

6th International Conference on FASD

Research: Results and Relevance 2015

Integrating Research, Policy, and Promising Practice Around the World

Pre-Conference: March 4, 2015 | Main Conference: March 5 - 7, 2015
1601 Westin Bayshore, Vancouver, BC, Canada

*Knowledge for knowledge's sake is
not good enough.*

*Theory without practice is blind and
practice without theory is empty.*

Kwame Nkruma, 1st President of Ghana



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DESCRIPTION

This conference continues to bring together experts from multiple disciplines to share international research. From pure science, to prevention, diagnosis and intervention across the life span, the conference will address the implications of this research and promote scientific/community collaboration. It provides an opportunity to enhance understanding of the relationships between knowledge and research and critical actions related to FASD. First held in 1987, the conference brings together people passionate about this work in a stimulating environment where they can learn and forge new partnerships.

OBJECTIVES

The goal is to highlight international research and promising practice and to enhance scientific collaborations around the world. During FASD 2015, participants can expect to:

- Describe different approaches to FASD, from other countries and across disciplines
- Understand the implication and potential application of emerging evidence-based research
- Explore different models of practice across disciplines
- Engage in knowledge exchange and dialogue through formal sessions, networking and onsite meetings
- Develop connections and partnerships among researchers, networks, governments, communities, service providers and families

WHO SHOULD ATTEND

This multicultural, interdisciplinary conference will be of interest to the following audiences: addictions; administrators; child welfare professionals, clinicians; community members; educators; elected officials; family members; policymakers; FASD specialists; health/mental health; justice; physicians; researchers; women's service providers; and anyone interested in the field of FASD.

EXHIBITING

Exhibit space is available for community and health organizations only. Space is limited and is provided on a first-come, first serve basis. Please contact Melissa at 1-604.822.7708 or by email: melissa.ipce@ubc.ca.

PROFESSIONAL CREDITS

A certificate of attendance will be prepared for all registrants including pre-approved continuing education credits where appropriate. Updates on credits will be posted on our website: interprofessional.ubc.ca.

The Canadian Addiction Counsellors Certification Federation has approved this conference for up to a maximum of 22.5 core CEUs.

This event has been approved by the Canadian Paediatric Society for a maximum of 21.25 credit hours as an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification program of The Royal College of Physicians and Surgeons of Canada. The specific opinions and content of this event are not necessarily those of the CPS, and are the responsibility of the organizer(s) alone.

This program meets the accreditation criteria of The Canadian Counselling and Psychotherapy Association (CCPA), and has been accredited for up to 24 CEU hours.

LOCATION

The Westin Bayshore. 1601 Bayshore Drive, Vancouver, BC, V6G 2V4, Canada. Located in downtown Vancouver, The Westin Bayshore offers an unparalleled location with panoramic views of the coastline and historic Stanley Park. Reserve today to avoid disappointment by calling toll-free: 1.800.WESTIN.1 or Local: 1-604-682-3377 or by email: bayshore.reservations@westin.com. The special rate of CDN \$142.00 (plus applicable taxes) for a standard guest room (single/double) is available for conference delegates. Please specify that you are booking under the UBC Interprofessional Continuing Education FASD 2015 room block to receive these reduced rates.

PARKING

Secure parking is available for the following rates:

Overnight: \$41 valet or \$36 self park

Day rates: \$4 each 30 minutes with a \$23 day maximum (self park) or \$29 day maximum (valet)

Evening rates: \$13 evening maximum after 6:00pm (self park) or \$19 evening maximum (valet)

PUBLIC TRANSPORTATION

Getting to The Westin Bayshore Hotel from the Vancouver International Airport (YVR) will take approximately 30 minutes and is 13.0 km/8.08 miles in distance. Please take the Canada Line, linking YVR to downtown. The train ride takes 20 minutes. Guests can get off at the "Vancouver City Centre" station, and then take a taxi (approximately 10 minutes) or bus (by taking #250 - #255 from Georgia St.) or walk (approximately 20 minutes) to the hotel. Fees for the Canada Line are one way. From Airport to Downtown: Monday - Friday fee is \$9. Saturday and Sunday fee is \$7.75. From Downtown to Airport: Monday - Friday fee is \$4. Saturday and Sunday fee is \$2.75.

REGISTRATION

Please see registration form (on back of brochure) for details. The main registration fee includes conference material, all lunches, refreshment breaks, and a certificate of attendance. Pre-registration prior to February 14, 2015 is strongly recommended to ensure you receive all conference materials.

METHODS OF PAYMENT

Online: *The most secure method*. Secure, fast, online registration is available for Visa and MasterCard holders at the conference organizer's website: interprofessional.ubc.ca

Phone: Register and pay over the phone: Local/International: 1-604-827-3112 or toll-free within Canada/USA: 1-855-827-3112. (VISA or MasterCard)

Fax: Fax the registration form to 1-604-822-4835 and indicate that you would like to pay with VISA or MasterCard. We will send you a secure on-line link to enter your credit card information. *Please do not fax credit card information*

Mail/Payment by Cheque: Send the registration form with cheque to: IN 9540 REGISTRATION

Interprofessional Continuing Education
Rm.105 – 2194, Health Sciences Mall, The University of British Columbia
Vancouver, BC, Canada V6T 1Z3

Alternative Payment Methods:

Mail or fax complete registration form along with one of the following:

1. Signed purchase order (PO)
2. Letter of Authorization (LOA) from the manager on the organization's

GENERAL INFORMATION

letterhead stating that they will be paying the registration fees. The letter should include the amount of registration fees, name and contact information of the manager

REFUND, TRANSFER & CANCELLATION POLICY

Refunds will be made (less a \$50.00 processing fee) if written notice of withdrawal is received by February 2, 2015. No refunds will be granted for withdrawal after that date. There is a \$25 replacement charge in the case of a registration transfer. If you cannot attend and would like another person to come in your place, please contact us prior to February 2, 2015. UBC Interprofessional Continuing Education reserves the right to cancel or move this program if registration is insufficient. In the event of cancellation, a refund will be issued.

DISCLOSURE

In keeping with accreditation guidelines, presenters participating in this event have been asked to disclose to the audience any involvement with industry or other organizations that may potentially influence the presentation of the educational material. Disclosure may be done verbally or using a slide prior to the speaker's presentation.

SYLLABUS

You will receive the conference syllabus in an Electronic format (a memory stick with the presentation materials will be given to you on-site at the conference; you will need your laptop to view it on-site).

VANCOUVER TOURISM

Vancouver provides many opportunities to experience the west coast lifestyle. If you would like more information on travelling in the area or other accommodations, please call these numbers or go online: Tourism BC: 1.800.HELLO.BC (435.5622), www.hellobc.com or Tourism Vancouver: 1-604-683-2000, www.tourism-vancouver.org

MEETINGS

There will be meetings running in conjunction with the conference. If you or your organization wishes to host/organize a meeting during the conference, please contact our office at amy.ipce@ubc.ca. Include the following information: meeting name, open or by invitation, anticipated number of participants, objective, a short description of the meeting, and the preferred time (note: meetings would have to be in the early morning, during lunch or in the evening as it cannot conflict with the educational part of the conference). Each meeting request will be reviewed by the planning committee and if approved, will be listed on-site. Please note that there may be an additional cost to host a meeting.

INTERACTION

All sessions will include at least 25% of delegate interaction.

PROGRAM AT A GLANCE

	Wednesday, March 4 Pre-Conference	Thursday, March 5	Friday, March 6	Saturday, March 7
8:00	Registration Open	Registration Open	Registration Open	Registration Open
9:00	Welcome, & Opening Remarks Setting the Context	Opening Prayer, Remarks & Welcome	Greetings from The Philippines	Greetings from Spain
10:00	Topic 1	Plenary	Plenary	Plenary
	Refreshments	Break - Exhibits Open, Poster Viewing		Break - Exhibits Open, Poster Viewing
11:00	Topic 2	Concurrent Session A (A1-A8)	Break - Exhibits Open, Poster Viewing	Concurrent Session E (E1-E9)
12:00	Lunch (Provided)	Lunch (Provided)	CanFASD Sterling Clarren Award Lunch (Provided)	Lunch (Provided)
1:00	Topic 3	Poster Viewing 12:45-1:45	Optional Lunch Session 12:45-1:20	Poster Viewing 12:30-1:00 Greetings from Denmark
2:00	Refreshments	Concurrent Session B (B1-B9)	Concurrent Session C (C1-C8)	Plenary
3:00	Topic 4	Break - Exhibits Open, Poster Viewing	Break - Exhibits Open, Poster Viewing	Closing Ceremonies & Starfish Awards
4:00	Topic 5	I Am a Dad	Concurrent Session D (D1-D8)	
5:00	Summary & Closing Remarks	Plenary		

TUESDAY, MARCH 3, 2015

FASD and the Law: Continuing the Conversation about Current Research, Best Practices, and Ethical Considerations

8:30am - 4:30pm | The Westin Bayshore | Salon D

Organizers:

Fia Jampolsky, Attorney, Cabott and Cabott, Whitehorse, YT, Canada

Kathryn Kelly, Project Director, FASD Legal Issues Resource Center, University of Washington, Seattle, WA

Michelle Stewart, BA, MA, PhD, Department of Justice Studies, University of Regina; Strategic Lead Justice Interventions, Canada FASD Research Network, Regina, SK

Additional Presenters:

Honorable Michael Jeffery (ret.), Judge, Superior Court, Barrow, AK

Frances Gordon, Crown Counsel, Youth Court, Vancouver, BC

Honorable Clifford Toth, Judge, Mental Health Court, Provincial Court, Regina, SK

Recent events in legal arenas in the US, UK and Canada, hold promise for new approaches to FASD in the legal system but also raise ethical questions. At the local level there are collaborations between police, courts, probation and community groups to help facilitate better justice outcomes for those living with FASD. At the national level, in 2010-2012, the Canadian and American Bar Associations passed resolutions on FASD. In 2013 and 2014 both Canada and the US government took up FASD through particular legislation and proposals to amend the Criminal Code. In the past year the Criminal Injuries Compensation Authority in the UK has begun to consider FASD through criminal cases.

As these moves are afoot, we are presented with a myriad of examples of FASD in the context of the law-practices that are both promising but also deeply challenging. This session will bring together those engaged in these practices, and, also, those who are interested in learning more. This session will facilitate a space for justice professionals and community workers to share ideas while also discussing a path forward on the difficult issues surrounding justice for those with FASD.

This session welcomes presentations from those who have been researching, practicing and engaged in FASD and justice efforts. If you'd like to talk about the work you are doing on FASD and the law, please include, in your email to Kay, a brief description of the topic on which you would like to give a 10-minute presentation. We look forward to welcoming both those who attended FASD and the Law, 2013 and those who are new to this gathering. There will be no cost for the meeting. Lunch will be no-host, available from hotel restaurants, and can be brought to the meeting room in order to continue the conversation over lunch. If you'd like to attend, please email Kay Kelly at faslaw@uw.edu with your name, job title, work address and telephone number.

