Sterling Clarren, M.D., FAAP

Dr. Sterling Clarren is the CEO and Scientific Director of the newly created Canada Northwest FASD Research Network and a Clinical Professor of Pediatrics within the Division of Developmental Pediatrics and the Child Development and Rehabilitation Program at the University of British Columbia Faculty of Medicine. Dr. Clarren received his B.A. from Yale University and his MD from the University of Minnesota Medical School. He then completed pediatric residency training at the University of Washington School of Medicine before going on to do fellowships in Biosciences, Dysmorphology, and Congenital Defects at the University of Washington School of Medicine. He was on the faculty at the University of Washington as the Robert A. Aldrich Professor of Pediatrics until he and his wife, Dr. Sandra Clarren, moved to Canada.

Dr. Clarren has applied his training in dysmorphology, neuropathology, neuroembryology, and developmental pediatrics to the problems of fetal alcohol spectrum disorders since 1975 in clinical diagnosis, clinical evaluation and intervention, and clinical and basic research. Dr. Clarren wrote the first major summary article of the clinical pattern of malformation associated with alcohol teratogenesis in the New England Journal of Medicine in 1978. In that article he coined the term fetal alcohol effects. He has participated since that time in all major works on the definition of FAS and related conditions for the Research Society on Alcoholism and the Institute of Medicine. He was co-author of the 4-Digit Diagnostic Code for FAS and related conditions. This last work has recently been accepted, with minor modification, as the Canadian standard for FASD diagnosis. Dr. Clarren developed one of the first pediatric clinics focused on the difficult diagnosis of FAS and related conditions in 1978, and has refined the clinical approach over many years. He has written over 100 scientific articles much of them on aspects of FASD.

Dr. Clarren also has done both clinical and basic research in this field. In the 1980’s, he developed the first successful non-human primate model for FAS. The work provided important dose response data needed for counseling humans. The experiments confirmed the neuropathologic lesions found previously in humans and related these to dose and timing levels. Similarly, the facial malformations found in FAS were confirmed in the non-human primate and timed to very specific events in early embryology. He has written over a 100 scientific papers, review articles and chapters on FASD. In 2001 he was given the Henry Rosett Award by the Fetal Alcohol Study Group of the Research Society on Alcoholism in recognition of “outstanding clinical insight, leadership and research.” He
Title and Description—**People with FASD do Grow Up. The Canadian Approach to Holistic Investigation and Knowledge Translation into Practice.** The governments of the 4 western provinces and 3 northern territories of Canada came together in 1998 and formed what is now known as the Canada Northwest FASD Partnership to advance the treatment and prevention of FASD. In 2003, the Ministers appointed to the partnership formed the Canada Northwest FASD Research Network. This network has identified over 170 FASD specific projects in western and northern Canada doing work in prevention, surveillance, diagnostics and interventions. This volume of interest provides the Network for an enormous opportunity to bring these researchers and communities together and learn from their common experiences and direct future inquiries. The work of the Network to date will be discussed in this address.

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**Julie Gelo** is the legal mother to 13 children ranging in age from 7 to 39. She and her husband, Lynn, live in Bothell, Washington with the youngest seven children and are licensed foster parents with Ina Maka, a private foster care agency with United Indians of All Tribes. Eight of Julie’s children have been diagnosed with Fetal Alcohol Syndrome or Related conditions, including all seven who live at home. Julie has been the Family Advocate for the Washington State Fetal Alcohol Syndrome Diagnostic and Prevention Network core team at the University of Washington for nine years. She is also a foster parent co-trainer with the Resource Family Training Institute with the Department of Social and Health Services. She is the Executive Director for the Washington State affiliate to the National Organization on Fetal Alcohol Syndrome (NOFAS Washington State) and the co-founder of the FASt Friends FASD Community Support Network as well as the annual 5 Day FASD Family Summer Camp. She enjoys reading, music, and dancing and is very active with her family in Special Olympics. She presents workshops and trainings on Fetal Alcohol Syndrome and Effective Advocacy throughout the United States and Canada.

Title and Description—**Many Doors, No Master Key**—A visual and interactive demonstration using audience participants and various colors of yarn to show the number of service providers and agencies that are accessed. It will also show the impact on individuals with FASD, their families/caregivers, and their providers of service. This presentation will also offer participants a method to communicate about the entanglement of all these individuals over the course of childhood and adolescence of just one individual with FAS.

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**Kee Warner and Whitecrow camp leaders James Charron, Ken Kissinger, Lance deBree, Katie Charlie, Alexis Harry, Kirk Lutke, Kellie Zorn** The come from various
backgrounds, aboriginal and non-aboriginal, urban and rural. Some have had extreme life experience and some more sheltered lives. They have birth, adoptive, and foster families. The have, in common, an understanding of what it is like to have FASD, to live with someone who has FASD, and to interact with social systems whose understanding regarding FASD ranges from none to lots. Most of them are in their 20’s or 30’s and have other work experience besides Whitecrow.

Title and description—**The Whitecrow Team at Work**. Whitecrow camp leaders who have FASD form the larger part of our staff. When people hear us speak at a morning workshop partway through a camp session it is often the first time many parents and professionals realize that some of us have FASD. Seeing us as competent contributors brings a new sense of hope and possibilities to children and adults alike. This presentation will describe our work environment, our values, our “corporate culture,” and our sense of being respected and valued members of our communities.

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**Susan Astley, Ph.D.**-is a Professor of Epidemiology at the University of Washington in Seattle, Washington and is the Director of the Washington State FAS Diagnostic and Prevention Network.

Dr. Astley has conducted laboratory, clinical, and public health research in the field of FASD since 1981 and has published over 50 peer-reviewed articles. Current work has been in the development and implementation of FASD diagnostic, screening, surveillance, and prevention tools and programs. This work includes the development of the FASD 4-Digit diagnostic code and FAS Facial Photographic Analysis Software; establishment of the WA State FAS Diagnostic and Prevention Network of clinics and Foster Care FAS Screening Program, establishment of the FAS DPN multidisciplinary clinical training program and online training course, and publication of a lifetime sociodemographic profile of 80 birth mothers of children with FAS. She is currently conducting research on the FASD diagnostic utility of MRI, MR-spectroscopy and functional MRI. She is also engaged in research testing the effectiveness of two interventions for children with prenatal alcohol damage. Her most recent publication documents Washington State’s success in preventing FAS through reduction of maternal alcohol use during pregnancy. This is being achieved through statewide education, diagnostic and prevention efforts.

Title and Description- **FASD: From Discover to Prevention in Washington State**
Washington State has engaged in FASD diagnosis and prevention for over 30 years. Following a classic model of FASD public health education, screening, diagnosis, and intervention, WA State has achieved significant reductions in maternal drinking during pregnancy and significant reductions in the prevalence of FAS. Development of evidence-based tools and methodology to guide the diagnostic and intervention programs were vital to the success of WA State’s efforts. Highlights of WA State’s 30-year history of FASD diagnostic and prevention efforts will be presented with emphasis on what
worked why, and how some the of the latest discoveries in the field (eg. MRI/S, choline-supplementation, etc.) may help further advance FASD diagnosis and intervention.

BREAKOUT SESSIONS

Sandi Ahlers, Sarah McConnell, and Josephine Semaken

Sandi Ahlers is Inupiaq and has worked as a Community Health Aid in Kaktovik, located on an island near the northern shore of Alaska. She is the parent of a child with FASD. She currently works for the Kenaitze Indian Tribe as an ICWA worker. She is a graduate of UAF's Rural Human Services Program, and is currently working on her AAS degree in Human Services.

Sarah McConnell has worked with children and families as a service provider for about 35 years, the past 14 years in Alaska. She is an LCSW and certified State of Alaska trainer for FASD 101 and 201. Currently she is an Assistant Professor with University of Alaska Fairbanks' Rural Human Services Program, and teaches courses in FASD for the university.

Josephine Semaken is currently a Case Manager at Wisdom Place, a program of the Ernie Turner Center in Anchorage, Alaska. She is a graduate of UAF's Rural Human Services Certificate Program. She is the parent of a young adult with FASD. She is Athabascan, from Galena, Alaska.

