FIRST PROGRAM PHILOSOPHIES

The final set of recommended practices encompasses program philosophies that are grounded in **person-first philosophies**. The first recommended program philosophy describes **cultural safety** and focuses on cultural considerations in relation to substance use treatment. The next recommended philosophy outlines **trauma-informed care**. A description of trauma-informed care is provided along with a description of specific tools and guidelines that programs may use to develop or increase their trauma-informed practice. Next, the recommended philosophy of **sex and gender informed treatment** outlines gendered factors that affect specific genders in treatment. The recommended philosophy regarding **strengths-based approaches** provides a description of understanding and using strengths in treatment, and how strengths-based treatment pertains to FASD specifically. Specific strategies are provided that may support programs and service providers in adopting or expanding a greater strengths-based approach philosophy into their programs. Finally, the recommended philosophy of **promoting interdependence** outlines the importance of different relationships in the recovery journey of an individual with FASD. Specific relationships are discussed in greater depth and how they may be fostered by treatment programs.

Understanding the Person with FASD

- Consideration of brain-based differences
- FASD Identification and Screening

Applying an FASD Lens to the Treatment Cycle

- Entry to treatment programs
- Adjusting treatment practices
- Supporting transitioning after treatment
- Maintaining and re-engaging with treatment programs
- Access to support services

Enhancing Program Practices to be FASD-Informed

- FASD training and education
- Integrating FASD prevention and treatment
- Harm reduction
- Creative and recreational approaches
- Evaluation

Enacting Person-First Program Philosophies

- Cultural safety
- Trauma-informed care
- Sex and gender informed
- Strengths-based approaches
- Promoting interdependence

Actioning Practices

The results from this project made clear that there is no 'one size fits all' model for substance use treatment for individuals with FASD. This is due to the great diversity in both needs and abilities that exist between individuals. Therefore, these practice recommendations have been identified as important understandings for substance use treatment providers, that provide elements for consideration when working with individuals with FASD. The practice recommendations outlined here are designed to be considered in the context of your unique programs and resources. To state metaphorically, although there are key ingredients that matter, there is flexibility in the recipe; it is important to adapt and adjust the use of ingredients to suit different program types, staff factors, client factors, etc. These recommendations are a starting point from which you can begin to evolve practices as we continue to learn more about substance use and FASD and evaluate impacts of treatment.

Understanding the Person with FASD

Consideration of Brain-Based Differences

KEY POINTS IN THIS SECTION:

- Individuals with FASD exhibit brain-based differences which may impact how they present in treatment
- Understanding why individuals with FASD may be presenting with certain behaviours is key to effectively supporting them
- Brain-based differences can impact language, memory, attention, learning, participation, emotional responses, and adaptive functioning

People with FASD exhibit brain-based differences that may put them at greater risk for substance misuse,[3] and can make engaging and benefitting from substance use treatment difficult.[4] In our research exploring substance use treatment for individuals with FASD, we found that consideration of brain-based differences over the course of treatment was essential for treatment success. A lack of knowledge and education about FASD and how it impacts treatment was identified as a key barrier to treatment success.[5]

Building on our learning from the Framework for Housing Individuals with FASD report,[6] we developed a table that provides an overview of how behaviours in treatment may be related to brain-based differences, and how treatment providers can re-interpret observed behaviour to inform their response. This is not intended to be an exhaustive list, but rather represents the type of reframing that might facilitate meaningful program adaptation and allow you to make subtle shifts in your approaches to facilitate improved outcomes for clients.

Moreover, these observed challenges, and suggested reframing, may not be exclusive to individuals with FASD, but may present uniquely.[7] In particular, individuals with FASD may be more variable in their skill presentation – achieving success one day, then having difficulty the next. Similar skills may not be similarly developed. For these reasons, it can be challenging to predict, or anticipate, behaviour from day to day. You may find that you need to employ reframing and creative responding solutions in a more fluid way than is typical for others in the program.

"He of course has not been able to complete a treatment program, and says he'll never go back to them, and I can understand that 'cause the treatment programs really aren't set up for our folks." -Interview participant

Language

WHAT MIGHT I SEE	WHY MIGHT I SEE IT	WHAT I MIGHT DO
Saying they are going to do one thing, but doing something else	Impaired communication skills: • Lacks in expressive or receptive language skills (e.g., may have barriers putting thoughts/feelings into words, may have barriers attending to and processing what is being spoken to them) • Difficulties with abstract language and/or higher-level language skills (e.g., may not comprehend despite responding as if they do)	Language and communication adaptations (e.g., assistive technology such as voice recordings, text-to-speech)
Saying they understand or agree to a plan, but then not following through		Simple step-by-step instructions and short, concrete sentences and examples
Talking about experiences that did not occur or describing another's experience as having happened to them		Present information in multiple modalities (imagery, words)
Difficulty participating in activities where they have to think hypothetically		Include caregivers and other important individuals in treatment
Not following instructions	Cultural or language differences impacting verbal and/or non-verbal communication	Translator and/or cultural broker
Expressing frustration completing paperwork or treatment activities	Difficulties differentiating their own reality from others, lapses in memory	One-on-one coaching or support away from groups
Becoming easily angered when asked to explain their behaviour or express themselves	Hearing and/or visual impairment	Collaborate with health professions including physicians, occupational therapists, optometrists, and audiologists to evaluate if hearing, vision, and/or motor needs need support
Not participating in group setting	Impaired motor skills, handwriting skills, or difficulties with copying/ drawing	Provide additional processing time, visual supports, repeating or clarifying instructions and check for understanding
Difficulties and/or frustration completing written tasks or applied hands-on tasks	Abnormalities in tone, reflexes, balance, coordination, and strength	
Staring blankly or doesn't seem to understand what is said to them		

Memory and Attention

WHAT MIGHT I SEE	WHY MIGHT I SEE IT	WHAT I MIGHT DO
Missing treatment appointments	Memory impairment: • Overall memory (long-term recall of information) • Working memory (temporarily holding and manipulating information to perform tasks) • Verbal memory (memory for written or spoken language) • Visual memory (memory for images and other non-verbal information)	Time management assistance (e.g., day timers, visual schedules, reminders, walking clients to group, cues for transitions)
Difficulty remembering the daily schedule		Reduce or remove the need to rely on memory where possible (e.g., have copies of materials in class and in their rooms, set up automatic refills and delivery of prescriptions).
Often losing or forgetting to bring treatment materials		Increase the structure and routine in the environment by creating a more detailed schedule (step-by-step)
Not recalling what was covered previously in treatment		Repetition of key concepts, break down tasks into smaller chunks, additional instructions, checking for understanding, presenting the information visually
Missing doses of medication or forgetting to refill their prescription		Work positively around obstacles with memory. Avoid punishments or creating feelings of embarrassment/shame.
Not following previously given instructions		Complete tasks together until the activity becomes a habit
Trouble remembering new information even after it was just presented		Figure out when the individual is best able to focus and plan around that (e.g., time of day, after exercise, when eating well, after medication)
Only partially completing instructions		

Learning and Participation

WHAT MIGHT I SEE	WHY MIGHT I SEE IT	WHAT I MIGHT DO
Difficulty completing homework or participating in activities that require reading, writing, or math	Learning disorder / underdeveloped academic skills	Provide supports for reading and writing (e.g., assistive technology like voice to text, a scribe, text to speech, a reader)
Partially completing instruction or activity	Attentional symptoms that may impact their ability to: • Sustain attention • Attend to important information • Resist distractions • Learn new information	Reduce reading and writing demands – allow information to be provided orally
Frequently distracting when should be focusing on treatment (e.g. talking to others when treatment staff are presenting information)	Executive functioning impairments that may affect: • Impulse control • Organization • Task Initiation • Planning • Self-monitoring • Working memory • Flexibility • Emotional Control	Regularly check-in, break down task into smaller chunks and check it is completed before moving to the next step
Not completing "homework" activities from treatment		Provide individual, rather than group, treatment when possible
Staring out the window		Complete tasks together in session when the individual is learning
Fidgeting		Evaluate strategies that may be able to support the individual to best complete the task (e.g. shorter sessions, prompting when distracted, environmental modifications)
Seemingly "in their own world"		Identify when this individual is best able to discuss (e.g., when sleeping well, when eating well, after exercise, taking medication as prescribed)
Attempting components of a task, but not completing it		Movement breaks
Difficulty linking consequences with actions		Giving small, more digestible amounts of information at a time
Difficulty understanding risk		Providing structure, routine, immediate and regular feedback

Emotional Responses

WHAT MIGHT I SEE	WHY MIGHT I SEE IT	WHAT I MIGHT DO
Reacting with tears or yelling when confronted about behaviours contributing to substance misuse	Vulnerability to stress (e.g., sensitive stress response system)	Explore ways the individual may feel threatened by environmental interactions and how to increase feelings of safety in treatment
Self-harming behaviour, especially during times of high stress	Abuse and/or emotional/physical trauma, which may or may not be a direct cause of being unhoused, resulting in additional vulnerability to stress	Work with the individual to identify fear provoking situations
Yelling at treatment staff or other clients to get the point across	Difficulty regulating emotions	Environmental sensory modifications (e.g. uncluttered environment, noise cancelling headphones, black-out curtains, lighting)
Aggressive or threatening behaviours	Language difficulties where they have learned to communicate through behaviours instead of words	Individual instead of group treatment when possible
Being asked to leave treatment programs in the past for altercations	A mood disorder, anxiety disorder, or other disruptive disorder	Try to understand the function of the behaviour (e.g. scared? Overwhelmed? Impulsive?)
Difficulty participating in reciprocal conversations (e.g. may frequently interrupt treatment staff or other clients when speaking or not allow them time to add their thoughts)	Difficulty with regulating sensory input (e.g., noise, lights, smells, tastes, and tactile sensations may be dysregulating)	Trauma-informed care practices
Discussion of or observed blowouts with family, friends, treatment staff, or other clients	Substance use issues that exacerbate existing emotional/ behavioural dysregulation, further impairing functioning	Help individual identify and positively reinforce the use of effective coping strategies
	Cultural differences in how emotions are managed and expressed	Learn to recognize signs the individual is becoming stressed (e.g., flushed face, heavy breathing, sweaty, tense body) and intervene early (e.g., taking a break, relaxation techniques)
		Teach the individual to identify and communicate when getting upset – in either verbal or nonverbal ways
		Together, generate a non-punitive safety plan they can practice and implement when afraid or angry

Adaptive Functioning

WHAT MIGHT I SEE	WHY MIGHT I SEE IT	WHAT I MIGHT DO
Difficulty maintaining employment or attending school	Adaptive skill deficits can occur across environments: • School • Work • Home • Community	Ask the individual if there are any skills they are interested in developing (e.g. money management, cooking)
Forgetting to shower or engage in other self-care and hygiene practices	These difficulties may reflect the functional impacts of underlying cognitive and mental health challenges	Help facilitate the application process for income support
Difficulty securing sufficient income and/or inability to manage money may impact treatment		Connect the individual with housing programs
Housing instability may impact access to substance use treatment, success in treatment, or transitioning out of treatment		Set reasonable goals that are consistent with the individual's functional age and abilities. Use concrete, literal terms.
Often seeming disorganized		Teach the individual how to generalize from one context to another
Exhibiting behaviours that would be expected from someone much younger than them		Step-by-step instructions, visual and auditory prompts, one on one mentoring, frequently communicating daily routines

PRACTICE ACTIVITY

In a treatment program, clients were asked to do a wellness activity where they reflected on how their eating and sleeping habits affected their well-being. One client with possible FASD did not complete the assignment. The client had received extra support to do the assignment with another staff member. They had appeared to know what to do and seemed confident that they would be able to do it. When the client was asked why they did not complete the assignment, the client became angry and stormed out of the room. This is not the first time that this client has not completed assignments, and it is also not the first time that they have become angry and stormed out of the room.

Some possible things to consider from an FASD-informed perspective:

- Clients with FASD often present as if they are understanding information, but they may not be able to follow through independently or may not have actually understood what to do.
- Clients with FASD have challenges with attention and memory and may not remember to complete tasks. Additionally, clients with FASD may have trouble organizing time to do assignments.
- Clients with FASD may not be able to read and write as well as needed for the assignment.
- Clients with FASD often have challenges with abstract thinking and so linking sleep and eating with substance use may be difficult for them to reflect on.
- When confronted, clients with FASD may have higher vulnerability to stress and therefore react in a way that may appear disproportionate to the situation.
- Clients with FASD may not be able to verbally communicate their thoughts and feelings when they are escalated so they take action instead.

- Doing well in treatment may be really important for the client with FASD, and they may be disappointed in themselves that they were unable to do the work asked of them.

Keeping these considerations in mind, write a list of a few ideas for ways to support this client in this situation.

NOTES

FASD Identification and Screening

KEY POINTS IN THIS SECTION:

- Learning how to identify FASD by adjusting existing practices and/or adopting screening tools
- Increasing knowledge of how recognition of FASD can enhance FASD-informed understanding and practice
- Suggestions for effective implementation of FASD identification and screening practices to improve understanding, including follow-through care and supports

Along with learning ways to support individuals with FASD, it is important to ensure that they can be more readily identified in treatment programs. It is likely that within your program or practice, you may already be able to identify some clients with FASD – this is excellent! However, there is also a good chance that some people who may have FASD in treatment programs are missed,[8,9,10] or have never been recognized as having FASD.[9,11] For instance, one study found that among 726 youth and adults accessing FASD diagnostic assessment services across Canada, the majority (87%) were accessing services for the first time, suggesting that for many, the possibility of having FASD had not been previously recognized. Further, a great number were also using and/or misusing alcohol (38%) and other substances (46%), highlighting the need for available services and supports in this area.[3] Many factors can lead to missed and misdiagnosis, including limited knowledge about FASD among professionals, stigma about alcohol use in pregnancy and/or FASD, insufficient FASD screening and diagnostic resources, the complexity of the disability, and other factors.[8,9,11,12,13] As well, it may be the case that someone has been previously diagnosed with FASD, but this information has not been communicated or shared within a new program.[14]

Taking steps to better recognize people who may have FASD in treatment can have many practical benefits for individuals themselves, service providers, organizations, and society more broadly. Recognition of FASD can lead to improved understanding of individual strengths and needs. In turn, this can inform appropriate accommodations in treatment, and ultimately, support success both within and beyond the program at hand.[9,15,16] Formal screening can assist in identifying clients who may benefit from referrals to FASD-informed supports, or for further assessment, including for FASD diagnostic evaluation. Understanding whether a client may have FASD can also serve to facilitate supports and connections for both individuals as well as their caregivers and families. At the organizational level, knowing how many people may have FASD can inform program and policy decisions, such as making the case for FASD-focused treatment beds, or the resources to support an FASD-specific worker on staff.[11,17,18]

In what follows, we outline helpful considerations and practical strategies for identifying people with FASD in substance use treatment settings. Those interested in learning more about identifying and supporting women at risk of having an alcohol-exposed pregnancy are encouraged to read more about their unique needs and considerations in the following guides: Screening and Counselling for Alcohol Consumption During Pregnancy[19], Substance Using Women with FASD and FASD Prevention[20], Doorways to Conversations: Brief intervention on Substance Use with Girls and Women[21].

IMPROVING FASD IDENTIFICATION IN PRACTICE

Many strategies can help to identify people who may have FASD and better understand their needs. These can range from adjusting existing practices to adopting an FASD screening tool or procedure.[22] Becoming FASD-informed is a great foundational strategy for better recognizing and addressing the needs of people with FASD.[11,23] Another foundational consideration is to ensure that plans are in place to support individuals who are recognized as potentially having FASD.[11,24,25] A range of helpful strategies are reviewed in this guide, along with next steps for accessing follow-up services. Next, we outline some of these identification strategies and practical considerations.

STRATEGIES FOR ADJUSTING EXISTING PRACTICES

Many FASD-informed practices can be straightforward to implement and can help to ensure that people with FASD are recognized and understood in substance use treatment. When planning to adopt any of these FASD-identification strategies, taking a few minutes to plan for important 'next steps' after learning that a client has or may have FASD can go a long way toward providing effective support and care. This should include:

- **Planning the Ws**: Have a plan for **W**hen (e.g. at intake, during treatment), by **W**hom (e.g., intake coordinator, counsellor), **W**here (e.g., in a private space, by phone), and **W**hich FASD-identification strategies will be used (e.g., incorporated into intake interviews).
- **Information Sharing:** Decide ahead of time on how, and with whom, this information will be shared.
- **Practice Adjustments:** Plan what kinds of adjustments to treatment practices can be made, and how additional referrals for FASD-informed assessment and supports be facilitated.[9,24,27,28]
- **Evaluation:** Once you select and adopt a strategy or combination of approaches, plan a time in the future to assess how things are going, and whether adjustments to practice need to be made.[22,24,27]

The next table includes a list of possible FASD-identification strategies and considerations that can be incorporated into everyday practices you are likely already using with clients.