CONFERENCE COMMITTEE

Jan Lutke, Conference Chair, Vancouver, BC

Tina Antrobus, MA, Registered Clinical Counsellor, Private Practice, Coquitlam, BC

Diane Fast, MD, PhD, FRCP(C), Clinical Professor, Department of Psychiatry, Associate, Department of Paediatrics, BC Children's Hospital and The University of British Columbia, Vancouver, BC

Anne Fuller, RN, MSN, Provincial FASD Consultant, Children and Youth with Special Needs Policy, Ministry of Children and Family Development, Government of British Columbia, Victoria, BC

Christine Loock, MD, FRCP(C), Associate Professor, Department of Pediatrics, University of British Columbia; Responsive Intersectoral Community Health, Education, and Research (RICHER) Initiative, BC Children's Hospital & Sunny Hill Health Centre for Children, Vancouver, BC

Jo Nam, BComm, Acting Associate Director, Interprofessional Continuing Education, University of British Columbia, Vancouver, BC

Audrey Salahub, Executive Director, Fetal Alcohol Spectrum Disorder (FASD) Society for BC Governing Body for The Asante Centre and Minga Marketplace, Maple Ridge, BC

Marilyn Van Bibber, Research Advisor, Arctic Health Research Network - Yukon Territory, Qualicum Beach, BC

Marsha Wilson, MA, Leadership, Faculty Member, Douglas College, New Westminster, BC

Kee Warner, Executive Director, Whitecrow Village FASD Society, Nanaimo, BC

INTERNATIONAL EXPERT COMMITTEE

Astrid Alvik, PhD, Child and Adolescent Mental Health Research Unit, Institute of Clinical Medicine, University of Oslo, Norway

Sally M Anderson, PhD, ICCFASD Coordinator and Executive Secretary; Office of the Director, National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health, Bethesda, MD, USA

Ilona Autti-Rämö, MD, Research Professor, Head of Health Research, Research Department, The Social Insurance Institution, Helsinki, Finland and Adjunct Professor at the Childneurology Department, Helsinki University Hospital, Finland

Tatiana Balachova, PhD, Associate Professor, Co-Director, Interdisciplinary Training Program in Child Abuse and Neglect (ITP), Department of Pediatrics, The University of Oklahoma Health Sciences Center, Oklahoma City, OK, USA

Diane Black, PhD, Chair, European FASD Alliance, Landskrona, Sweden, FAS Foundation of the Netherlands, Uithuizen, Netherlands

Albert E Chudley, MD, FRCP(C), FCCMG, Professor, Department of Pediatrics and Child Health and Biochemistry and Medical Genetics, University of Manitoba, WRHA Program in Genetics and Metabolism, Winnipeg, MB, Canada

Claire D Coles, PhD, Professor, Department of Psychiatry and Behavioral Sciences and Pediatrics, Emory University School of Medicine, Atlanta, GA, USA

Paul D Connor, PhD, Neuropsychologist, Private Practice and Courtesy Clinical Assistant Professor, Fetal Alcohol and Drug Unit, University of Washington, Seattle, WA, USA

Dan Dubovsky, MSW, FASD Specialist, SAMHSA FASD Center for Excellence, Rockville, MD, USA

Elizabeth Elliott, MD, MPhil, FRACP, FRCPCH, FRCP, Paediatrics & Child Health, Sydney University and The Children's, Hospital Westmead, Sydney, Australia

Therese Grant, PhD, Director, Washington State Parent-Child Assistance Program; Director, Fetal Alcohol and Drug Unit; Associate Professor; and Ann Streissguth Endowed Professor in Fetal Alcohol Spectrum Disorders, Department of Psychiatry and Behavioral Sciences, University of Washington School of Medicine, Seattle, WA, USA

Kimberly A Kerns, PhD, Associate Professor, Department of Psychology, University of Victoria, Victoria, BC, Canada

Denis Lamblin, MD, Developmental Pediatrician, SAF FRANCE President, REUNISAF Founder, Medical director of the CAMSP (Fondation du Père FAVRON) Reunion Island, Saint Louis, France

Christine Loock, MD, FRCP(C), Associate Professor, Department of Pediatrics, Vancouver, BC, Canada

Rebecca Martell, Clinical Associate, Occupational Performance Analysis Unit (OPAU), Department of Occupational Therapy, University of Alberta, Edmonton, AB, Canada

Philip A May, PhD, Research Professor, University of North Carolina at Chapel Hill-Nutrition Research Institute, Kannapolis, NC, USA

Kathleen T Mitchell, MHS, LCADC, Vice President and International Spokesperson, National Organization on Fetal Alcohol Syndrome (NOFAS), Washington, DC, USA

Raja AS Mukherjee, Consultant Psychiatrist and Lead Clinician, National FASD Specialist Behaviour Clinic, Surrey and Borders, Partnership NHS Foundation NHS Trust, London, UK

Kieran D O'Malley, MB BAO BCh DABPN, Child and Adolescent Psychiatrist, Charlemont Clinic, Dublin, Ireland

Maira Plant, PhD, Emeritus Professor of Alcohol Studies Alcohol & Health Research Unit, University of the West of England, Bristol, UK

Carmen R Rasmussen, PhD, Assistant Professor, Department of Pediatrics, University of Alberta, Edmonton, AB, Canada

Edward Riley, PhD, Director, Center for Behavioral Teratology, San Diego, State University; and, Distinguished Professor, Department of Psychology, San Diego State University, San Diego, CA, USA

Christine Rogan, BA, Health Promotion Advisor, Alcohol Healthwatch Trust and National Coordinator, Fetal Alcohol Network, New Zealand

Ihsan Sarman, MD, PhD, Senior Neonatologist, Neonatalsektionen Sachsska Barn-och ungdomssjukhuset, Stockholm, Sweden

Michelle Sherbuck, Principal at Write & Design, Parent, Advocate, Public Speaker, Surrey, BC, Canada

Maggie Watts, Consultant in Public Health Medicine, NHS Ayrshire & Arran, Ayr, Scotland

Joanne Weinberg, Professor and Distinguished University Scholar, Department of Cellular & Physiological Sciences, The University of British Columbia, Vancouver, BC, Canada

Sharon C Wilsnack, PhD, Chester Fritz Distinguished Professor, Department of Clinical Neuroscience, University of North Dakota School of Medicine and Health Sciences, Grand Forks, ND, USA

ACKNOWLEDGEMENTS



BC Mental Health & Addiction Services

An agency of the Provincial Health Services Authority



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Let's Talk:

Evidence, Experience, and FASD Research

Session Objectives

The purpose of this session is to create a dialogue among researchers, clinicians, practitioners, service providers and others working with individuals with FASD that will:

1. Instil confidence that the research that is, or may be done, is ethical and clearly understood for its relevance and potential positive impact
2. Summarize the value of current research, and potential application of emerging research areas, especially from basic and clinical areas
3. Invite those working with individuals with FASD to help inform potential future research directions
4. Lead to the identification of research issues and directions that are relevant and able to inform practice

Five topics have been identified as the key issues for participant discussion throughout the day. Each session includes brief overview presentations from clinicians and researchers that will serve to set the context for the group discussion that follows. By the end of the session, the group will have identified key relevant research areas that will inform research directions for the field.

Each topic will include a researcher and a clinician who will deliver key points for consideration in the ensuing discussion between themselves and amongst the audience. This will include a summary of current research and clinical better practices on their topic. Following this will be a structured discussion to identify relevant research areas that will inform future research directions in this area.

In each topic, we will try to answer the questions: What do we want to know and why do we need to know it? What are the ethical implications of each discussion? The ensuing discussions will potentially impact the future research to be done.

Pre-Conference Overview

(Speakers to be determined)

7:30 Registration Open

8:30 Welcome & Opening Remarks

Jan Lutke, Conference Chair, Vancouver, BC

8:45 Overview

Paula Stanghetta, Trainer, Facilitator, Paula Stanghetta & Associates, Kitchener, ON

9:00 Setting the Context: Why is today important for the FASD field?

Sally Anderson, PhD, FASD Activities Coordinator, Interagency Coordinating Committee on Fetal Alcohol Spectrum Disorders, National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health, Bethesda, MD

9:15 Topic 1: Maternal Risk Factors & Alcohol Exposure

John Hannigan, PhD, Deputy Director, Merrill Palmer Skillman Institute for Child and Family Development; Professor of Obstetrics & Psychology, Wayne State University, Detroit, MI

Moira Plant, PhD, Emeritus Professor of Alcohol Studies, Alcohol and Health Research Unit, University of the West of England, Bristol, England

Erikson F Furtado, Department of Neuroscience and Behavioral Sciences, Ribeirão Preto Medical School, University of São Paulo, Ribeirão Preto, São Paulo, Brazil

10:15 Refreshments

10:45 Topic 2: Nutrition and Development

Gail Andrew, MDCM, FRCPC, Medical Director, FASD Clinical Services, Edmonton, AB
Susan M Smith, PhD, Professor, Department of Nutritional Sciences, University of Wisconsin-Madison, Madison, WI

11:45 Lunch (Provided)

12:45 Topic 3: Cognitive, Behavioural, and Education Intervention

Julianne Conry, PhD, RPsych, Registered Psychologist, The Asante Centre, Maple Ridge, BC

Julie Kable, PhD, Assistant Professor, Department of Psychiatry and Behavior Sciences, Emory University School of Medicine, Atlanta, GA

1:45 Topic 4: New Frontiers in Health-Related Research

Inflammation: Joanne Weinberg, PhD, Professor and Distinguished University Scholar, Department of Cellular and Physiological Sciences, University of British Columbia, Vancouver, BC

MicroRNAs: Rajesh C Miranda, PhD, Professor, Department of Neuroscience & Experimental Therapeutics, College of Medicine, Texas A&M Health Science Center, Bryan, TX

Cellular Markers: Michael Charness, MD, Physician, Harvard Medical School, Harvard University, West Roxbury, MA

2:45 Refreshments

3:15 Topic 5: Mental Health Across the Lifespan

Mary O'Connor, PhD, ABPP, Professor, Psychiatry and Biobehavioral Sciences UCLA School of Medicine; Director, UCLA Fetal Alcohol Spectrum Disorder Clinic; Program Director, ABC Child Partial Hospitalization Program; Training Director, Tarjan Center for Developmental Disabilities, Los Angeles, CA

Heather Carmichael Olson, PhD, Child-Clinical Psychologist, Department of Psychiatry and Behavioral Sciences, University of Washington and Seattle Children's Research Institute, Seattle, WA

Brenda Knight, PhD, Registered Psychologist, Private Practice, Vancouver, BC

4:15 Summary

Michael Charness, MD, Physician, Harvard Medical School, Harvard University, West Roxbury, MA

Closing Remarks

Paula Stanghetta, Trainer, Facilitator, Paula Stanghetta & Associates, Kitchener, ON

4:45 Adjourn

8:00 - 8:30 Registration Open

8:30 - 9:00 Opening Prayer

Gabriel George, North Vancouver, BC

Opening Remarks

Jan Lutke, Conference Chair, Vancouver, BC

FASD: The Global Stage

Kenneth R Warren, PhD, Deputy Director, National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health, Bethesda, MD