Alaska Native Cultural Traditions and Activities: Supporting a Sense of Belonging and Positive Development for Individuals with Fetal Alcohol Spectrum Disorders.

Behavioral health problems are the leading secondary disability associated with the primary disability of Fetal Alcohol Spectrum Disorders. Identifying and building on strengths, knowledge of learning styles, and awareness of recommended communication channels are essential to rural providers. Clinical experience combined with personal experiences of raising children with Fetal Alcohol Spectrum Disorder within Alaska Native cultural traditions and activities will be shared. We will talk about how a sense of belonging and positive regard can be fostered as these traditions and activities focus on the strengths individuals with FASD often have.

Marg Anderson has a Bachelor of Arts degree, Bachelor of Education, and is the Director and Co-owner of PNGI, the Provincial Networking Group, Inc., which is a successful employment and training company in Northern British Columbia since 1992. Marg’s background is in education and social work. She oversees PNGI’s supported employment programs in Terrace and Kitimat, BC. Her solution focused personally and passion for
innovation and creative thinking has resulted in PNGI’s supported employment program being a success. Her presentations are filled with stories and practical examples that will excite people’s imaginations.

Title and Description - **Non-traditional Job Development for People with FASD**
Resumes, job interviews, understanding the labor market, networking and self promotion…all traditional job seeking strategies. Although traditional, these strategies can almost certainly raise barriers from the very start of the job search process for a person with FASD. This presentation will cover some of the core principles of Non-Traditional Job Development as practices by PNGI. Such areas include job proposals, industry surveys, trend tracking, vigilant customer approaches, career circles and job seeker profiles. Using practical examples of actual success stories the goal is to have every participant leave the presentation feeling optimistic about the potential for using non-traditional job development strategies for their jobseekers.

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*Allison Brooks, Ph.D.* is a psychologist and research investigator in the interdisciplinary clinical diagnostic and research teams at the University of Washington Fetal Alcohol Syndrome Diagnostic and Prevention Network (FAS DPN). She is also Clinic Director of the Tacoma Satellite of the Autism Center at the University of Washington. Dr. Brooks became involved in volunteer work with children with special needs in 1987, and has been involved in research, training, and clinical work in the field of child neuro-developmental disorders since 1991. In 2000, she joined the interdisciplinary clinical team at the direction of Dr. Susan Astley. She is a certified school psychologist and a licensed psychologist in the state of Washington. Dr. Brooks is a co-facilitator of the FASFriends teen support group.

Title and Description: **Changes in Behavior Profiles and a Model for Intervention in Preadolescents and Adolescents with Fetal Alcohol Spectrum Disorders.** Parent ratings of the behavior of children prenatal alcohol exposure yield scores that increase in clinical significance as children age. A model for a group intervention for social skills, including emotion regulation, with children with Fetal Alcohol Spectrum Disorders is presented.

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*Sandra Clarren, Lindy Groger, Jan Lutke, Marceil TenEyck*

*Sandra Clarren* has worked with children with special needs since the early 1970s. She received her BA from Smith College and her MA from the University of Minnesota, and her PhD from the University of Washington. Initially she was a special education resource teacher and diagnostician. She was a school psychologist in private practice and in public and private schools in the Puget Sound area, at Children’s Hospital in Seattle, and as a member of the Fetal Alcohol Syndrome Diagnostic and Prevention Network at the University of Washington for over 5 years. She has been a consultant and lead writer on Alberta Learning’s teacher guide: Building Strengths, Creating Hope: Strategies for Supporting Students with Fetal Alcohol Spectrum Disorder. Sandra has worked in the
filed of FASD since the early 1990s as a trainer, researcher, presenter, writer, and diagnostician.

*Lindy Groger* grew up in the Seattle area and Washington State University. As the parent of a child with FAS, she has worked for many years as a tireless advocate for those with FAS and their families. In addition to developing a home schooling curriculum for her son, who FAS, Lindy has written articles and testified before the legislature for special needs children and adults. She and her son are also active, enthusiastic participants in several social and recreational programs for special needs children and adults.

*Jan Lutke* is the past co-chair of the former National Advisory Committee on FASD to Health Canada, Government of Canada, to which she was appointed by the federal Minister of Health. She chaired its sub-committee on Quality of Life Issues for individuals and families living with FASD. She is the founder and former director of the FASD Support Network of B.C. and the founder and Senior Consultant of *FASD Connections*, an organization dedicated to helping adolescents and adults with FASD and their families. She is now the Clinical Research Manager for the Canada Northwest FASD Research Network of the Canada Northwest FASD Partnership, an inter-provincial and territorial collaboration of the four western provincial and three northern territorial governments. She sits on numerous provincial and national advisory committees with respect to FASD, including the Advisory Board to the University Of British Columbia Faculty of Medicine “Doctor, Patient and Society” (DPAS) Courses, and the former FASD Advisory Committee to Corrections Services Canada Western Region. She facilitates, consults and advises on a wide range of projects and chairs both of the bi-annual FASD conferences (regular and adult specific) held in Vancouver for the past 20 years. She chaired the former FASD Provincial Consultation Group to the Province of British Columbia, co-developed and instructs the on-line FASD curriculum of the Justice Institute of B.C., acts as advisor to many different media projects and provides consultation services to a wide range of agencies, organizations, government bodies and individuals. She is also a consultant for the FASD Consulting Service of the Canadian Centre on Substance Abuse (CCSA) and a material reviewer for the Substance Abuse and Mental Health Services Administration (SAMHSA) of the US Dept of Health, Center for Excellence in FASD. With several of her adolescent and adult children, she provides small group clinical skills instruction on FASD to all UBC second year medical students. She and her husband have been foster and adoptive parents for 38 years, and have adopted 12 children with a diagnosis within FASD, currently ranging in age from 14 to 32. Jan has developed and written much material on this subject that is widely used, and has been published by the University of Washington Press; the University of Alaska Press and the Journal of FAS International. She is in the early stages of writing two books, one with Dan Dubovsky, the FASD Specialist for the Center for Excellence in FASD at SAMHSA, US Department of Health and a second one with Diane Malbin, an internationally known expert in the field of FASD. She was awarded the Outstanding Achievement Advocacy Award by the Child Welfare League of Canada in May of 2006.
Marceil Ten Eyck is a psychotherapist and counselor in private practice in Kirkland, Washington. She specializes in working with individuals, couples, and families impacted by chemical dependency and other addictive behaviors.

Prior to opening her private practice, Ms. Ten Eyck worked in a community mental health agency as a staff member of the anger management and domestic violence team, then as a family counselor and coordinator of the family program at an inpatient treatment center for chemically dependent women. She holds a Masters of Counseling degree from Seattle, University; is a Licensed Mental Health Counselor in Washington State, a Washington State Certified Chemical Dependency Counselor, and a Nationally Certified Master of Addictions Counselor.

Ms. Ten Eyck has lectured extensively about Fetal Alcohol Syndrome and Fetal Alcohol Effects to various groups throughout the United States and Canada. She acts as an FAS consultant to alcohol and drug treatment agencies, schools, social service agencies, and other counselors. As a staff member of the Fetal Alcohol Syndrome Diagnostic clinic at the University of Washington, Ms. Ten Eyck assisted in providing resources and counseling support for family members during the often painful process of securing a diagnosis of FAS or FAE. She was a member of the King County Task Force on Prevention of FAS/FAE, and was a member of the steering committee for a research grant at the Pregnancy and Health Clinic, University of Washington, researching secondary disabilities sustained by individuals who have FAS or FAE. Ms. Ten Eyck is currently a member of the steering committee for the National FAS Center for Excellence in Washington DC.

As a founding member of the Fetal Alcohol Syndrome Information Service (FASIS) in Washington State, she writes for and participates in publishing their quarterly newsletter, Iceberg. She and her two daughters have written chapters for the book Fantastic Antone Grows Up. This book, about older adolescents and young adults living successful lives with FAS/FAE, was published in April 2000 by the University of Alaska Press.

As the mother of two daughters, one with FAS, the other with FAE, Ms Ten Eyck has a special and personal interest in finding ways to successfully parent, educate, and prepare these challenged individuals to live to their fullest potential. In 1991 she co-founded the first parent support group in Washington State and continues to work with families to help them deal with the emotions that often overwhelm them, and to cope with the day to day impact of this syndrome in their lives.

