FASD United

POSTER EXHIBITION

E-BOOK

FASD & NATIONAL IMPACT WEEK 2026

This E-book features each of the 34 posters presented at the Poster Exhibition for National FASD Impact Week, hosted by FASD United.

The posters highlight the work of researchers, national and community organizations, government agencies, and others in the FASD field.

Research posters share findings from a study or a project. Information posters share resources and information on a program or service available to the FASD community.

The posters are designed for a broad audience, with engaging visuals and plain language descriptions.

U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

Alcohol Consumption During Pregnancy Among Women Aged 18–49 Years — United States, 2021–2024

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BACKGROUND

Alcohol consumption during pregnancy can cause adverse pregnancy and birth outcomes, including miscarriage and stillbirth, and fetal alcohol spectrum disorders, a group of lifelong behavioral, intellectual, and physical conditions. A recent study found current drinking and binge drinking prevalences of 13.5% and 5.2%, respectively, during 2018–2020; more recent prevalence estimates are not available.

METHODS

CDC analyzed 2021–2024 Behavioral Risk Factor Surveillance System data to estimate prevalence of self-reported **current drinking** (one or more alcoholic drinks during the past 30 days), **binge drinking** (four or more alcoholic drinks on at least one occasion during the past 30 days), and **heavy drinking** (eight or more alcoholic drinks within 1 week during the past 30 days) among U.S. pregnant women aged 18–49 years.

Among pregnant women aged 18–49 years with complete data for current drinking (8,579, unweighted), binge drinking (8,546, unweighted), or heavy drinking (8,550, unweighted) prevalences and 95% CIs were estimated overall, by survey year, and by sociodemographic and health characteristics. Multivariable modified Poisson regression models with log link and robust SEs were used to estimate adjusted prevalence ratios (aPRs) and 95% CIs for associations between sociodemographic and health characteristics and current drinking, binge drinking, and heavy drinking. Analyses accounted for the complex survey design and pooling of multiple years.

RESULTS

Among U.S. pregnant women aged 18–49 years during 2021–2024:

- **15.2% reported current drinking,**
- **4.9% reported binge drinking** and
- **2.2% reported heavy drinking** during the past 30 days.

Several characteristics were statistically significantly associated with current drinking, binge drinking, or heavy drinking. Higher prevalences of alcohol consumption were observed among pregnant women who were not married and those with frequent mental distress. Significant differences existed by geographic region for current drinking.

DISCUSSION

Alcohol consumption during pregnancy remains a public health concern in the United States. The estimated prevalence of current drinking among pregnant women during 2021–2024 (15.2%) appears to be higher than it was during 2018–2020 (13.5%), suggesting an ongoing need for clinical and community-level interventions.

Limitations. First, some survey respondents who became pregnant within 30 days of survey administration might have reported alcohol use that occurred before, not during, pregnancy. Second, self-reported alcohol consumption might be subject to misclassification. Third, self-reported pregnancy status might be misclassified. Fourth, temporality is unknown. Finally, this analysis did not include an evaluation of patterns of alcohol consumption throughout pregnancy.

Both clinical and community interventions might help reduce alcohol consumption during pregnancy and its associated adverse health outcomes. Recommended clinical interventions include routine screening for alcohol consumption and mental health conditions, brief behavioral counseling, and referral to specialized services. Community-level approaches that include providing information about outcomes associated with alcohol consumption during pregnancy or address alcohol consumption among the general population might also help reduce prenatal alcohol exposure and prevent its associated adverse health outcomes.

Scan to read the full manuscript

During 2021–2024, more than one in seven (15.2%) U.S. pregnant women reported drinking alcohol during the past 30 days.

Both clinical and community interventions might help reduce alcohol consumption during pregnancy and its associated adverse health outcomes.

Figure 1: Estimated Prevalence of Current Drinking, Binge Drinking, and Heavy Drinking Reported by Pregnant Women – BRFSS, 2021-2024

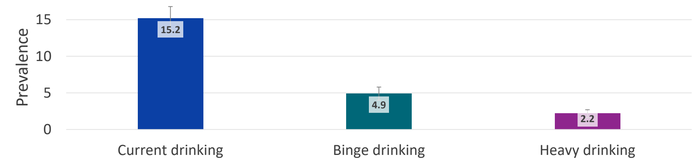
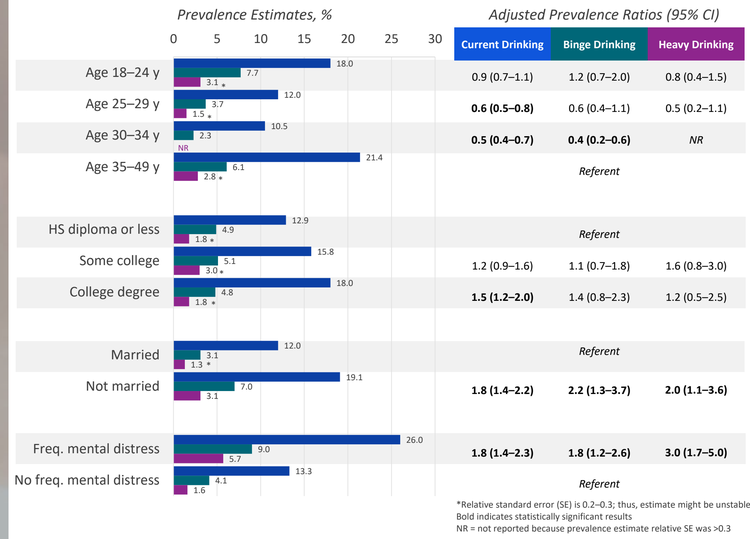
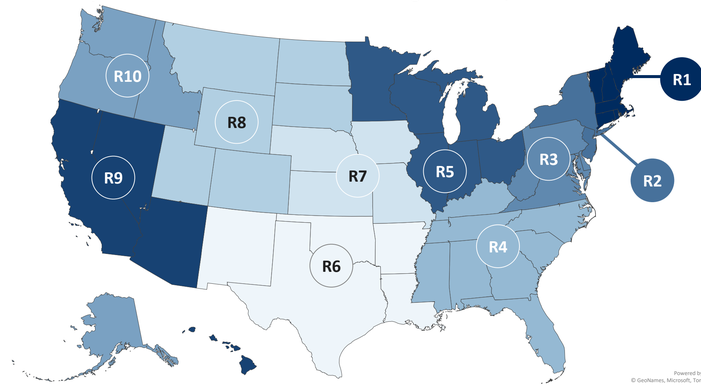


Figure 2: Estimated Prevalence and Adjusted Prevalence Ratios for Current Drinking, Binge Drinking, and Heavy Drinking among Pregnant Women by Selected Characteristics – BRFSS, 2021-2024