9:00 - 10:15 Geoffrey Robinson Memorial Lecture

The Global Burden and Predictors of Alcohol Use in Women of Childbearing Age

Facilitator: **Christine Looek, MD, FRCPC(C)**, Associate Professor, Department of Pediatrics, University of British Columbia, Responsive Intersectoral Community Health, Education, and Research (RICHER) Initiative, Sunny Hill Health Centre for Children, Vancouver, BC

Vladmir Poznyak, PhD, MD, Coordinator, Management of Substance Abuse, World Health Organization, Geneva, Switzerland

Panelists: **Sharon Wilsnack, PhD**, Professor, Department of Clinical Neuroscience, School of Medicine & Health Sciences, University of North Dakota, Grand Forks, ND

Moira Plant, PhD, Emeritus Professor of Alcohol Studies, Alcohol and Health Research Unit, University of the West of England, Bristol, England

Svetlana Popova, MD, PhDs, MPH, Senior Scientist, Social and Epidemiological Research, Centre for Addiction and Mental Health Assistant Professor, Epidemiology Division, Dalla Lana School of Public Health, University of Toronto Assistant Professor, Factor-Inwentash Faculty of Social Work, University of Toronto Graduate Faculty Associate Member, Institute of Medical Science, Toronto, ON

Learning Objectives:

1. Provide prevalence of alcohol consumption during pregnancy in different countries and World Health Organization regions
2. Outline challenges associated with measuring maternal alcohol consumption
3. Discuss possible factors (i.e. political, ideological, cultural, and legal) that likely account for the country differences in the prevalence of alcohol use during pregnancy

10:15 - 10:45 Break - Exhibits Open, Poster Viewing

10:45 - 12:15 Concurrent Session A

A1 4 Oral Papers

15-minute presentations with a 5-minute Q&A

Categorical Differences between Caregiver and Teacher Ratings of Socio-Emotional and Adaptive Functioning and Subsequent FASD Diagnoses

Leah Enns, PhD, CPsych (Cand.), Clinical Psychologist Candidate & Assistant Professor, Manitoba FASD Centre & Department of Clinical Health Psychology, Faculty of Medicine, University of Manitoba, Winnipeg, MB

Nicole Taylor, PhD, Clinical Psychologist & Assistant Professor, Manitoba FASD Centre & Department of Clinical Health Psychology, Faculty of Medicine, University of Manitoba, Winnipeg, MB

(Repeated C1iii) PAE and Adolescence: An Evolving Neuropsychological Phenotype

Lisa A McCrea Jones, PsyD, Department of Psychology, Whitworth University, Spokane, WA

Case Illustrations and Psychological Profile of Individuals with FASD

Olga P Tulabut, PhD, Department of Psychology, College of Arts and Sciences, Angeles University Foundation, City of San Fernando, Pampanga, Philippines

Behaviour in Children With FASD: A Systematic Review with Meta-analysis of Findings from the Achenbach System of Empirically Based Assessment for School-aged Children

Tracey W Tsang, PhD, Senior Research Fellow, Discipline of Paediatrics & Child Health, Sydney Medical School, The University of Sydney, Westmead, NSW, Australia

A2 4 Oral Papers

15-minute presentations with a 5-minute Q&A

Specific Behaviour Problems in Children with FASD in Remote Australian Aboriginal Communities: Implications for Intervention

Tracey W Tsang, PhD, Senior Research Fellow, Discipline of Paediatrics & Child Health, Sydney Medical School, The University of Sydney, Australian Paediatric Surveillance Unit, Kids' Research Institute, Westmead, NSW, Australia

Innovative Communication Measurement and Complementary Assessment of Neurocognitive Outcomes in Children with FASD in Remote Aboriginal Australia

Heather Carmichael Olson, PhD, Child-Clinical Psychologist, Department of Psychiatry and Behavioral Sciences, University of Washington and Seattle Children's Research Institute, Seattle, WA

The Lililwan Project: Neurodevelopmental Outcomes and FASD in Remote Australian Aboriginal Children

James P Fitzpatrick, FRACP, MBBS, BSc, Paediatrician, Telethon Kids Institute, Patches Paediatrics, Subiaco, Australia

Heather Carmichael Olson, PhD, Child-Clinical Psychologist, Department of Psychiatry and Behavioral Sciences, University of Washington and Seattle Children's Research Institute, Seattle, WA

Prenatal Alcohol Exposure, FASD and Life Stresses in Aboriginal Children in Remote Australia: Data from The Lililwan Project

Elizabeth J Elliott, MD, Paediatrician, Discipline of Paediatrics and Child Health, University of Sydney, Westmead, NSW, Australia

A3 FASD: Guidelines for Diagnosis across the Lifespan

90 min (includes 25% Q&A) | Intermediate

Jocelynn Cook, PhD, MBA, Executive Director, Canada FASD Research Network, Ottawa, ON

Courtney R Green, PhD, Manager of Research Development, Canada FASD Research Network, Ottawa, ON

Christine Lilley, PhD, RPsych, Psychologist, Clinical Lead for FASD, Sunny Hill Health Centre, Vancouver, BC

The goal of this presentation is to provide an overview of the Canadian diagnostic guideline revision project, with a specific focus on infant and adult diagnostic criteria and recommendations, and introduction to the updated neuropsychological assessment domains. These guidelines intend to address the concerns and gaps identified by the larger FASD community, with representation from applicable facets of health and social service disciplines. Ultimately, there was unanimous agreement that the diagnostic process continues to involve a comprehensive, multidisciplinary approach that includes a history, physical examination and neurodevelopmental assessment.

Learning Objectives:

1. Describe and define the updated diagnostic nomenclature
2. Understand and be able to apply the new diagnostic recommendations for FASD into the clinical setting
3. Identify and list criteria for infant/small children and adults that has been newly presented as it relates to FASD diagnosis
4. Outline and describe the 10 domains identified in the neuropsychological assessment

A4 What Will it Take to Beat FAS?

90 min (includes 25% Q&A) | Advanced

Sarah E Cavanaugh, PhD, Medical Research Specialist, Physicians Committee for Responsible Medicine, Washington, DC

Christina Chambers, PhD, MPH, Professor, University of California San Diego, La Jolla, CA

Georgiana Wilton, PhD, Senior Scientist, Department of Family Medicine, School of Medicine and Public Health, University of Wisconsin, Madison, WI

This session will provide an overview of basic science FAS models and their limitations. It will then provide information regarding two

research studies seeking to reduce alcohol-exposed pregnancies. The first will address primary prevention in underserved communities, while the second will describe efforts to educate and support staff treating women with alcohol or other drug abuse disorders.

Learning Objectives:

1. Describe the limitations of animal models of FASD
2. Provide an overview of the applications of health information technology in preventing alcohol-exposed pregnancies
3. Explore the developing of culturally appropriate interventions and methods of providing information and support to clinicians treating high-risk women
4. Preventing alcohol-exposed pregnancies; developing culturally appropriate interventions; methods of providing information and support to clinicians treating high-risk women

A5 Canadian Implementation of a Mathematics Intervention for Children Prenatally Exposed to Alcohol: Current Findings and Future Initiatives

90 min (includes 25% Q&A) | Intermediate

Katrina V Kully-Martens, MEd, PhD Student, University of Alberta, Edmonton, AB

Carmen Rasmussen, PhD, Assistant Professor, Department of Pediatrics, University of Alberta, Edmonton, AB

Claire D Coles, PhD, Professor, Department of Psychiatry and Behavioral Sciences; Department of Pediatrics, Emory University School of Medicine, Marcus Autism Center, Atlanta, GA

This presentation will discuss the outcome of the first Canadian pilot study of a modified version of the Math Interactive Learning Experience (MILE) program. We will overview the modifications we made to the program, present our results, and share the promising next steps that will extend MILE more fully into the school system.

Learning Objectives:

1. Learn about the details and progress of the Canadian extension of MILE
2. Learn about how MILE impacts academics, cognitive functions, and behavior
3. Learn about the future directions for MILE in Canada

A6 The Threefold Action Plan of SAF France

90 min (includes 25% Q&A) | Intermediate

Denis Lamblin, MD, Pediatrician, SAF France and Fondation Père Favron, Saint Louis, La Reunion, France

Sarah Lamblin, MA, Community Manager, SAF France, Saint Louis, La Reunion, France

Geraldine Nogrrix, Orthoptist, SAF France and Fondation Père Favron, Saint Louis, La Reunion, France

This session will describe how in 2014, SAF France analyses the different causes of this relative failure and explains how it plans to change its strategy with a system based on three priorities. Also, that it wants to develop in the coming years to improve the collective awareness and prevention program.

Learning Objectives:

1. Explain the major overhaul of awareness campaigns for the general public and professionals starting from the analysis of good practices on social networks (strategy and some tools will be explained)
2. Discuss the major training plan for professionals in health, social and education services
3. Outline the set up of Resource Centers for the diagnosis and support of at-risk populations

A7 (3 Hour Session; Part II will be B7) Navigating Trauma and FASD: Ethics, Practice and Perspective

3 hour (includes 25% Q&A) | Part II will be B7 | Intermediate

Tina Antrobus, MA, RCC, Registered Clinical Counselor, Private Practice, Port Coquitlam, BC

Britta West, MA, RCC, TITC-CT, Clinical Traumatologist, Family & Individual Counsellor, PLEA Community Services, Tri Cities Youth Services, Coquitlam, BC

The co-occurrence of FASD and trauma creates complexities with respect to mental health and therapeutic intervention and support for both individuals and families. This session will provide participants with a greater understanding of complex developmental trauma among those living with FASD. A neurodevelopmental and family systems framework for therapeutic intervention will allow for an exploration of common challenges for current therapeutic practice and build a rationale for adapted trauma-informed strategies for supporting individuals and families impacted by FASD and trauma.

Learning Objectives:

1. Impact individual neurological/social/emotional development and implications for therapeutic intervention and support
2. Understand how families are impacted by FASD and complex trauma, experienced in children, parents, and among family members across generations
3. Incorporate trauma-informed strategies for therapeutic intervention, at the individual, familial, and systemic level to improve practice

A8 (3 Hour Session; Part II will be B8) Early Origins of Health and Disease: Effects of the Prenatal Environment on Fetal and Infant Responses

3 hour (includes 25% Q&A) | Part II will be B8 | Intermediate

Facilitator: **Joanne Weinberg**, PhD, Professor and Distinguished University Scholar, Department of Cellular and Physiological Sciences, University of British Columbia, Vancouver, BC

Tamara Bodnar, BSc, PhD Candidate, Department of Cellular and Physiological Sciences, University of British Columbia, Vancouver, BC

Parker J Holman, MSc, MEd, PhD Candidate, Department of Cellular and Physiological Sciences, The University of British Columbia, Vancouver, BC

Ni Lan, PhD, Research Associate, Department of Cellular and Physiological Sciences, The University of British Columbia, Vancouver, BC

Alexandre Lussier, BSc, MSc Student, Department of Medical Genetics, University of British Columbia, Vancouver, BC

Charlis Raineke, PhD, Research Associate, Department of Cellular and Physiological Sciences, The University of British Columbia, Vancouver, BC

Tim F Oberlander, MD FRCPC, R Howard Webster Professor, Department of Pediatrics, BC Children's Hospital, School of Population and Public Health, University of British Columbia, Vancouver, BC

Our workshop will provide a broad overview of the complex effects of prenatal alcohol exposure, including placental, neuroimmune, epigenetic, stress system, and behavioural function. Additionally, we will consider analogous studies of in utero exposure to antidepressants and maternal mental illness in shaping the early origins of health and disease.