In November 2001, Ms. Ten Eyck was chosen to receive the Nichols Leadership Award, an endowed award presented annually to a person or group in the community who has demonstrated consistent advocacy on behalf of the needs of chemically dependent women and their families.

Ms. Ten Eyck has been in recovery from chemical dependency for over 26 years.

Title and Description: Transitions from Childhood to Young Adulthood—Moving at the Pace of a Person with FASD. The workshop will discuss issues for adolescents and young adults with FASD, for their families and for those in their circle of support related to the transition from childhood to young adulthood. The panelists will share their
collected experience, ideas, and concepts about how to move through this time of transition.

Maida Chen, M.D. Dr. Chen received her undergraduate and medical degrees from Northwestern University. She completed her Pediatrics Residency at Rush Children’s Hospital in Chicago. She then completed a Pediatric Pulmonology Fellowship at Children’s Hospital in Los Angeles, affiliated with University of Southern California. During fellowship, Dr. Chen’s research concentrated on pediatric sleep disorders as well as disorders of respiratory control. She joined the faculty at University of Washington’s Children’s Hospital and Regional Medical Center in July, 2005. She is currently the associate director of the Pediatric Sleep Disorders Center and an attending physician in the Division of Pulmonary Medicine. Her current research focuses on identification and treatment of sleep disorders in general and special-needs pediatric populations, those with craniofacial malformations, as well as children with FASD.

Title and Description: **Sleep in FASD.** “Sleep problems” are a common complaint among families raising children with Fetal Alcohol Spectrum Disorders, but have not been well described despite the likelihood of real impact on child and family function. An overview of general pediatric sleep architecture and hygiene will be presented, and current research hypothesis on sleep disorders in children with FASD will be outlined. In addition, general guidelines for both parents and health care providers in managing a child with FASD and sleep problems will be reviewed.

Truman Coggins, Ph.D. is an Associate Professor in the Department of Speech and Hearing Sciences at the University of Washington. Dr. Coggins serves as a research affiliate in the Mental Retardation and Development Disabilities Research Center at the University’s Center of Human Development and Disability (CHDD). Dr. Coggins is an American Speech-Language-Hearing Association certified speech-language pathologist. Since 1993, he has been Head of Speech-Language Pathology at the CHDD. Dr. Coggins is an active clinician and research with the Fetal Alcohol Syndrome Diagnostic and Prevention Network at the University.

Title and Description: **Impact of Prenatal Alcohol Exposure and Adverse Environments on Social Communication.** A retrospective examination of environmental risk, language performance and narrative discourse data from a clinical database of school-age children with FASD. Children with FASD may be particularly vulnerable to language and social communication deficits as a result of prenatal alcohol exposure and atypical or adverse social interactive experiences. Comprehensive assessment is recommended. Dynamic and functional assessment paradigms may document the language and social communicative deficits in children with FASD and other clinical populations with complex neurodevelopmental profiles.
Julian Davies, M.D. is a Clinical Assistant Professor of Pediatrics at the University of Washington, and also one of two staff pediatricians at the UW Fetal Alcohol Syndrome Diagnostic and Prevention Network in Seattle. He is also the Co-Director of the Center for Adoption Medicine, where he provides pre-adoption consultations, post-placement evaluations, and ongoing general pediatric care for adopted children. He is the primary author for www.adoptmed.org, an online resource for medical and developmental issues in adoption and pediatrics.

Title and Description: **From Snake Oil to Fish Oil—Integrative Medicine for the Fetal Alcohol Spectrum.** A lively romp through the wilderness of complementary/alternative therapies for FASD and associated conditions like ADHD and sleep disorders, from an "alterna-friendly" pediatrician. We'll review the evidence or lack thereof, safety, and cost of interventions ranging from vitamins, minerals, essential fatty acids, and other "nutriceuticals", herbs and homeopathy, elimination diets, chelation therapy, bodywork and chiropractic, developmental movement therapy, sensory and auditory integration, and bio/neurofeedback. We'll also cover ways to evaluate therapies and practitioners, and the cardinal signs of quackery.

This session has been canceled.

Navoneel Dayanand, LLM, Legal Advocacy and Program Associate  Nav is responsible for NOFAS National Affiliate Program. He provides assistance to the affiliates in organizing themselves as 501(c) (3) non-profit organizations, while coordinating affiliate activities and developing programmatic collaborations. He also serves as a grassroots advocacy manager and coordinates the work of grassroots advocates and other FASD support groups throughout the country. He works with NOFAS President and Director of Public Policy to develop NOFAS legislative priorities and advancement of the FASD caucus and legislation in Congress. Nav researches the legal realm of FASD and has contributed to developing NOFAS Public Awareness and Advocacy Guides. Nav received his law degree from Bangalore University, India and a Master of Laws degree from Cornell University in May 2004. He also has a special interest in human rights and public interest issues and holds advanced degrees in human rights from the National Law School of India University.

Title and Description: **Legal and Ethical Considerations Surrounding Alcohol and Pregnancy.** Is alcoholism a moral failure or a disease? Leading health agencies and allied organizations have concluded that alcoholism is a disease that needs appropriate treatment. Pregnant women under the influence of alcohol are stigmatized for abusing their unborn child. Several laws are pushing for criminalization of pregnant women with a substance abuse problem. Public Health and not Public Law should be the answer. The workshop will visit several instances where women have been criminalized rather than cared for by therapeutic intervention.
This session has been canceled.

Dan Dubovsky, MSW has worked for over 30 years in the field of mental health. He has worked as a child care worker and a therapist in residential treatment and in inpatient, outpatient, and community settings. Dan has presented regionally, nationally and internationally on Fetal Alcohol Spectrum Disorders, focusing especially on interventions for children, adolescents and adults. For this work, his son Bill has been his mentor and best teacher. Dan has presented internationally on loss and grieving, partnerships, psychopharmacology, development, violence in youth, anger management, team building, stress and burnout, transition, and life span disorders such as Attention-Deficit/Hyperactivity Disorder, Mood Disorders, and Schizophrenia. Dan is currently the FASD Specialist for the Substance Abuse and Mental Health Services Administration’s (SAMHSA) FASD Center for Excellence.

Title and Description: Techniques for Optimizing Success in FASD by Recognizing and Responding to Misdiagnosis and Co-Occurring Disorders People with an FASD may frequently be misdiagnosed due to their behaviors. In addition, they are at high risk for co-occurring mental health and substance abuse disorders due to both genetic and environmental reasons. The misdiagnosis or lack of recognition of all co-occurring disorders often leads to failures in our systems of care, including education, treatment, child welfare, TANF, housing, and justice. This session examines misdiagnoses in FASD with a focus on behaviors that may lead to these diagnoses and how typical treatment for these diagnoses may be unsuccessful or even detrimental. The session also discusses co-occurring disorders with an FASD. The session describes interventions that can optimize outcomes for the individual and the family and increase the success of the agencies and programs that serve them.

Deb Evensen, MA is a master teacher with more than 35 years experience teaching children, adolescents and adults with highly challenging behaviors. Since working with her first student diagnosed with FAS in 1982, Deb has become a passionate, international advocate for those living with FASD. She has the unique perspective of one who has spent thousands of hours observing and working with schools and communities in a variety of cultures, including the far north of Alaska and Canada, and Japan. Deb and her husband Wes Hill founded and co-direct the National Organization on Fetal Alcohol Syndrome, Alaska. They live and write on a mountain high on a hill above the ocean in Homer, Alaska.