*Relative standard error (SE) is 0.2–0.3; thus, estimate might be unstable
Bold indicates statistically significant results
NR = not reported because prevalence estimate relative SE was >0.3

Figure 3: Estimated Prevalence of Current Drinking among Pregnant Women, by US Department of Health and Human Services Region – BRFSS, 2021-2024



- Region 1: 19.9% (95% CI: 15.5%–24.4%)
- Region 2: 17.1% (95% CI: 13.7%–20.4%)
- Region 3: 15.5% (95% CI: 10.6%–20.4%)
- Region 4: 14% (95% CI: 10.1%–17.9%)
- Region 5: 17.4% (95% CI: 14.1%–20.7%)
- Region 6: 10.4% (95% CI: 5.8%–15%)
- Region 7: 11.8% (95% CI: 9.0%–14.7%)
- Region 8: 12.4% (95% CI: 9.6%–15.3%)
- Region 9: 18.3% (95% CI: 12.6%–23.9%)
- Region 10: 14.4% (95% CI: 11.4%–17.4%)

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 The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

From Recruitment Challenges to Systems Change: Lessons from an early intervention study on screening for prenatal alcohol exposure in young children

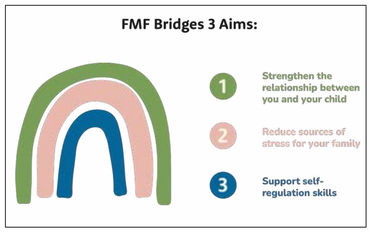
Misty Pruner, PhD, OTR/L; Tracy Jirikowic, PhD, OTR/L; Lin-Ya Hsu, PhD, PT; Negar Baharian, MS, OT; Heather Carmichael Olson, PhD
University of Washington

BACKGROUND

Screening and identification of young children with prenatal alcohol exposure (PAE) is a critical first step to FASD-informed early intervention (EI). Knowing about PAE and other early risk factors helps to give EI providers a framework for supporting young children and their caregivers[1]. It helps providers notice and understand developmental and behavioral differences in the context of PAE and remain attentive to differences that may emerge over time. Knowledge of PAE can shed light on unmet needs and the lived experiences of families, fostering a compassionate and nonjudgmental approach to family support. This awareness promotes access to FASD-informed care and underscores the importance of routinely asking about PAE to ensure early identification and intervention[2].

OVERVIEW

Families Moving Forward (FMF) Bridges is an FASD-informed EI enhancement designed to meet the specific needs of young children (6-36 months) with PAE and their caregivers. FMF Bridges is relationship-focused and strengths-based. 10 sessions are delivered in the family home by a trained EI provider.





Methods: As part of a feasibility study, recruitment and enrollment experiences were examined to inform future refinement of the intervention model[3]. The study aimed to recruit 12 child-caregiver dyads.

PRELIMINARY RESULTS

- Recruitment was slower than anticipated.
- Among 27 identified families, 9 dyads enrolled and 6 completed the intervention.

Table: Participant Characteristics and Study Status

ID	Age (months)	Sex	Caregiver Relationship	Prenatal Alcohol Exposure	Study Status
1	26	M	Adoptive	High risk	Complete
2	23	M	Foster	High risk	Complete
3	34	M	Adoptive	Some risk	Complete
4	32	M	Biological	Some risk	Complete
5	31	M	Biological	High risk	Complete
6	18	M	Biological	High risk	Complete
7	26	F	Kinship	High risk	Withdrew
8	22	F	Biological	Some risk	Discontinued
9	6	M	Biological	High risk	Discontinued

IMPORTANT INSIGHTS

Qualitative exit interviews (*n=5)* with families and focus groups with providers (*n=4)* explored experiences and opportunities to improve identification and recruitment processes.

Contextual Factors Influencing Family Engagement:

BARRIERS

- *Family-level:* variable readiness and capacity; cumulative stressors; early parenting as a sensitive period (adapting to new child and processing developmental concerns; may be accompanied by overwhelm, stigma, or self-blame)
- *System-level:* variable referral pathways within the agency

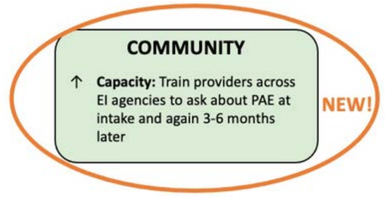
FACILITATORS

- *Provider-level:* trusting relationships built over time
- *Family-level:* some are more ready than others
- *Intervention-level:* content tailored to unique needs of family; flexible delivery options

FAST CYCLE ITERATION[4]

- **Universal screening questions at intake alone is not enough to identify and engage families.**
  - Need to move to a responsive, family-centered process of "asking and responding" over time
  - Use conversations about PAE and other early risk factors as opportunities to build relationships.
- **From one-time recruitment ⟶ ongoing engagement** with families about PAE from service entry through ongoing care.
- **Identified opportunities to strengthen EI systems** in how they identify, approach, and engage families around PAE.

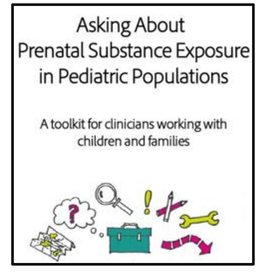
NEXT STEPS



Phase 2 expansion of FMF Bridges Theory of Change

Strengthen EI system capacity to identify and respond to PAE.

Expand access to FASD-informed resources and scalable, on-demand training to support providers in understanding ***why, when, and how to ask*** about PAE and other early risk factors.



ACKNOWLEDGEMENTS & REFERENCES

Funded by the NIH-NIAAA (1R61AA031695–01)

An Example of Taking FASD-Informed Care from Research to the Real World: Expanding the Families Moving Forward (FMF) Program and the FMF Continuum of Care

Heather Carmichael Olson, PhD[1,2,3], Erin Olson, PhD[2,3], Joanne Sparrow, PhD[1], Michelle Kuhn, PhD[1,2,3] & Anika Trancik, PhD[4]

Seattle Children's Research Institute[1], University of Washington School of Medicine[2], Seattle Children's Autism Center[3] & Florida Center Training Institute[4]

Research/implementation supported by CDC Grant #U0112DD000038; philanthropic funds from the Bernard FASD Family Trust & Jack R. MacDonald Research Fund

FMF Foundations Intervention

TREATMENT

RELATIONSHIP-BASED, CAREGIVER-FOCUSED BEHAVIORAL CONSULTATION MODEL OF FASD-INFORMED CARE BASED ON RESEARCH

POPULATION

CAREGIVERS OF CHILDREN (3-13) WITH FASD OR PAE, & CHALLENGING BEHAVIOR

LOCATIONS

COMMUNITY MENTAL CENTERS AND PRIVATE PRACTICE; SOME SCHOOL-BASED MENTAL HEALTH SETTINGS

TECHNIQUES

MOTIVATIONAL INTERVIEWING + POSITIVE BEHAVIOR SUPPORT + COGNITIVE BEHAVIORAL THERAPY+

FORMATS

90 MIN (BIWEEKLY) OR 60 MIN (WEEKLY) SESSIONS

IN PERSON (CLINIC, HOME) OR TELEHEALTH

INSURANCE/MEDICAID BILLABLE

EBI SUPPORT

LISTED AS "PROMISING PRACTICE" IN EVIDENCE-BASED REGISTRIES (e.g., California Evidence-Based Clearing House)

RECOMMENDED BY CDC (QR CODE)

Become an FMF provider!