STRATEGY	WHAT IT MIGHT LOOK LIKE	CONSIDERATIONS
Build an FASD-informed team	Incorporating general FASD training for incoming and existing staff (check out the FASD Training and Education section of this Guide for specific training options)[9,23] Developing an FASD taskforce or team within your organization[29,30] Connecting with other programs and organizations, and community FASD networks to learn from their experiences and foster relationships and collaboration[13,29,30]	A team that is FASD-informed is comfortable having conversations about prenatal alcohol exposure and FASD, and conversations about substance use during pregnancy and prevention of FASD and PAE A team that is FASD-informed also recognizes that many people with FASD may not have a diagnosis, understands how identification can help clients, and recognizes that some people who may have FASD could be hesitant to explore a possible diagnosis for valid reasons[11] Building a foundation for an FASD-informed team can help prepare and orient staff into implementing effective FASD identification and screening.[31] For information on how organizations can work with individuals with FASD and evaluate practices, check out the resource "Best Practices for Serving Individuals with Complex Needs Guide and Evaluation Toolkit" [30]
Incorporating brief questions about FASD into existing intake processes	Brief questions about FASD can be added to referral or intake forms and/or interviews; and/or other interviews focused on developmental history, mental health, or learning needs FASD-informed questions can also be incorporated into intake interviews with caregivers or support workers Asking questions about FASD may be helpful at many stages in treatment, including at intake/admission, as well as later during the program when relationships and rapport may facilitate additional discussion [27] *"Screening and identifying for FASD during intake is helpful for us as we are able to modify their treatment plan and goals before they begin their recovery journey…" – Service provider*	As intake processes (including forms and interviews) can already be lengthy, consider the best time to incorporate these questions and design a process to circle back, providing more than one opportunity [27] Questions about FASD may be added to existing 'universal' screening tools or processes designed to identify other neurodevelopmental, health, or mental health needs (less evidence is available to direct practice here, making it particularly important to evaluate whether modifications are having the intended impact) [32] Individuals with FASD have shared that they appreciated being asked direct questions about FASD during intake processes so that the staff could begin planning for accommodations from the start [10,27]

STRATEGY	WHAT IT MIGHT LOOK LIKE	CONSIDERATIONS
Inviting Conversations about FASD with Clients	Providers can begin curious conversations about FASD with clients (e.g., "do you live with FASD?" or "Have you heard about FASD"?) Providers can share information about FASD with clients who may not know about the disability and have questions, using a destigmatizing and person-centred approach[20,23] Conversations may include talking about strengths and areas of support and things that have helped the individual in the past[20,23] *"there's not an easy way to go about asking someone if they have FASD, just be straight – maybe more like 'Do you live with FASD?' 'cause I don't know, there's some sort of stereotype about having it or living with it because it's not something that can be changed." – Individual with lived experience*	People with lived experience and service providers have shared that asking directly, respectfully, and in the context of relationships are important strategies for having helpful conversations about FASD [27] It is important to invite consent and clearly explain how understanding a client's possible FASD diagnosis will affect the individual's participation in the program. Unfortunately, some individuals have been excluded from treatment programs or faced legal implications as a result of disclosing FASD. Intentions and possible outcomes should be clearly explained [24, 28] Adopting a 'universal' approach, where all clients are asked the same initial questions about FASD as part of a standard practice can help to ensure that no possible cases are missed [28] It is important to thoughtfully consider with whom and when to have conversations about FASD. Reflect on and address any potential biases, as some groups of individuals may be (incorrectly) assumed to have FASD more than others[13,33]
Reviewing Records	It may be helpful to review records (e.g., school, social services, health, developmental) with consent as these may contain information about common indicators of FASD (e.g., possible or confirmed FASD diagnosis, indication of prenatal alcohol exposure, maternal alcohol and substance use, biological sibling with FASD)	Information considered during file review can inform further conversations about FASD with clients and guide more comprehensive screening and referral strategies Information from records may point to clues about the needs a person with FASD may experience. This guide provides a helpful starting point outlining such needs and adopting a formal screening tool can support a more systematic review. Information about FASD may not be contained in records, or may not be clear, given factors including a lack of systematic screening across settings, and stigma[34,35]

STRATEGIES FOR ADOPTING AN FASD SCREENING TOOL OR PROCEDURE

Adopting an FASD screening tool can also improve recognition of FASD. Screening tools can provide a relatively quick and helpful way of identifying people who may have FASD.[13,24] Importantly, this information should not be used in place of a formal determination or diagnosis of FASD.[36] Positive screening results can both help to identify people who may need further assessment, including a diagnostic evaluation for FASD, and also point to areas of need that may benefit from supports and accommodations immediately following identification. When implementing a new FASD screening tool or procedure, a little bit of planning can go a long way. Next, we briefly summarize a few key ideas that may be helpful to consider when deciding on the best approach to adopt so that screening helps identify and understand people with FASD, while minimizing the chances of inadvertently causing harm.

Collaborative Planning and Evaluation. Working together with all stakeholders involved, including service providers, individuals with FASD, family members, community support providers, local FASD networks, similar programs, managers, and even possibly researchers, is important when deciding how to implement, carry-out, and evaluate FASD screening procedures.[24, 30,, 36, 37] Additionally, building organizational commitment and finding organizational 'champions' to lead and sustain a successful screening tool implementation are great strategies for ensuring an effective and lasting program that results in good outcomes.[30, 31] Specifically, collaborative planning can help ensure that:

- Procedures and tools are a good fit for clients and staff
- Appropriate 'next steps' and referrals pathways are in place following screening, including knowing when and how to refer someone for an FASD-specific diagnostic assessment, and/or other FASD-informed assessment services
- There is a plan for reflecting on or evaluating the impact of new processes

Choosing the Right Approach for your Setting. As there is no 'one size fits all' approach or 'gold standard' FASD screening tool that will meet the needs of clients in every setting, providers are encouraged to reflect on which approach will do the best job of meeting client needs. [13, 38] It is important to select a tool intended for use in the appropriate setting (e.g., substance use treatment centres vs. schools) and client characteristics (e.g.., tools developed for adults vs. youth). As well, some screening tools are designed to be completed directly by or with clients, while others may be completed by staff or clinicians.[13, 38] Later, we highlight two potentially helpful FASD screening tools that have been used in substance use treatment settings and similar contexts that may be helpful to consider when deciding which tool to adopt.

Considering the Evidence. Selecting an FASD screening instrument or procedure supported by evidence helps to ensure accurate and consistent results.[13, 39] An important goal of screening is to ensure that people who actually have FASD are correctly identified and are not missed, thereby helping to facilitate supports, accommodations, additional assessment, and/or intervention, as quickly as possible. Another important goal is to ensure that the fewest people are incorrectly identified as potentially having FASD who do not actually have FASD.[24, 34, 36] When individuals mistakenly screen positive for FASD, this could potentially result in unnecessary use of time, money, and services, along with undue confusion and potential psychological distress, guilt, stigma, and harm to the individual and their family relationships. [13,24, 28, 40] While evidence supporting the accuracy and consistency of most FASD screening tools within their given settings and population currently remains limited, a lot of great progress is being made.[13, 38] Those interested in learning more about the full range of FASD screening tools and evidence supporting their use can read reviews written by Grubb et al[13] and Lim et al[38].

Resources and Training. Implementing an FASD screening tool or procedure typically involves some level of training for staff about how to use the tool, as well as dedicated resources (e.g., costs of training, costs of screening materials, possible equipment costs, etc.).[36,41] Existing FASD screening tools vary quite a bit in terms of the length of time needed to complete screening, associated costs, level of expertise/training needed to complete screening, the number of steps involved in the screening process, and the format of the instrument (i.e., interviews vs. questionnaires). When selecting an FASD screening tool or procedure, choose one that aligns well with the nature of your program. Prior to adopting and implementing an FASD screening tool or procedure, it may also be helpful to review existing policies, procedures, relationships, and/or resources, and determine whether any changes may be needed to ensure that screening is effectively carried out and that clients are appropriately supported at all stages. [13, 14, 22, 27]

Exercising Care and Reviewing Ethical Considerations. Like everyone, no two people with FASD are exactly alike. People may differ not only in their strengths and challenges, but also in respect to their life history, previous screening experiences, level of comfort in talking about FASD or their birth parent(s), or how much they may prioritize exploring conversations about FASD. For some individuals, learning that they may have FASD can be validating. There is also the possibility that this news can have a substantial impact on one's self-understanding and relationships with family members.[24,28] FASD has traditionally been a highly stigmatized disability and is unique from other disabilities as it links the effects of prenatal alcohol exposure with birth mothers. [11,33, 42]

Given these considerations, it is important to ensure that a client provide meaningful and informed consent prior to engaging in FASD screening. This may involve:

- Providing the option to include a support person in this process
- Ensuring enough time is set aside when approaching conversations about FASD
- Outlining the goals and possible outcomes of screening
- Conducting screening in a comfortable environment
- Checking in to ensure understanding by asking a client to explain key concepts using their own words, rather than using closed ended questions (e.g., 'do you understand?') that rely on 'yes/no' answers
- Explaining important concepts a few different ways to support understanding, and
- Using other accommodated communication strategies to meet individual client needs (check out all the great strategies in this guide that may also help inform adjustments to informed consent)

If the individual does not wish to participate in FASD screening, or does not want to answer certain questions, that is okay! They may need some time, or may benefit from building more rapport or trust, or talking to a support person. As with all FASD-informed practices outlined in this guide, identification and screening practices should be undertaken in a way that is person-centred, trauma-, gender-, and culturally informed (see Enacting Person First Program Philosophies in this Guide). Ultimately, it is important to ensure that the benefits of FASD identification and screening outweigh any potential risks for harm. [22, 24, 28]

A QUICK FASD SCREENING TOOL SNAPSHOT

In the table below we have outlined two FASD screening tools that have been designed for or have some evidence evaluating their use with adults in substance use treatment or relevant contexts, including the Life History Screen Interview[9] and FASD Screening and Referral Tool for Youth Probation Officers.[43] Both tools are relatively quick and inexpensive to complete, and are accompanied by training guides to support implementation. The Life History Screen Interview[9] was designed as a screening tool to be completed by clinicians for older adolescents and adults in mental health and substance use treatment to identify those may have FASD. Helpfully, the Life History Screen Interview canvasses a range of areas, such as mental health, personal and family history, and day-to-day behaviours, that may be important to consider in providing effective accommodations and supports for clients in treatment right away. While the FASD Screening and Referral Tool for Youth Probation Officers was originally developed for use by youth probation officers to identify FASD in youth justice contexts, studies have subsequently evaluated aspects of using the tool in forensic and correctional contexts with adults, where many people experience substance use treatment needs in addition to significant mental health needs. [10,34,44] The tool canvasses social and personal factors frequently experienced by people with FASD. In line with the emerging evidence base supporting FASD screening tools in general, more evidence is needed for both of these highlighted tools to be sure about their accuracy in correctly identifying people who may have FASD.[13, 38] The table below summarizes key features and available evidence of both tools.

SCREENING TOOL	FORMAT	ITEM CONTENT/ INDICATORS	SCREENING METHOD	POPULATION & SETTING	STUDIES	*SENSITIVITY, SPECIFICITY	ACCESS/ PERMISSIONS INFO
Life History Screen interview[9]	27-item semi-structured interview (English and German adaptations; 30 items) Time: 15 minutes Cost: NR**	PAE Neurodevelopment & behaviour Life events/history Mental health diagnoses	Face-to-face interview conducted by clinicians and service providers	Adult women and men in substance use treatment settings	***Published*** Grant et al., (2013)[9] McLachlan et al., (2020)[10] Widder et al., (2021)[45] ***Technical Reports*** Kerodal et al., (2021)[34] Schwerg et al., (2019)[4]	80.8%, 65.5% 75%, 65% 81%, 66% 90%, 25% 88%, 94%	https://fadu.psychiatry.uw.edu/lhsi/
FASD Screening and Referral Tool for Youth Probation Officers [44]	10-item checklist Time: 10-15 minutes Cost: NR	PAE Growth impairment Neurodevelopment & behaviour Life events/history Sibling with FASD Mental health diagnosis	Chart review and personal and medical history records, self-report, accompanying interviews	Youth on probation Research, clinical adoption with adult men and women in forensic, community, and correctional settings	***Published*** Singal et al., (2018)[44] McLachlan et al., (2020)[10] ***Technical Reports*** Conry & Asante, (2010)[43] McLachlan (2017)[47] Kerodal et al., (2021)[34]	34%, 84% 91%, 71% NR, NR NR, NR 100%, 75%	https://www.asantecentre.org/youth-justice-fasd-program

*Sensitivity refers to the proportion of people with FASD who are correctly identified by a screening tool as in fact having FASD, whereas specificity refers to the proportion of people who do not actually have FASD who are correctly identified by a screening test as indeed not having FASD.[34, 48]

** NR = Not Reported

AFTER IDENTIFICATION AND SCREENING: NEXT STEPS

- The screening and identification strategies outlined in this chapter are intended to aid providers in recognizing clients who may have FASD to help better understand and respond to client needs using the FASD-informed practices outlined in the following sections of this guide. The great news is that the strategies outlined in this guide are designed to help you most effectively support client needs using FASD-informed practices that can extend to supporting clients with all kinds of needs! Treatment programs and providers who have implemented FASD identification and screening practices have shared 'next steps' and follow through procedures they found helpful in supporting individual clients[27], including:
- Adopting the FASD-informed practices and considerations, such as those described throughout this guide, that aid in supporting individuals with FASD and complex needs during treatment and transitions following treatment
- Forming partnerships and providing referrals to local and accessible FASD assessment centers
- Connecting the individual with other resources and supports (e.g., that may be related to employment, housing, medical needs etc.)
- Evaluating identification and screening procedures and outcomes from client feedback, program outcomes, and assessment outcomes
- Using evaluation outcomes to plan for continued FASD-informed approaches, such as developing a specific treatment program for individuals with FASD, designating a staff member to be an 'FASD-support worker' etc.

Some clients may have already accessed comprehensive FASD-informed assessment and/or FASD diagnostic services and know that they have a clear diagnosis of FASD. However, in many cases, it may not yet be clear whether someone actually has FASD. **A positive screen for FASD should be followed by prompt referral for appropriate further assessment.** As many people with FASD go unrecognized, or have their needs misunderstood through misdiagnosis, it may often be the case that clients need support in deciding whether and how to access various assessment and diagnostic services. Pursuing a comprehensive FASD diagnostic assessment can have a range of important benefits, including better understanding of an individual's strengths and needs, aiding in the development of self-understanding and positive self-image, and opening access to care and support pathways based on identified needs. [49,50] A helpful first step might involve connecting clients with an FASD-informed member of staff, or a community FASD worker, or someone who can support them in discussing whether accessing diagnostic services may be a good fit for their unique circumstances. Options for diagnostic assessment across Canada can also be reviewed by clicking on your province on the FASD Diagnostic Clinic Cards resource from the CanFASD website.

Given limited FASD diagnostic services, particularly for adults, it can sometimes be difficult to access comprehensive and specialized services that are FASD-specific. In this case, pursuing additional assessment services to evaluate needs can also be very helpful, and might include neuropsychological or psychological assessment to understand cognitive and/or mental health needs, psychiatric assessment to understand mental health and medication needs, assessment from a physician or nurse practitioner to understand physical health needs, along with various additional assessments from health practitioners, including occupational therapists, speech language pathologists, vocational counsellors, social workers, and/or physical therapists (see the Access to Support Services section of this guide for additional information).

Wrapping it Up. In summary, taking steps to better recognize people who may have FASD in substance use treatment can have many practical benefits to the individuals themselves as well as the program and service providers delivering treatment. Treatment programs have a variety of options when planning to implement FASD identification and screening practices, including making adjustments to existing practices, and adopting FASD screening tools or procedures. Importantly, screening practices should be followed by accommodations in treatment as well as referrals to services and evaluation to ensure practices are beneficial to their fullest extent. Below we provide a sample reflection activity for staff teams when implementing new FASD screening practices.

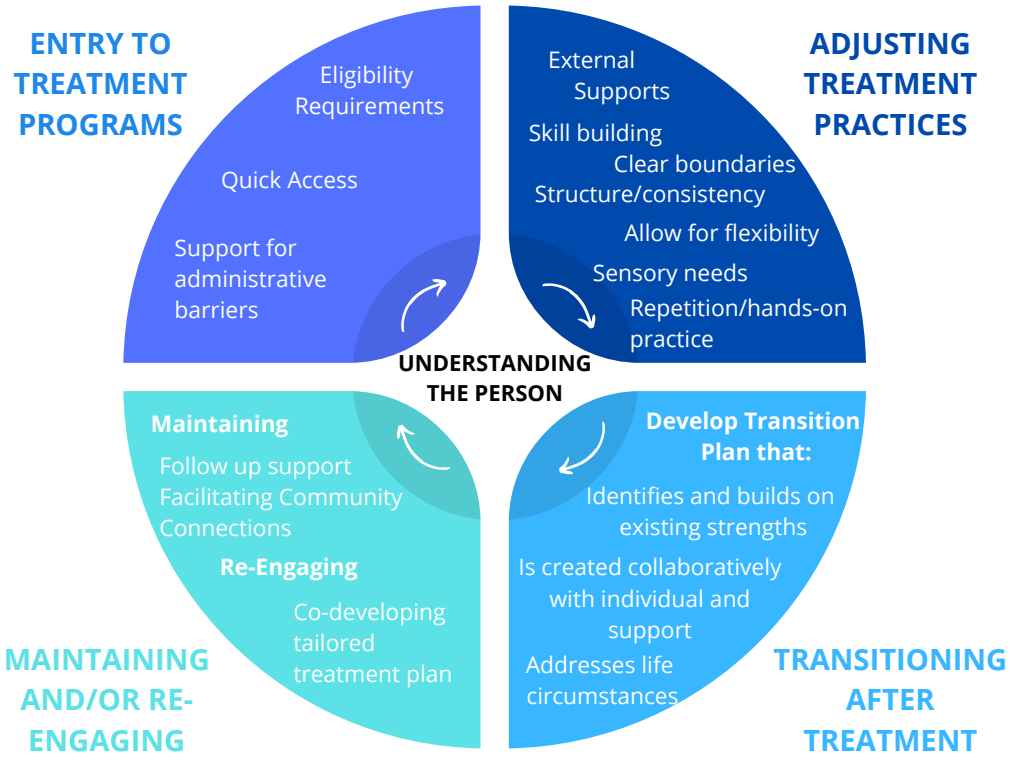
REFLECTION ACTIVITY FOR TEAM PLANNING

- When choosing an FASD identification or screening approach, as service providers, it may be helpful to have conversations at multiple stages reflecting on why identification is important, what recognizing people who may have FASD will help with, and which approaches or strategies make the most sense within a given program. Some questions to consider include:
- What do we currently know about FASD and FASD identification and screening? What would we like to know?
- How can we include people with FASD and other community partners in planning for the best fitting identification and screening practices for our setting?
- What are our goals for identifying people who may have FASD? How will we support people after being identified as potentially having FASD?
- What is our current comfort level talking about FASD with the people we support? If there is any discomfort, why could that be? What would help? *[e.g., Practice together and reflect on how it went]*
- What other organizations and community networks have experience with FASD identification? Who can we reach out to?
- What strategies are feasible given our current resources that we have to support this? What are the potential challenges and barriers?
- What cultural considerations may be important in screening and identification within the population served by our program?
- How do we access a given screening tool, obtain training, and check for permissions and qualifications for use?
- How will we evaluate this process to see what works?