Title and Description: 12 Essential Ingredients for a Recipe for Success for Students with FASD Students with FASD are among the most vulnerable population in our schools. Out of sync with the school system, they are misunderstood, victimized and often bullied. Some become bullies themselves Educators can play a vital role in stopping the cycle of failure common for these students. This session presents a practical, hands-on approach to working with students with FASD; and offers real strategies that work.
John Gotowiec has been employed by Pacific Community Resources Society (PCRS), since 1992. He began his career as a front line child and youth care counselor prior to being the Supervisor of a residential treatment program for high-risk youth. He then went on to be a Caregiver Support Worker, providing in home support and training for foster parents throughout the Fraser Valley for over 10 years. In this capacity John provided extensive training to foster parents in the area of Fetal Alcohol Syndrome. He has recently been a trainer and facilitator for PCRS’s Foster Parent Training Program and has made many presentations specifically on FASD to foster parents and high school teachers and the Vancouver Police Departments Youth Squad. For the past three years, John has been the Social Support Program Coordinator for the West Coast Alternate Program, a collaborative demonstration project, an off campus alternate school in Vancouver BC, specifically designed for student’s diagnosed with Fetal Alcohol Spectrum Disorder. As the Social Support Coordinator with the West Coast Alternate Project his role is to provide support and strategies to the parents and caregivers of the students in the program as well as to liaison with the other partners in the project.

Title and Description: **West Coast Alternate Demonstration Project.** For too many youth affected by FASD, moving on to high school is often a catalyst for frustration, despair, isolation and other secondary disabilities, including self-destructive behaviors. The premise of the West Coast Alternate program is that by maintaining key social support activities and establishing a collaborative, wrap-around approach with family, school, and support staff, that youth participating in the program will by-pass a well known high stress situation: the transition to high school. The program aims to provide professional, individualized guidance in a reduced stress environment, to assist FASD-affected students in maintaining a healthy life, and to minimize their risk of dropping out of school and/or becoming entrenched in negative behaviors.

The intervention model guiding the development of the West Coast Alternate program is unique in Canada. There are three organizational and funding partners for the program:

- Ministry of Public Safety and Emergency Preparedness Canada (National Crime Prevention Strategy) funds Pacific Community Resources Society to provide two Youth and Family Counselors and one Social Support Co-coordinator who supports families of the youth in the program.
- Coastal Health Authority Province of British Columbia (Aboriginal Services) – funds a Pre-Employment Co-Coordinator who coordinates work experiences for the older youth in the project.
- Vancouver School Board (Templeton Secondary School) provides two full time teachers and one teacher’s assistant.

Another important aspect of the WCA program is its comprehensive process and outcome evaluation, conducted by an independent evaluation team. The evaluation is examining outcomes resulting from a wraparound care approach to working with FASD-affected youth and their families/caregivers, and also is documenting processes and outcomes associated with multi-disciplinary, collaborative practice within a school-based setting. Since its first year of full operation in 2003, the West Coast Alternate has made significant strides in reaching consensus about issues related to effective program
delivery. Our experience in developing this program has reinforced research and anecdotal information that suggest a “one size fits all” approach does not lead to effective program delivery with this population. The organizational challenges related to developing a cohesive approach in a multi-disciplinary team, each with their own funding and administrative sources, has in fact been a significant learning opportunity that we hope can be applied to the successful development of similar programs elsewhere.

Sue Green, MPA. NCAC has been working in the chemical dependency field since 1986. She is a license Chemical Dependency Professional in Washington State. She began as an intensive outpatient counselor working with adults. A year later, she began her adolescent career at Ryther Child Center, followed by outpatient work with adolescents. She worked on the adolescent unit at Providence St. Peter Chemical Dependency Center for eight years doing various jobs, including counselor, admissions, and unit manager. In September 1998, she joined the Division of Alcohol and Substance Abuse as the At-Risk/Runaway Youth Coordinator and currently holds the position of Family Services Manager. As the Family Services Manager, she leads policy and planning efforts for pregnant and parenting treatment issues for women, as well as contracts with facilities that provide chemical dependency treatment and other support services to pregnant and parenting women who are substance abusers. She also chairs the statewide Fetal Alcohol Syndrome Interagency Workgroup, which represents a diverse spectrum of programs designed for individuals and families with Fetal Alcohol Syndrome and Fetal Alcohol Effects. This network of educational, research, and clinical services responds to the legislative mandate to ensure coordination of identification, prevention, and intervention programs for children who have fetal alcohol effects and for women at high risk of having children with fetal alcohol effects.

Title and Description: **DASA Services in the Prevention of FASD.** DASA provides funding for various activities and programs in the prevention of FASD. This presentation will educate participants on these activities and programs that are available across Washington State. Fetal Alcohol Spectrum Disorders is an umbrella term used to identify the spectrum of disorders that can occur when a child is exposed to alcohol in utero. Some of these disorders include, Fetal Alcohol Syndrome (FAS), Fetal Alcohol Effects (FAE), and Alcohol Related Neurological Disorders (ARND). DASA provides funding for various activities and programs in the prevention of the Fetal Alcohol Spectrum Disorders. This PowerPoint presentation will educate participants on these activities and programs that are available across Washington State.

Carolyn Hartness BA, Suzie Kuerschner, Candace Shelton

Carolyn Hartness BA, Eastern Band Cherokee and Norwegian, has been working in the field of Fetal Alcohol Spectrum Disorders for the past sixteen years. Carolyn works with tribes identifying issues relating to FASD, helping create models for prevention and
intervention. She serves on state and regional committees and work groups, presents and keynotes at conferences and offers workshops to people and agencies nationally and internationally. She was a team member at the Fetal Alcohol Syndrome Diagnostic and Prevention Network at the University of Washington for ten years. Carolyn co-created an awarding winning, Emmy nominated series on FASD and a training manual. Carolyn also conducts workshops on cultural diversity and wellness.

Suzanne Kuerschner, M.Ed, is a child development specialist with intensive training and experience in Fetal Alcohol Spectrum Disorders. Her experience includes assessment, intervention, parent training, and the designing of behavioral interventions for infants through pre-adolescents form alcohol and drug-affected homes.

Candace Shelton is a member of the Osage Nation. She has a Masters Degree in Rehabilitation Counseling and is a Licensed Substance Abuse Counselor in the State of Arizona. She is the Senior Native American Specialist for the Fetal Alcohol Spectrum Disorders (FASD) Center for Excellence. She has worked for the Center over 4 years where she does training and technical assistance in Indian Country. Candace has been a clinical supervisor and a behavioral health director for Native organizations specializing in substance abuse treatment. She has been a panel member on four Treatment Improvement Protocols (TIPS) for the Substance Abuse and Mental Health Services Administration (SAMSHA), published a chapter on American Indian Alcoholism, Consultant to the National Leadership Institute, Grant Reviewer for SAMSHA and a national and international presenter at conferences and workshops.

Title and Description: The FASD Roller Coaster: Cognitive and Behavioral Issues Affecting Early Adult Populations with FASD. A panel of parents and providers will examine characteristics common to and different from populations both with and without early intervention. The goal will be to identify mental health interventions driven by appropriate cognitive and behavioral strategies. Participants will understand the use of scripting and mapping positive outcomes for young adults with FASD.

Bob Hicks, Chris Tobey, Ph.D., Lara Stephens Skagit County Youth and Family Services

Bob Hicks is the director of the FASD Project of Skagit county Youth and Family Services. This project is one of five national subcontract programs funded by the Substance Abuse and Mental Health Services Administration that are designed to integrate FASD screening, diagnosis, and services within local Juvenile Courts. Bob brings twenty-one years of experience in the fields of Juvenile Justice, chemical dependency treatment, and community mental health services to the task of incorporating FASD-based approaches within the Juvenile Justice processes. In 1999, he was awarded the Washington State Division of Alcohol and Substance Abuse Outstanding Achievement Award for contribution to the field of chemical dependency.

Chris Tobey serves as the Division Supervisor for the ARIS Program of Skagit County Youth and Family Services. ARIS is a model program serving the Skagit County,
Washington community through intervention and case management services provided to at risk youth and their families. Dr. Tobey sits on the Skagit FASD Project. Dr. Tobey received his doctorate in clinical Psychology from Seattle Pacific University and his Masters of Social Work from the University of Michigan. He has twenty-four years of clinical level and project supervisory experience. He holds dual licensure as a Psychologist and a Clinical Social Worker. Additionally, he maintains a private psychotherapy practice. Dr. Tobey sits on numerous boards and committees who address issues facing youth and families and is a highly regarded presenter.

*Lara Stephens* is the Clinical Services Coordinator for the FASD Project of Skagit County Youth and Family Services. She received her Masters of Social Work from the University of Washington. Lara has gained a great breadth of clinical expertise through her seventeen years of working with youth and families in the fields of mental health and social work.