Learning Objectives:

1. Understand how animal research may inform the molecular and neurobiological basis of functional dysregulation observed in individuals with FASD
2. Compare and contrast evidence from an analogous setting whereby maternal mood disturbances and antidepressants used for treatment during pregnancy may also affect stress regulation in infancy
3. Discuss importance of integrating findings from multiple research domains into a unified framework for understanding the interactive and complex effects of prenatal alcohol and other early life insults or exposures

12:15 - 1:45 Lunch (Provided)

12:45 - 1:45 Poster Session I
(Presenters will be available at their posters for Q&A)

1:45 - 3:15 Concurrent Session B

B1 4 Oral Papers

15-minute presentations with a 5-minute Q&A

Paternal Role in Alcohol Exposed Pregnancies and FASD. Findings from a Systematic Literature Review

Nyanda McBride, PhD, Research Academic, National Drug Research Institute, Curtin University, Perth, Australia

Using Evidence to Promote Prenatal Screening: A Primary Health Care Strategy

Anne Fenwick, Nursing, Director Family Health, Region of Peel Public Health, Mississauga, ON

(Repeated C2ii) **Prevalence of Heavy Prenatal Alcohol Exposure in Uganda via Analysis of Fatty Acid Ethyl Esters in Meconium**

Ira Nightingale, BSc, MSc Candidate, Motherisk Program, The Hospital for Sick Children, Leslie Dan Faculty of Pharmacy, University of Toronto, Toronto, ON

(Repeated C2iii) **An International Campaign to Raise Awareness of the Risks of Drinking In Pregnancy**

Kathleen T Mitchell, MHS, LCADC, Vice President and International Spokesperson, National Organization on Fetal Alcohol Syndrome (NOFAS), Washington, DC, USA

B2 4 Oral Papers

15-minute presentations with a 5-minute Q&A

"It's Like Herding Cats". Patches Paediatrics - Establishing FASD Diagnostic and Management Capacity in Remote Australian Communities

James P Fitzpatrick, FRACP, MBBS, BSc, Paediatrician, Telethon Kids Institute, Patches Paediatrics, Subiaco, Australia

Maureen Carter, Chief Executive Officer, Nindilingarri Cultural Health Services, Fitzroy Crossing, Australia

Autism and FASD in Aboriginal People: Ethnic Trends in Diagnosis?

Danielle N Naumann, BA(H), MSc(OT), PhD(c), OT Reg(Ont), Research Associate, Office of Continuing Professional Development, Queen's University School of Rehabilitation, Queen's University, Kingston, ON

Training for the Recognition of Physical Features of FASD

Miguel Del Campo, MD, PhD, Physician, Genética Clínica, Hospital Materno Infantil Vall d'Hebron, Barcelona, Spain

Ascertaining Alcohol Use During Pregnancy

Shannon Lange, PhD Student, Centre for Addiction and Mental Health, Toronto, ON

B3 Trauma-informed Approaches to FASD Prevention

90 min (includes 25% Q&A) | Intermediate

Nancy Poole, PhD, Researcher, Director, British Columbia Centre of Excellence for Women's Health, Vancouver, BC

Tasnim Nathoo, MSc, MSW, Research and Knowledge Exchange Consultant, British Columbia Centre of Excellence for Women's Health, Vancouver, BC

Because experience of violence, trauma, and abuse is a major reason why a woman may drink alcohol during pregnancy, FASD prevention initiatives can benefit from incorporating principles of trauma-informed practice at the individual, organizational and systemic levels. This 90-minute interactive presentation will introduce principles of trauma-informed care and discuss their application to a range of FASD prevention activities.

Learning Objectives:

1. Provide an overview of principles of trauma-informed practice at the individual, organizational and systemic levels
2. Facilitate the discussion of how trauma-informed approaches can be incorporated into FASD prevention activities such as alcohol brief interventions by health professionals, service delivery (e.g., 'one-stop shop' programs for women at high risk of having a child with FASD and in addiction treatment programs), and program evaluation
3. Discuss the role of motivational interviewing approaches in addressing alcohol use and effective contraception practices with women of childbearing age

B4 Developing Interventions to Prevent Secondary Conditions in Individuals with FASD: The Utility of Rigorous Qualitative Research

90 min (includes 25% Q&A) | Intermediate

Christie L M Petrenko, PhD, Research Psychologist and Assistant Professor, Mt. Hope Family Center, University of Rochester, Rochester, NY

This presentation will highlight recent qualitative research designed to inform the development of an intervention program to prevent secondary conditions in individuals with FASD. The Families on Track program will be used to illustrate how to use rigorous qualitative research to develop relevant and acceptable interventions for FASD.

Learning Objectives:

1. Understand the types of intervention programming that are perceived as most helpful and acceptable to families to prevent secondary disabilities in individuals with FASD
2. Recognize the systems-level barriers that interfere with families' abilities to obtain appropriate services and supports for affected individuals with FASD
3. Learn how to use rigorous qualitative research to develop acceptable and relevant interventions for individuals with FASD across the lifespan

B5 i) The Universal Data Form Project for FASD

45 min (includes 25% Q&A) | Intermediate

Sterling Clarren, MD, Child-Clinical Psychologist, Department of Pediatrics, University of British Columbia, Vancouver, BC

All 46 FASD Diagnostic Clinics in Canada (6 provinces) were asked to participate and 25 programs (4 provinces) provided data. Over a 14 month period, over 300 individuals were diagnosed. Full FAS was rare (2%). Patterns of functional diagnoses and management plans will be described. Ongoing common data collection would be helpful for this population.

Learning Objectives:

1. Describe the most common functional diagnostic profiles associated with an FASD diagnosis
2. Understand how to relate functional diagnoses to treatment recommendations
3. Recognize how FASD diagnoses vary by province across Canada

ii) Did You Give That Test? The Potential Benefits of a Standard Neuropsychological Battery in Assessing Adult FASD

45 min (includes 25% Q&A) | Intermediate

Paul D Connor, Neuropsychologist, Private Practice, Courtesy Clinical Assistant Professor, Fetal Alcohol and Drug Unit, University of Washington, Des Moines, WA

Monty Nelson, PhD, Registered Psychologist, Private Practice, Edmonton, AB

The 2005 Canadian guidelines for diagnosis of Fetal Alcohol Spectrum Disorders (FASD) included a list of tests commonly administered to children. This was a welcome reference for professionals who were assessing children who were suspected of FASD. No such test list has yet been generated for adolescents and adults. Furthermore, the Canadian diagnostic guidelines are being revised, which has resulted in slight changes. The current session will discuss the domains of functioning that would typically be assessed in a neuropsychological evaluation of adults and will address the merits of a predetermined "universal" battery versus creating a listing of common tests so that the practitioner is able to select tests that they would prefer.

Learning Objectives:

1. Understand the domains of functioning most impacted in adolescents and adults with FASD
2. Discuss the strength and weakness of utilizing a standard battery of tests that all practitioners administer in an Adult FASD diagnostic clinic
3. Review the tests potentially most relevant for the new Canadian guidelines for FASD diagnosis, and to contrast these with those needed in the US

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4. Consider factors that may result in a need to adapt the tests that are given, to accommodate client needs, clinical needs, and ethical issues

B6 i) "Through an Aboriginal Lens": Supporting Youth with FASD

60 min (includes 25% Q&A) | Intermediate

Allison Pooley, Program Director, The Asante Centre, Maple Ridge, BC

Samaya Jardey, Native Courtworker and Counselling Association of BC, North Vancouver, BC

The "Through an Aboriginal Lens" project is a new partnership between the Native Courtworker and Counselling Association of British Columbia and The Asante Centre, with a mandate for supporting Aboriginal youth referred to the Asante Centre's Youth Justice FASD Program. Individuals with FASD are overrepresented in the criminal justice system due to concurrent cognitive, physiological and environmental risk factors. Care plans must be responsive to individual strengths and challenges both in the development process and connection to knowledgeable and understanding support services. Mental health, substance misuse, trauma experiences, and developmental concerns are complex and require culturally-informed approaches to be most effective. This session will examine the partnership and project development which is rooted in Indigenous worldview, values and culture and that appropriately consider risk factors associated with recidivism.

Learning Objectives:

1. Describe the intersection of risk factors for justice-involved youth with FASD
2. Provide an overview of the project partnership from development to current practice
3. Discuss care planning through an Indigenous worldview benefiting youth with FASD

ii) Mind the Gap: Identifying Transition Needs for Young Adults with FASD in the Justice System

30 min (includes 25% Q&A) | Intermediate

Kaitlyn McLachlan, PhD, Department of Pediatrics, University of Alberta, Edmonton, AB

The transition from adolescence to adulthood marks a complex and challenging developmental period, often complicated by additional risk factors among youth with complex needs, such as those with FASD, or mental health problems. This is particularly true for those involved in the criminal justice system. The following presentation will provide an overview of the need for improved transition supports for justice-involved youth with FASD, as well as other young offenders with complex needs and mental health problems.

B7 3-Hour Session A7 Continued

(Please see session description on Page 7)

B8 3-Hour Session A8 Continued

(Please see session description on Page 7)

B9 New in the DSM-5: Neurobehavioral Disorder Associated with Prenatal Alcohol Exposure (ND-PAE)

90 min (includes 25% Q&A) | Intermediate

Sarah N Mattson, PhD, Associate Director, Professor, Center for Behavioral Teratology, Department of Psychology, San Diego State University, San Diego, CA

Julie Kable, PhD, Assistant Professor, Department of Psychiatry and Behavioral Sciences, Emory University School of Medicine, Atlanta, GA

Heather Carmichael Olson, PhD, Child-Clinical Psychologist, Department of Psychiatry and Behavioral Sciences, University of Washington and Seattle Children's Research Institute, Seattle, WA

The revised Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5) included Neurobehavioral Disorder associated with Prenatal Alcohol Exposure (ND-PAE) under "Conditions for Further Study". The criteria for ND-PAE include documented prenatal alcohol exposure and impairments in three domains. This breakout session will provide background on this new, important development in diagnoses for children affected by prenatal alcohol exposure and its clinical relevance for providers.