Applying an FASD Lens to the Treatment Cycle

EXPANDED

Applying an FASD Lens to the Treatment Cycle



Entry to Treatment Programs

KEY POINTS IN THIS SECTION:

- Considerations for eligibility and access to treatment for individuals with FASD
- Supporting access and entry to programming by considering eligibility requirements, program space, reduction of administrative demands

Adopting an FASD-informed approach to service delivery can begin with program structures that facilitate easier access to treatment. Individuals with FASD often have challenges with impulsivity, decision making, memory, attention, and planning, which may contribute to increased difficulties when making arrangements to enter substance use treatment. In addition, racialized individuals may have experienced previous racism and/or discrimination in seeking access to health care and other services, which can add layers of fear and hesitation at treatment program entry.

"…and [if] you don't have a support person to either walk with you through the paperwork process and getting set up, I think that you don't have a chance whatsoever to even get your feet through the door of a treatment centre. The only time – the two times I got into treatment, I had a support person or a close friend that helped me go through the process to get through those doors, but I remember, any other time that I've tried to go into treatment that it didn't work out, was because I didn't have the support…" -Interview participant

To best support entry to programming, intentional consideration for ways in which eligibility and access to programs can be FASD-informed is warranted. Suggestions for doing so include consideration of 1) eligibility requirements for programming, 2) protected program space, and 3) a reduction in administrative demands for the individual accessing treatment.

1. Many programs have eligibility requirements for entry to treatment. We encourage you to review your program's policies and rules around eligibility for your treatment program to ensure that there are not unintended barriers to services for FASD populations. By considering ways in which your program can increase equitable access to treatment, clients with FASD will be given the opportunity to engage in treatment. Individuals with FASD can be successful in treatment when supports and accommodations fit the needs of the individual.
2. Due to brain-based differences, being able to quickly access treatment when the individual with FASD is interested and ready will be helpful for engagement in treatment.[5] To support rapid response to treatment for clients, having protected program space for individuals with FASD is recommended. For example, provision of reserved beds for clients with FASD has been found to be an asset for treatment programs. This ensures that when an application is received for an individual with FASD, the individual can gain entry to treatment without having to wait for a bed to become available. While this may not be possible for all treatment programs given varying resources, this reflects an example of the types of supports that treatment programs can advocate for in the future to make programming more FASD-informed.

3. Administrative work for treatment entry can be overwhelming for individuals with FASD, and paperwork can be difficult to understand and complete given the cognitive challenges faced by people with FASD. Consider how administrative demands that might create barriers to service entry may be avoided or mitigated in your program.

One way that may be helpful is to provide formal pre-treatment care to support clients with FASD when they first reach out for treatment. Using the identification and screening strategies mentioned earlier in the guide can help to recognize clients who may particularly benefit from this type of support. FASD-informed pre-treatment care can include a designated person that can support the individual with FASD in managing the requirements for beginning treatment. The support worker can complete paperwork with the client either over the phone or in-person, arrange appointments, possibly attend appointments with the client, organize transportation or childcare, if needed, etc. Some treatment centres have an FASD-specific worker who can provide this additional treatment support. If this is feasible, it is recommended that programs include an FASD-specific worker as part of their staff.

Another way to reduce the barrier of administrative demands on clients may include decreasing the number of requirements needed prior to entering treatment, and instead incorporating those requirements into the treatment program once the client is there.

NOTES

Adjusting Treatment Practices

KEY POINTS IN THIS SECTION:

- Like all clients, "one size fits all" approach is not effective for individuals with FASD
- Collaborating with external supports such as caregivers or an FASD support worker may be helpful in developing an individualized treatment plan
- It is vital that service providers listen to individuals with FASD as they often know what supports and strategies work best for them
- Salient areas of need for individuals with FASD are highlighted and should be considered in the creation of individualized supports

Individuals with FASD will benefit from substance use treatment programming that is tailored to their specific needs. These adaptations and accommodations should be based on the unique brain-based challenges that the individual with FASD experiences. Treatment providers can leverage their own expertise, as well as the wisdom of others, to develop programming specific to the needs of the client. It sounds like this could be a lot of work, but we hope the suggestions made in this guide, coupled with your experience and expertise, will provide a good foundation to build upon.

Often programs already create individualized plans, and so incorporating FASD-informed considerations into these plans is a great first step. An individualized plan could be developed at entry with consideration for proactive adaptations. In building this individualized plan, you will want to consider ways to incorporate 1) insight from the individual with FASD themselves, 2) external supports, and 3) specific targeted interventions.

1. Individuals with FASD know themselves best and have been living with the effects of FASD their whole lives. This means that they likely have already discovered great strategies and accommodations that work well for them. Listen to the individual with FASD and co-create a treatment plan together based on what they know works for them, and what you know is important for substance use treatment.
2. For external supports, it is recommended that programs consider:
    - Having an FASD-support worker, or a designated person who can advocate and facilitate accommodations for the individual with FASD. Some accommodations that may be needed include having someone to attend meetings with the client, reviewing information with them outside of programming, providing additional reminders, helping manage their belongings, etc.
    - Drawing on the lived experience of caregivers and the individual with FASD, in the context of their cultural background as relevant, to evaluate what has and has not worked well in the past may assist with this process.
3. For specific targeted interventions, consider areas of need that have been identified as particularly salient for individuals with FASD, including:
    - Treatment focused on emotion regulation skill building
    - Explaining clear boundaries and expectations
    - Increasing structure and consistency
    - Allowing for program rule flexibility
    - Accommodating for sensory needs
    - Increasing repetition and hands-on practice of information

"I think the biggest thing is that you can't assume that if you know somebody with FASD, that that's how every individual is that has FASD; that you're all impacted different, so whatever's gonna work for one, it isn't gonna work for the next; that you need to take that time to listen to what their story is and what their needs actually are in order to be successful, rather than assuming and then getting frustrated to why it's not working the same for one individual like it would another." -Interview participant

Supporting Transitioning After Treatment Programming

KEY POINTS IN THIS SECTION:

- Transition plans should be co-created with the individual with FASD, caregivers, and advocates/professionals as applicable
- Transition plans should focus on the strengths of the individual with FASD, consider their life circumstances, relevant cultural considerations, collaborating with required services to maintain healthy outcomes, and be flexible to best support individuals' transition out of treatment

"They offered – you actually stayed there, and then you can transition into an apartment in the place, afterwards, which I didn't, but that was kind of what caught my attention was the transition because it took me away from the surrounding 'cause a lot of my family is addicts." – Interview participant

To support and sustain gains made in treatment, individuals with FASD will need support when transitioning to their next steps. As with most clients, the development of a clear transition plan will facilitate the best chances for success outside of a treatment program.

Who should develop the transition plan? The transition plan development may be led by a specific FASD worker or can be done by another designated member of the treatment team. The development of the transition plan should be a collaborative endeavor between the individual with FASD and their support network. By adopting a collaborative approach to transitioning out of treatment, the treatment providers and support network can work with the individual with FASD to ensure they are positioned to enact the valuable strategies learned in treatment.

Who should be involved in the transition plan? The transition plan will look different for each individual but will likely entail support from caregivers and/or advocates, communication with other professionals and community services, and input from the individual with FASD themselves.[51] As caregivers may be involved in the lives of individuals with FASD, caregiver involvement should be emphasized when creating a transition plan, with client consent. Consider that for individuals from some cultural backgrounds, caregivers and extended family members will be especially integral to transition planning. It would be beneficial for caregivers to be present during the creation of a transition plan to ensure the plan is feasible for both the individual with FASD and the caregivers. The co-creation of a treatment plan creates space for engagement, supported autonomy, and individualization to meet the needs of the individual with FASD and address their goals.

"They need to know that caregivers need to be involved a little bit more; that caregivers understand the young person sometimes better than the young person understands themselves; that they need to be part of the treatment programming because these people can't just leave treatment and then do okay" – Interview participant

Core elements of a transition plan will ideally include 1) a focus on strengths, 2) consideration of life circumstances, 3) a collaborative team, 4) important information about the individual with FASD and 5) flexibility.

1. It is important to identify and build on existing strengths and natural support systems that the individual with FASD has. These strengths may be in areas including relational, skills-based, behavioural, cognitive, or personality strengths. Once strengths are identified, discuss with the individual with FASD how these strengths can be capitalized on and actioned towards promoting health and well-being.

2. Discuss the life circumstances of the individual with FASD with them and their support network, and adapt the transition plan based on these circumstances. Depending on the next steps of treatment, areas that should be considered in the development of the transition plan are housing, employment, substance use support, financial support, health support including physical health, dental health, sexual health, and mental health supports, legal supports (if needed), cultural and/or spiritual supports, and community engagement. Transition plans can also include information about accessing FASD diagnostic services, if the possibility of having FASD was first identified during treatment. As wait lists for accessing diagnostic and other assessment services can sometimes be lengthy, providing transitional support can help to ensure clients who may have FASD are able to later access services that may have been set up during treatment.
3. Prepare the necessary services and team members needed to support the individual with FASD in continuing their treatment and moving towards healthy outcomes. Consent and collaboration with the client with FASD are required to build this transition team. The individual with FASD may already have some familiarity with different programs and services, so it is important to ask them about their experiences. In addition, ask the client about the services and professionals they feel are important to their transition. Creating a transition team will be important to ensure all the needed services and supports are in place. Those who are part of the transition care plan should be aware of all the other programs and supports involved, and be knowledgeable of what their role is, as well as how they can support others on the team.
4. A short document that includes key information about the individual with FASD may be helpful to co-develop as part of the transition plan. In the document, areas of strength, areas of challenge, identified positive supports, and helpful strategies or accommodations may be included. This takes the onus off the individual with FASD to communicate all this information and prepares support services outside of treatment with knowledge needed to work best with the individual with FASD.
5. It is important for programs to be flexible in terms of the timeline of achieving treatment goals. By adjusting the pace to best match each individual client and adopting an approach that allows for clients to voice their needs, success in treatment may be increased. A major accommodation that treatment centres can make for individuals with FASD is to provide a pace of recovery that matches that individual's cognitive and emotional processing needs. Considering brain-based differences including memory, attention, and comprehension, effective treatments will likely require ample time, individualized practice, and creative alterations. One way that treatment centres can accommodate individuals with FASD is to create policies that extend the time allowed in the program or ensuring that individuals can return to treatment multiple times without judgement or limitations. By increasing the program's flexibility and allowing clients to adjust the length of their stay, more clients may be able to complete treatment. Flexible durations of treatment also allow for more time to arrange transitions to programs and supports after substance use treatment. Multiple returns to treatment to accommodate learning needs may also be beneficial.

A Transition Planning Table may look something like the example below:

TRANSITION NEEDS	SUPPORT PERSON/ AGENCY	IS THIS A PRIORITY FOR THIS CLIENT? DESCRIBE	NOTES
Housing			
Financial			
Employment			
Physical and sexual health			
Mental Health			
Community engagement			
Substance use support			
Legal Assistance			
Cultural and/ or spiritual support			
Family or parenting supports			
FASD Diagnostic Services or Navigation Services			
Other:			

Maintaining and Re-engaging with Treatment Programs

KEY POINTS IN THIS SECTION:

- Clients with FASD will need support to maintain the progress they make in treatment outside of treatment
- It is possible that clients with FASD will re-engage with treatment in the future, whether they complete treatment the first time or not, and so it is important to consider what can be done to ease the transition back to treatment

Transition planning, as described above, includes planning for both maintenance of the progress made during substance use treatment, as well as considering the possibility of re-engaging with substance use treatment in the future.

Considerations for Maintaining

As with all clients, individuals with FASD will need support to continue to work on their treatment goals. Treatment centres can support maintenance of progress by providing follow-up support as well as facilitating community connections after treatment. An accessible follow-up worker can assist with integrating learned strategies and behaviours into daily life and can also assist the individual in building ongoing connections with support workers, therapists, community groups or other resources. Treatment centres might consider fostering continuity of care by collaborating with community supports so that individuals can continue to engage in some programming after discharge, or while they are on a waitlist to return. Keep in mind that the availability of ongoing resources and support can vary greatly between different types of communities (e.g., rural, urban, remote, reserve communities).

"[I] was also already on the waitlist for [treatment centre 2] too. I knew that that was gonna be at least a month or two, and I was just gonna continue to use until – until then" – Interview participant

Considerations for Re-engaging

Individuals sometimes attend a variety of treatment programs in their recovery journey based on what is available when and where they need it. With the consent of the individual with FASD, treatment centres can collaboratively support individuals with FASD by supporting the transfer of knowledge and information from previous treatment programming to the next. Shared information around the necessary supports and accommodations that the client had in place can facilitate a smooth transition back into treatment.

Steps to information sharing

- Co-develop a document with the client with FASD during transition planning that includes information about what they liked in treatment, found helpful in treatment, what supports or accommodations were in place, and any other important information.
- Provide the document to the individual with FASD. There may be an identified "safe person" such as a caregiver or advocate who could help with keeping and sharing documentation as needed.
- If feasible, obtain consent from the person with FASD to directly share the document with a designated provider as well.

"How many times have we gone to an appointment, and they say, 'Well, we never got this report', 'We never get that report'? I mean, it's an interprovincial barrier that shouldn't be there in our healthcare system, and I know you can't fix that, but I'm just flagging it as one of the stumbling blocks that people can have. Those are just system problems that are confounding proper treatment." – Interview participant

Throughout the Treatment Cycle: Access to Support Services

KEY POINTS IN THIS SECTION:

- Additional services supporting physical and mental health, as well as social, housing, legal, transportation, cultural and/or spiritual, or childcare services are oftentimes required to best support the complex needs of individuals with FASD
- Integrated support services or collaboration with appropriate community services may be required to support the multifaceted needs of individuals with FASD
- To guide the integration and/or collaboration of support services for individual clients, treatment programs may first evaluate the individual's needs, determine which needs can be met through services in the program and facilitate referrals to community services as required

As with many clients who may attend substance use treatment, substance use concerns are often not isolated issues for clients with FASD. Physical health services, mental health services, social services, and financial services are a few of the support services that may be needed to help address the multifaceted factors contributing to, and underlying clients' substance use. This is magnified for many individuals with FASD because FASD affects both the brain and body, therefore individuals with FASD often need specialized supports to address their health, adaptive functioning, and daily living needs. These additional services may be needed to support clients with FASD to engage in treatment effectively.

Navigating different community-based services is often required to receive needed supports. Navigating between different services is typically challenging given the complexity of systems and services. Navigation may be additionally challenging and confusing for clients with FASD due to difficulties with memory, reading and writing, receptive language, organization and planning, processing speed, and expressive language. These difficulties may make it difficult for individuals with FASD to understand necessary information, make it to scheduled appointments, and communicate their needs to others.

Two types of approaches are used to encourage access to support services. Support services may be integrated into the substance use treatment program, or collaboration between your program and community services may be facilitated to support the clients' needs.

Integrated services

Some substance use treatment programs will have integrated services already involved in their programming. It is recommended that substance use treatment programs integrate commonly needed support services into their program to increase access to these services for all clients. Especially for clients with FASD, having integrated services in the treatment program will increase accessibility to services that otherwise may have been challenging to access given their brain-based differences and the complexity of system navigation. Some integrated services to consider are nursing and medical services, transportation, legal services, cultural and/or spiritual services, and employment services. These services may be involved full-time as part of treatment, but they can also be arranged in any number of ways, such as dedicated time and an office space one or two days a week, a partnership arrangement, etc.

Collaboration with support services

Oftentimes, it is not possible to integrate services into the treatment program. To support individuals with FASD to access support services, a designated FASD-support worker or other identified staff member can be tasked with assisting with collaboration. Ways to provide support may be through:

- direct referrals
- helping to schedule and plan appointments
- helping the individual with FASD complete paperwork
- reminding the individual with FASD of their appointments
- accompanying the individual with FASD to appointments.

The support worker can co-create a plan with the individual with FASD to understand what level of assistance they need to be able to access services and engage with these services in a way that creates a positive experience for both the support service and the individual with FASD. In addition to integrating or collaborating with appropriate services, substance use treatment centres should also consider the importance of collaborating with FASD-informed providers.

Some examples of support services that are commonly needed for individuals with FASD are 1) health-related services, 2) social-related services, 3) legal services, and 4) housing services.