Title and Description: **FASD in the Juvenile Justice System.** A number of factors make youth with FASD susceptible to involvement in delinquency. These factors include impulsivity, vulnerability to the influence of other delinquent youth, deficits in judgment skills, problems with abstract reasoning, disrupted school experience, substance abuse, and poor personal boundaries. This susceptibility is met with another challenge. Court-involvement youth with FASD often flounder in consequence-based system due to their inability to link actions to consequences. This session will identify youth and familial strengths and community protective factors that can prevent or minimize the involvement of young people with FASD in delinquency. Secondly, we will examine the means to help youth with FASD and their families to succeed if they do become involved in the Juvenile Justice system.

*Tracy Jirikowic, Ph.D.* has been a pediatric occupational therapist for the past 15 years and has practiced in early intervention, outpatient, and school-based settings. She has worked in UW FAS Diagnostic Clinic for the past 10 years. She is currently a postdoctoral research fellow in the Department of Psychosocial and Community Health at the University of Washington with research interests in the area of sensory processing and integration, particularly in young children with FASD.

Title and Description: **Making Sense out of Sensory Processing Differences in Children with FASD.** Children with FASD often present with multiple neurobehavioral impairments. Sensory processing is one area of function that has been found to be compromised in this population. When sensory information is not clearly interpreted or organized by the nervous system, sensory differences processing differences can contribute to challenging behaviors and decreased adaptive function. Understanding how sensory processing differences can impact behavior may help caregivers 1) reframe the behavior from a sensory perspective and 2) adjust the environment or routines to help meet the child’s’ sensory needs. Awareness of sensory processing differences coupled with the use of accommodations and sensory-based
interventions may thus reduce problem behaviors, facilitate more adaptive behaviors and help children regulate their own behavior.

This presentation will combine research evidence that describes sensory processing differences seen in children with FASD with case examples and practical accommodations and intervention strategies that can be applied by parents, teachers, and others working with children with FASD.

Shelley Leavitt, Ph.D. and Marty Bedlington, Ph.D. Institute for Family Development.

Shelley Leavitt, Ph.D. is an Associate Director of the Institute for Family Development (IFD), formerly Behavioral Sciences Institute, where she directs IFD’s Training and Dissemination Division and in-home family counseling programs throughout Washington State. Prior to joining IFD in 1985, she designed and evaluated training and dissemination material for children and families at Father Flanagan’s Boys Home (Girls and Boys Town). She is the author of Active Parenting, Helping Kids Make Friends, and numerous articles on parenting and family preservation. Dr. Leavitt received her Master’s degree from Boston University and her Ph.D. in Developmental Child Psychology from the University of Kansas. She has provided training and consultation on developing, managing, and evaluating programs for children, youth, and families throughout the United States, Puerto Rico, Canada, England, the Netherlands, Belgium, Romania, and Lithuania.

Martha Bedlington holds a Ph.D. in Developmental and Child Psychology from the University of Kansas. Most of her graduate work focused on developing group home programs for adjudicated delinquents. After graduate school, she worked in Florida for five years to establish group home treatment programs for severely emotionally disturbed children and adolescents through the Florida Mental Health Institute. She joined IFD in 1988 to help establish HOMEBUILDERS programs in New York City and other locations across the country. She joined the Washington site to coordinate a program at Children’s Hospital, as well as other new applications of the model. She continues to train and consult nationally.

Title and Description: The Institute for Family Development’s HOMEBUILDERS Model: A Program Overview. This presentation will review the hallmark program of the Institute for Family Development (IFD), HOMEBUILDERS, a nationally recognized, evidence-based, and intensive, in-home, counseling program. Originally designed to serve families whose children were at risk of removal due to abuse or neglect, the HOMEBUILDERS model has been applied to a variety of treatment issues, including parents and children with mental health problems, drug affected families, parents with developmental disabilities, adolescents with emotional and behavioral problems, families, other less severe behavioral problems, and currently as a project partner with Families Moving Forward (a CDC funded intervention grant for families raising children with FASD). The core structural and theoretical elements of the model, along with its primary treatment intervention strategies, will be reviewed as they apply to the above issues. Other programs within IFD will be briefly reviewed. Finally, “your deal” assessment
cards, and interactive assessment tool to help families identify their values, strengths, and goals will be presented and demonstrated, with opportunities to use them if desired.

Diane Malbin, MSW is Executive Director of FASCETS/NOFAS Oregon and Director of the FASCETS Neurodevelopmental Diagnostic and Training Center. She provides direct services, consultation, training and program development on FASD and related issues locally, nationally, throughout Canada and Europe. Ms. Malbin is an Oregon State representative for the SAMHSA Fetal Alcohol Spectrum Disorders Center for Excellence Building FASD State Systems, is a charter member of the Oregon FASD Task Force and has developed and taught courses on FASD through the Universities of Oregon, University of British Columbia, University of Wisconsin-Madison, and other institutions. She was principal investigator for a successful interventive study on FASD based on the FASCETS model, funded by the State of Oregon Services for Children and Families. Her work has included development and consultation on curricula, video projects, and she is a published author. The Oregon chapter of the National Association of Social Workers named Ms. Malbin Social Worker of the Year, 2005. She is parent of two young adults with FASD.

Title and Description: A Successful FASD Interventive Study: Design, Process, and Outcomes. The State of Oregon funded FASCETS (NOFAS Oregon) to conduct a three-year FASD interventive project. This study tested a research-informed neurobehavioral approach for working with youth ages 4-14 in the Oregon foster care system. Project activities were based on a research to theory to practice model; implementation was a community-based, interdisciplinary collaborative process. This workshop introduces the project concept, design and interventions are illustrated by abundant case examples. Barriers to implementation and their resolution are briefly outlined. Statistically significant findings of improvements in youth and adults in the project suggest the intellectual accessibility and hands-on applicability of a brain-based approach for working with youth with FASD and the spectrum of neurobehavioral disorders.

Carol McAndrew B.Ed., M.A. has been a classroom and Special Education teacher for over 25 years. She has experience from Kindergarten to Grade 12 and beyond. Presently, she is teaching in Langley, B.C. Canada in a unique multi-grade district program that has developed to accommodate multi-needs of students with FASD, Asperger’s Syndrome, Tourette’s Syndrome, OCD (Obsessive Compulsive Disorder), ADHD (Attention Deficit Disorder) and combinations of these. It is a challenging job but one that she loves. She works with four incredible teacher assistants and together we team to meet the needs of the students. For most of the participants, it is the first time that they have been able to attend school full time and for the entire year.

Being a part of FASD Initiative groups in the Okanagan and Shuswap regions as well as presenting workshops throughout B.C. to local and international audiences helps her to grow in her knowledge of FASD and she has met some incredible people along the way.
Speaking and Learning the FASD Way explores a teacher’s journey in the field of Fetal Alcohol Syndrome Disorder. This interactive workshop offers practical strategies, examples and concrete tools to help educators and support staff better understand and support FASD students. Functional Behaviour Assessment, learning strategies, building relationships and social skills are highlighted. Personal stories are shared.

Blanche McKenna, MS has worked in the field of Developmental Disabilities for 36 years. She has supported individuals with developmental disabilities in vocational, residential, recreational, education, and counseling services. She is currently an Autism and Behavioral Specialist with Southern Oregon Educational Services District and a private counselor. In addition she has two sons, 19 and 20, who experience Fetal Alcohol Spectrum Disorders.

Supporting Memory Dysfunction with Visual Supports. Most individuals with FASD experience some memory dysfunction. Using visual supports such as schedules, task analysis, T-chars, and social stories can provide supports for individuals of any age in home, school, vocational, and community settings. Visual supports can increase independence, and decrease negative behaviors. Participants will view a variety of visual supports and strategies on how to apply them.

Sarah McNulty, Melissa Nilsen, and Jamie Byrne are members of the 2006 graduating class of the University of Washington Masters of Occupational Therapy Program. They have combined their past experiences and dedication to children to design and implement a pilot program specifically focusing on improving social skills of children with FASD. Prior to beginning the Occupational Therapy program, Sarah spent five years working in the field of early and outdoor education. Melissa’s background in health and fitness helped provide engaging activities for the children. Jamie has a degree in elementary education and she has worked with children of all ages in the school setting. They completed this project under the mentorship of Tracy Jirikowic, PhD, OTR/L and Jean Deitz, PhD, OTR/L.