The Journey: Moving Research Into Community Use

20+ Years Following Development of Dissemination/Implementation and Expansion

- **Before 2010:** Research & Development, with Family Input, Two RCTs
- **2010-Ongoing:** Development of Implementation Procedures, FMF Website, Materials
- **2010-2014:** Pilot Series of Implementation Trials
- **2014-Ongoing:** Partnership Development:
  - Non-profit business model
  - Research
  - Clinical/Advocacy
- **~2014-Ongoing:** Ongoing Training:
  - Community agencies/clinicians
  - Statewide initiatives
  - Students

335+ Trainees in 4 Countries & 15 US States

Two Statewide Initiatives:
- Michigan
- Minnesota

What It Takes: Let's Work Together

Moving an evidence-based intervention into community use CAN BE DONE! It's a gradual, systematic, rewarding and labor-intensive process.

HOW WE'VE BEEN SUCCESSFUL SO FAR

- Intervention meets population needs & was built with family Input
- Is an evidence-based practice, & uses ongoing real-world feedback to continuously improve
- Program has innovative partnerships & research collaborations
- Has multifaceted funding pathways, including research, philanthropy & non-profit business model
- Program has built a solid platform for training & implementation support

HOW CAN WE WORK WITH YOU TO KEEP HELPING FAMILIES?

Advocates
- Refer mental health providers for training to make our treatments more accessible
- Work with policymakers to create FASD-informed care so providers understand family needs
  - Providers = Mental health, early intervention, schools
- Promote all aspects of the FMF Continuum of Care

Policymakers
- Grow more state-wide initiatives that include FASD-informed care:
  - FASD diagnostic clinics & FASD education
  - FASD treatments (e.g., like FMF Foundations or the FMF Continuum of Care)
- Target funding for:
  - Agency/school/early intervention training grants
  - Caregiver support & family-focused intervention services
  - Programs that provide intervention training

Researchers
- Collaborate to expand and improve the FMF Continuum of Care
- Carry out implementation science research like intervention effectiveness in the 'real-world'
- Co-adapt FMF-related interventions for different cultures and translate into different languages

Get Involved!

Learn More about FMF Foundations

Growing a Broader Ecosystem of Support

Continuum of Care

Families Moving Forward Program

- **Original intervention (Ages 3-13)**
- **Caregiver App (Ages 3-13)**
- **Therapist-Supported Caregiver App (Ages 3-13)**
- **Teacher/School Staff Website (Grades K-5)**
- **Early intervention (Ages 0-3)**
- **Assessment & Consultation Clinic (Ages 3-17)**

Building Fetal Alcohol Spectrum Disorders (FASD) Knowledge in Pediatricians and Family Physicians: Outcomes, Gaps and Future Efforts

Rosa Arvizu, MPH, CHES
American Academy of Pediatrics

Aftan Jameson, MLA, TTS and *Shelby Wiesner, MA*
American Academy of Family Physicians

Why It Matters



FASDs are often underrecognized and misdiagnosed in clinical settings. Pediatricians and family physicians face challenges with:

- Screening for prenatal alcohol exposure
- Recognizing signs of FASDs
- Coordinating referrals and support services

To address these challenges, AAP and AAFP developed educational programs to increase physician knowledge, confidence and practice change.

Shared Pediatric and Family Physician Goals

Program results contribute to shared goals.

- Prevention of PAE
- Early Identification
- Care Coordination and Referrals
- Stigma Reduction
- Improving Lifelong Outcomes
- Family-Centered Care

Education Programs to Build Awareness and Clinical Capacity

AAP Programs

Virtual Learning Collaborative
- Quality improvement program that builds FASD Ambassadors within state systems
- Improved knowledge on screening for prenatal alcohol exposure and FASDs

PediaLink
- Self-paced, online continuing education program
- Higher confidence in evaluating patients for FASDs

AAFP Programs

Translation to Practice
- Self-paced course with practical strategies for clinical practice
- Increased intention to screen for prenatal alcohol exposure

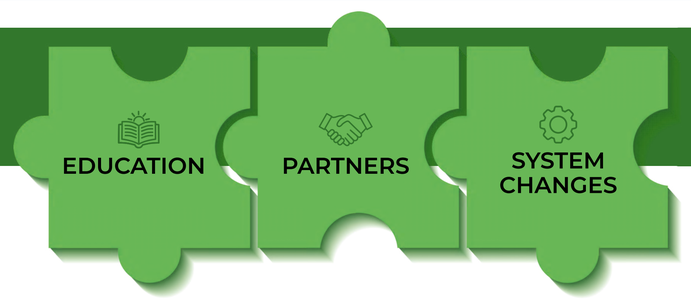
Performance Improvement Continuing Medical Education
- Quality improvement program with education, self-assessment and practice improvement
- Increased screening, intervention and referral rates

Physician Identified Clinical Gaps and Future Training Opportunities

Gaps	Opportunities
Challenges with recognition and diagnosis	Increase screening and clinician training
Low confidence discussing prenatal alcohol use	Expand communication and counseling resources
Fragmented referral networks	Strengthen multidisciplinary care pathways
Challenges transitioning youth to adult care	Improve family medicine and pediatric collaboration
Stigma	Promote strengths-based, patient-centered care
Inconsistant screening	Universal screening
Lack of time	Prioritize coordinated, family-centered care

Conclusion

Looking ahead, continued progress relies on:



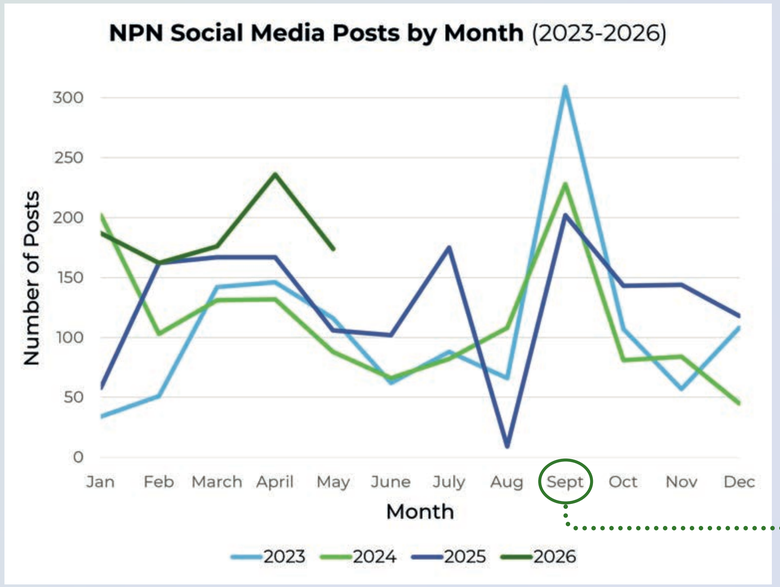
An Exploration of the FASD National Partner Network's Social Media Activity

CDC funds the FASD National Partner Network (NPN) to build an interdisciplinary, collaborative framework to

- reduce prenatal alcohol and other substance exposure,
- improve early identification and intervention for FASDs, and
- expand support services and access to care.