1. Additional health-related services include those provided by health professionals, such as physicians, pharmacists, psychologists, psychiatrists, or dentists to ensure that clients' physical and mental health is properly addressed to allow clients to effectively engage in treatment. Clients with FASD may experience significant mental or physical health problems that impact their ability to engage with and complete substance use treatment.[52,53] FASD may have various impacts on physical bodily functions and so clients with FASD may require additional physical health care.[54] Addressing these concerns in substance use treatment or providing avenues for clients to receive support for these concerns may increase the success clients experience by reducing compounding issues that are affecting health and well-being.

   For clients who may not have an FASD diagnosis but are interested in pursuing an assessment, it may also be possible to develop connections with a local diagnostic team and make preliminary introductions to an intake worker or clinical coordinator with the team. In doing so, this may help in creating a bridge and familiar connection that can facilitate later involvement with a diagnostic program, even in the case where waits may take some time.

2. Clients with FASD may require supports with various services related to supporting financial, legal, housing, childcare, and/or transportation challenges. Brain-based differences result in difficulties maintaining employment and receiving a steady income. As a result, many clients with FASD may experience financial barriers that limit both their ability to potentially access specific treatments and pay for transportation to treatment. Previous research has found that a lack of transportation support was a significant barrier to accessing and staying in treatment for clients with FASD,[4,20,55] and may include not owning a vehicle or being able to pay for public transit. As such, it is important for substance use treatment programs to offer transportation assistance to clients with FASD, if possible, to facilitate their engagement with treatment. This may include organized transportation with the assistance from staff members or additional support remembering public transport routes and paying for fares. In one example from our research, a client with FASD needed assistance obtaining identification, and she was unable to effectively engage in treatment because she was preoccupied with getting her identification. The staff at the treatment centre were able to support her to transport her to the registry and help her with getting her identification card. Once she had this, she was able to continue in treatment.

"With the resources around keeping families together rather than just separating them, that would have really helped me 'cause it almost pushed me further into addiction when I was separated from my child." – Interview participant

Another major barrier to accessing and staying in treatment can be finding appropriate childcare options.[4,20] Ideally, treatment programs would be able to collaborate with childcare services to provide childcare options to their clients or incorporate a childcare option at their facility. Additionally, collaboration with the child welfare system may be beneficial to support parents whose children do not currently live with them.[20]

3. Individuals with FASD may be involved in the criminal justice system and have outstanding legal obligations when they enter substance use treatment. Navigating legal services and supports may be especially difficult for clients with FASD due to various brain-based differences that impact, among other aspects, the comprehension of complex and difficult documents involved in legal processes. In addition to collaborating with legal services and providing legal consultations to clients, legal services may also be integrated into current treatment programs by hiring additional staff members with expertise in this area or training staff members in this area.
4. Housing is another service clients with FASD may require additional support with. Housing instability may limit a client's ability to reduce or improve their substance use post-treatment. As such, collaborating with supportive housing services or having a housing worker on staff may be beneficial for clients with FASD to find appropriate housing post-treatment.[20,57,58]

Potential Support Services

HEALTH-RELATED SERVICES	SOCIAL-RELATED SERVICES
Physicians	Financial
Pharmacists	Employment
Psychologists	Legal
Psychiatrists	Housing
Dentists	Transportation
Optometrists	Childcare
Occupational Therapists	Cultural/spiritual
Physiotherapists	
Chiropractors	

A three-step process may help to guide substance use treatment centre staff in supporting clients with FASD to access support services:

1. EVALUATE	2. DETERMINE	3. BRIDGE
What are the needs of the individual with FASD? They may be financial, social, medical, etc. Have a discussion with the individual with FASD to understand what other services and referrals the individual may need.	What can be solved in-house? Depending on your treatment program, you may have integrated services that that the individual with FASD can connect with within the treatment program.	If the service is not available within the program, bridging to community programs should be considered.

To facilitate the collaboration and/or integration of services, clients' needs should be assessed at intake and on an ongoing basis throughout treatment to ensure clients' needs are consistently met. It is important to remember that needs may change over time.

A tool that can be used to assist with accessing support services is provided below:

CLIENT NEEDS	Y	N[1]	ASK FURTHER[2]	N/A
1. Client has access to appropriate housing				
2. Client has access to medical care				
3. Client has arranged medication management				
4. Client has access to mental health services (e.g., psychiatrist, psychologist, counsellor)				
5. Client has access to legal support (if required) (e.g., probation officer, lawyer)				
6. Client has assistance with financial management				
7. Client has assistance to complete applications and compile documentations for funding support				
8. Client has access/assistance to develop life and/or vocational skills for employment opportunities.				
9. Client has access to appropriate childcare services or parenting supports (if applicable)				
10. Client has assistance to communicate with and navigate child welfare systems (if applicable)				
11. Client has access to transportation to safely commute				
12. Client has access to cultural and/or spiritual support (if applicable)				

Adapted from Pei et al.[30]

[1] For any "N" responses, consider how the client can be connected to services so these needs are met

[2] If the client did not identify a need by answering either "Y" or "N", ask the client further questions to determine if that item is a need for the client or not.

WHICH OF THE FOLLOWING SERVICES ARE AVAILABLE WITHIN YOUR AGENCY?

☐ Housing	☐ Financial support
☐ Medical care	☐ Employment support
☐ Dental care	☐ Legal needs
☐ Mental health	☐ Transportation
☐ Childcare or parenting supports	☐ Cultural and/or spiritual

Adapted from Pei et al[30]

PRACTICE ACTIVITY

Sit down with a colleague or your team to discuss the following situation. If that is not possible, take some time to reflect on your own.

Clients with FASD may not complete treatment due to a variety of reasons. If they do re-engage with treatment, it will be important for treatment providers to consider factors that can support them this time around. For clients with or without FASD, the need to re-engage with substance use treatment is common, and it is essential to meet these clients each time with hopefulness, compassion, and commitment to their goals. What are some steps that you can take to facilitate a smooth transition for the client back into treatment?

Consider:

- What does the client identify as their strengths and needs?
- What support services do they need to be successful in treatment?
- How can those support services be accessed? Does the client already have any connections?
- How can you make sure to integrate existing personal strengths and natural supports?
- What did they like in treatment when they were in treatment previously (e.g., cultural experiences, smaller groups supports, making social connections)?
- What were barriers for them in treatment last time (e.g., loss of connection with children, lack of recreation activities, too many tasks etc.)?
- What brought them back to the treatment centre right now?

Enhancing Program Practices to be FASD-Informed

FASD Training and Education

KEY POINTS IN THIS SECTION:

- Specific training in FASD is important to increase understanding of the needs of individuals in treatment and appropriately tailor supports
- Treatment providers should be prepared to understand how brain-based differences may present differently and adapt treatment accordingly
- Four core training goals of FASD education and training are:
  - Develop a meaningful understanding of FASD
  - Appreciate the potential of individuals with FASD
  - Emphasize the importance of relationships
  - Acknowledge learning and training is ongoing and multileveled

Even though the majority of programs have at least some participants recognized as having FASD, many are designed in ways that present challenges to this population.[11] Furthermore, as described earlier in the section of this guide focused on identifying and screening, many people with FASD may not have previously been recognized but are nevertheless accessing substance use treatment services. Many treatment programs operate on the assumption that clients have the memory, cognitive skills, and language abilities needed to understand and apply what they are being taught at the same pace as others.[11] For individuals with FASD, unidentified brain-based differences and sensory needs can lead to early termination or lack of progress in treatment as they struggle to meet the behavioural and cognitive expectations of programs not designed for them.[4,11,56] Through ongoing staff training and the adoption of an FASD-informed approach, accommodations can be made to support desired treatment outcomes.[11]

"Having people out there that educate service providers on FASD would be the biggest burden lifter" -Interview participant

Because individuals with FASD present with unique needs,[42] specific training in FASD is important to understand the complex nature of the disability and to be able to appropriately tailor services. Individuals with FASD are a heterogeneous group, and strategies that work with some individuals may not work with others. Training should prepare you and other staff to recognize ways in which brain-based differences may manifest in treatment and look for ways to adapt programming to meet the needs of individual clients. It is recommended that all levels of staff at substance use treatment centres have knowledge of FASD, including what FASD is and how to work with clients with FASD.[56] This includes front-line support workers, as well as receptionists, managers, kitchen staff, etc. Training should provide a solid foundation about FASD and be used to inform all aspects of program design and implementation.[56] In addition, having increased empathy, understanding, and tools for working with individuals with FASD can possibly reduce frustration for staff by re-framing behaviours within the context of the impacts of FASD.

Four core training goals for FASD education and training include 1) developing a meaningful understanding of FASD, 2) appreciating the potential of individuals with FASD, 3) emphasizing the importance of relationships, and 4) acknowledging that training is an ongoing process with many levels.

1. Developing a meaningful understanding of FASD begins with training that focuses on ways in which brain-based differences associated with FASD impact everyday life.[56] These should include physical, behavioural, cognitive, social, emotional, and spiritual aspects of an individual's life.[11] Training should include examples of how brain-based differences in memory, learning, language, adaptive functioning, attention, sensory processing, executive functioning, motor skills, and academics impact treatment to increase understanding in a practical way.[59] As earlier noted, being FASD-informed is also an important step in being able to recognize those with FASD in treatment programs.

   There are various online resources that provide training tools and resources to become more informed about FASD. CanFASD provides three levels of online courses that provide foundational and sector-specific FASD training. CanFASD also keeps an updated list of online training resources including upcoming online education opportunities, webinars, online courses, podcasts, and other learning resources. An additional resource that may help to support preparing employees when working with clients with FASD is Best Practices for Serving Individuals with Complex Needs Guide and Evaluation Kit[29]. These resources can be found in the Tools and Resources section of the guide.

2. Individuals with FASD are capable of learning and growing and can benefit from treatment. Participation in FASD training initiatives has been linked with better outcomes for clients as well as changing practice behaviours from treatment staff. As Grant and colleagues[4] indicated, education in combination with hands-on experience is the best way to "demystify FASD". Treatment providers who received FASD specific training were able to appropriately tailor services to meet the needs of their clients with FASD and adjust expectations for success. A change in approach to focus on supporting allows the clients to establish stable relationships with providers, leading to greater retention and adherence to recommendations over time.[4]

3. Working within a supportive relationship with the individual with FASD and their support network to help identify specific challenges and strengths of the person with FASD will increase chances of success in treatment. It may also increase the individual's ability to understand their own strengths and challenges. By accepting and understanding the person with FASD, you create conditions for success. It is within supportive relationships that growth can occur.

4. To best prepare staff for success when working with clients with FASD, initial training, as well as ongoing training is recommended. It is important to incorporate ongoing opportunities for staff to deepen their understanding of FASD and FASD-informed practices through participation in webinars or in-person professional development, as well as reflective practice discussions to problem-solve with other clinicians, supervisory staff, and an FASD consultant.[20] Access to expert consultants is recommended for client consultation needs.[60] FASD networks can be found in many communities, and CanFASD is also able to connect treatment centre staff with the most appropriate expert consultant if needed.

"caregivers that I've spoken to – we find ourselves always in a position where we're educating service providers, over and over and over again. So, from the time our children start school, we're educating, and then we hit – once they get into trouble, we have to educate the hospital staff, and we have to educate the health unit, and now we have to educate the counsellors. She was involved in child welfare for a while, and, you know, that person didn't really seem to understand FASD. She just piled the work on her – like, 'You're gonna go to AA, and you're gonna do this and you're gonna do that', and she's already doing more than she possibly could manage, and I think, as a caregiver, I really want those people out there, I want the people who serve people with FASD to be trained." -Interview participant

Integrating FASD Prevention and Treatment

KEY POINTS IN THIS SECTION:

- Consideration of stigma for substance use during pregnancy
- Reflection activity: Self-Assessment – Practitioner Beliefs and Attitudes
- The importance of education and support related to the prevention of FASD

The powerful stigma attached to substance use during pregnancy may create barriers and prevent individuals from accessing treatment.[61] Internalized feelings of guilt and shame as well as the fear of being stigmatized can result in individuals avoiding accessing treatment options.[61] For individuals from various cultural backgrounds, such as Indigenous individuals, experiences of racism in accessing health services can compound existing stigma and associated barriers to treatment access.[62] Engaging people in safe, collaborative, and respectful discussions about alcohol may be critical to their getting to, and staying in, treatment.

"Individuals with FASD face stigma around their diagnosis, their perceived abilities and the preconceived ideas society has about these individuals".[63] Reducing stigma requires coordinated effort across services and support systems such as the individual, familial, community and societal levels.

TOOL: SELF-ASSESSMENT – PRACTITIONER BELIEFS AND ATTITUDES

People are sometimes unaware of how their own behaviours and attitudes can contribute to stigmatization. Acknowledging stigmatizing thoughts and actions may feel uncomfortable, yet they are incredibly important to address. The statements below may be used as a self-reflective exercise to help you become aware of how you may contribute to stigma.

TO WHAT DEGREE DO YOU AGREE WITH THE FOLLOWING STATEMENTS?										
	1 Strongly Disagree	2	3	4	5	6	7	8	9	10 – Strongly Agree
1. I believe that women who use alcohol can be good mothers.										
2. I believe that women who use alcohol during pregnancy are responsible for the negative parts of their lives.										
3. I feel that pregnancy or the birth of a child should be reason enough to stop substance use.										

	1 Strongly Disagree	2	3	4	5	6	7	8	9	10 – Strongly Agree
4. I believe that a relapse indicates a lack of commitment to recovery and parenting.										
5. I can tell by looking at a woman if she has a history of substance use.										
6. I am aware of the effects of alcohol and other substance use on a fetus during pregnancy.										
7. I know what harm reduction in pregnancy looks like.										
8. I am comfortable supporting harm reduction practices during pregnancy and parenting.										
9. I feel comfortable asking a woman about her history of use of alcohol.										

After you have reflected on the statements above, consider:

- How did it feel to think about the statements?
- Were there any statements that you got stuck on, or had a harder time with?
- How might your attitude, awareness, assumptions or approach impact the way you work with women who use alcohol?

Adapted from: Schmidt et al[64] Access to the full document linked in the *Tools and Resources* section.

"the FASD support worker … brought it to our attention that no mother intends to give their child FASD, and that really hit home with me because my mum has passed on now, but, there's some unhealed stuff there, but at the same time I can still accept my diagnosis without feeling shame towards her or angry towards her 'cause I know that she didn't intentionally do this. And for myself, being a young mother – I was fifteen – and having my daughter when I was sixteen, I had no mother guidance around me. I didn't know nothing about babies. I was a young teenage mom, and my daughter's also diagnosed with FASD. So, to me, it took down that wall of shame, and it's kept me from avoiding it until I had my diagnosis when I was twenty-one. So, for me, the biggest turning point was understanding that no mother really sets out to give their child FASD, but also that sometimes it's hard to share that with other people, and not everyone's gonna be on the same page while they're in the treatment centre, but it's definitely something to understand…" – Interview participant

Substance use treatment offers an opportunity for education and support related to prevention of FASD.

- Education about alcohol's effects on fetal health can be integrated into education about the effects of alcohol and other substances overall. In this way, receptivity to hearing about FASD and FASD prevention may be heightened, as often FASD prevention messages are met with resistance.
- Conversations with a trusted treatment counsellor can be a safe opportunity for people to release feelings for how their alcohol use may have affected their children. In both individual and group counselling, there is opportunity for all clients, birth mothers and others, to learn from/with others, to share stories and develop compassion for themselves and others. It is important for treatment providers to acknowledge that prenatal alcohol exposure may be a topic that is met with feelings of loss, grief, and sadness and that exploration of these feelings may be a key contribution to recovery.
- Treatment can also be an important opportunity for individuals with FASD to explore difficult feelings around their own parent's alcohol use.
- Bringing FASD prevention into the treatment setting can be helpful for all clients. Often the burden of prevention is solely placed on the shoulders of pregnant woman and people.[5] In treatment, all clients can learn about FASD and how to support friends and partners to prevent FASD. This positive empowering approach with a focus on how everyone can support friends or others is important. This may include very practical ideas about alcohol-free alternatives, alcohol-free environments, and/or protected sex.

There are many FASD prevention initiatives in place across Canada: awareness raising initiatives; brief intervention by health and social care providers; and community-based wraparound and mentoring support for women with alcohol and related health and social concerns. You may want to seek out information about the wraparound and mentoring services available to women as part of planning for aftercare for some women at the end of treatment.

Although not specific to women with FASD, the following consensus on fundamental components of FASD prevention can offer a solid basis for promising practices in substance use treatment programming for women with FASD.

NOTES

CONSENSUS ON 10 FUNDAMENTAL COMPONENTS OF FASD PREVENTION FROM A WOMEN'S HEALTH DETERMINANTS PERSPECTIVE[56]

Respectful	Respect is paramount to successful FASD prevention and treatment. It is a vital tool in the elimination of discrimination and stigma in prevention initiatives, and it is pivotal to creating an environment where women can address their health care needs.
Relational	Throughout life, the process of building relationships and connecting with other people can be extremely important. It is vital to FASD prevention to acknowledge that the process of growth, change, healing, and prevention does not happen in isolation.
Self-determining	Women have the right to both determine and lead their own paths of growth and change.
Women-centred	Women-centred FASD prevention and care recognizes that, in addition to being inextricably linked to fetal and child health, family health, and community health, women's health is important in and of itself.
Harm reduction-oriented	Preventing FASD involves understanding substance use and addictions, including the full range of patterns of alcohol and other substance use, influences on use, consequences of use, pathways to and from use, and readiness to change.
Trauma-informed	Multiple and complex links exist between experiences of violence, experiences of trauma, substance use, and mental health.
Health promoting	Promoting women's health involves attending to how the social determinants of health affect overall health. In the context of FASD prevention, health promotion approaches draw the lens back so that FASD can be understood in its broader context.
Culturally safe	Women who seek help from service agencies need to feel respected, safe, and accepted for who they are, with regard to both their cultural identity and personal behaviours.
Supportive of mothering	FASD prevention must recognize the importance of supporting women's choices and roles as mothers, as well as the possible short- and long-term influences that a loss of custody may have on a woman.
Uses a disability lens	Women with substance use and mental health problems may also have disabilities, including FASD. Women need care and prevention responses that fit with what we know about the spectrum of disabilities related to FASD.