The Kids’ Club: A Social Skill Intervention Program for Children ages 6-11 Affected by FASD. The Kid’s Club is an eight-week therapeutic social skills pilot program designed for school-age children who are affected by FASD. The program particularly focuses on foundational skills of friendship building, including sharing, turn-taking, complimenting, self-control, and initiation. Each week children are given opportunities to practice these skills through carefully designed activities and a structured lesson plan that is designed to promote success. Developing lifelong friendships has many positive benefits including higher self-esteem, a larger community support group, and decreased risk of psychiatric illness. On completion of this presentation, participants will:
• appreciate the importance of social skills and friendship in school-aged children and how FASD can impact development in these areas.
• understand the model used for the social skills group.
• appreciate the importance of adapting activities to all skill levels.
• participate in activities used in the social skills pilot program.

Kathleen Mitchell, MHS, LCADC is the Vice President and National Spokesperson for the National Organization on Fetal Alcohol Syndrome and a noted international speaker on Fetal Alcohol Spectrum Disorders (FASD). Ms. Mitchell is a licensed clinical alcohol and drug counselor, has her Masters Degree in Human Services and twenty years of experience as an educator, clinician, and lecturer in the addictions and FASD field. She was appointed to the U.S. National Task Force on Fetal Alcohol Syndrome / Fetal Alcohol Effects by the Secretary of Health and Human Services. Her FASD advocacy work includes numerous testimonies to the United States House of Representatives. She was a consultant for NBC’s Law and Order: Special Victims Unit to create an episode on FASD. Her story has been featured in many documentaries, educational video’s, books and materials on FASD, Glamour Magazine, and on NBC’s Real Life and the Later Today Show. She authored Fetal Alcohol Syndrome; A Guidebook for Parents and Caregivers.

Title and Description: Honoring the Powers of the Feminine (the Secret to Prevention of FASD).

FASD can carry a tremendous social stigma. This stigma may not only be directed towards individuals with FASD, but often there is blame and shame directed towards the birth mother and family. This seminar will explore the concepts of gender, and the role that societal values may be playing in the apathetic attitudes of FASD prevention. Could the secret to FASD prevention lie in caring about and prioritizing women’s health issues? How do we begin to address the stigma associated with FASD? Participants will review the concepts of masculine and feminine energies. The facilitator will provide overview of women who use substances as well as women with addiction disorders. Participants will explore non-traditional female-centered activities that are designed to empower women who may have used during pregnancy, be at risk for use, or may have had children with effects from use.

Heather Carmichael Olson, Ph.D. is a faculty member in the Department of Psychiatry and Behavioral Sciences, at the University of Washington School of Medicine. She is also an attending psychologist at Children’s Hospital and Medical Center in Seattle, Washington, and at the University of Washington FAS Diagnostic Clinic. In both settings, she works directly with children and their families. Dr. Carmichael Olson has been involved in research and clinical services with families raising children with fetal alcohol spectrum disorders (FASD) since 1989. She helped start a treatment center for women with chemical dependency that included an on-site therapeutic childcare program. She was a founding member of the Fetal Alcohol Syndrome Diagnostic and Prevention Network, a statewide network of FAS diagnostic clinics in Washington State. Dr.
Carmichael Olson is also the Principal Investigator for a CDC-funded FASD intervention research project. The primary goal of this project is to successfully transition to the community an innovative, specialized, home-based behavioral consultation intervention for foster, adoptive, and birth families raising children with FASD and behavior problems.

Title and Description: What can Research tell us about Intervention for Fetal Alcohol Spectrum Disorders? As effective diagnosis has become more available, interest in research on intervention with fetal alcohol spectrum disorders has grown. Promising practices in the field of FASD are being identified. Scientific evidence is being gathered to find what interventions meet the needs of families and show successful outcome. New information and theory about FASD is sparking innovative intervention ideas. This presentation will selectively review intervention research in a user-friendly manner. Especially promising practices that have research to support them will be highlighted. One promising model, the Families Moving Forward intervention, will be discussed in more detail, with a brief look at evidence on treatment satisfaction and outcome data. Also covered will be interesting ideas for future intervention research, and thoughts on the range of services communities need to “build bridges to success” for FASD.

Lesley B. Olswang, Ph.D. is Professor in the Department of Speech and Hearing Sciences at the University of Washington. She received her B.S. degree from Northwestern University, her M.S. degree from the University of Illinois and her Ph.D. from the University of Washington. Dr. Olswang’s research focuses on social communication in two age groups: infants and school-age children. The infant work has investigated the efficacy of treatment for teaching early signals of communication to babies with moderate to severe motor impairment. The school-age research has examined the communication performance of children with prenatal alcohol exposure and social problems as they interact with others during classroom activities.

Title and Description: Social Communication Classroom Performance: How do Children with Prenatal Alcohol Exposure Spend Their Time? This session will present a description of classroom social communication performance by children with FASD. Parents and teachers have reported over the years that children with FASD have difficulty participating in social interactions. The nature of this difficulty has been hard to document with standardized assessments. For the past four years we have been conducting research to study how children interact with others in their classrooms. Twelve children with FASD and teacher concerns about social performance, and 12 children without FASD and teacher concerns were observed in pairs in their classrooms. The observations of each pair took place over two weeks, two days per week, 20 minutes per day. Data were collected to describe how the children spend their time based on six categories of social communication performance: prosocial/engaged, hostile/coercive, passive/disengaged, assertive, adult seeking and irrelevant. The presentation will include the results of this research with implications for assessment and intervention.
Leena Ongley, M.Ed., CCC-A (SLP) has a background in language acquisition and child development and holds ASHA certifications in audiology and speech/language pathology. In 2003, she completed a Masters degree in Early Childhood Special Education at the University of Alaska in Anchorage with emphasis on fetal alcohol exposure and its impact on language and learning. She has worked in a variety of preschool settings and early intervention programs for about 30 years. Her current home is in Barrow, Alaska, and she coordinates the North Slope Early Intervention Program. She travels to the villages on a regular basis and has collected developmental and audiological data in this region for the past five years.

Title and Description: Prenatal Exposure to Alcohol and Hearing: Evidence Based Intervention Strategies.

Targeted attendee outcomes include increased awareness and knowledge of:


Research has identified memory and information processing disorders, difficulty with abstract language, problems with cause and effect, and lack of common sense as hallmark features of fetal alcohol spectrum disorders (FASD). Lack of empathy and limited comprehension of moral issues have also been reported. Cognitive skills may be within normal limits, or a severe impairment may be present.

Children prenatally exposed to alcohol are at an increased risk for hearing disorders because the syndrome is defined in terms of craniofacial anomalies, which in turn are known to be closely associated with an increased risk of hearing and auditory processing disorders. Furthermore, the delayed maturation and growth of the nervous system associated with prenatal exposure to alcohol also extends to the auditory system so language acquisition becomes delayed across the board. Accordingly, research studies completed with individuals diagnosed with FAS have indicated not only the presence of a high rate of peripheral hearing loss, but the same studies also identified the presence of central auditory processing deficits in almost every case.

Central auditory processing (CAP) is defined in terms of difficulty processing complex sounds like speech in spite of normal peripheral hearing acuity and intellectual abilities. Sometimes parents express serious disappointment when told that their child has passed a hearing screening while the comprehension problems persist.

The goal of CAP screening and assessment is to establish a scientifically based diagnosis of the type of central processing deficit the child may be experiencing. This is important because the nature of the processing disorder dictates the type of intervention strategies that best meet the educational needs of these individuals. There are three primary central auditory deficits: Auditory Decoding Deficit is characterized by poor discrimination of
fine acoustic differences. An auditory training program can effectively make this problem go away. Integration Deficit affects adversely the ability to synthesize auditory information and requires multisensory instruction. Prosodic Deficit affects the ability to perceive running speech and requires extensive educational modifications for the child to succeed in a regular classroom.