As part of the NPN, ORAU monitors **37 NPN-affiliated social media accounts** to understand outreach and communication efforts. ORAU shares this information through a bi-monthly e-newsletter called the **FASD NPN Communications Bulletin**. Between January 2023 and May 2026, ORAU developed 20 Communications Bulletins that highlighted project-related social media posts.

Since 2023, the FASD NPN published
5,124 social media posts about
FASDs and prenatal substance exposure.



FASD NATIONAL PARTNER NETWORK | ORAU

FASD NPN members use social media to communicate with multidisciplinary professionals and the general public about FASDs and alcohol and polysubstance use during pregnancy.

Follow the NPN on social media!

SOCIAL MEDIA POST CONTENT

NPN Resources and Events

NPN members shared their resources and those of other members

- Podcasts, blogs, and journal articles
- Trainings and learning opportunities
- Materials: fact sheets, infographics, quizzes, recipes, pocket cards, data and resource sheets, posters, videos
- Clinical tools and guidance: practice manual, position statements, decision and communication guides



Awareness Days and Observances

The NPN recognized **56** awareness days, weeks, and months. Notable events recognized include

- Birth Defects Awareness Month
- National Drug and Alcohol Facts Week
- Alcohol Awareness Month
- FASD Awareness Month



Education and Awareness Raising Efforts

NPN organizations

- Shared new research from the field
- Corrected misinformation about FASDs
- Conducted Twitter chats
- Presented and exhibited at conferences



AAMA Annual Conference | ACOG Annual Clinical and Scientific Meeting | American Public Health Assoc. Annual Meeting | AWHONN Convention | FMX360 | International Conference on Adolescents and Adults with FASDs | NASW National Conference | National Conference on Health Communication, Marketing, and Media | NPWH Women's Healthcare Conference | Proof Alliance's Caregiver Conference

FASCETS
CENTER FOR NEURODIVERSITY

BUILDING EFFECTIVE SUPPORT THROUGH THE FASCETS NEUROBEHAVIORAL APPROACH:

A Structured, Brain-Based Process for Improved Outcomes

The **FASCETS Neurobehavioral Approach**—which include the **Exploration Tool**, **Observation Log**, **Values & Self-Reflection Tool**, and **Accommodation Grid**—creates a cohesive process that leads to more accurate understanding, more effective supports, and improved outcomes for individuals with BBDs, including FASD.

1 Exploration Tool

- Helps us to connect brain with behavior
- Identifies primary characteristics (including strengths)
- Highlights secondary & tertiary symptoms
- Brings awareness to a poor fit between brain function and environmental expectations
- Not diagnostic—guides curiosity

2 Observation Log

- Encourages non-judgmental observation
- Captures real-world patterns
- Helps identify sensory overload and environmental triggers
- Reinforces the question: "What does the brain have to do with this behavior?"

3 Values & Self-reflection Tool

- Examines *our own* personal values, expectations & assumptions
- Supports emotional regulation
- Guides exploration and highlights a poor fit between expectations and a person's abilities

4 Accommodation Grid

- Incorporates information gathered through the Exploration Tool and Values & Self-reflection Tool
- Explores fit between the individual & their environments
- Helps to meet the person where they are
- Supports the development of person-specific, individualized accommodations
- Builds on strengths

Understanding → Insight → Reflection → Effective Support

When used together as part of FASCETS Neurobehavioral Approach, these four FASCETS tools lead to:



- Improved regulation and daily functioning
- Reduced frustration
- More consistent success across all settings
- Stronger relationships & connection
- Better understanding, empathy, and confidence for everyone supporting individuals with brain-based differences
- More effective supports and strategies
- Positive outcomes and reduced secondary and teritary symptoms

The results of our 2026 research study indicated the helpfullness of the tools and an increase in understanding, self efficacy and sense of support and community.

© FASCETS Sept. 2026

We are *all* champions for FASD prevention and awareness: Resources developed by Women's Health Nurses and Midwives Collaborate for Alcohol-Free Pregnancy (WHNMCAP)

WHNMCAP is a collaboration between two national professional nursing organizations and academic researchers.

WHNMCAP uses infographics, YouTube, social media, a website, podcasts, and toolkits to share information about FASDs and being a champion for FASD awareness and prevention.

The resources are designed to be adaptable to the daily clinical practice of nurse practitioners, midwives, and nurses, nursing and midwifery faculty, and other healthcare professionals.

We create our resources using information gathered from nurse practitioners, nurses, and midwives, the research literature, and feedback.

YouTube Educational Content

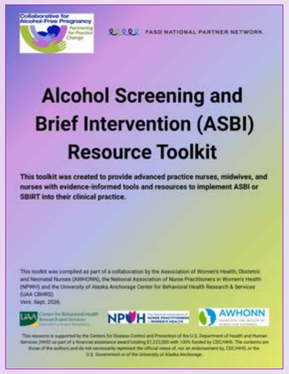


Scan the QR code to visit our YouTube channel

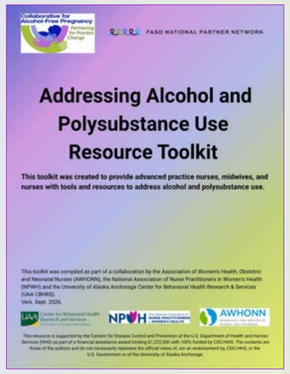
SCAN ME

Scan to visit our website!