Learning Objectives:

1. Become familiar with the criteria for ND-PAE from the DSM-5
2. Learn about the prevalence and characteristics of FASD, as they relate to the new DSM-5 criteria
3. Become familiar with measures that are useful in applying the DSM-5 criteria

3:15 - 3:45 Break - Exhibits Open, Poster Viewing

3:45 - 3:55 I Am a Dad
Paul & Kim Burke

3:55 - 5:00 Plenary

Dismantling Stigma

Ann Dowsett Johnston, Author (*Drink*), Journalist, CEO of Pine River Foundation, Co-Founder of the National Roundtable on Girls, Women and Alcohol; Director of Faces and Voices of Recovery Canada, Toronto, ON

Learning Objectives:

1. Appreciate the broader landscape, trends and data related to alcohol and women, including marketing and health issues
2. Understand the role and importance of public health interventions focused on women
3. Appreciate the importance of reframing the conversation as it concerns women and drinking, de-stigmatizing our language and societal approach

5:00 Adjourn

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8:00 - 8:30 Registration Open

8:30 - 8:40 Greetings from The Philippines

Olga P Tulabut, PhD, Department of Psychology, College of Arts and Sciences, Angeles University Foundation, City of San Fernando, Pampanga, Philippines

8:40 - 10:45 Plenary

CIFASD Studies of Genetic Susceptibility to FASD

Edward Riley, PhD, Director, Center for Behavioral Teratology, Distinguished Professor, Department of Psychology, San Diego State University, San Diego, CA

Using Genetic Screens In Zebrafish To Identify Ethanol-Sensitive Loci

Johann Eberhart, PhD, Molecular Biosciences, University of Texas, Austin, TX

What Can Molecules and Cells Tell Us about Genetic Risks for FASD?

Michael Charness, MD, Physician, Harvard Medical School, Harvard University, West Roxbury, MA

Murine-Based Studies of FASD Susceptibility Genes Provide Mechanistic Clues

Scott Parnell, PhD, Assistant Professor, Department of Cell Biology and Physiology, Bowles Center for Alcohol Studies, University of North Carolina, Chapel Hill, NC

Analysing Genetic and Teratogenic Effects of Alcohol on Facial Form

Peter Hammond, PhD, Professor of Computational Biology, Institute of Child Health, University College London, London, England

Gene X Prenatal Alcohol Exposure: Preliminary Results in Src Family Kinase and Pdgf Pathways

Tatiana Foroud, PhD, Department of Medical and Molecular Genetics, Indiana University School of Medicine, Indianapolis, IN

10:45 - 11:15 Break - Exhibits Open, Poster Viewing

11:15 - 12:15 Plenary

Brain Imaging in FASD: From Animal Studies to Human Findings

Kenneth R Warren, PhD, Deputy Director, National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health, Bethesda, MD

Kathleen Sulik, PhD, Professor, Cell and Developmental Biology, University of North Carolina, Chapel Hill, NC

Kristina Uban, PhD, Post Doctoral Research Fellow, Developmental Cognitive Neuroimaging Laboratory, Children's Hospital, Los Angeles, CA

12:15 - 12:30 Presentation of the CanFASD Sterling Clarren Award

12:30 - 1:30 Lunch (Provided) - Exhibits Open, Poster Viewing

12:45 - 1:20 Optional Lunch Session

International Premiere of Moment to Moment: Teens Growing Up With FASD

Produced and Directed by Gabe Chasnoff

Moment to Moment: Teens Growing Up With FASDs explores the lives of four adolescents with FASDs and the effect that prenatal alcohol exposure has had and continues to have on their journeys to finding independence, fulfillment, and understanding the world around them. Learn more at www.ntiupstream.com.

1:30 - 3:00 Concurrent Session C

C1 4 Oral Papers

15-minute presentations with a 5-minute Q&A

Psychiatric Comorbidity in Children and Adolescents with FASD

Sukhpreet Tamana, MSc, PhD, Doctoral Candidate, Department of Educational Psychology, University of Alberta, Edmonton, AB

Exploring the Neural Mechanisms of Cognitive Function in Adults with FASD

Sharon E Brintnell, MSc, Department of Occupational Therapy, University of Alberta, Edmonton, AB

Ada WS Leung, PhD, Department of Occupational Therapy, University of Alberta, Edmonton, AB

(Repeated A1ii) PAE and Adolescence: An Evolving Neuropsychological Phenotype

Lisa A McCrea Jones, PsyD, Department of Psychology, Whitworth University, Spokane, WA

Neurobehavioral Characteristics in Adults with FASD

Ada WS Leung, PhD, Department of Occupational Therapy, University of Alberta, Edmonton, AB

Sharon E Brintnell, MSc, Department of Occupational Therapy, University of Alberta, Edmonton, AB

C2 4 Oral Papers

15-minute presentations with a 5-minute Q&A

Alcohol and Pregnancy and FASD: Midwives' Knowledge, Attitudes and Practice

Heather Jones, Manager, FASD Projects, Telethon Kids Institute, Subiaco, Australia

(Repeated B1iii) Prevalence of Heavy Prenatal Alcohol Exposure in Uganda via Analysis of Fatty Acid Ethyl Esters in Meconium

Ira Nightingale, BSc, MSc Candidate, Motherisk Program, The Hospital for Sick Children, Leslie Dan Faculty of Pharmacy, University of Toronto, Toronto, ON

(Repeated B1iv) An International Campaign to Raise Awareness of the Risks of Drinking In Pregnancy

Kathleen T Mitchell, MHS, LCADC, Vice President and International Spokesperson, National Organization on Fetal Alcohol Syndrome (NOFAS), Washington, DC, USA

Women Want to Know: Alcohol Consumption and Pregnancy

Michael Thorn, Chief Executive, Foundation for Alcohol Research and Education, Canberra, Australia

C3 The Mental Health Profile of Children with FASD: Findings from the Canadian NeuroDevNet Study

90 min (includes 25% Q&A) | Intermediate

Kaitlyn McLachlan, PhD, Department of Pediatrics, University of Alberta, Edmonton, AB

This session will review rates of mental health comorbidity in the NeuroDevNet FASD study cohort, a multi-site sample of Canadian children and adolescents with FASD and prenatal alcohol exposure. We also highlight rates of comorbid mental health conditions in biological families, and the need for family and child supports.

Learning Objectives:

1. Describe profile of comorbid mental health problems experienced in a large multi-site Canadian sample of children and adolescents with FASD/PAE
2. Discuss implications of concurrent mental health problems in this population, with respect to intervention and treatment planning, as well as long-term outcomes

C4 FASD and Legislation in North America: Promising Practice to Bring About Change

90 min (includes 25% Q&A) | Intermediate

Kathryn Kelly, BA, Project Director, FASD Legal Issues Resource Center, Fetal Alcohol and Drug Unit, University of Washington, Seattle, WA

Ryan Leef, BA, Member of Parliament, House of Commons, Ottawa, ON

Michael I Jeffery, JD Judge (ret.), Alaska Court System, Barrow, AK

Therese M Grant, PhD, Director, Fetal Alcohol and Drug Unit, University of Washington, Seattle, WA

Legislation, such as has been proposed and is pending in Canada and the U.S., is a promising practice which can be replicated in countries and communities worldwide. This important new approach, particularly in supporting research, services and modifications in the juvenile and adult criminal courts, offers another strategy to bring about positive change for those living with FASD.

Learning Objectives:

1. Demonstrate how this promising practice can be utilized in their countries and communities through an examination of FASD legislative proposals in Canada and the U.S.
2. Provide template for how to work with legislators in developing beneficial legislation
3. Describe how to provide the legislator with technical assistance and committed support from concerned constituencies

C5 The Alberta Implementation of the Treatment Improvement Protocol (TIP) for FASD: Challenges and Solutions

90 min (includes 25% Q&A) | Intermediate

Carmen Rasmussen, PhD, Assistant Professor, University of Alberta, Edmonton, AB

Jocelynn Cook, PhD, MBA, Executive Director, Canada FASD Research Network, Ottawa, ON

Dorothy Badry, PhD, MSW, RSW, Faculty of Social Work, University of Calgary, Calgary, AB

Hasmukhlal Rajani, MBBS, FRCP(C), Pediatrician, University of Alberta, Edmonton, AB

This presentation will review data on the Alberta implementation of the Treatment Improvement Protocol (TIP) for FASD. The TIP is designed for service providers who are working in the substance abuse and/or mental health field to help identify both women at risk of giving birth to a child with FASD and individuals who may have FASD themselves. We will discuss the efficacy and feasibility of implementing the TIP at four agencies as well as challenges and solutions.

Learning Objectives:

1. Learn about the Canadian Treatment Improvement Protocol (TIP) for FASD
2. Learn about screening for FASD in substance abuse and mental health agencies
3. Understand some of the challenges and solutions in implementing the TIP

C6 FASD in the Context of Other Cumulative Risk: Developmental Psychopathology as a Framework for Diagnosis

90 min (includes 25% Q&A) | Advanced

Ben Gibbard, MD, MCS, MSc, FRCP, Developmental Pediatrician, Assistant Professor, Department of Paediatrics, University of Calgary, Calgary, AB**John Pearce, PhD, RPsych, Child Clinical Psychologist, Adjunct Professor, Department of Psychology, University of Calgary, Calgary, AB****Christine Lilley, PhD, RPsych, Psychologist, Clinical Lead for FASD, Sunny Hill Health Centre, Vancouver, BC**

Individuals with prenatal alcohol exposure frequently have other prenatal or postnatal exposures that impact their developmental, behavioral or mental health profile. The concepts of cumulative risk and developmental psychopathology are frameworks for understanding how multiple risks interact towards patterns of deficit, and can inform comprehensive diagnostic decisions and treatment planning.

Learning Objectives:

1. Review the literature on two common comorbid risk factors: poverty and toxic stress
2. Understand how prenatal and postnatal risk and resiliency factors interact using models of cumulative risk and developmental psychopathology
3. Appreciate individual profiles of risk and resilience within these broader conceptual frameworks and how these frameworks can inform diagnostic decisions and treatment planning for individuals with FASD who have other significant exposures
4. Emphasize that the diagnostic and treatment planning needs of individuals with multiple significant exposures requires collaboration among areas of expertise within health, education and community services

C7 (3 Hour Session; Part II will be D7) The Marulu Strategy: 'Making FASD History' in Remote Aboriginal Communities

3 hour (includes 25% Q&A) | Part II will be D7 | Advanced

James P Fitzpatrick, FRACP, MBBS, BSc, Paediatrician, Telethon Kids Institute, Subiaco, WA, Australia**Maureen Carter, Chief Executive Officer, Nindilingarri Cultural Health Services, Fitzroy Crossing, WA, Australia****June Oscar, Chief Executive Officer, Marninwarntikura Fitzroy Women's Resource Centre, Fitzroy Crossing, WA, Australia****Kaashifah Bruce, BSc (Psychology), MPH, Research Officer, Telethon Kids Institute, Subiaco, WA, Australia****Bree Wagner, Alert Program Study Coordinator, Telethon Kids Institute, Subiaco, WA, Australia****Carolyn Hartness, FASD Consultant/Educator, Seventh Generation, Indianola, WA****Elizabeth J Elliott, MD, Paediatrician, Discipline of Paediatrics and Child Health, University of Sydney, Westmead, NSW, Australia**

Making FASD History: The Marulu FASD Strategy is a community-led initiative of Aboriginal communities in Australia, along with their research and service delivery partners. This workshop will present the methods and results of a strategy commenced in 2008, that has already delivered accurate prevalence data, establishment of a FASD Unit, Prevention programs, Diagnostic services and therapy support programs. Importantly, we will describe a process for other communities to use to plan and implement FASD strategies in their regions.