There are also two secondary deficit types suspected of being manifestations of a more supramodal or cognitive-linguistic disorder: A key behavioral characteristic of children with an Auditory Associative Deficit is that they do better in early elementary and experience increasing difficulty as linguistic demands increase in upper grades. Output Organization Deficit is characterized by difficulty on tasks requiring efficient motor path transmission/motor planning. Behaviorally, the child may be a poor planner/problem solver, impulsive, and/or disorganized. Difficulties in expressive language, articulation, and syntactic skills may be observed, as well as educational problems in following directions, note taking, and remembering assignments.

Since a specific CAP deficit cannot be identified until the child reaches five years of age, generic interhemispheric exercises are recommended to strengthen the corpus callosum, which is frequently compromised by prenatal exposure to alcohol. In order to take advantage of what's become known as the plasticity of a developing brain, early intervention and anticipation of a potential problem is the key. We should not wait until the child is in school and starts acting out because of increasing language comprehension problems. .

The following activities lend themselves easily to parent or sibling involvement: Verbal-to-motor transfers may be utilized where the children are instructed to find a particular object or shape with the left hand from the grab bag or behind a screen, where they cannot see the objects. A motor to verbal transfer occurs when this process is reversed: children find objects with the left hand and are instructed to label them verbally in terms of shape, texture, identification, and so on.

The exercises need not always be language based. The key factor is that a single or a double transfer across the corpus callosum occurs and the exercises provide enough opportunity for repetition so as to stimulate the corpus callosum efficiently. Throwing a ball from one hand to another or playing hackey sack using both feet meets this criterion. Riding a bicycle, learning to swim, walking a balance beam are also examples of tasks that require bimanual or bipedal coordination and ultimately strengthen interhemispheric connectivity.

Music therapy and learning to play an instrument that requires coordinated movements of the hands can also be an effective way to build interhemispheric connections, along with playing videogames that require visual and auditory vigilance and bimanual coordination. Singing and listening to songs and answering questions about the lyrics can also be helpful. Dance lessons, drawing pictures from verbal directions or describing a picture while drawing one, and participation in sports are additional ways to strengthen interhemispheric connections.
Cheri Scott has been involved with the Stone Soup Group, a private non-profit organization whose mission is to support families of children with special health care needs, since its inception. With other staff, she developed the Parent Navigation Training Curriculum, which has been used to train parent advocates working in FASD diagnostic and clinical settings for over eight years. She is the coordinator for the Alaska State funded FASD Parent Support Project and is a state certified FASD trainer. Most importantly, she is the mother of 3 children, 2 of whom experience special needs including FASD. For fun, Cheri gardens and rides motorcycles.

Title and Description: **Ready, Set, Grow—Issues of Puberty and Sexuality for Individuals with FASD.** This presentation will give participants information on typical and atypical sexual behavior and will provide information about the process of puberty for both males and females. A discussion surrounding the challenges of raising children with prenatal alcohol exposure will take place that will support teaching our children about their bodies and feeling and offer caregivers and providers tools for keeping the young people with FASD safe in a very sexualized society.

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**Kim Shontz, MSW and Ajeet Charate, MA**

**Kim Shontz, MSW**, is the Deputy Director of the Behavioral Health Program at Trinity Services, Inc. Program responsibilities include the administration of 17 residential homes, four psychosocial rehabilitation programs, and a Family Counseling Center.

**Ajeet Charate, MA**, is employed at Trinity Services, Inc. as the Program Director of the Hoff Center for Psychosocial Rehabilitation. This innovative program was developed to provide services and support to individuals who are dually diagnosed with a developmental disability and a severe mental illness. Several of the individuals receiving services and supports are diagnosed with FASD.

Title and Description: **Intensive Treatment for Adolescents and Adults with FASD.** Trinity Services has developed specialized treatment programs for adolescents and adults who are dually diagnosed with developmental disabilities and serious mental illness. Trinity’s residential and psychosocial rehabilitation day treatment programs utilize traditional psychiatric rehabilitation models integrated with innovative contextual behavioral interventions. These programs have been highly successful producing positive outcomes for individuals served, including 12 diagnosed with FASD.

The presentation will briefly highlight demographic information and behavioral characteristics of persons with FASD who are currently receiving services. The theoretical assumptions of the contextual behavioral treatment paradigm will be described. The core components of treatment will be explored including the use of motivation and incentive systems, group and individual skills training, individual therapy
models, and the importance of treatment team collaboration. A case study format will be used to illustrate how these elements of treatment work together to produce positive outcomes for individuals with FASD.

Renee’ Siers is the mother of 7 wonderful children, 2 of which experience FASD. She and her husband Tom have been Foster Parents and adoptive parents for the past 7 years. Renee' trains for the Department of Social and Health services as a foster parent Co-trainer and works with Lutheran Community Services as a Regional coordinator for the retention of caregivers.

Title and Description: Parenting Children with FASD—I Don’t Remember Signing Up For This Job, But Now That I Am Here, How Do I Do It? This session breaks down different behaviors of children with FASD and gives ideas of things to try to not only helping the child to cope, but the parents as well. In addition this session will help people understand that these children are sometimes not able to do what we expect of them and how important it is to set these children up for success rather than failure.

Jeanette M. Soby, M.S. is the author of Prenatal Exposure to Drugs/Alcohol: Characteristics and Educational Implication of Fetal Alcohol Syndrome and Cocaine/Polydrug Effects (Second edition 2006). Her professional background includes 20 years in special education as a teacher and diagnostic specialist in residential and public schools. Service for the Oregon justice Department, as chair of Citizen Review Board Eight, in Multnomah County, gave her experience working with the substance abuse problems of inner-city families who have their children removed. She is an adjunct faculty member in the Continuing Education Departments of Seattle Pacific University and Portland State University.

Title and Description: Learning and Instructional Choices. Once understanding that poor behavior or a less than attentive learning style is because of neurological damage that can not be seen, teaching to the child’s strengths becomes the focus. Basic cognitive processes in memory formation and retrieval provide direction for the practical learning and social/behavioral management strategies structure, repetition, and consistency; tools that individuals can use to circumvent deficits. It is the instruction and the environment, not the child, which must be modified.

I. Cognitive Processes
   a. Neurological problems reviewed
   b. Left and right hemisphere functions
   c. Executive functioning

II. Learning Processes
   a. Memory formation and retrieval
   b. Mental processing speed
   c. Information processing strategies

III. Language development activities
Betty Taaffe, Mary Lou Canney, and Maureen Harwood

Betty Taaffe is the adoptive mother of Rena and Mary Lou Canney is the birth parent of Ryland. Both of their children are young adults who experience FASD. They met at the first meeting of the FAS/FAE Parent Support Group in 1987 in Fairbanks, Alaska. Both are founding members of that support group which is still meeting monthly. They have remained friends as they raised their children and have collaborated on many trainings and projects throughout the years. They were part of the group of parents who met with Judith Kleinfeld to form the idea of the Fantastic Antone books. Mary Lou wrote a chapter about her son in Fantastic Antone Grows Up. Both women remain active in the field of FASD and both are working as social workers in Bethel, Alaska.

Maureen Harwood was part of the original FASD Diagnostic team in Bethel, Alaska in the late 1980’s. She currently resides in Fairbanks, Alaska and is the Northern Regional Manager for the State of Alaska, Senior and Disability Services. She wrote a chapter in Fantastic Antone Succeeds. She has also collaborated with Mary Lou and Betty on many trainings and projects.

Title and Description: Fantastic Antone Succeeds—13 Years Later: What have we learned about helping children and young adults with FASD and did the books help?

A group of parents working with Judith Kleinfeld was the catalyst for the publication of the Fantastic Antone books- Fantastic Antone Succeeds and Fantastic Antone Grows Up, published by the University of Alaska Press. The books presented an optimistic message that children and young adults who experience FASD can lead better lives and succeed in their homes, schools, and communities. The first book dealt with education issues and the second dealt with adolescent and young adult issues. Parents (birth, foster, and adoptive), educators, psychologists, and other professionals offered their best strategies and experience to us in these books. Previous publications did offer the same hope, practical tools, strategies, and resources for families and educators. By hearing from the original group of parents, editors, and authors who shared their wisdom thirteen years ago and later in the second book, we will assess what we have learned and if the information was helpful for families and individuals affected by FASD. What have we learned in the years and what are our ideas for the future now? Betty Taaffe, Mary Lou Canney, and Maureen Harwood will provide a panel to share findings.