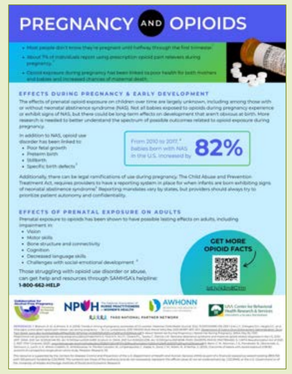
Downloadable Toolkits, Infographics, Classroom, and Patient Handouts











WHNMCAP team: Diane King, PhD[1]; Alexandra Edwards, MA MPH[1] ; Kathryn Davis, MPP MPH[1]; Corrie Whitmore, PhD[2]; Faith Ozer Green, MPH[1]; Lauren Kiker, MS[1]; Lily Bastian, PhD MSN APRN CNM[3]; Kassandra Greci, DNP APRN WHNP-BC[4]; Beth Kelsey, EdD APRN WHNP-BC[5] *[1]University of Alaska Anchorage Center for Behavioral Health Research & Services; [2]University of Alaska Anchorage Division of Population Health Sciences; [3]Fairview Health Services, Minneapolis, MN; [4]Association of Women's Health, Obstetric and Neonatal Nurses; [5]National Association of Nurse Practitioners in Women's Health*

This poster is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $1,222,500 with 100 percent funded by CDC/HHS. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement by, CDC/HHS, or the U.S. Government or of the University of Alaska Anchorage.

Supporting Families Impacted by Parental Alcohol Use Through Evidence-Based Programs

Celebrating Families!: A Community-Based Trauma-Informed Whole-Family Approach to Healing Intergenerational Substance Use and Supporting Families Living with FASD

Why Celebrating Families!

The complex impact of parental alcohol use can affect every aspect of a child's life:

- **Physical Health/Safety**
- **Emotional**
- **Behavioral**
- **Cognitive**
- **Academic**
- **Social**
- **Family System Development**

Without support and healing, children growing up in these homes are often unaware of this burden because of the pain, isolation, and fear. A family's guilt and shame - without an understanding of the intergenerational trauma or diagnosis for FASD and/ or other learning disabilities/behavior disorders - can result in an unstable living environment, lack of support, social isolation, and ongoing challenges ***that continue throughout the lifespan.***

Families Often Struggle in Isolation *because of three unspoken rules:*

- **Don't Talk**
- **Don't Feel**
- **Don't Trust**

Celebrating Families! breaks these rules and provides education and skill development so families can live healthier lives.

About The Program

For 20+ years, Celebrating Families! has been a nationally recognized, evidence-based program designed for families with a parent or caregiver struggling with substance use. This multi-generational program brings together children, teens, and adults in recovery to heal, learn, and grow together. Rooted in family-centered practices, Celebrating Families! helps interrupt cycles of SUD-related trauma by providing preventive education, strengthening family connections, fostering healthy communication, and promoting overall wellness. The program empowers children, caregivers, and their support networks with skills that build resilience and nurture whole family recovery — creating space for families to thrive together. It assumes the impact of FASD and other co-existing challenges, and is designed to address the possibility of child welfare/kinship involvement.

Key Target Groups Include:

- Addiction treatment centers (inpatient & outpatient)
- Family & dependency courts
- Treatment courts
- Community-based organizations & coalitions
- Child welfare programs
- Reunification needs
- Faith communities
- Deflection programs
- Hospitals/Prenatal support for mothers in recovery

Through a 16 session scaffolding approach, Celebrating Families! creates a safe space where families can speak openly about challenges, embrace their strengths, and increase resilience as they adopt a healthier way to live their lives.

Session Topics

- **Orientation & Getting Strated**
- **Healthy Living**
- **Nutrition**
- **Communication**
- **Feeelings & Emotional Management**
- **Expressing Anger in a Healthy Way**
- **Understanding Alcohol, Nicotine, Cannabis, & Other Substances**
- **Substance Use Disorder (SUD is a Disease)**
- **The Whole Family is Affected by SUDs and Its Related Trauma**
- **Goal Setting**
- **Making Healthy Choices**
- **Healthy Boundaries**
- **Healthy Friendships & Relationships**
- **How We Learn**
- **Our Uniqueness**
- **Celebration!**

Each session begins with a family meal and then families divide into peer groups for instruction.

Celebrating Families! Reunifies and Transforms Families. Fear, Frustration, and Isolation are Replaced with Understanding, Support, and Success.

Program Support Available

- Curriculum
- Group Leader Training
- Train the Trainer Training
- Consultation
- Data Collection Support

Join the growing network of organizations across the country using Celebrating Families! to create brighter futures for the next generation. Together, we can help families heal and grow, free from the impacts of parental substance use and trauma.

About NACoA

For 43 years, NACoA has been the industry leader commited to eliminate the adverse impact of alcohol and substance use on children and families. Using our network of the most respected experts in the field, we provide solutions to address these critical issues effectively, increasing resilience and healthier living. NACoA envisions a world in which no child impacted by family alcohol and substance use will be left unsupported.

Partnering with schools, faith settings, law enforcement/first responders, and treatment centers, NACoA provides nationally respected programs to bring hope and healing to communities through:

- **Celebrating Families!**
- **Children's Program Kit**
- **Faith Leaders Institute**
- **Law Enforcement Curriculum**

Celebrating Families! Outcomes

Substance Use and Related Risks

- 94% of participants reported reduced time drinking or using substances.
- 93% no longer used substances to cope with emotions like sadness or anger

Parenting Improvements

- 100% increase in parents praising their child's positive behavior.
- 93% provided clear directions to their children (up from 40%).
- 96% reported being more affectionate and loving.

Emotional Regulation and Communication

- 89% of parents regularly discussed feelings with their children (up from 47%).
- 82% improved anger management, and 77% learned to self-regulate when tense (up from 26%).

Family Functioning and Mental Health

- 86% of families reported increased unity and cohesion.
- 85% of families demonstrated positive mental health (up from 33%).
- 80% of caregivers felt content with life (up from 33%).

Routine and Relational Development

- 84% of parents now engage in school-related conversations with their child.
- Mealtime routines improved significantly, with 79% of families eating together (up from 46%).

Adaptations

While being an evidence-based program, the curriculum is flexible and idealy suited for the clinical setting, treatment court programs, recovery communities, and faith communities. Its 0-3 program can be provided to customize a program for pregnant mothers and young families. With tools for virtual implementation, research supports similar outcomes when providing online/hybrid programs.

Adaptations of Celebrating Families! with customized curriculum:

¡Celebrando Familias! is available for Spanish speaking communities.

Celebrating Families!/Wellbriety Partnership provides a cultural overlay when working with tribal communities.

Coming This Fall!

The Celebrating Families! - Adolescent Program will soon become available to support families with teenagers in early recovery.