Harm Reduction

KEY POINTS IN THIS SECTION:

- Understanding harm reduction as an evidence-based approach to substance use treatment
- Identifying harm reduction as a supportive practice for individuals with FASD
- Applying harm reduction in treatment plans through strengths-based and achievable goals

Harm reduction is an evidence-based, client-centred approach that aims to reduce the social and health adversities that are associated with substance use without requiring those that use substances to stop using.[65] Harm reduction models emphasize that there can be healthy solutions other than abstinence, and that people using substances deserve safety, access to services and positive support without judgment.[66] Harm reduction services during substance use treatment prioritize incremental improvements in an individual's health and quality of life so that harmful effects of substance use, rather than just the substance use itself, are reduced post-treatment.[66] Harm reduction during substance use treatment can provide support that is critical for individuals with FASD who deserve dignity and safety as first priorities.[20]

"They're very, very, very impulsive... and so being able to hold onto sobriety is incredibly hard… over time, I've felt that some form of harm reduction is needed... I was able to talk her off of the needle and onto smoking rather than using the needle, [it] still provides lots of challenges and she's not functional, but she has less chance of dying." - Interview participant

As with any client that may seek substance use treatment, certain personal characteristics can influence the chances of unsafe situations or adverse outcomes.[67] A harm reduction approach may be particularly beneficial to individuals with FASD because brain-based differences can put those with FASD who use substances at higher risk for adverse outcomes.[54,68]

Although the brain-based differences in FASD can include a unique range of characteristics and experiences, some individuals may experience risks such as the following:

CHARACTERISTICS	ADVERSE OUTCOME RISKS
Impulsivity	• Difficulty saying no to available substances • Difficulty planning and maintaining a choice towards abstinence • Risk of using in unsafe situations (using alone or with strangers, not staggering use with others) • Risk of using unsanitary equipment (risk of infectious disease) • Risk of using contaminated substances from unsafe sources (risk of poisoned drug supply, risk of overdose)
Stress Sensitivity	• Risk of using substances to cope with very strong or ongoing stress responses

CHARACTERISTICS	ADVERSE OUTCOME RISKS
Memory	• Difficulty recalling how much substance is safe to use, or how much their body is currently tolerating • Difficulty remembering to apply learned safety measures such as having naloxone or not using alone • Difficulty remembering previous harms suffered from not using safely
Judgement	• Difficulty identifying and avoiding peers or situations where substances will be available
Comprehension	• Difficulty understanding the risks of contaminated drug supplies, unsanitary equipment, or long-term health effects • Difficulty understanding change in drug tolerance due to location, health, or periods of abstinence

A harm reduction approach encourages continued care during all stages of recovery and, importantly, does not view a return to use as failure.[66] Continuing to provide non-judgmental support during a lapse reinforces a person's value and perceives the lapse as one point on a continual journey to positive change. Individuals with FASD are supported to succeed when they continue to receive care, are provided safety from potential harm, and are reoriented towards goals that are strengths-based and achievable.

Immediately achievable goals for individuals with FASD can include:

- Staying in communication with workers and caregivers
- Maintaining housing, nutrition, and medical care
- Staying engaged with pleasurable activities (e.g. art or recreation)
- Using safer substances (e.g. cannabis, tobacco)
- Maintaining connections with cultural and/or spiritual supports
- Using with safer methods (e.g. at a safe injection site) or not using alone

A harm reduction approach supports an individual's growth by celebrating small improvements in wellness. Continued connection with supports regardless of abstinence can reduce the risk of disease and overdose, increase belonging and connection to community, improve health outcomes and increase a sense of hope and success .[66,69]

CANNABIS

The use and effects of cannabis is an emerging area of research. The work that was conducted as part of this project took the perspective of key stakeholders, including people with FASD, caregivers, and service providers. Much is unknown about the impacts, effects, and safe use of cannabis.

Research specifically on cannabis use from this project has found that individuals with FASD often use cannabis for pain relief, improving sleep, reducing agitation and aggression, decreasing hyperactivity, lessening feelings of stress and tension, and for mood and anxiety symptom management. Some participants indicated that using cannabis plays a role in reducing the urge to use other substances, and cannabis was used as a substitute to harder drugs. Many individuals with FASD, as well as caregivers and frontline staff, expressed that there are benefits of cannabis use when

used appropriately. Participants who shared their experiences voiced the importance of knowing how different strains and types of cannabis influence the symptomology of adults with FASD.

Participants also reported experiencing adverse effects, including decreased motivation, short-term memory loss, withdrawal, psychosis, and anxiety. Similar to many other substances, there is a risk of chronic use and dependency with cannabis. In particular, managing the use of cannabis may be especially difficult for individuals with FASD due to challenges with impulse control. Individuals with FASD may benefit from support from staff or trusted caregivers to use cannabis appropriately, including offering a consistent dosing regimen to avoid misuse and adverse effects. [70,71,72]

Cannabis may be a substance that individuals with FASD continue to use because of its perceived benefits. It is important that treatment providers acknowledge the benefits and consequences of cannabis use for individuals with FASD. Using a harm reduction approach includes developing an understanding of the frequency, dose, and potency of cannabis use for each individual with FASD choosing to use cannabis and working with them to develop a plan that supports their goals. These findings support treatment providers in engaging with individuals with FASD in a risks and benefits analysis of cannabis use to develop a nuanced individualized plan.

NOTES

Creative and Recreational Approaches

KEY POINTS IN THIS SECTION:

- Individuals with FASD may benefit from creative activities and therapies that do not involve a lot of verbal skills and abstract thinking
- Creative and recreational treatment activities may include different activities supporting an individual's physical, mental, emotional, and spiritual wellbeing
- Creative activities such as art, music, or sports help individuals find and develop their strengths, develop a sense of identity, support their ability to self-regulate and focus to better engage in treatment, and learn life skills that support everyday functioning

Individuals with FASD benefit from use of a variety of treatment approaches in substance use treatment.[5,20,58] Approaches that primarily use verbal-based treatments or those that incorporate a heavy cognitive load and abstract thinking have been identified as barriers for individuals with FASD due to the brain-based differences experienced by this population.[58] Incorporating other activities into treatment that place less emphasis on verbal language may encourage engagement in treatment for individuals with FASD.

Creative and recreational approaches create an opportunity for nonverbal and alternative treatment modalities. Creative and recreational treatment activities may include a variety of different activities that support the physical, mental, emotional, and spiritual wellbeing of a client. The provision of services could include:[5,58,73,74]

- Massage therapy
- Art therapy
- Music therapy
- Yoga
- Dance/movement therapy
- Physical leisure
- Recreational activities
- Working with animals (e.g. a support animal, such as a cat or dog, that visits the treatment facility on a regular basis)

Why incorporate creative and recreational practices?

By providing creative and recreational approaches, individuals with FASD can 1) develop their strengths and sense of identity, 2) increase their ability to self-regulate and focus during treatment, and 3) learn life skills.

1) Having activities such as music, art, and sports incorporated into treatment programming provides an opportunity to find and build on strengths, as well as develop a sense of identity by exploring likes, dislikes, and interests. Fostering feelings of self-confidence and success can contribute to better engagement and outcomes in substance use treatment for clients with FASD.[5,5,75]

"They did sports and stuff, they had swimming, and I like to draw and stuff like that. So I did that, and I read, and I read lots. I haven't read so many books since I was a kid, but yeah, it was good. I think that helped get my brain in gear 'cause I read. At first, it took me a few weeks to read a book, and then, near the end I was reading like a book every four days or whatever, so yeah, that was good." – Interview participant

2) Activities such as exercise, massage, and yoga may provide individuals with FASD a chance to receive a break from more classroom-style treatment activities. Having relaxation or movement breaks may be beneficial for grounding clients, increasing attention, and helping them stay regulated throughout the day. Physical activity, in particular, can help improve attention and reduce hyperactivity. [76,77]

"They had a big fenced backyard – it was huge – so you could actually go outside in between the program or after supper. We had barbeques; we got to hang outside; we got some sunlight. … I found that made a big difference of having that outside and that place to just go calm or collect your thoughts, and it was nice, enjoy some sunshine."
– Interview participant

3) Exposure to various activities can lead to the development of life skills for clients. [5,20,58,78] Activities such as sports, music, and art may teach clients important everyday skills, such as communication and decision making skills. Incorporating life skills training into activities during substance use treatment provides a learning opportunity for individuals with FASD who may learn best in an active, hands-on way.

"I think it was learning to communicate with people again that was most useful because I had such a negative attitude to what other people thought." – Interview participant

Evaluation

KEY POINTS IN THIS SECTION:

- Program evaluation is crucial to ensure treatment programs are accountable and responsive in their work with clients
- Monitoring efforts to support individuals with FASD is helpful for informing program development
- Evaluation of additional supports is needed to understand what practices are effective for this population
- It is important to provide multiple options and supports for individuals with FASD to provide feedback in a way that is meaningful and accessible for them

Program evaluation is the "systematic collection of information about the activities, characteristics, and outcomes of programs to make judgements about the program, improve program effectiveness, and/or inform decisions about future program development".[79]

"Something that is quickly judged when it comes to FASD is they think you're lazy or you don't want it; that you're not willing to do the work; that you don't want recovery; that you're here, wasted time or wasted money, or you're here for the wrong reasons, and most of the time, I don't think, FASD or no FASD, nobody chooses to want to be an addict…"
– Interview participant

The World Health Organization[80] describes program evaluation as an attitude that allows for a healthy culture of questioning and gaining information on program implementation, components, and results. Evaluation helps treatment program staff not only learn if treatment activities were successful, but also why they were, and how to improve. [80]

Program evaluation is crucial to ensure substance use treatment programs are accountable and responsive in the work that they are doing with all clients. Program evaluation opens the door to finding new opportunities for treatment improvement and funding opportunities.

APPROACHES TO EVALUATION

There are two main levels of evaluation that are important to consider in treatment programming: the program level and the client level.

Evaluation at the program level includes gathering evidence on program implementation, results, and cost-efficiency that will help to improve quality of care.[79] Program level evaluation can take many forms, and often includes surveys, interviews, focus groups, and review of program documents.

Evaluation at the client level can be described as progress monitoring and is concerned with evaluating an individual's progress throughout treatment and ensuring they are supported and moving towards their goals. Progress monitoring involves adapting in response to the client during treatment and can often be done by the individuals that are providing treatment by gathering feedback from clients and staff. In substance use treatment programs, evaluating progress in treatment helps to identify effective service delivery methods, allocate resources, become aware of potential problems, and identify strengths and weaknesses to optimize program development. Consequently, progress monitoring is related to positive outcomes, decreases in negative outcomes, and increases in treatment efficacy.[81]

COLLECTING CLIENT LEVEL DATA

When seeking feedback from clients with FASD, it will be important to provide options for providing feedback, such as oral or written responses. Individuals with FASD may require someone to go over the evaluation questions with them one-on-one and help record answers. The use of visuals to accompany words may also help to aid comprehension. For clients that struggle with reading and writing, including scales where they rate their experience through numbers or images (e.g. a series of faces with different expressions) may be helpful.[82] More creative expressions, such as having the client use colours that correspond to their feelings about the treatment being provided, may also resonate with some clients.[83]

PROGRESS AND OUTCOME MONITORING

Client level evaluation should take place at different timepoints throughout treatment to monitor progress, increase responsiveness, and provide comparison points. Client and staff feedback should be collected during treatment, at the end of treatment, and at a follow-up time after the client has not engaged with the service for a few months. Programs often offer feedback forms or satisfaction surveys at the end of treatment; however, if feedback is not provided until after the client has completed treatment, you may miss opportunities to adapt programming and provide supports during their time in treatment. Some suggestions on implementing progress monitoring are described next.

DURING TREATMENT

Progress monitoring during treatment is important to ensure individuals with FASD have the opportunity to provide feedback and are receiving the best care possible. Implementation of evaluation procedures throughout treatment can encourage client feedback, normalize discussion about the treatment activities and outcomes, and facilitate collaboration between you and your clients. When feedback is collected during treatment, the focus of the feedback should be placed on the operation of the program, the services being delivered, and barriers and facilitators to implementation. An FASD worker or someone working closely with the individual with FASD can regularly check in and ask for feedback on the treatment program. It is important that treatment staff be responsive to the feedback gathered during treatment and incorporate any adjustments or accommodations to treatment delivery, if possible, to benefit the client. Moreover, when clients see that the treatment centre is incorporating their feedback readily, it is likely to increase their trust and comfortability in providing honest feedback.

END OF TREATMENT

At the end of treatment, including a method for evaluating outcomes will be beneficial for the client to reflect on their entire treatment journey. Having a pre-defined set of outcome evaluation options to gather client feedback at the end of treatment is recommended. This can be in the form of interviews, surveys, or both. Questions and items specifically asking for feedback on program activities, benefits, strengths, challenges, and suggestions for improvement will be useful in supporting future clients with FASD. In addition, feedback from staff at the end of the client's treatment can provide invaluable information on what worked or did not work well for the client, for the program, and/or for the staff members from the staff's perspective. Collecting a holistic set of wellness-related outcomes can also help to ensure that program impacts are captured in a robust way.

FOLLOW-UP EVALUATION

A follow-up evaluation after treatment allows for the assessment of sustainability of client goals/outcomes. Follow-up evaluations may focus on improvement to the client's quality of life, change in substance use, outcomes in health, an FASD diagnostic assessment if applicable, employment, housing, relationships, or community engagement. Although it may be difficult to follow up with clients, efforts should be made to do so as follow-up information is crucial to understanding client outcomes and effectiveness of programming. It may be helpful to incorporate a follow up evaluation as part of the transition strategy.

COLLECTING PROGRAM LEVEL DATA

It is especially important that programs are evaluating their treatment services for clients with FASD given the unique needs of individuals and the relative lack of research evidence around what might be helpful for this population. Monitoring efforts to support individuals with FASD is helpful for informing program development as well as tailoring accommodations and modification. Additional supports need to be evaluated to increase effective practices for this population. Furthermore, the treatment outcomes for individuals with FASD must also be evaluated to learn how clients are doing after treatment, and what benefits or possible harms substance use treatment had in their lives. Additionally, programs would benefit from a regular review of evaluations, including analysis of the feedback to inform program development. When possible, it may be beneficial for programs to hire an external evaluator to provide a fresh perspective on how to maximize the benefit their services are providing.

PRACTICE ACTIVITY

Sit down with a colleague or your team to discuss the following situation. If that is not possible, take some time to reflect on your own.

A team that is FASD-informed is comfortable having conversations about prenatal alcohol exposure and FASD, recognizes that many people with FASD may not have a diagnosis, and is aware that some people who may have FASD could be hesitant to explore a possible diagnosis. Being FASD-informed also means recognizing that people with FASD have many strengths and can thrive with the right supports. Being FASD-informed will also help providers to recognize the unique needs of individuals, apply knowledge and support in navigating systems of care, and adjust everyday practices when working with individuals who may have FASD.

Training and education	To what extent am I familiar with key aspects of FASD such that I understand how to explore potentially unrecognized needs?
Integrating prevention	How comfortable do I feel discussing FASD prevention with an individual, caregiver, or support worker?
Creative and recreational approaches	Which creative or recreational activities might interest clients that we are not already providing?
Harm reduction	Do I have access to recent knowledge in harm reduction practices as the approach continues to evolve?
Evaluation	In what ways can I include the individual with FASD in the evaluation process in an empowered way?

NOTES

Enacting Person-First Program Philosophies

Cultural Safety

KEY POINTS IN THIS SECTION:

- Cultural safety requires self-reflection from service providers
- Indigenous peoples carry a disproportionate burden of substance use-related harms due to the historical and ongoing impacts of colonization
- Clients from the same cultural background may present with a wide variety of experiences related to racism, discrimination, (dis) connectedness to culture, and a desire to engage with cultural supports

In this section, we focus on Indigenous peoples, not because Indigenous peoples are more likely than people from other cultural backgrounds to require substance use treatment, but because Indigenous peoples carry a disproportionate burden of substance use-related harms and because the principles of cultural safety for Indigenous peoples can be extended to, and are potentially beneficial for, all clients.[84]

As with the other program philosophies described in this guide, it is important to think about enacting the philosophy of culturally safe care as an ongoing process rather than an item to be checked on a list. Moreover, culturally safe care goes beyond simply integrating certain cultural symbols or practices into treatment, but rather represents a multi-pronged philosophy that transcends specific practices. As a result, in this section, we are intentional in avoiding recommendations of specific cultural practices or ceremonies. In keeping with a person-first approach to treatment, the cultural practices that treatment programs enact will look different according to community, geographical, linguistic, historical, and other factors that are unique to different clients and treatment contexts. If programs wish to enact specific cultural practices or ceremonies, it is always best to seek the guidance and leadership of a Knowledge Keeper or Elder to do so. Here, rather than recommending specific cultural practices, we describe the tenets of cultural safety as well as recommendations for enacting a culturally safe approach.