Learning Objectives:

1. Describe a community-led strategic approach to overcoming FASD at the community level – including prevention, diagnosis and support
2. Provide detail aspects of FASD Prevention (systematic review, community-based campaign), Diagnosis (FASD prevalence study, establishing diagnostic capacity in remote child health teams), and Support (therapeutic programs for early intervention, school aged children, and family support)
3. Highlight the impact of a comprehensive community-led strategy on national and international policy and practice
4. Provide a process for establishing comprehensive FASD strategies in other communities in Australia and internationally

C8 (3 Hour Session; Part II will be D8) From Clinical Phenotyping to Animal Research. From Animal Research to Clinical Observations. Implications for the Participatory Research Agenda 2020

3 hour (includes 25% Q&A) | Part II will be D8 | Intermediate

Osman S Ipsioglu, MD (FRCP), PhD, Paediatrician, Sleep Research Lab, Sunny Hill Health Center for Children, BC Children's Hospital, Vancouver, BC**Maida Chen, MD, Director, Pediatric Sleep Center, Seattle Children's Hospital, Assistant Professor, Department of Pediatrics, School of Medicine, University of Washington, Seattle, WA****Dean Elbe, BSc(Pharm), PharmD, BCPP, Clinical Pharmacy Specialist, Child and Adolescent Mental Health, Children's & Women's Mental Health Programs, BC Children's Hospital, Vancouver, BC****Nina di Pietro, PhD, Neuroethics Program Lead, NeuroDevNet****Ana Hanlon-Dearman, MD, Developmental Pediatrician, University of Manitoba, Winnipeg, MB****Christine Loock, MD, FRCP(C), Associate Professor, Department of Pediatrics, University of British Columbia, Responsive Intersectoral Community Health, Education, and Research (RICHER) Initiative, Sunny Hill Health Centre for Children, Vancouver, BC****Amy Salmon, PhD, Clinical Assistant Professor, School of Population and Public Health, University of British Columbia, Vancouver, BC****Joanne Weinberg, PhD, Professor and Distinguished University Scholar, Department of Cellular and Physiological Sciences, University of British Columbia, Vancouver, BC**

Chronic sleep problems are often missed in children and adolescents with an FASD. Consequently, they are at high risk for medications. Members of the FASD & SLEEP CONSENSUS group will provide a summary of animal and clinical studies, and aim to introduce a new clinical approach of recognizing and understanding sleep deprivation and its connections to 'challenging/disruptive day-and nighttime behaviours.

Learning Objectives:

1. Present an overview of:
 - a. Sleep deprivation related clinical symptoms
 - b. Animal research with focus on sleep deprivation in the PAE rodent model
2. Identify commonly reported sleep problems in children/adolescents with FASDs
3. Present an algorithm for avoiding inappropriate medications due to missed sleep problems applicable for children/adolescents with an FASD
4. Present a participatory research concept for implementing this algorithm

3:00 - 3:30 Break - Exhibits Open, Poster Viewing**3:30 - 5:00 Concurrent Session D****D1 3 Oral Papers**

20-minute presentations with a 5-minute Q&A

Building Capacity of Kimberley Educators: Implementing Powerful Pedagogies that Address the Needs of Students Living with FASD and ELT while Creating School Cultures to Expand Horizons**Bree Wagner, Alert Program Study Coordinator, Telethon Kids Institute, Subiaco, WA, Australia****Positive Impacts of Early Care of Children from Birth to 6 Years Old/ DUO****Joelle Balanche, Psychomotrician, SAF France, Fondation Père FAVRON-Saint Louis, Saint Louis, La Reunion, France****Interactive Dynamic Assessment: A Longitudinal Study of an Integrated Diagnostic and Remediation Tool for School-aged Learners with FAS****Linda Wason-Ellam, BA, MA, MEd, PhD, Professor, University of Saskatchewan, Saskatoon, SK**

D2 3 Oral Papers

Two 15-minute presentations with 5-minute Q&A each and a 30-minute presentation with 10-minute Q&A

What Did Justice Professionals and the Community Want in Educational Resources for Judicial Officers and Lawyers?

Heather Jones, Manager, FASD Projects, Telethon Kids Institute, Subiaco, Australia

(Repeated E1iv) Is It Ethical to Condone Low Level Drinking in Pregnancy?

Janni Niclasen, PhD, Psychologist, Assistant Professor, Department of Psychology, University of Copenhagen, Copenhagen, Denmark

FASD and the Law: A Conversation about Current Research, Best Practices, and Ethical Considerations

Kathryn Kelly, Project Director, FASD Legal Issues Resource Center, University of Washington, Seattle, WA

Michelle Stewart, BA, MA, PhD, Department of Justice Studies, University of Regina; Strategic Lead Justice Interventions, Canada FASD Research Network, Regina, SK

Fia Jampolsky, Attorney, Cabott and Cabott, Whitehorse, YT, Canada

D3 Project CHOICES: Prevention of FASD with American Indian Communities

90 min (includes 25% Q&A) | Beginner

Jessica Hanson, PhD, Associate Scientist, Center for Health Outcomes and Prevention Research, Sanford Research, Sioux Falls, SD

Georgiana Wilton, PhD, Senior Scientist, Department of Family Medicine, School of Medicine and Public Health, University of Wisconsin, Madison, WI

Katie Langland, Public Health Coordinator, Denver Health and Hospital Authority, Denver, CO

Pamela Gillen, ND, RN, CACIII, COFAS Program Director, Colorado AHEC Program Office, University of Colorado Anschutz Medical Campus, Aurora, CO

The objectives of this panel will be to present a broad perspective on implementing the Project CHOICES curriculum, a major FASD prevention effort, with multiple tribes from across the United States. Panelists will discuss utilizing community input in efforts to prevent FASD with preconceptional Indigenous women.

Learning Objectives:

1. Identify the key components of the Project CHOICES curriculum
2. Describe Community-Based Participatory Research and how it informed the development of these prevention projects
3. Critique modifications to brief intervention models for cultural relevance
4. Identify how other tribal communities can undertake similar efforts to prevent FASD and AEP with non-pregnant women

D4 Gross and Fine Motor Performance In Children Exposed Prenatally To High Levels Of Alcohol – A Population Based Study.

90 min (includes 25% Q&A) | Beginner

Barbara R Lucas, MPH, PhD Candidate, Paediatric Physiotherapist, The George Institute for Global Health, Sydney, Australia

Tracey W Tsang, PhD, Senior Research Fellow, Discipline of Paediatrics & Child Health, Sydney Medical School, The University of Sydney, Australian Paediatric Surveillance Unit, Kids' Research Institute, Westmead, NSW, Australia

Elizabeth J Elliott, MD, Paediatrician, Discipline of Paediatrics and Child Health, University of Sydney, Westmead, NSW, Australia

In this session we will review population based data from the Liliwan Project* on the gross and fine motor function of predominantly Aboriginal children living in remote Australian Aboriginal communities in high risk drinking populations. Results will be reviewed in the context of internationally published literature and recommendations proposed for multidisciplinary FASD diagnostic services.

* The Liliwan Project is Australia's first population based study using case ascertainment to determine FASD prevalence. "Liliwan" is a Bunuba word meaning "all the little ones."

Learning Objectives:

1. Review results from a systematic review and meta-analysis investigating gross motor performance in children with a FASD diagnosis or "moderate" to "heavy" prenatal alcohol exposure
2. Describe the association of prenatal alcohol exposure or a FASD diagnosis and gross and fine motor performance within predominantly Aboriginal children living in remote communities in North Western Australia; children were born in 2002 and 2003 (age range 7 to 9 years)
3. Identify gross and fine motor deficits associated with prenatal alcohol exposure and their implications
4. Review results from a systematic review and meta-analysis investigating therapeutic interventions for children with gross motor deficits
5. Consider the implications of all the above findings for multidisciplinary FASD diagnostic services and Physiotherapy and Occupational Therapy services legislative proposals in Canada and the U.S.

D5 Presentation by the Recipient of the Inaugural Dr. Sterling Clarren FASD Research Award

90 min (includes 25% Q&A) | All

The Dr. Sterling Clarren FASD Research Award has been named in honor of Dr. Sterling Clarren to recognize his pioneering contribution and leadership in the field of Fetal Alcohol Spectrum Disorder (FASD). The award will be presented annually to an individual in recognition of a completed study that has made a substantial contribution to the FASD field in one of Canada FASD Research Network's (CanFASD) member provinces/territories. This session will feature a presentation of the results of the award recipient's research.

D6 i) Factors Related to Deferred Diagnosis among Children Assessed for FASD

45 min (includes 25% Q&A) | Intermediate

Katherine Wyper, Med, Doctoral Student, Educational Psychology, University of Alberta, Edmonton, AB

Gail Andrew, MDCM, FRCPC, Medical Director, FASD Clinical Services, Edmonton, AB

Hasmukhlal Rajani, MBBS, FRCPC(C), Pediatrician, NWC FASD Services Network, Edmonton, AB

This work has significant clinical implications for the assessment process for FASD, both in Alberta and elsewhere. This research also highlights the importance of collecting longitudinal, multi-site data to increase our understanding of the developmental trajectories in FASD and thereby further inform the diagnostic process.

Learning Objectives:

1. Understand why some children assessed for FASD may get deferred and what factors may prevent an earlier diagnosis of FASD
2. Distinguish factors that may predict diagnostic trajectory for children assessed for FASD who have been deferred
3. Formulate implications of results for rural, urban, and remote FASD clinical contexts
4. Look at the importance of assessment over time in individuals with PAE to define current functional needs

ii) FASD in the Context of Cumulative Risk: Results of a Pilot Cumulative Risk Diagnostic Clinic for Children in the Care of Child Welfare

45 min (includes 25% Q&A) | Intermediate

Ben Gibbard, MD, MCS, MSc, FRCPC, Developmental Pediatrician, Assistant Professor, Department of Paediatrics, University of Calgary, Calgary, AB

Mary Ellen Baldwin, DipCS, RPsych, Psychologist, Child Development Services, Alberta Health Services, Calgary, AB

Diagnostic approaches in the fields of developmental pediatrics and child mental health have focused on single attribution frameworks to explain the profiles of individuals who present to services with significant developmental, behavioral or mental health difficulties. Consequently,

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diagnostic and intervention services and public policy have often been built around single exposures, such as prenatal alcohol exposure or child maltreatment. Clearly single exposures such as these are highly correlated and explanatory for adverse outcomes. However, most children presenting to single exposure oriented clinical services also have other significant exposures. For example, many individuals with prenatal alcohol exposure also have early toxic stress experiences related to maltreatment or being witness to domestic violence. Children in the care of child welfare in particular are at greater risk for the cumulative risks of multiple prenatal and postnatal exposures. Models of cumulative risk provide diagnostic clinicians and intervention providers with a valuable framework to understand how developmental, behavioral and mental health outcomes for individuals are related to the complex interaction of these multiple exposures over the life trajectory of a particular individual. This presentation demonstrates how cumulative risk models have been applied to clinical practice in the development of a pilot collaborative clinic between health and child welfare, which provides a comprehensive understanding of an individual's presentation and their intervention needs.