National Association for Children of Addiction
NACoA.org nacoa@nacoa.org 301.468.0985

PR%F Alliance

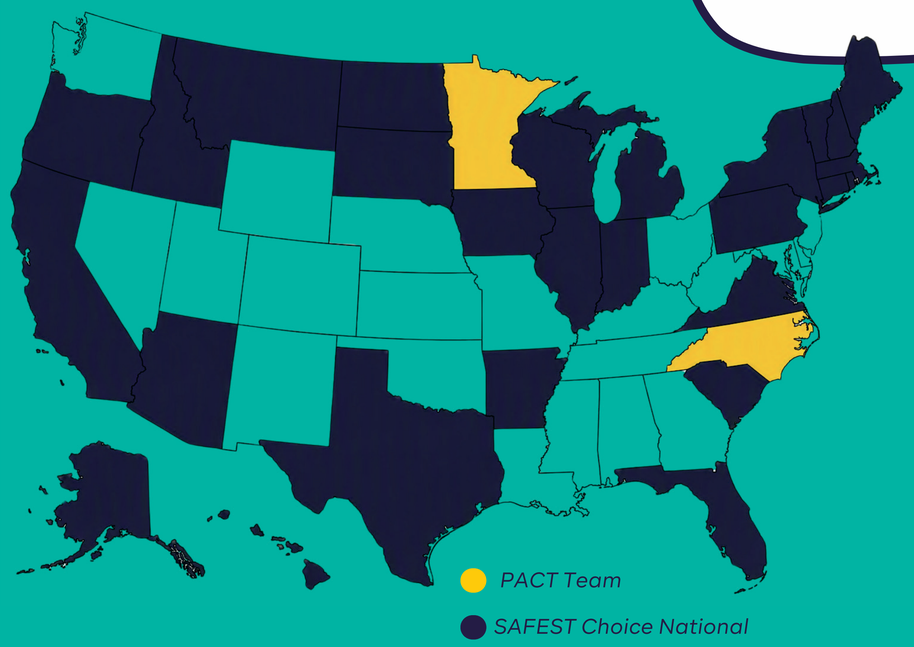
TRAINING PROGRAM

PROGRAM REACH

4,738 People received training in 2025

14 Certified Living Experience Panelists

46 Proof Alliance Certified Trainers



EQUIPPING COMMUNITY

CERTIFYING TRAINERS

PROOF ALLIANCE CERTIFIED TRAINER PROGRAM (PACT)

- Preparing and mobilizing teams to deliver FASD education across communities

PROVIDING ON-DEMAND TRAINING

DELIVERED LIVE BY A PACT TRAINER:

- In-person
- Virtual

ACCESSIBLE ANY TIME, ANY WHERE:

- E-campus

EDUCATING HEALTH CARE PROVIDERS

SAFEST CHOICE NATIONAL LEARNING COLLABORATIVE

- Educating health care teams to prevent prenatal alcohol exposure and improve FASD outcomes

> "The trainer was so knowledgeable about current research, so fluent with her info and so full of heart and anecdotes-it was excellent."

> "This was by far the best resource I have seen as both an educator and parent of children on the FASD spectrum. I wish I would have had this knowledge as a teacher in the classroom so many years ago..."

97% Satisfied with training delivery by PACT members

87% Will make a change in their life/professional practice

HOW OUR TRAINING MATERIALS ARE DEVELOPED

Identify Gaps → Collect Research → Consult Subject Matter Experts → Create Materials → Publish Training

Funding provided by the Minnesota Department of Health and the Health Resources and Services Administration.

Strengthening Social Work Messaging on FASD Prevention and Substance-Exposed Pregnancy

UT Austin: Mary M. Velasquez, PhD; Diana Ling, MA; Kirk von Sternberg, PhD I **NASW:** Makeba Royall, LCSW I **NASW Foundation:** Darrel Gibson; Amanda Gonzales, LCSW, PMP

Who We Are

The **Health Behavior Research and Training Institute** (HBRT) at The University of Texas at Austin School of Social Work, the **National Association of Social Workers** (NASW), and **NASW Foundation** are partners in a **Centers for Disease Control and Prevention (CDC)** effort to engage social workers in preventing FASDs and alcohol and other substance use during pregnancy.

- **HBRT:** 25+ years experience working with CDC and other federal partners to prevent substance-exposed pregnancy.
- **NASW:** the largest membership organization of professional social workers in the world

Our Project Goals (2022-2026)

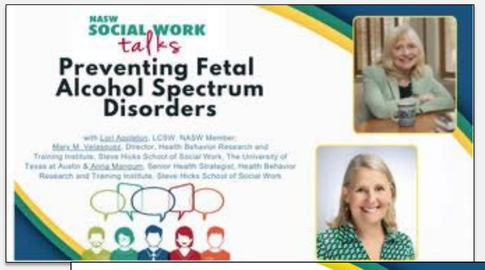
- Strengthen social work training in screening, brief intervention and referral to treatment (SBIRT) for all adults, including pregnant women
- Increase social workers' knowledge related to FASDs and other risks of prenatal alcohol and other substance use
- Increase social workers' use of evidence-based messaging to prevent FASDs and substance use during pregnancy

Social Workers

- The nation's largest occupation specializing in mental and behavioral health
- Practice in the widest variety of medical and non-medical settings, compared to other health professionals
- Well-positioned to participate in FASD assessment and referrals and provide FASD-informed services, including universal SBIRT

SBIRT

- Universal screening (**S**) identifies unhealthy use. For those who screen positive, further assessment is needed to determine level of risk.
- Brief intervention (**BI**) delivered using motivational interviewing provides feedback and advice about unhealthy substance use.
- Referral to treatment (**RT**) helps facilitate access to additional treatment when needed.







Resource Highlights and Impact (Sept. 2022 – Aug. 2026)

- "Preventing Fetal Alcohol Spectrum Disorders," May 2023
  - ➢6,929 unique downloads
- "Cannabis Use in Pregnancy," Apr. 2025
  - ➢5,798 unique downloads

We have reached thousands of social workers with three key messages:

- ✓ There is no known safe type, no safe time, and no safe amount of alcohol or other substance to use while pregnant.
- ✓ SBIRT is an evidence-based tool to prevent FASDs and prenatal substance exposure.
- ✓ Social workers play a vital role in prevention via universal screening.

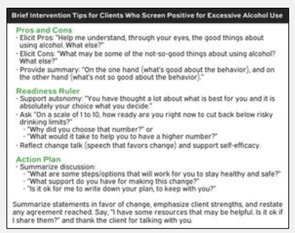
NASW "Social Work Talks" Podcasts

NASW National Conference Materials

- SBIRT fact sheet for social workers (with FASD United), May 2026
- SBIRT Pocket Card and Standard Drink Size Badge Card (adapted from ORAU and CDC), May 2024





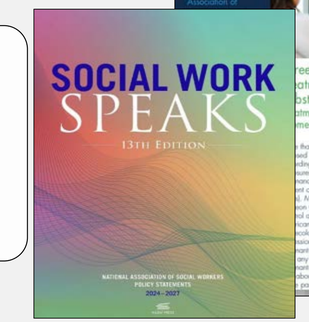


NASW *Intersections in Practice* Annual Bulletin

- 2022, 2024 and 2025 publications
- 1,626+ total Continuing Education Units issued
- 1,600+ total requests for the three articles

Other Published Resources

- NASW Substance Use Disorder Treatment Policy Statement, Dec. 2025
- NASW *Practice Perspectives* on SBIRT with screening tools, Sept. 2025



Join Our Social Work FASD Partner Network

Learn More about UT Austin's HBRT

Learn More about our CDC Project

Supporting Families.
Spreading Hope.
Advancing FASD Awareness.