Cultural safety is often used interchangeably with other terms such as cultural relevance and cultural sensitivity. Although variations on the definitions can be found, *cultural awareness* generally refers to acknowledging cultural influences, *cultural sensitivity* means respecting the influence of culture on clients' realities, *cultural competence* focuses on service provider skills and attitudes, and *cultural safety* builds on all of these by including a self-reflection component.[85,86] Culturally safe service providers consider the power dynamics that they bring to their work with clients, reflect on how their own assumptions, beliefs, and values impact the services they provide, and acknowledge the need to address inequities in access to and experiences of health and other services.[87,88]

To enact a philosophy of cultural safety, treatment providers can:

- Maintain awareness that access to culture, ceremony, and community connections can facilitate the healing process, offer hope, and enhance positive changes for clients in substance use treatment.[84,89] Wherever possible, clients should have the opportunity to access cultural and/or spiritual supports to facilitate their treatment journey.
- Be aware that, for many Indigenous clients who wish to take steps toward reconnecting with their heritage culture, such steps can bring mixed feelings, including joy and satisfaction, along with loss and pain. Similarly, individual trauma is different than intergenerational trauma; the latter is colonial in origin, collective in impact, and crosses generations in passing on risk and vulnerability.[90] Understanding that current and historical complexities contribute to clients' current life circumstances can foster empathy and understanding.
- Keep in mind that some individuals may wish to reclaim cultural connections but feel unsure as to how to do so. They may need support in accessing an Elder or Knowledge Keeper and understanding cultural protocols around accessing support (e.g., offering tobacco).

- Understand that clients will present with multiple markers of identity such as race, ethnicity, sex, and gender, that come together to influence the experiences of clients in complex ways. As a result, individuals may vary greatly with respect to their desire to (re)claim or (re)connect with their heritage culture(s). Some individuals will come to treatment with strong existing cultural connections, and others may be uninterested in accessing cultural or spiritual supports. Either way, cultural connectedness is an individualized choice.
- Be conscious of past experiences of racism and discrimination that individuals from various cultural backgrounds may bring to treatment and that can impact the ways that trust and relationships are built. Individuals who have prior experiences of racism in accessing health and other services may feel added stress in interacting with service providers, internalized stigma, and be hyper-vigilant in anticipating negative treatment.[91]
- Ensure that service providers are educated about the role of colonization in shaping current health disparities. The free online course on *Indigenous Canada* may be a helpful starting point (see *Tools and Resources section* of this guide).
- Foster a workplace climate where staff can speak openly about their learning and supervision needs related to enacting cultural safety, and where staff are encouraged to use potential discomfort as a learning tool. The following questions may be helpful in facilitating reflection.

REFLECTIVE ACTIVITY

With one or more peers, consider the following questions as they relate to your work with clients:

- What is my cultural background?
- How might my cultural background impact the way I enact treatment?
- How might my cultural background impact the way I am perceived by clients?
- What power dynamics do I bring to my relationship with clients? What do I represent?
- With respect to my knowledge of substance use treatment, how do I know what I know? In other words, where did I get my knowledge from? How do I determine what sources of knowledge are credible? And what values underlie my opinions?
- Whose voices were prominent in the education and training I have received? Whose were not included?

Trauma-informed Care

KEY POINTS IN THIS SECTION:

- Understanding the key elements of trauma-informed care: safety, trust, and choice
- Recognizing the benefits of trauma-informed care for individuals with FASD
- Identifying the role of skilled, one-on-one relational support in trauma-informed care
- Building awareness of cultural, historical and gender impacts of trauma

Trauma-informed care (TIC) is a recommended practice for supporting individuals with FASD in substance use treatment.[11,54] Being trauma-informed refers to integrating an awareness of the impact of peoples' past and current experiences of violence and trauma into all aspects of service delivery. The goal of trauma-informed services is to avoid re-traumatizing individuals and support safety, choice, and control to promote health and healing. Trauma-informed care does not mean treating trauma, but instead creating supportive, safe, strengths-based environments where people can learn skills that help with trauma responses, along with skills related to recovery.

"I have a lot of trauma from my childhood, and I wasn't – I guess I was holding back in being open about it, I guess. I didn't want to re-traumatize myself when I was trying to look back and think about all these questions, and answering them more from my heart"
– Interview participant

Substance use often occurs as a coping mechanism for existing trauma and can also be a risk factor for increased exposure to traumatic experiences.[92] Research has indicated a high occurrence of traumatic experiences for children with FASD,[93] and for individuals who have the experience of multiple living situations and caregivers, may have a reduced opportunity to connect with safe adults.[54] Brain-based differences may also be a factor in exposure to traumatic experiences as individuals with FASD may be less able to recognize subtle signs of danger or decide when and how to seek help.[54] Individuals with FASD may also experience trauma related to social isolation that can occur when brain-based differences are not accepted or understood.[94]

During teenage years especially, substance use may serve as a strategy for social connection and coping with the challenges that accompany having FASD, such as difficulty with academics, emotional regulation, and adaptive behaviours. TIC during substance use treatment prioritizes the awareness that trauma may have ongoing impacts on coping and recovery.[95]

Integrating TIC approaches into substance use treatment may provide a dual benefit as some FASD and TIC needs can be strikingly similar (see Table below). Being easily distracted in treatment, having lapses in memory, or being detached from the group could be indicators of trauma or FASD. High stress responses, dysregulated emotions or relational conflict are also experiences that overlap in trauma and FASD. It's worthy of note that individuals with FASD or trauma may experience overlapping mental health concerns such as depression, anxiety, or eating and sleep disorders. TIC prioritizes creating safety around these experiences and understands them as the result of an injury that requires time and compassionate care.[92] Staff well-trained in trauma-informed approaches will likely have overlapping skills in caring for individuals with FASD. A TIC approach responds to complex mental health by creating accommodations that allow for success.

Effects of Trauma (Not Exhaustive)

(Modified from *The Trauma-Informed Toolkit* by Manitoba Trauma Information and Education Centre, p. 64 - 68)[92]

COGNITIVE	EMOTIONAL
Changes to brain functioning	Increased physical and mental stress
Memory lapses	Attachment barriers and relational conflicts
Overwhelmed with trauma memories	Hyperarousal
Loss of time	Feeling damaged
Difficulty making decisions	Extreme vulnerability
Decreased ability to concentrate	Feeling out of control
Feeling distracted	Irritability, anger
Withdrawal from normal routine	

A variety of guidelines and tools exist to assist organizations in developing a trauma-informed practice (see *Tools and Resources section* of this guide). A treatment centre that is trauma-informed is equipped with the knowledge and structure to create safety that empowers individuals towards healing. TIC is not a set order of practices but rather an approach to care that prioritizes the following major principles:

- Acknowledgement of Trauma
- Safety
- Trust and Transparency
- Choice and Control
- Compassion
- Collaboration and Mutuality
- Strengths-based
- Cultural, Historical, and Gender Issues

A critical component of being trauma-informed is relational support. Prioritizing safety and trust in counsellor, staff and peer relationships can assist individuals with FASD in progressing through treatment. Treatment centres can:

- Create an environment of transparency, collaboration, and compassion by ensuring that staff are hired and trained with strong relational competencies.
- Create strong individualized support by providing consistency in the support workers or counsellors who come to know the individual well.
- Support trauma-informed training. Well-trained supports can recognize cues of traumatic stress and build a safe rapport for individuals to express needs and have their needs met. Trusted support workers can partner with the individual to establish personalized goals and safety plans throughout the program.

With a support worker, individuals with FASD can identify accommodations that assist with stress response, comprehension, or sensory stimulation. Some individuals may respond well to calming environments with low light, soothing sounds, or heavy blankets. Other individuals may regulate better with physical activity or creative expression. Individuals also have diverse histories that need responsive and individualized counselling supports. Some individuals, for example, may be coping with significant grief and loss that isn't adequately addressed in general treatment. Others may be coping with self-harm or suicidal thoughts that are difficult to discuss in group settings. TIC recognizes that each individual may respond and cope with traumatic experiences differently. An individual interviewed during this study highlighted how each person has different needs:

> *"one-on-one, I can work through anything; I'm more comfortable; I'm gonna open up. I'm not gonna go and open up in front of a huge group like I would with the one-on-one support, and that's what I mean, it's different for everybody. Some people do better in groups, where it doesn't feel like it's so personal, but I think that, for me, I've been very intentional with things, and what works for me is more one-on-one or smaller groups – much smaller groups." -Interview participant*

The experience of trauma also extends beyond the individual and into wider cultural, historical, and gendered impacts. During substance use treatment, TIC includes awareness that a person may have past, present and future experiences that create and perpetuate trauma. Within Canada, Indigenous individuals continue to experience the effects of intergenerational trauma due to the residential school system. Individuals who have immigrated to Canada may face discrimination or barriers to equal opportunities. Individuals in minority groups of age, race, socio-economic status, religion, sexual orientation, or gender can experience micro-aggressions and traumas throughout their daily lives. A trauma-informed approach requires that treatment centres seek knowledge, skills, and expertise to work within these cultures and consistently evaluate for possible bias or missing understanding. Treatment centres can create a strong environment of collaboration, voice, and choice by integrating cultural knowledge and Knowledge Keepers into treatment planning, in addition to receiving information from the individual in treatment themselves.

NOTES

Sex & Gender Informed Treatment

KEY POINTS IN THIS SECTION:

- Describing gendered factors and influences for girls and women, boys and men, and gender diverse individuals with FASD
- Examples of approaches specific to girls and women, boys and men, and gender diverse individuals with FASD

Both biological factors (sex) and sociocultural influences (gender) affect substance use, risk and protective factors, progression to substance use, consequences of use, treatment access, retention in treatment and overall recovery paths. It is important for treatment services to take these factors and influences into account when planning and delivering treatment.

Some of the gendered factors and influences affecting *girls and women* who access treatment that may be particularly salient for girls and women who have FASD include:

- The impact of high rates of interpersonal violence and sexual abuse experienced by women as children or adults,[96]
- Partner and friends' influences on substance use initiation, and heavy use of substances,
- Higher rates of depression and anxiety for women as antecedents for substance use problems,[97]
- Stigma associated with substance use problems for women, especially for pregnant women and mothers, and its negative impact on access to systems of care; and [64]
- Girls and women with FASD may be more likely to have involvement in the sex trade and have been influenced to procure drugs for others with proceeds of sex trade involvement.[98]

To best support girls and women with FASD in substance use treatment and to address these sex/gender factors and influences, the following are examples of approaches that may be helpful to treatment providers:

- Sharing information on the physical health impacts of substances specific to girls and women. An example is sharing an infographic such as the health impacts of alcohol for girls (*Girl Talk*). There are sex specific health impacts for each substance that can be important to help girls and women understand their bodies and the health conditions affecting them. These discussions can be opportunities for linking important health actions that are connected to substance use such as using effective birth control.
- Working in a trauma-informed way, especially teaching skills for mitigating trauma responses will support girls and women with significant trauma histories with engagement and empowerment in treatment. For an example in teaching basic grounding skills see *Grounding Activities and Trauma-Informed Practices* in *Tools and Resources* section.
- Involving girls and women in co-determining their care in respectful, collaborative, and practical ways supports engagement and mitigates the experiences of stigma and "power-over" approaches they have likely encountered.
- It is possible that girls and women who have FASD will be taking medications such as anti-depressants and anti-anxiety medications. A sex/gender informed response helps them see how these medications may be benefitting them, how they can discuss the effects with their health care provider, and the risks of using non-prescribed substances to address feelings of depression and anxiety. Creating opportunities/practice in using non-medical approaches to managing depression, such as exercise, is also important.

- General modifications to treatment for women with FASD, such as ensuring one-to-one support and modifying how substance use histories are gathered are included in *Substance Using Women with FASD: Voices of Women with FASD: Service Providers' Perspectives on Promising Approaches in Substance Use Treatment and Care for Women with FASD*. [20]

Some of the gendered factors and influences affecting *boys and men* who access treatment that may be particularly salient for boys and men who have FASD include:

- Likelihood of criminal justice system involvement,[47]
- Experience of violence, undisclosed childhood trauma and isolated coping with feelings of shame,
- Use of substances to feel powerful, to enact masculinity,
- Unacknowledged and untreated depression; and
- The need to understand their sexuality, and how to have respectful relationships with women/partners of other genders and their families.

To best support boys and men with FASD in substance use treatment and to address these sex and gender informed factors and influences, the following approaches may be helpful to substance use treatment providers:

- Acknowledge how criminal justice involvement can be common for men with FASD, help reduce any shame about this involvement and offer help with meeting any current legal pressures,
- Educate about the effects of substances, in ways that underline how substance use makes men vulnerable to mental health and other concerns,
- Educate about men and depression, and options for/practice in taking action such as nutrition and exercise (See *Heads up Guys*); and,
- Support expression of feelings, learning to cope with rejection and shame, and how to navigate relationships and build friendships.

No resources are available about substance use treatment for ***gender diverse individuals*** who have FASD but as noted in Rutman [20] promising practices will require **combining** what is known about person-centred (gender lens) and FASD-informed (disability lens) perspectives.

Strengths-Based Approaches

KEY POINTS IN THIS SECTION:

- Use of strengths-based perspective to develop and leverage strengths for every client
- Application of mindset theory to encourage growth and motivation

All individuals have strengths and weaknesses and clients with FASD are no different. A strengths-based perspective is essential to build upon the strengths clients possess and to leverage these strengths to support their treatment progress. Like all individuals, understanding the individual with FASD includes a balanced perspective of both strengths and needs. Flannigan and colleagues [100] identified several strengths in individuals with FASD in a recent narrative review such as strong self-awareness, receptiveness to support, capacity for human connection, perseverance through challenges, and hope for the future. Given the complexities of FASD, it is crucial to create and embrace opportunities to support clients' growth and experiences of success in a treatment setting. To adopt a strengths-based approach, treatment providers can draw upon the successes and strengths of the individual, understand the impact of mindset, and leverage their own strengths in providing services.

"…she's very very bright in many ways…" -Interview participant

Generally, our understandings of FASD have been focused on the challenges and impairments associated with FASD. Although this is necessary knowledge because it can inform where services and supports might be needed most, a balanced perspective of the individual, with knowledge of their unique strengths and capacities is equally important to informing intervention approaches. For service providers, a shift from a deficit-based focus may reduce potential bias and negative treatment outcomes by reframing and honouring the capabilities of each client with an optimistic approach and outlook.[100] An effort to identify meaningful strengths and capabilities may create a greater understanding of functioning and distinctive intervention strategies.[99] Furthermore, increased attention directed toward identifying and leveraging strengths will help to instill a stronger sense of hope, optimism, confidence, self-advocacy, and positive identity for individuals with FASD and their families.[100] Strengths-based treatment can support the development of a healthy self-concept, and in doing so, help to mitigate the impact of deficit-based language. Moreover, a balanced perspective may help to avoid these unintended effects including the perpetuation of a sense of shame, diminished self-confidence, lowered motivation, and contribute to the stigma associated with FASD.[99,100] It is important to collaborate with the individual and their support team to identify existing strengths to build on during substance use treatment. This creates the opportunity for clients to be supported in identifying strengths and capabilities and promoting meaningful participation in goal setting and treatment planning.

Mindset theory describes the beliefs that people hold about the malleability of their abilities.[102] Individuals may have a growth mindset, which means that they believe their abilities are malleable, can be cultivated and developed, and can increase with effort and experience. On the other hand, individuals may have a fixed mindset, which means

they believe their abilities are stable, and that a person has a set amount of potential for a certain task. Having a growth mindset has been linked to positive outcomes, including increased effort, use of strategies,[103,104] and reducing stereotype threat.[105] Often individuals with FASD have experienced a history of repeated failures, both academically and behaviourally. Patterns of repeated failure may foster a belief that one's ability is low, which impacts sense of competence, and promotes the belief that failure is inevitable. To promote a growth mindset, you can: [102]

- Hold clients to high (yet realistic) expectations
- Encourage them to exert effort and praise their effort
- Find and build on their strengths
- Frame challenges and failure as learning opportunities
- Communicate a belief that they can succeed

Lastly, service providers too have unique strengths that they can use in substance use treatment for individuals with FASD. Considering staff strengths when deciding which staff should work with which clients can be helpful in developing relationships between treatment centre staff and clients. You have great strengths that brought you to the field of substance use treatment, and these strengths should also be considered to find the right fit between staff and clients.

"…you actually feel you're heard and acknowledged as a person, it gives you more of a drive to push forward or a reason to do it…" – Interview participant

NOTES

Promoting Interdependence

KEY POINTS IN THIS SECTION:

- Identifying and involving chosen family connections during treatment
- Recognizing the value of individualized FASD support workers and counsellors
- Creating and sustaining community and cultural supports during and beyond treatment

For individuals with FASD, supportive relationships are essential to help navigate life challenges, provide advocacy support, and guide positive decision making.[106] There is an important balance between supporting the autonomy of an individual with FASD and supporting their relationships with trusted people. Individuals with FASD benefit greatly from supportive relationships including family and caregivers, staff and counsellors, case workers and advocates, peers, and the wider community. In treatment, individuals with FASD should be encouraged to rely on their trusted supports to help them with decision making, life challenges, and crisis management. Given their brain-based differences, it is recommended that individuals with FASD, no matter their age, engage and consult with their supports regularly.[106] Fostering safe relationships during treatment, and teaching individuals with FASD to use their supportive networks when out of treatment, is one way to help individuals with FASD be successful.