Vickie Tinker, Ric Iannolino, Michael Baldwin, Shireen Dietrick, Luisa Hansen, and Vickie Horodyski,
Team of coordinators from around the state of Alaska
Title and Description: **Diagnostics and Follow-Up in Alaska: Challenges and Successes**

The state of Alaska’s FASD Diagnostic Teams are on the cutting edge of providing FASD education, interventions, and diagnosis. They face particular challenges in both urban settings and rural setting and have knowledge and expertise in working with families and individuals who experience FASD. This team of coordinators from around the state are available to share their experiences, present ideas for the future, and discuss the particular challenges of “Now that we’ve provided a diagnosis, what do we do?”, as provision of services after diagnosis continues to be a major challenge throughout the state. They will also share thoughts on providing education, outreach, networking, how the diagnostic teams are structured, sustainability, and what works best for each team given the unique geographical and cultural characteristics of our vast service areas.

**Ardyce and Gary Turner** live in Southwest Alaska. Ardyce is Central Yupik Eskimo who has lived in Bethel all of her life, her husband, Gary, is Athabascan, Tligit, and Haida. Gary lived in Holy Cross, Alaska before moving to Bethel in 1964 with his parents. Gary and Ardyce Turner are parents of a young adult with FASD. Birth mother, Ardyce, and her husband have worked actively as parents, advocating for their son when he was in the school system and also, as FAS Task Force volunteers since the late 1980’s through 2001. In 1996 Ardyce was hired as the full time FASD Coordinator at their local corporation, and with the help of a local pediatrician in Bethel, and the former president of the FAS Task Force, the FASD Diagnostic Clinic in Bethel was formed in 1999. In 2003, Ardyce and her husband were chosen to receive the “Carolyn Arnold Wilson” award in recognition of their vision, leadership, and commitment to Fetal Alcohol Syndrome and all disabilities related to prenatal alcohol exposure. Gary and Ardyce are currently working as full time Children’s Services Specialist II with the State of Alaska Office of Children’s Service under the Department of Health and Social Services in Bethel, Alaska.

Title and Description: **Culturally Appropriate Strategies-Village Style.** Sharing information on how to successfully integrate culturally appropriate and individualized successful intervention strategies based on their culturally based belief and value system. They will share how they refocused getting back to cultural practices to build up self-esteem in children with FASD.

**Alan Unis, M.D.** completed his undergraduate education at Dartmouth College in 1972, graduating cum laud with distinction in his major area of study (German literature). During his senior year at Dartmouth, he completed research sponsored by the National Science Foundation on the effects of early estrogen exposure upon hypothalamic differentiation in rat pups. He then attended the University of Pittsburgh where he received his M.D. in 1976. He completed his training in general, child and adolescent psychiatry in 1980 in the Psychiatry Residency Program at the University of Pittsburgh. He became a Diplomate of the American Board of Psychiatry and Neurology in 1982
(General Psychiatry) and 1983 (Child and Adolescent Psychiatry), while serving on the faculty of the University of Pittsburgh at the Western Psychiatric Institute and Clinic. He entered and completed fellowship training in neuropharmacology at the University of Utah from 1984-1986. In 1987, Dr. Unis came to the University of Washington where he served as the Medical Director of the Children’s Inpatient Psychiatry Unit at Children’s Hospital and Regional Medical Center in Seattle, Washington from 1987-1994. He subsequently received a Physician Scientist Development award from the NIMH (1994-1999) and opened the Developmental Neuropsychiatry Clinic at the Center for Human Development and Disability at the University of Washington (1998-2001). He served as the Principal Investigator on an NIMH-sponsored clinical trial studying the efficacy of secretin for symptoms of autism. He was recruited in 2001 to Johnson & Johnson Research and Development where he served as a Project Physician on a number of drug development projects, including Topamax Psychiatry and Risperdal Pediatric Exclusivity. He returned to the State of Washington in 2003 accepting a position as staff physician at Sacred Heart Medical Center, where he now practices general, child, and adolescent psychiatry. In September of 2004, he became the Medical Director of the Department of Psychiatry. He is currently the Principal Investigator on approximately ten clinical trials for schizophrenia, bipolar disorder, and major depression.

Title and Description: "Developing Psychopathologic Conditions in Young Adults with FASD: Ongoing Psychopharmacologic Challenges"

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POSTER SESSIONS

**Darrell Peterson, M. Ed.**

Darrell Peterson is a doctoral student in Education, Curriculum, and Instruction at the University of Minnesota. His research interests include investigating new ways to use educational technology to support children with special education needs. He is also a member of the Technology and Media division of the Council for Exceptional Children. He holds a Masters of Education in Instructional Systems and Technology from the University of Minnesota. He lives with his wife, Lara, and their five children, Lexie (12), Alex (10), Nik (8), Ellie (5), and Colton (5) in Osseo, Minnesota. Their youngest son, Colton, has FASD.

Title and Description: **The Promise of Educational Technology for Students with FASD.** Raising and educating children with FASD can be a stressful, challenging undertaking, with a limited variety of resources and strategies available to parents and educators. Further, many educators often feel overwhelmed by the challenges presented by students with FASD (Streissguth & Burgess, 1992). Unfortunately, very few state special education divisions have specific support and training aimed at dealing with students with FASD in the classroom (Streissguth, 1997).

In an effort to expand the number of tools available to parents and educators, this poster session examines current research in special education strategies that utilizes computer
based multimedia and how these strategies can be used by parents and educators of students with FASD. These strategies cover a wide variety of targets skills, including spelling, reading, socially appropriate behavior, play skills, independent living skills, and self help skills, among others. This session will also provide a framework for the research and design of computer-based interventions specifically tailored to students with FASD. Example interventions will be on display at a computer terminal.

Christopher P. Bertram, Ph.D.

Dr. Bertram received his B.Sc. and M.Sc. degrees in Kinesiology from the University of Nevada, Las Vegas, and a Ph.D. from Simon Fraser University. He also completed a post-doctoral fellowship at Arizona State University prior to accepting a faculty position with the Department of Kinesiology and Physical Education at University College of the Fraser Valley in 2002. Dr. Bertram’s primary research interests involve the area of human motor behavior, with specific topics ranging from the acquisition of complex motor skills to the effects of Parkinson’s disease on the human neuro-motor system. Dr. Bertram has presented his work at numerous international conferences and is well published in a wide range of scholarly journals.

Alison B. Pritchard Orr, B.P.E., MSc.

Alison Pritchard Orr has her BPE from the University of Ottawa with a focus on exercise rehabilitation and her MSc. From Dalhousie University in Halifax, NS where she specialized in adapted physical activity. Alison is an instructor of Kinesiology and Physical Education at the University College of the Fraser Valley. Alison’s research interests have focused on observations of the effect of Fetal Alcohol Spectrum Disorder on the development of motor skills in children.

Intervention programs for children with FASD have traditionally focused on the commonly cited deficits in cognitive ability, intellectual capacity, or on direct attempts to adapt social behaviours. Such programs have met with limited success and there is a growing consensus that new and innovative approaches are needed. The current proposal involves the development of programs which will seek to identify existing strengths in children with FASD, and to develop these strengths to the fullest capacity of the individual. The existing body of scientific literature indicates that one such strength lies in the domain of motor function. Current research on FASD suggests that the motor abilities of children with FASD are often reported to be no different than age-matched controls, or within acceptable developmental norms.
It should be noted that in certain instances, motor deficits have been reported in the literature (Roebuck, Simmons, Richardson, Mattson, & Riley, 1998); however these findings are both inconsistent as well as inconclusive. (Adnams, et al. 2001; Chandler, Richardson, Gallagher, & Day, 1996; Fried & Watkinson, 1990; Fried, O’Connell, & Watkinson, 1992) Further investigation into the nature of motor function in children with FASD will also be proposed.

We contend that a strength-based approach to intervention holds tremendous potential for affecting real and meaningful change in the lives of children with FASD.