JFO is proud to partner with FASD United during Impact Week to highlight key resources serving families impacted by Fetal Alcohol Spectrum Disorders.

THE ADOPTION & FOSTER CARE JOURNEY PODCAST

Real parents. Real Stories. Real Support.

Hosted by Sandra Flach, the Adoption & Foster Care Journey podcast features candid conversations with parents, caregivers professionals, and advocates. Each episode provides insight, inspiration, and resources for those parenting children with FASD and early trauma.

HOPE FOR THE FASD JOURNEY SUPPORT GROUP

A faith-based support & education community for caregivers of children with FASD.

Offering connection, encouragement, and real-life strategies, Hope for the FASD Journey is a safe space for foster, adoptive, and kinship caregivers navigating FASD. Our online community group and weekly Zoom support calls are led by experienced moms who understand the journey firsthand.

FASD TRAINING & EDUCATION

Equipping caregivers, churches, and communities.

From in-person workshops to virtual presentations, our FASD trainings utilize the FASCETS neurobehavioral approach to help build understanding and equip attendees with practical tools. Perfect for parents, professionals, and faith communities looking to better serve those impacted by prenatal alcohol exposure.

Learn More. Get Connected. Join the Movement.

www.justicefororphansny.org info@justicefororphansny.org @justicefororphans

SCAN HERE

TEXAS FASD NETWORK

Building Community & Empowering Lives

Building Community by Uniting

Families | Caregivers | Advocates | Educators | Researchers | Policy Influencers

to improve systems of care through education, advocacy & support.



Empowering Lives by Serving

Support Families
- Support Groups
- Peer Crisis Support
- Provider Directory

No one should feel alone!

Build Knowledge
- Online Resources
- Newsletter
- Monthly Webinar
- Neurobehavioral Training
- Professional Workshops

Create Change
- Statewide Awareness Campaign
- Collaborative Partnerships
- Legislative Advocacy

"We were in crisis all the time. Texas FASD Network was there for us. We found a community that truly understands and welcomes us."

- Parent of child with FASD

An estimated 1.6 million Texans are impacted by FASD

TOGETHER – we can:

- RAISE AWARENESS
- SHARE KNOWLEDGE AND SKILLS
- IMPROVE RESOURCES AND OPPORTUNITIES
- INITIATE AND SUPPORT SYSTEMIC CHANGE



Connect with Us!

texasfasd.org





Fetal Alcohol Spectrum Disorder Specialty Department

Children's Service Center
Summer Krochta LCSW
Jessica Sachs Family Navigator
Email: skrochta@e-csc.org



Background

In 2021, Children's Service Center (CSC) accepted a FASD PilotProgram through Luzerne / Wyoming Counties System of Care, inspired by the Pennsylvania FASD Task Force. The pilot responded to the growing need to identify and support children with brain-based disabilities related to prenatal alcohol exposure.

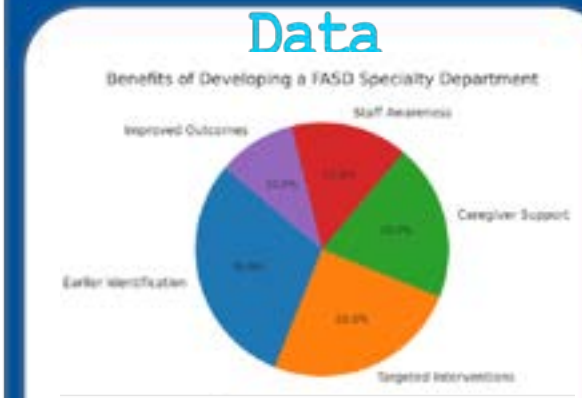
Training Foundation

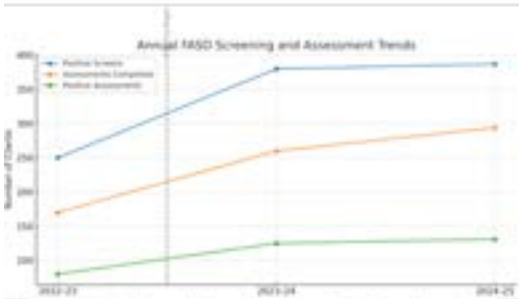
Initial training was led by nationally recognized FASD expert Dan Dubovsky. A Family Peer Specialist and CSC's Summer Krochta, VP of Programs, led the pilot, combining lived experience with clinical expertise to educate internal teams and establish foundational support.

Program Development

The success of the pilot launched CSC's FASD Specialty Department– the first of its kind in the region. This department provides screenings, comprehensive assessments, and individualized treatment planning for children and families impacted by FASD.

Data







Multidisciplinary Team

Thisteamprovidestrauma-informedservices that promote stability and support across systems. The department includes:

- Summer Krochta, VP of Programs
- FASD Educator / Family Navigator
- Family Navigator
- Two Blended Case Managers
- Therapist specializing in FASD-informed care

Community Impact

The FASD Team has delivered trainings to:

- CSC staff across multiple departments
- Local schools and intermediate units
- Behavioral and mental health agencies
- Caregivers and community partners

Education focuses on understanding FASD as a brain-based disability and using strength's based, trauma informedstrategies.

Conclusion

The CSC FASD Specialty Department is a model of peer-clinical partnership and systemic collaboration. Through innovation, education, and support, CSC is changing the conversation around FASD and building a more inclusive system of care.

References: FASDUNITED.org CDC.gov

What is Thrive?