Family and Caregivers

No matter the age of the individual with FASD, caregivers or family are often a crucial support. Family can include a range of individuals including biological or foster caregivers, partners, aunts or uncles, grandparents, cousins and siblings or any chosen support. It is important that the individual with FASD is able to choose safe family they trust to be involved in their treatment.[108] Family members often know the individual best and, with the consent of the individual, can provide insight in planning treatment services.[108] Existing social supports can assist with filling in a history of strategies that have worked or haven't. At times, individuals with FASD may have memory gaps or confabulations in their history.[109] Family or caregivers can be an essential resource for accurate information that informs effective care. As one individual in treatment described:

> *"My network and my family and stuff. They've never ever, like, stopped supporting me, which is – yeah, if I was looking at me (laughs), I dunno, you know, they're strong people. Yeah, I've put 'em through hell, and they're still there, and that's, yeah, that's probably one of the reasons that I've succeeded. I have a great support network". -Interview participant*

Substance use treatment centres can create program-wide practices that purposefully integrate the strengths of family supports.[69] For instance:

- Family counselling that provides coaching on communication skills and behaviour responses can prepare individuals and their supporters to continue building on progress post-treatment. [107,110]
- General education on substance use, FASD, and strengths-based perspectives can equip families with growth mindsets and research-based techniques for supporting healthy behaviours. When individuals with FASD leave treatment, they can return to a home environment where they have informed and educated support.
- Access to parenting classes for parents in treatment can be helpful. This could be a parenting class offered as part of your program or could be facilitated through community partnerships.
- If individuals with FASD have their own children, efforts to maintain contact may also reduce substance misuse or relapse.[111,112] An individual with FASD interviewed in this study described that:

"Having more knowledge of what was going on with my child, while she was in care, would have helped me stay focused on me, instead of just not knowing where she was or what was going on with her, and having no contact. That would have really made it a lot easier for me to stay present and actually work on myself while I was in treatment" - Interview participant

Staff and Counsellors

During treatment, individuals with FASD would benefit from staff and counsellors who offer safe and individualized support. Time spent relationship building can help individuals with FASD stay engaged in treatment. If individuals with FASD can identify a worker they trust, a safe space can be created for making mistakes and learning healthier responses. Active involvement of social support during intake, such as a worker who shows care, may increase ongoing involvement in treatment.[113] Especially upon arrival at treatment, major changes in routine and environment can be destabilizing, particularly for individuals who are required to travel away from their home communities for treatment. Brain-based differences in FASD increase difficulty with changes in routine,[114] therefore having a specific worker with knowledge in FASD who spends time listening and learning about the individual can create early safety. An FASD worker can assist individuals with FASD to navigate their day with fewer obstacles, helping them both express their needs and have their needs met.

"If you had somebody… whether it's one-on-one, or there's a counsellor… if they made that open to the individual that - during those meeting times that you do attend - if you're overwhelmed or this or that, that you can state that and have that conversation with whoever your safe person is, and be able to be like, 'Yup, I'm in overload; that's it for now.' - Interview participant

An individualized FASD worker can assist with:

- Emotion regulation tasks such as taking breaks from overwhelming meetings, using calming spaces, or noticing and communicating challenging emotions
- Executive functioning tasks such as remembering scheduled appointments, organizing daily routines, and completing independent tasks or homework
- Adjusting pacing or difficulty level of treatment programming to maximize small successes
- Identifying and encouraging the use of individual strengths (e.g. creativity, personal interests)
- Identifying and practicing coping skills for individual barriers (e.g. for social conflict, avoidance)

Some programs allow their clients to choose their counsellors and identify the staff that they want to work with during treatment. This practice incorporates knowledge of the importance of the therapeutic relationship in treatment. Overall, working with the clients with FASD, rather than for them, will help support their well-being and success in treatment.

Peer Community

A sense of belonging within community can influence an individual's courage and confidence in their ability to change.[111,115] A sense of belonging can often come from shared experiences. Treatment centres might consider facilitating this by establishing FASD-specific support groups. As one individual in treatment shared:

> *"It helped that there were other clients that have either suspected FASD. There's a group here that we were able to share that with each other and support each other, and just kind of share our experiences with the whole idea of it all, so it made it really comfortable." -Interview participant*

Genuine and safe connections within the treatment cohort can create a safety net for individuals to seek support or begin personal change. As one individual expressed during the interviews, the ability to belong and safely interact with peers can be a factor in treatment success:

> *"there's a lot of treatment centres you go to, and it almost feels like competition or bitterness or that between you and the other residents - [treatment centre 1] was completely different. It was like everybody lifted each other up. If someone was struggling, you definitely had people you can turn to, and you didn't have to go to the staff if that was uncomfortable because the other residents would know enough and could relate to it, which made a big difference." -Interview participant*

Wider Community

Supportive involvement of community during and after treatment can help individuals maintain their wellbeing post-treatment.[111] Individuals can benefit from employment, volunteerism, or interest-based groups where they can gain a sense of purpose or belonging.[116] Individuals with FASD may have experienced past community interactions where their disability was not understood or accepted. Some community interactions may have also perpetuated stigmas or barriers related to substance use. Repeated positive experiences in the community may be needed for individuals to trust that they will continue to be respected and valued. One strong connection to community can be found within cultural or spiritual domains.

> *"I had to really let people in, and trust that that they were there to support me. Even if I slipped up, I could come back, and that support was always there. I felt like I finally belonged somewhere, you know, in society, where I was understood." – Interview Participant*

"I know that, for me, my spirituality and my culture and learning about it has helped me a lot in staying present and having faith, and trust in the process that things can get better" - Interview participant

Treatment centres can support spiritual, work, volunteer, or interest-group connections by creating opportunities during treatment as well as continuation of these connections post-treatment. Treatment centres can further support clients with FASD by building connections to organizations that are FASD-informed or advocating on an individual's behalf for organizations to seek FASD education.

Supporting the Supporters

As individuals with FASD benefit from ongoing relational support, the people and communities providing high levels of support can be at risk of burn out.[92] Staff, caregivers, or organizations can struggle to offer high quality care when faced with persistent difficult problems, lack of recognition of efforts, or lack of outside support. Treatment centres can safeguard the effectiveness and success of treatment by supporting the supporters.

Some recommendations may be:

- Front-line, administrative staff and counsellors receive ample training, supervision, and respite to ensure they are best equipped to handle such demanding careers.
- Supervisors who are well-trained and supported should be able to hear concerns, reflect successes, and provide encouragement.
- Workplace routines such as monthly emails or a public appreciation board can create a workplace culture of recognizing and celebrating staff efforts and wellbeing.
- Encouraging teamwork and connection between workers can buffer stress.
- Documenting and sharing family efforts and successes.
- Treatment staff, family and communities can all benefit from formal webinars or skill-building resources to normalize potential obstacles and teach strategies for overcoming them.
- Periodic access to experts on FASD can be a means of continued problem-solving and hope-building.

REFLECTIVE/PRACTICE ACTIVITY

Find your program's guiding philosophy/vision statement/mission statement. Read it over and discuss with a team or reflect on your own - how does it align with the day-to-day practices that you observe in programming?

Brainstorm how you might incorporate the philosophies identified in this guide into your programming, if they are not already present. If they are present, how do you see these philosophies being actioned for clients with FASD?

Summary

When we incorporate existing research, perspectives from service providers, and listen to those with lived experiences, we gain a wealth of information to inform practices that are meaningful, useful, and promote successful outcomes. Research in the area of substance use treatment with FASD populations is scarce, yet we build upon the copious amount of information that has already been established when working with other populations who experience substance use health issues. The treatment practices that can benefit individuals with FASD are not unique to this population. Rather, it is placing an FASD lens on existing best practices that allows for supporting individuals with FASD within programs that are not specific to them. FASD-informed care benefits all clients and staff; the practices of understanding strengths, challenges, and making accommodations can contribute to everyone's success. By understanding the brain-based differences that FASD populations have, while also acknowledging the individuality of each person with FASD, and working together to find creative approaches, individuals with FASD have the best chance of success in treatment.

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Tools and Resources

We have included here additional resources to support practice implementation. These resources are organized by the sections of the guide. Not all sections have additional resources included. We hope that this resource list is helpful in providing a wealth of information to further your learning about FASD, substance use treatment, and promoting the practices described in this guide.

Consideration of Brain-Based Differences

BECOMING FASD INFORMED: STRENGTHENING PRACTICE AND PROGRAMS WORKING WITH WOMEN WITH FASD *Rutman (2016)* https://canfasd.ca/wp-content/uploads/2019/09/sart-suppl.1-2016-013.pdf This resource provides information about what an FASD informed practice is and includes examples of FASD-informed accommodations that can be used in practice.

TIP 58: ADDRESSING FETAL ALCOHOL SPECTRUM DISORDERS (FASD) *Substance Abuse and Mental Health Services Administration (SAMHSA) (2014)* https://store.samhsa.gov/sites/default/files/d7/priv/sma13-4803.pdf The aim of TIP 58 is to provide knowledge and assistance to help substance abuse and mental health treatment programs better serve their clients. Providing FASD-informed services is a part of that mission. The document is organized into 3 parts: 1. Background and Clinical Strategies for FASD Prevention and Intervention, 2. Administrator's Guide to Implementing FASD Prevention and Intervention, and 3. Literature Review

EVALUATION OF FASD PREVENTION AND FASD SUPPORT PROGRAMS: PHILOSOPHY THEORETICAL FRAMEWORK *Nota Bene Consulting Group and BCCEWH (2013)* http://www.fasd-evaluation.ca/wp-content/uploads/2012/10/FASD-Informed.pdf FASD informed services recognize that Fetal Alcohol Spectrum Disorder is a brain based permanent disability that has wide ranging impacts and effects. This means that as a result of the disability, program participants with FASD may have difficulty following certain program rules or behaving in line with practitioners' expectations unless accommodations are made to fit with participants' specific needs.

KNOWFASD *CanFASD and University of Alberta* http://knowfasd.ca/ KnowFASD.ca is an interactive website that provides information across the spectrum and lifespan of individuals who have FASD. It summarizes some of the common neurobehavioral features from current research and explains some of the neurobehavioral difficulties.

FASD Identification and Screening

FETAL ALCOHOL SPECTRUM DISORDER: A GUIDELINE FOR DIAGNOSIS ACROSS THE LIFESPAN. *Cook JL, Green CR, Lilley CM, et al. (2016)* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4754181/ Published in 2016, this updates the 2005 Guidelines, incorporating new evidence and our improved understanding of FASD diagnosis. It is intended to assist multidisciplinary teams through this complex diagnosis, leading to improved health services and creating a positive impact on the health and well-being of children and adults with FASD across their lifespan.

GUIDELINE NO. 405: SCREENING AND COUNSELLING FOR ALCOHOL CONSUMPTION DURING PREGNANCY *Graves, Carson, Poole, Patel, Bigalky, Green & Cook (2020)* https://www.ciazabezalkoholu.pl/images/file/17042021/Guideline%20No.%20405%20Screening%20and%20Counselling%20for%20Alcohol%20Consumption%20During%20Pregnancy.pdf To establish national standards of care for screening and counselling pregnant women and women of child-bearing age about alcohol consumption and possible alcohol use disorder based on current best evidence.

IMPLEMENTING HEALTH CHECKS FOR ADULTS WITH DEVELOPMENTAL DISABILITIES *Health Care Access Research and Developmental Disabilities (2016)* https://www.porticonetwork.ca/documents/38160/99698/Primary+Care+Toolkit_FINAL_ym2.pdf/dfa654d6-8463-41da-9b79-3478315503eb
This Toolkit aims to provide primary care providers with tools and resources to support the provision of Health Checks for patients with developmental disabilities.

PLANNING AND IMPLEMENTING SCREENING AND BRIEF INTERVENTION FOR RISKY ALCOHOL USE: A STEP BY STEP GUIDE FOR PRIMARY CARE PRACTICES *National Centre on Birth Defects and Developmental Disabilities (2014)* https://www.cdc.gov/ncbddd/fasd/documents/alcoholsbiimplementationguide.pdf This guide is designed to help an individual or small planning team adapt alcohol SBI to the unique operational realities of their primary care practice. It takes them through each of the steps required to plan, implement, and continually improve this preventive service as a routine element of standard practice. Rather than prescribing what the alcohol SBI services should look like, the Guide will help you and your colleagues create the best plan for your unique situation.

THE IMPACT OF PRENATAL ALCOHOL EXPOSURE ON ADDICTION TREATMENT *Grant, Brown, Dubovsky, Sparrow & Ries (2013)* http://www3.med.unipmn.it/intranet/papers/2014/LWW/2014-08-06_lww/The_Impact_of_Prenatal_Alcohol_Exposure_on.1.pdf This article goes into detail about the effects of FASD and substance use and includes a case study example of a patient "Jane" on page 92. The case study details indicators of PAE that Jane has, and how this impacted her treatment outcomes.

FASD DIAGNOSTIC CLINIC CARDS *CanFASD* https://canfasd.ca/topics/diagnosis/fasd-faq-cards/ These clinic cards provide answers to frequently asked questions about FASD diagnosis and where in your province you can find clinics for diagnosis and assessment

Access to Support Services

FASD FOR JUDICIAL AND LEGAL PROFESSIONALS LEVEL II *CanFASD* https://estore.canfasd.ca/fasd-for-judicial-professionals-level-ii The course is designed to provide learners with a better understanding of how FASD impacts a person's involvement with the justice system, challenge some of the common assumptions about FASD and justice-involvement and provide helpful strategies and suggestions for working with justice-involved individuals with FASD.

FASD FOR SOLICITOR GENERAL PROFESSIONALS LEVEL II *CanFASD* https://estore.canfasd.ca/fasd-for-solicitor-general-professionals-level-ii FASD for Solicitor General Professionals Level II is an advanced training course for professionals in the Solicitor General systems. The course is designed to provide learners with a better understanding of how FASD impacts a person's involvement with the justice system, challenge some of the common assumptions about FASD and justice-involvement, and provide helpful strategies and suggestions for working with justice-involved individuals with FASD.

INTEGRATING SUBSTANCE USE AND MENTAL HEALTH SYSTEMS *Canadian Centre on Substance Use (2013)* https://www.ccsa.ca/sites/default/files/2019-05/nts-systems-approach-integrating-substance-use-and-mental-health-systems-en.pdf Historically, substance use and mental health systems and services have operated independently. Yet many people who access substance use services also have mental health disorders. Improving client care means ensuring people can easily access and navigate services that meet their needs, whether in substance use, mental health, or both.

A SYSTEMS APPROACH TO SUBSTANCE USE IN CANADA: DEVELOPING A CONTINUUM OF SERVICES AND SUPPORTS *Canadian Centre on Substance Use (2012)* https://www.ccsa.ca/sites/default/files/2019-04/nts-systems-approach-continuum-of-services-supports-2012-en.pdf This document provides a brief overview of the continuum of services and supports recommended in A Systems Approach to Substance Use in Canada: Recommendations for a National Treatment Strategy. This document accompanies the Systems Approach Workbook, a web-based resource to support the implementation of the recommendations found in the Systems Approach report.

RECOVERY ORIENTED SYSTEMS OF CARE (ROSC) RESOURCE GUIDE (PG 7-9) *The Substance Abuse and Mental Health Services Administration (2010)* https://www.samhsa.gov/sites/default/files/rosc_resource_guide_book.pdf The purpose of this resource guide is to share an overview of ROSC and illustrate how these systems are an integral part of the new health care environment. This guide will align the tenets of health care reform to the benefits, framework, and history of ROSC, and the steps for planning and implementing ROSC.

CREATING INTERSECTIONS: A SYSTEMATIC AND PERSON-CENTRED HARMONIZING FRAMEWORK FOR HOUSING INDIVIDUALS WITH FASD *Pei J, Carlson E, Poth C, Joly V, Patricny N, Mattson D (2018)* https://canfasd.ca/wp-content/uploads/2019/10/FASD-X-Housing-Pei-2018_Amended-March-04-2019-dl.pdf This document is a harmonizing housing framework that offers a more responsive, complexity-sensitive way of meeting the ever-changing needs of individuals with FASD who are unhoused, with the ultimate goal of engaging and supporting these individuals in housing tenure in ways that promote individual success and goal attainment.

NATIONAL INVENTORY OF MENTAL HEALTH AND SUBSTANCE USE SERVICES AND SUPPORTS FOR PEOPLE TRANSITIONING OUT OF THE CRIMINAL JUSTICE SYSTEM *Mental Health Commission of Canada (2021)* https://mentalhealthcommission.ca/resource/national-inventory-of-mental-health-and-substance-use-services-and-supports/ This inventory was created to establish a living directory of community-based mental health and substance use services and supports throughout Canada for people who are transitioning from the criminal justice system into the community.

FASD Training and Education

FOUNDATIONS IN FASD *CanFASD* https://canfasd.ca/online-learners/#elearning-1 Foundations in FASD is a basic training course intended for everyone that will come into contact with individuals with FASD including all sectors of work, families, individuals with FASD, spouses, and the general public.

IDENTIFYING BEST PRACTICES FOR FETAL ALCOHOL SPECTRUM DISORDER (FASD) *CanFASD* https://estore.canfasd.ca/identifying-best-practices-for-fasd The aim of Identifying Best Practices is to provide a course for a range of service providers that is multidisciplinary, works across the spectrum of FASD, and supports individuals across the lifespan. The course will provide tools and strategies to support individuals who have or are at risk of having a child with FASD and/or may have FASD themselves.