Learning Objectives:

1. Review how prenatal and postnatal risk factors interact using models of cumulative risk
2. Explain how a cumulative risk model was used to inform a pilot diagnostic clinic for children with multiple adverse exposures
3. Review how this pilot clinic focused on assessment of both functional need and the interaction of etiology/multiple risk factors
4. Emphasize that the diagnostic and treatment planning needs of individuals with multiple significant exposures requires collaboration among areas of expertise within health, child welfare, and other community services

D7 3-Hour Session C7 Continued

(Please see session description on Page 11)

D8 3-Hour Session C8 Continued

(Please see session description on Page 11)

5:00 **Adjourn**

SATURDAY, MARCH 7, 2015 | MAIN CONFERENCE

8:00 - 8:30 **Registration Open**

8:30 - 8:40 **Greetings From Spain**

Miguel Del Campo, MD, PhD, Physician, Genética Clínica, Hospital Materno Infantil Vall d'Hebron, Barcelona, Spain

8:40 - 10:00 **Plenary**

The Role of Neuroimmune Mechanisms in FASD

Facilitator: Michael Charness, MD, Physician, Harvard Medical School, Harvard University, West Roxbury, MA

Fulton T Crews, PhD, Director, Bowles Center for Alcohol Studies, John Andrews Distinguished Professor, Professor of Pharmacology & Psychiatry, Chapel Hill School of Medicine, University of North Carolina, Chapel Hill, NC

Cynthia Kane, PhD, Biochemistry & Molecular Biology, University of Arkansas for Medical Sciences, Little Rock, AR

Joanne Weinberg, PhD, Professor and Distinguished University Scholar, Department of Cellular and Physiological Sciences, University of British Columbia, Vancouver BC

Learning Objectives:

1. Gain knowledge of how alcohol impacts the developing brain and neuroimmune function
2. Increase knowledge of how alcohol-induced neuroinflammation can alter brain plasticity
3. Increase awareness of the unique sensitivity of developing cells to ethanol toxicity

10:00 - 10:30 **Break**

10:30 - 12:00 **Concurrent Session E**

E1 4 Oral Papers

15-minute presentations with a 5-minute Q&A

How the Prevention of FASD Contributes to Compliance with the International Rights of the Child

Denis Lamblin, MD, Pediatrician, SAF FRANCE and Fondation Père Favron, Saint Louis, France

Media Representation of FASD

Danielle N Naumann, BA(H), MSc(OT), PhD(c), OT Reg(Ont), Research Associate, Office of Continuing Professional Development, School of Rehabilitation, Queen's University, Kingston, ON

Does Low to Moderate Prenatal Alcohol Consumption Influence Placental Epigenetics?

Jeffrey M Craig, PhD, Associate Professor, Murdoch Childrens Research Institute; Royal Children's Hospital, Department of Paediatrics, University of Melbourne, Parkville, Australia

(Repeated D2ii) Is It Ethical to Condone Low Level Drinking in Pregnancy?

Janni Niclasen, PhD, Psychologist, Assistant Professor, Department of Psychology, University of Copenhagen, Copenhagen, Denmark

E2 Does Mother Nature Always Know Best? The Contribution of Chemosensory Fetal Programming on Adolescent Alcohol and Nicotine Acceptance as a Consequence of Prenatal Alcohol Exposure

90 min (includes 25% Q&A) | Intermediate

Steven L Youngentob, PhD, Professor, Department of Psychiatry and Behavioral Sciences, SUNY Upstate Medical University, Syracuse, NY

Human studies demonstrate a predictive relationship between prenatal alcohol exposure and the increased risk for adolescent alcohol and nicotine abuse. The presentation will examine the growing body of evidence that epigenetic chemosensory mechanisms contribute to these observations by decreasing the aversion to the flavor attributes of these drugs.

Learning Objectives:

1. Understand the relationship between fetal alcohol exposure, chemosensory plasticity (a normal adaptive process) and the enhanced risk for initial alcohol intake and continued consumption in adolescence
2. Understand the underlying mechanisms contributing to the behavioral preference for alcohol odor and the perception and acceptability of alcohol's flavor, as a consequence of fetal exposure
3. Understand the potential chemosensory-based mechanism(s) by which fetal alcohol exposure increases the later initial risk for nicotine acceptability

E3 From Prevalence to Prevention - Community Based Approach in a Canadian Aboriginal Community

90 min (includes 25% Q&A) | Intermediate

Lori Vitale Cox, PhD, Educational Psychology, Eastern Door Diagnostic Team, Elsipogtog FN, NB

FASD is a significant health problem in some aboriginal communities and a remnant of years of economic oppression and social trauma. This presentation will explore prevalence rates in a Canadian aboriginal community at two points in time. In 2000 there was FAS prevalence in the community of over 3%. In 2014 there was 0% FAS in the community. Rates of other FASD's have also been significantly lowered. It will also discuss the development of community and culturally based approaches that have worked to significantly lower FASD prevalence.

Learning Objectives:

1. Review Canadian prevalence data on FASD in aboriginal communities in relation to other populations in Canada, North-America and internationally
2. Understand the socio-economic risk factors for FASD also associated with cultural erosion and historical trauma
3. Understand an effective community and culturally based approach to FASD service delivery

E4 Addressing FASD in New Brunswick: Building a Collaborative Based Provincial Model to Support Families and Individuals with FASD

90 min (includes 25% Q&A) | Intermediate

Nicole LeBlanc, MD, FRCP(C), Pediatrician, Dr. Georges L Dumont University Hospital Centre, Université de Moncton and Université de Sherbrooke, New Brunswick FASD Centre of Excellence, Dieppe, NB

Stacey Taylor, RSW, Health Consultant, Department of Health, Fredericton, NB

This presentation will give an overview of the model that was developed to build capacity in New Brunswick for fetal alcohol spectrum disorder (FASD) services regarding prevention, diagnosis and support. After 5 years and extensive collaboration across various health systems and disciplines and community based organizations, the New Brunswick Centre of Excellence for FASD was established to improve the quality of care for individuals with FASD in New Brunswick.

Learning Objectives:

1. Identify the health professionals needed to create a multidisciplinary FASD diagnostic and service team
2. Understand our model as it relates to leveraging on existing organizations and services to better serve FASD affected individuals
3. Learn from our experience to develop and implement effective strategies for creating partnerships and capacity building in communities

E5 International Classification of Functioning, Disability, and Health (ICF) as Framework for Understanding the Needs of a Person with FASD

90 min (includes 25% Q&A) | Beginner/Intermediate

Ilona Autti-Rämö, Chief of Health Research, Research Director, The Social Insurance Institution, Research Department, Helsinki, Finland

ICF is a tool to identify a wider perspective on the individual needs and goals of rehabilitation. It helps to keep participation and environmental aspects in mind and emphasizes that rehabilitation is not about "fixing" the child but providing the child with possibilities to live an active, participatory life.

Learning Objectives:

1. Learn the principles of ICF
2. Learn how to use ICF to identify the needs of the child and enhance multiprofessional cooperation

E6 Exploring an Effective FASD Prevention Program Working in Collaboration with 8 First Nations in Manitoba

90 min (includes 25% Q&A) | Intermediate

Marsha B Simmons, STAR Program Manager, Southeast Resource Development Council, Winnipeg MB

This presentation will review data on the Alberta implementation of the Treatment Improvement Protocol (TIP) for FASD. The TIP is designed for service providers who are working in the substance abuse and/or mental health field to help identify both women at risk of giving birth to a child with FASD and individuals who may have FASD themselves. We will discuss the efficacy and feasibility of implementing the TIP at four agencies as well as challenges and solutions.

Learning Objectives:

1. Learn about First Nation client specific data re: rates of family violence, alcohol use during pregnancy, suicidality, age at first use of alcohol and level of education

2. Learn about the cultural adaptations to the PCAP model
3. Overview the 28 standards that comprise the STAR Program

E7 Partners for Success Intervention for Youth and Young Adults with FASD

90 min (includes 25% Q&A) | Advanced

Leigh E Tenkku Lepper, PhD, MPH, Associate Research Professor, School of Social Work, University of Missouri, Columbia, MO

This session will describe a two-group randomized controlled trial intervention following 42 youth and young adults with FASD. The intervention included specialized in-home family therapy, a trained social work mentor, and a caregiver support group. Caregiver confidence increased while maladaptive behaviors indicated non-significant improvement suggesting a moderate level of effectiveness.

Learning Objectives:

1. Familiarize with the Partners for Success Intervention study for Youth and Young Adults with FASDs
2. Identify how positive parent/caregiver changes and improvement trends for youth and young adults with FASDs came about over the course of the intervention

E8 Trauma and Attachment Approach to FASD: Designing, Implementing, and Evaluating a Goal-based Program

90 min (includes 25% Q&A) | Intermediate

Gayla Grinde, MScOT, Occupational Therapist, CASA Child Adolescent and Family Mental Health, Edmonton, AB

Rebecca Marsh, PhD, Director of Research and Evaluation, CASA Child Adolescent and Family Mental Health, Edmonton, AB

This presentation helps bridge the worlds of FASD and mental health by providing an overview of the process of designing, implementing, and evaluating a program to serve those with FASD within a children's mental health organization. This promising practice draws on multiple perspectives that include trauma, attachment, and neurodevelopment.

Learning Objectives:

1. Increase understanding of a neurodevelopmental framework when using a trauma and attachment perspective to support children with FASD
2. Contribute to the development of shared evaluation framework for community-based FASD programs
3. Highlight preliminary results related to program evaluation of the FASTRACS program at CASA

E9 Let's Talk: Evidence, Experience, and FASD Research

90 min (includes 25% Q&A) | All

Paula Stanghetta, Trainer, Facilitator, Paula Stanghetta & Associates, Kitchener, ON

This presentation will synthesize and continue the dialogue from the first day of the conference (March 4) in each of the five topics: maternal risk factors and alcohol exposure, nutrition and development, cognitive, behavioral, and education intervention, mental health, and new frontiers in health-related research.

12:00-1:00 Lunch (Provided)

12:30 - 1:00 Poster Session II
(Presenters will be available at their posters for Q&A)

1:00-1:10 Greetings from Denmark
Janni Niclasen, PhD, Psychologist, Assistant Professor, Department of Psychology, University of Copenhagen, Copenhagen, Denmark

1:10-2:30 Plenary Panel

Genes, Epigenetics and Biomarkers in FASD

Facilitator: Joanne Weinberg, PhD, Professor and Distinguished University Scholar, Department of Cellular and Physiological Sciences, University of British Columbia, Vancouver, BC

Michael Kobor, PhD, Professor and Canada Research Chair in Social Epigenetics, Department of Medical Genetics, University of British Columbia, Vancouver, BC

Feng Zhou, PhD, Professor of Anatomy, Cell Biology, Medical Neuroscience, and Psychology, Department of Anatomy and Cell Biology, Indiana Alcohol Research Center, Stark Neurosciences Research Institute, Indiana University School of Medicine, Indianapolis, IN

Daniel Savage, PhD, Regents' Professor and Chair, Department of Neurosciences, University of New Mexico, Albuquerque, NM

Learning Objectives:

1. Gain knowledge about epigenetics and how the environment can change gene expression
2. Gain understanding of how epigenetic mechanisms may be involved in the neurodevelopmental and behavioral deficits observed following prenatal alcohol exposure
3. Gain knowledge of how placental gene expression and protein biomarkers can help us understand adverse effects of alcohol on the fetus

2:30 Closing Ceremonies & Presentation of Starfish Awards

3:00 Adjourn

POSTER PRESENTATIONS

A Life-Sentence ... Damaged by Alcohol

Katrin Lepke, Deputy Chairperson, FASD Deutschland e.V., Lingen, Germany, Gisela Michalowski, Chairperson, FASD Deutschland e.V., Lingen, Germany

Actionable Nuggets™ for FASD: A Knowledge Translation Tool for Primary Care

Danielle N Naumann, BA(H), MSc(OT), PhD(c), OT Reg(Ont), Research Associate, Office of Continuing Professional Development, Queen's University School of Rehabilitation, Queen's University, Kingston, ON

Alcohol Use and Smoking During Pregnancy and While Breastfeeding in Canada from 2003 to 2012

Shannon Lange, PhD Student, Centre for Addiction and Mental Health, Toronto, ON

Assessment of the Effects of FASD on the Development of Age Appropriate Grip and Pinch Strength

Adelle P Rama, BScOT, Occupational Therapist, Queen Alexandra Centre for Children's Health, Victoria, BC

Building Bridges: Understanding the Experiences of Mothers

Debbie Michaud, MSW, RSW, Child Welfare Supervisor, Kenora Rainy River Districts Child & Family Services, Sioux Lookout, ON; Rhonda Konrad, MSW, RSW, Foster Care & Resource Coordinator, Kenora Rainy River Districts Child & Family Services, Sioux Lookout, ON; Debbie Gray, Mother, Healthy Generations Family Support Program Sioux Lookout, ON; Cherie Coulombe, Adoptive Mother, Healthy Generations Family Support Program Sioux Lookout, ON

Caregivers' Experience Raising Children with FASD

Aamena Kapasi, BSc, MA, Counselling Psychology Candidate, The University of Western Ontario, London, ON

Children with FASD Count: The Results of a Three Year Three Province Study of Children with Care with FASD in Canada: Implications for Child Welfare Service

Don Fuchs, PhD, Academic/Researcher, Faculty of Social Work, University of Manitoba, Winnipeg, MB; Linda Burnside, PhD, Researcher/Practitioner, Avocation Consultants, Winnipeg, MB

Development of a Clearing Group for Adults with FASD and Risk of Addiction

Lina Schwerg, Evangelischer Verein Sonnenhof e. V., Berlin, Germany

Empowering Conversations to Prevent Alcohol-exposed Pregnancies: Multi-sectoral Training for Service Providers in British Columbia, Canada

Nancy Poole, PhD, Researcher, Director, British Columbia Centre of Excellence for Women's Health, Vancouver, BC

Examining Stigmatizing Attitudes toward Alcohol use in Women of Childbearing Age among Health and Allied Health Professionals

Carolyn W Edney, MSW, Project Manager, Center for the Application of Substance Abuse Technologies, University of Nevada, Reno, NV

FASD Family and Community Support Program in the Northwest Territories

Lori Twissell, MA Education, Family Liaison, Stanton Territorial Health Authority, Yellowknife, NWT

FASD Prevalence Among School Children in Poland

Katarzyna Okulicz-Kozaryn, The State Agency for Prevention of Alcohol-Related Problems (PARPA), Krzysztof Brzozka, The State Agency for Prevention of Alcohol-Related Problems (PARPA)

Glenrose Rehabilitation Hospital Adult FASD Assessment Project: Summary and Evaluation of Clinical Services

Marnie Hutchison, MEd, Doctoral Candidate, Educational Psychology, University of Alberta, Edmonton, AB; Bernadene Mallon, MSW, RSW, Clinic Coordinator/Project Lead, Glenrose Rehabilitation Hospital, Alberta Health Services, Edmonton, AB

Integration of Care to Effectively Support Individuals with FASD across the Lifespan

Ana Hanlon-Dearman, MD, Developmental Pediatrician, University of Manitoba, Winnipeg, MB

Investigating and Exploring the Key Issues Surrounding FASD

Zainab Shakoor, BSc, Medical Student, The University of Liverpool, Lancashire, England

Meeting the Challenge: Findings of Research with Frontline Justice Professionals Working with Individuals with FASD

Michelle Stewart, PhD, Assistant Professor, Department of Justice Studies, University of Regina, Regina, SK; Krystal Glowatski, MA, PhD Student, School of Criminology, Simon Fraser University, Burnaby, BC

Peel FASD Clinical Team: Emerging Trends in Assessment & Implications for Early Intervention

Lana Weaver, MD, Developmental Paediatrician, Erinoakkids, Mississauga, ON

Photovoice as a Research Methodology in FASD Prevention in First Nations Communities in Canada

Dorothy E Badry, PhD, MSW, RSW, Principal Investigator, Faculty of Social Work, University of Calgary, Calgary, AB; Tasnim Nathoo, MSc, MSW, Research and Knowledge Exchange Consultant, British Columbia Centre of Excellence for Women's Health, Vancouver, BC; Nancy Poole, PhD, Researcher, Director, British Columbia Centre of Excellence for Women's Health, Vancouver, BC

Social Support in Preventing Alcohol-exposed Pregnancies

Jamie Jensen, MS, Research Associate, Sanford Research, Sioux Falls, SD

The Benefits and Challenges of Community-based Research: One Community Organization's Experience

Denise Plesuk, Program Manager, Children, Family & Community Service, Catholic Social Services, Edmonton, AB; Sharon Schultz, Program Supervisor, Coaching Families and Step by Step FASD Programs, Catholic Social Services, Edmonton, AB

The Epidemiology of Substance-Exposed Pregnancies in the Bemidji Area

Jamie Jensen, MS, Research Associate, Sanford Research, Sioux Falls, SD

Understanding Self-regulation in Young Children with FASD

Liv Elliott, MCHS(OT), Occupational Therapist, Infant and Child Development Services Peel, Mississauga, ON; Angela Lawton, BSc (Psych), DCS Infant and Child Development Consultant, Infant and Child Development Services Peel, Mississauga, ON; Tanisha Kairsingh, S-LP (c) Reg, CASLPO, Speech Language Pathologist, ErinoakKids, South Millway, Mississauga, ON; Cindy Cyr, BSc(OT), Occupational Therapist, Credit Valley Hospital, Mississauga, ON

Utilization of Health, Education, and Social Services by First Nations Manitobans with FASD

Ana Hanlon-Dearman, MD, Developmental Pediatrician, University of Manitoba, Winnipeg, MB

PLEASE WRITE IN BLOCK LETTERS:

One registration form per person. Please photocopy if more are needed.

Dr. Mr. Ms.

 Last Name First Name Initials

 Organization Name/Mailing Address

 Mailing Address

 City Prov/State Postal Code

 Daytime Telephone Number/ Local

 Email (you will receive your confirmation of registration and receipt via email)

 Please inform us of any dietary requirements

CONCURRENT BREAKOUT SESSIONS

Please refer to the program for session descriptions.
 You must enter your 2 choices or YOU WILL NOT BE REGISTERED.
 Example shown below in grey.

Example: 1st Choice A1 2nd Choice A4

THURSDAY, MARCH 5, 2015

Please choose your first and second choice from the 90-minute sessions (C&D)
OR one 3-hour session (either A7&B7 or A8&B8)

Session A: _____
 Session B: _____
 One 3-hour session (A7&B7/A8&B8) _____

FRIDAY, MARCH 6, 2015

Please choose your first and second choice from the 90-minute sessions (C&D)
OR one 3-hour session (either C7&D7 or C8&D8)

Session C: _____
 Session D: _____
 One 3-hour session (C7&D7/C8&D8) _____

SATURDAY, MARCH 7, 2015

Please choose your first and second choice from the 90-minute sessions (E)
 Session E: _____

OPTIONAL LUNCH SESSION

Please select if you would like to attend the following lunch sessions:
 LS: International Premiere of Moment to Moment: Teens Growing Up With FASD
 Friday, March 6, 2015 at 12:45 - 1:20



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AFFILIATION/PROFESSION

- | | |
|--------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Administrator/Manager | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Alcohol & Drug Worker | <input type="checkbox"/> Person with FASD |
| <input type="checkbox"/> Corrections Worker | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Educator | <input type="checkbox"/> Policy Maker |
| <input type="checkbox"/> Family Member | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Family Support Worker | <input type="checkbox"/> Registered Nurse |
| <input type="checkbox"/> Infant Development Consultant | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Judge | <input type="checkbox"/> Student |
| <input type="checkbox"/> Lawyer | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Mental Health Counselor | <input type="checkbox"/> Vocational Rehab Service Worker |
| <input type="checkbox"/> Other: _____ | |

TUITION FEES

Pre-registration prior to January 30, 2015 is strongly recommended to ensure you receive all conference materials. All rates are quoted in \$CAD and the tuition fee includes 5% GST. Please use one registration form per person. The main registration fee includes conference materials, lunch and coffee breaks on all days, and a certificate of attendance.

***EARLY BIRD RATE, BEFORE/ON JANUARY 30, 2015**

- Full Conference (March 4-7) \$695 (\$662+5%GST)
 Pre-Conference (March 4) \$175 (\$167+5%GST)
 Main Conference (March 5-7) \$540 (\$514+5%GST)

RATE AFTER JANUARY 30, 2015

- Full Conference (March 4-7) \$780 (\$743+5%GST)
 Pre-Conference (March 4) \$185 (\$176+5%GST)
 Main Conference (March 5-7) \$615 (\$586+5%GST)

Individual Day Rates

- Thursday, March 5, 2015 only \$242 (\$231+5%GST)
 Friday, March 6, 2015 only \$242 (\$231+5%GST)
 Saturday, March 7, 2015 only \$242 (\$231+5%GST)

Full-Time Student Rate (Limited Number Available) \$315 (\$300+5%GST)

**Student rate available for the full program only. A letter from your supervisor/department head stating that you are a full-time student along with a valid student photo ID must be sent with student registrations. Please fax a copy if you register online.*

Pre-Conference Total = \$ _____
Main Conference Total = \$ _____
Total Payment = \$ _____

METHODS OF PAYMENT

Total Payment = \$ _____

Please Indicate Below How You Would Like to Pay

- Credit Card:** Please e-mail me a secure on-line link to enter credit card number
 Cheque: Payment is enclosed with mailed registration form
 PO/LOA/ChReq: Purchase order/letter of authorization/cheque requisition form is enclosed with faxed/mailed registration form

For more detailed information on registration payment methods, please refer to "Registration" on page 2.