FASD TOOLKIT VIDEOS *Government of Alberta, 2008 - 2013* https://www.youtube.com/playlist?list=PLvrD8tiHIX1JG_ZDDBKmX2FuAvFx0XLzh 24 YouTube videos addressing a variety of topics related to supporting and educating people on FASD

FASD LEARNING SERIES *Government of Alberta, 2008 - 2020* https://www.youtube.com/playlist?list=PLvrD8tiHIX1JS6FX1OEN9N4_QAt2B1N3t The FASD Learning Series videos provide training to individuals with FASD, their caregivers and professionals who want to learn more about FASD.

SUPPORTING SUCCESS FOR ADULTS WITH FETAL ALCOHOL SPECTRUM DISORDER (FASD) *Community Living British Columbia (CLBC) (2011)* http://www.communitylivingbc.ca/wp-content/uploads/Supporting-Success-for-Adults-with-FASD.pdf This booklet offers an introduction to Fetal Alcohol Spectrum Disorder and suggested accommodations to assist in supporting these citizens. It is intended for CLBC staff, service providers, community members and others who care about and work with adults with FASD.

BEST PRACTICES FOR SERVING INDIVIDUALS WITH COMPLEX NEEDS *Pei J, Tremblay M, Poth C, El Hassar B, & Ricioppo S (208)* https://canfasd.ca/topics/interventions/best-practices/ This document provides guidance for working with individuals and families who have complex needs, such as those affected by FASD. There are two anticipated uses for this resource: 1) to assess current service delivery by providing indicators and outcomes that can be measured to inform practice; and 2) to inform future service delivery by providing a guiding framework on which to develop policy and practices.

Integrating FASD Prevention and Treatment

THE PREVENTION CONVERSATION *CanFASD* https://estore.canfasd.ca/prevention-conversation The Prevention Conversation is an online training program for front-line health and social services professionals to provide them with the knowledge, skills, and confidence to engage their clients/patients in a supportive and non-judgmental conversation about alcohol use during pregnancy, its lasting effects on the developing child, and resources and supports available to women of childbearing age.

LANGUAGE MATTERS: TALKING ABOUT ALCOHOL AND PREGNANCY *CanFASD (2019)* https://canfasd.ca/wp-content/uploads/2019/11/3-LanguageImages-Matter-5.pdf The language we use can challenge stereotypes about people with FASD, promote compassion for women who drank during their pregnancy (for whatever reason), and help others to see people with FASD as more than a disability.

TALKING ABOUT SUBSTANCE USE DURING PREGNANCY: COLLABORATIVE APPROACHES FOR HEALTH CARE PROVIDERS *Centre of Excellence for Women's Health (2018)* https://bccewh.bc.ca/wp-content/uploads/2018/10/Collaborative-Conversation-Ideas_Sept-19-2018.pdf Asking questions about the type,

frequency, and amount of substance use is often a routine part of prenatal care for physicians, midwives, nurses, pregnancy outreach workers and other prenatal care providers. Here are some ideas for open, supportive, and effective conversations with women.

MOTHERING AND OPIOIDS: ADDRESSING STIGMA - ACTING COLLABORATIVELY *Centre of Excellence for Women's Health (2019)* https://bccewh.bc.ca/wp-content/uploads/2019/11/CEWH-01-MO-Toolkit-WEB2.pdf Much is changing in the substance use and child welfare fields to bring forth approaches that are culturally safe, trauma-informed, harm reduction-oriented and participant-driven. This toolkit highlights these advances and invites people working in both systems to think about how we can continue to improve our work, in partnership with the women who use these services.

STIGMA, DISCRIMINATION AND FETAL ALCOHOL SPECTRUM DISORDER *Green C, Cook JL, Racine E, Bell E (2016)* https://canfasd.ca/wp-content/uploads/2016/05/Stigma-and-FASD-Final.pdf The stigma associated with problematic alcohol use, particularly among pregnant women, presents a significant barrier to accessing medical treatment, services and supports. Individuals affected by FASD, as well as their families and caregivers, can also experience stigma.

OVERCOMING STIGMA THROUGH LANGUAGE: A PRIMER *Canadian Centre on Substance Use and Addiction developed in partnership with the Community Addictions Peer Support Association (2019)* https://www.ccsa.ca/overcoming-stigma-through-language-primer This document aims to facilitate conversations and increase awareness of the stigma that surrounds people who use substances, their support networks, and service providers in the community.

10 FUNDAMENTAL COMPONENTS OF FASD PREVENTION FROM A WOMEN'S HEALTH DETERMINANTS PERSPECTIVE *Network Action Team on FASD Prevention (2010)* https://bccewh.bc.ca/wp-content/uploads/2014/09/Ten-Fundamental-FASD-prevent-2010-cover.jpg This consensus document weaves together a range of sources – women's experiences, peer-reviewed research, published articles, as well as expert evidence – to create a clear message regarding the importance of FASD prevention from a women's health determinants perspective.

A LITERATURE REVIEW ON PROMISING APPROACHES IN SUBSTANCE USE TREATMENT AND CARE FOR WOMEN WITH FASD *Gelb and Rutman (2011)* https://www.uvic.ca/hsd/socialwork/assets/docs/research/Substance%20Using%20Women%20with%20FASD-LitReview-web.pdf Finding respectful, compassionate, and evidence-based ways to better support women with FASD and addictions and/or other concurrent mental health problems is integral to improving women's health and preventing FASD. This is part 1 of a multi-phase project.

DOORWAYS TO CONVERSATION: BRIEF INTERVENTION ON SUBSTANCE USE WITH GIRLS AND WOMEN *Centre of Excellence for Women's Health (2018)* https://bccewh.bc.ca/wp-content/uploads/2018/06/Doorways_ENGLISH_July-18-2018_online-version.pdf This resource was developed by the Centre of Excellence for Women's Health, and includes information about approaches and considerations when asking women and girls questions about substance use and pregnancy

Harm Reduction

CANADIAN DRUGS AND SUBSTANCES STRATEGY (SERVICES AND INFORMATION) *Government of Canada (2019)* https://www.canada.ca/en/health-canada/services/substance-use/canadian-drugs-substances-strategy.html?utm_source=vanity_url&utm_medium=url_en&utm_content=redirect_justice_nationalantidrugstrategy.gc.ca&utm_campaign=pidu_14/ The Government of Canada briefly describes how it is implementing harm reduction strategies.

PRINCIPLES OF HARM REDUCTION *National Harm Reduction Coalition* https://harmreduction.org/about-us/principles-of-harm-reduction/ The National Harm Reduction Coalition (United States) provides a range of free and paid resources in the form of training guides, fact sheets, webinars and reports.

HARM REDUCTION 101 *Drug Policy Alliance* https://drugpolicy.org/issues/harm-reduction The Drug Policy Alliance provides a variety of resources including drug education and information about the history of harm reduction and drug policy.

INDIGENOUS HARM REDUCTION *Interagency Coalition on AIDS and Development* http://www.icad-cisd.com/pdf/Publications/Indigenous-Harm-Reduction-Policy-Brief.pdf This policy brief offers valuable insight on how an Indigenous approach to harm reduction must also have Indigenous voices in leadership to address the harms of colonialism.

ÂCIWINA MÂYITÔTAKOWIN WEBINAR SERIES *Shkaabe Makwa and CAMH* https://www.camh.ca/en/driving-change/shkaabe-makwa/training These trainings and webinars explore how Indigenous culture and knowledge can inform harm reduction, opioid management, managed alcohol programs and land-based healing.

UNDERSTANDING HARM REDUCTION: SUBSTANCE USE *HealthLink British Columbia (2020)* https://www.healthlinkbc.ca/sites/default/files/documents/healthfiles/hfile102a.pdf This document explains harm reduction services and their benefits, as well as links to other BC harm reduction resources.

DRUG SAFE *Alberta Health Services* https://www.albertahealthservices.ca/info/page12491.aspx This website from the Alberta Government offers drug fact sheets, information on harm reduction and supervised consumption sites, as well as resources for health professionals.

HARM REDUCTION SERVICES (INFO SHEETS AND LEARNING MODULES) *Alberta Health Services* https://www.albertahealthservices.ca/info/Page15432.aspx This web page from the Alberta Government describes harm reduction principles and provides eLearning modules, information sheets and information on community-based services such as naloxone and opioid dependency programs.

TOWARD THE HEART *BC Centre for Disease Control* https://towardtheheart.com/ This website provides information on reducing harm, naloxone programs and overdose awareness, as well as hosts the BC Peer Worker Training Curriculum for and by individuals with substance use experience.

HARM REDUCTION AND PREGNANCY: COMMUNITY-BASED APPROACHES TO PRENATAL SUBSTANCE USE IN WESTERN CANADA *BC Centre of Excellence for Women's Health (2015)* https://bccewh.bc.ca/wp-content/uploads/2015/02/HReduction-and-Preg-Booklet.2015_web.pdf Harm reduction is an approach that helps to reduce the negative effects of alcohol and drug use at the same time as helping women to meet their immediate health, social, and safety needs.

KNOWING YOUR LIMITS WITH CANNABIS *Canadian Centre on Substance Use and Addiction (2022)* https://preventionconversation.org/wp-content/uploads/2022/04/CCSA-Knowing-Your-Limits-with-Cannabis-Guide-2022-en-1.pdf This guide has been developed to help you think about your cannabis use and to provide you with information about cannabis. It has tips and tools that can help you reduce your cannabis use or help you address some of the health risks of using cannabis.

Evaluation

EVALUATION OF SUBSTANCE USE TREATMENT PROGRAMS *United Nations Office of Drugs and Crime (2015)* https://www.unodc.org/documents/islamicrepublicofiran/publications/1jan2015/Evaluation_of_Substance_Use_Treatment_Programmes-EN.pdf This document provides information on the importance of evaluation and focuses on 6 steps to support programs learning about how to conduct a program evaluation.

Cultural Safety

NATIVE WOMEN'S ASSOCIATION OF CANADA *Native Women's Association of Canada* https://nwac.ca/ This website provides suggested activities and facilitator guides for promoting community health in emotional, physical, mental, and spiritual domains.

EVIDENCE BRIEF: WISE PRACTICES FOR INDIGENOUS-SPECIFIC CULTURAL SAFETY TRAINING PROGRAMS *Well Living House Action Research Centre for Indigenous Infant, Child and Family Health and Wellbeing, Centre for Research on Inner City Health, St. Michael's Hospital (2017)* http://www.welllivinghouse.com/wp-content/uploads/2019/05/2017-Wise-Practices-in-Indigenous-Specific-Cultural-Safety-Training-Programs.pdf The purpose of this Evidence Brief is to present lessons learned from both peer-reviewed and grey literature with regards to designing and implementing Indigenous cultural safety training programs for healthcare professionals in Ontario.

INDIGENOUS CANADA COURSE *University of Alberta* https://www.ualberta.ca/admissions-programs/online-courses/indigenous-canada/index.html From an Indigenous perspective, this course explores complex experiences Indigenous peoples face today from a historical and critical perspective highlighting national and local Indigenous-settler relations.

Trauma-Informed Care

TIC ELEARNING SERIES *Alberta Health Services* https://www.albertahealthservices.ca/info/page15526.aspx This eLearning Module Series from Alberta Health Services provides education on understanding and implementing trauma-informed care.

TIP 57: TRAUMA - INFORMED CARE IN BEHAVIOURAL HEALTH SERVICES *SAMHSA (2014)* https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4816.pdf This Treatment Improvement Protocol Guide provides in-depth learning about trauma, trauma-informed care and how organizations can integrate trauma-informed care into their practices.

ADVERSE CHILDHOOD EXPERIENCES *Centre for Disease Control and Prevention* https://www.cdc.gov/violenceprevention/aces/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Facestudy%2Findex.html This resource provides an educational video on Adverse Childhood Experiences as well as fact sheets, prevention strategies and evidence-based research.

TRAUMA-INFORMED ORGANIZATIONAL ASSESSMENT *The National Child Traumatic Stress Network (NCTSN)* https://www.nctsn.org/trauma-informed-care/nctsn-trauma-informed-organizational-assessment This resource can be used by any organization serving children and families to evaluate their current use of trauma-informed care and look for ways to learn or improve.

TRAUMA-INFORMED PRACTICE GUIDE *BC Provincial Mental Health and Substance Use Planning Council (2013)* https://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf This practice guide provides in-depth information on trauma and trauma-informed approaches in order to assist organizations with putting trauma-informed principles into practice.

THE TRAUMA TOOLKIT *Klinic Community Health Centre (Manitoba) (2013)* https://trauma-informed.ca/wp-content/uploads/2013/10/Trauma-informed_Toolkit.pdf This Toolkit offers significant information on trauma and trauma-informed care. An 'Organizational Checklist' (p. 22 – 29) offers guidance in integrating TIC into all levels of the organization.

TRAUMA AND INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (IDD) TOOLKIT *NCTSN *Must create free login for NCTSN Learning Centre Webinars* https://learn.nctsn.org/course/view.php?id=370) This Toolkit provides information on supporting children with developmental disabilities who have also experienced trauma. A free account with the National Child Traumatic Stress Network must be created to access this Toolkit.

GROUNDING ACTIVITIES AND TRAUMA-INFORMED PRACTICE *Centre of Excellence for Women's Health* https://bccewh.bc.ca/wp-content/uploads/2018/07/Grounding-Activities-and-TIP-Handout_July-30-2018.pdf Maxine Harris says that in trauma-informed services "trust and safety, rather than being assumed from the beginning, must be earned and demonstrated over time." Learning grounding activities can be important for staff and clients in trauma-informed organizations and systems.

Sex and Gender Informed

HEADS UP GUYS *University of British Columbia* https://headsupguys.org/take-action/practical-tips/ Website for men about men to support mental health in men.

TIP 51: SUBSTANCE ABUSE TREATMENT: ADDRESSING THE SPECIFIC NEEDS OF WOMEN *SAMHSA (2013)* https://store.samhsa.gov/sites/default/files/d7/priv/sma15-4426.pdf The knowledge and models presented here are grounded in women's experiences, built on women's strengths, and based on best, promising, or research-based practices. The primary goal of this TIP is to assist substance abuse treatment providers in offering effective, up-to-date treatment to adult women with substance use disorders.

TIP 56: ADDRESSING THE SPECIFIC BEHAVIORAL HEALTH NEEDS OF MEN *SAMSHA (2013)* https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4736.pdf The physical, psychological, social, and spiritual effects of substance use and abuse on men can be quite different from the effects on women, and those differences have implications for treatment in behavioral health settings. Men are also affected by social and cultural forces in different ways than women, and physical differences between the genders influence substance use and recovery as well. This TIP provides practical information based on available evidence and clinical experience that can help counselors more effectively treat men with substance use disorders.

GIRLS AND DRINKING *Girl Talk Blog* https://grltlk.wordpress.com/ Girl Talk educates teenage girls about the dangers of underage drinking and the specific risks facing teenage girls. Girl Talk encourages teen girls to say no to peer pressure and talk with their mothers and peers about the dangers of underage drinking.

SUBSTANCE USING WOMEN WITH FASD: VOICES OF WOMEN WITH FASD: SERVICE PROVIDERS' PERSPECTIVES ON PROMISING APPROACHES IN SUBSTANCE USE TREATMENT AND CARE FOR WOMEN WITH FASD *Rutman (2011)* https://www.uvic.ca/hsd/socialwork/assets/docs/research/Substance%20Using%20Women%20with%20FASD%20-%20Voices%20of%20Women%20Report-web.pdf Finding respectful, compassionate, and evidence-based ways to better support women with FASD and addictions and/or other concurrent mental health problems is integral to improving women's health and preventing FASD. This is part 3 of a multi-phase project.

INTEGRATING SEX AND GENDER INFORMED EVIDENCE INTO YOUR PRACTICES: TEN KEY QUESTIONS ON SEX, GENDER, AND SUBSTANCE USE *Greaves L, Poole N, Brabete AC, Hemsing N, Stinson J, & Wolfson L (2020)* https://bccewh.bc.ca/wp-content/uploads/2020/05/CEWH-02-IGH-Handbook-Web.pdf This workbook has been developed by researchers at the Centre of Excellence for Women's Health, based on a review of literature on harm reduction, health promotion, prevention and treatment interventions and programs that are sex and gender informed, aimed at addressing opioid, alcohol, tobacco and cannabis use.

Strengths-based Approaches

STRENGTHS AMONG INDIVIDUALS WITH FASD *Flannigan, Harding, Reid, and the Family Advisory Committee (2018)* https://canfasd.ca/wp-content/uploads/publications/Strengths-Among-Individuals-with-FASD.pdf The goal of the current issue paper was to review the existing strengths-based FASD literature and highlight the need for more studies to fill this critical gap.

THE GROWTH MINDSET – TALKS AT GOOGLE *Carol Dweck (2015)* https://www.youtube.com/watch?v=-71zdXCMU6A World-renowned Stanford University psychologist Carol Dweck, in decades of research on achievement and success, has discovered a truly groundbreaking idea-the power of our mindset.

Promoting Interdependence

CAREGIVER CURRICULUM ON FETAL ALCOHOL SPECTRUM *Children's Aid Society of Toronto* http://www.childwelfareinstitute.torontocas.ca/training The purpose of this curriculum is to provide a venue for caregivers including foster parents, families, kinship care, youth and childcare workers, child welfare services, and others trying to understand and cope with many of the life challenges faced by children with FASD.

TIP 39: SUBSTANCE USE DISORDER TREATMENT AND FAMILY THERAPY *SAMSHA (2020)* https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-02-02-012-508%20PDF.pdf This Treatment Improvement Protocol provides an evidence-based guide on how families can be beneficially involved in treatment centre programming.