- A person-centered planning intervention with an FASD-informed facilitator
- Developed with community members
- A flexible program with 9–15 sessions, each 30–45 minutes

Stage 1: Identify
- identify areas of life importance
- identify supporters

Stage 2: Engage
- learn advocacy skills
- invite supporters to join program

Stage 3: Set & Plan
- break down goals
- create and set a plan

Stage 4: Check-In
- monitor progress
- work through barriers & celebrate wins

In collaboration with

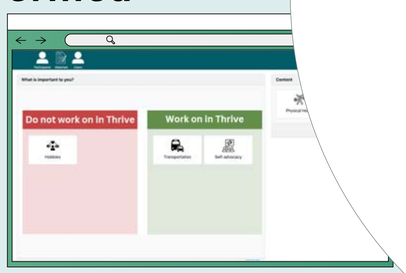


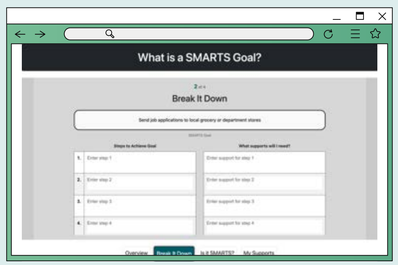
thrive
Person Centered Planning

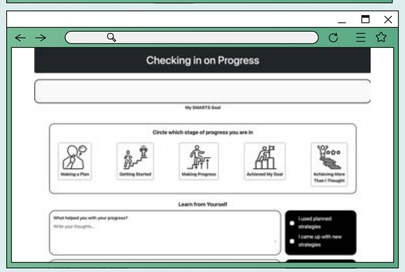
Helping young adults ages 18-25 with FASD work towards goals

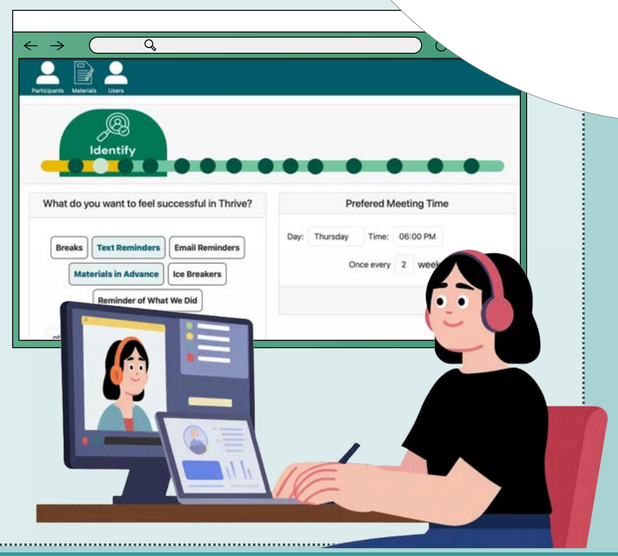
Online-based & FASD-informed





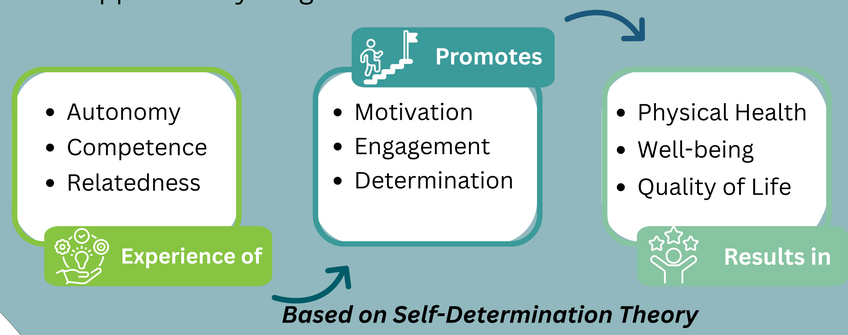






Why is Thrive Important?

- Young adulthood comes with many big decisions and changes
- Services often go away during this time
- Expectations for independence can be overwhelming and unrealistic
- We need more supports for young adults with FASD



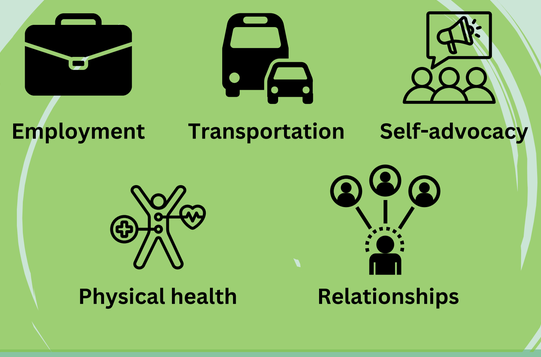
Based on Self-Determination Theory

Supports should be:
Chosen by the individual with FASD
Directed by the individual with FASD
Supported by **working together** on goals

What have we learned?

In initial feasibility studies

100%
reported making progress in goals like:



Interested?

Contact:
thrivelab@urmc.rochester.edu

thrive FASD LAB

FASD United

MELIORA

University of Rochester Medicine
Golisano Children's

Grant #: R61/R33 AA030780

FASD United Affiliate Network

Building a network of organizations dedicated to making progress in the FASD community & field.

PURPOSE

The Network acts as a force multiplier, facilitating partnership and sharing across the FASD and related fields. FASD United Affiliates are autonomous, independently run organizations that focus on or overlap with FASD. Organizations must center and respect people living with FASD and PAE, as well as birth parents.

We force-multiply with:

- Shared resources
- Regular meetings for updates
- Work Groups for special projects & initiatives
- Coordination of collaboration among organizations and professionals in shared networks
- An active effort to understand the FASD landscape in a way that can be shared and create change

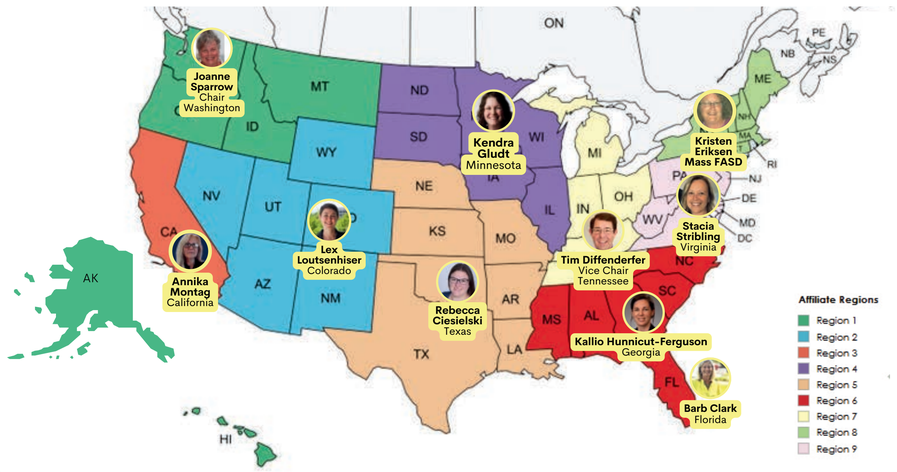
To learn more or get involved with the Affiliate Network/Work Groups, please reach out to Emma Baldwin (baldwin@FASDunited.org)

WHAT DO WE DO ON THE NETWORK?

CONNECT	CONTRIBUTE	CREATE CHANGE
Build relationships with other Affiliates and FASD United Partners	Share knowledge, resources, and expertise	Take action on FASD priorities across borders
Join conversations with others in your region and program areas	Help disseminate FASD information and resources	Be the first to hear about advocacy initiatives
Find collaborators and partners for projects	Learn from other communities	Inform national projects and direction

ANEC LEADERSHIP

The Affiliate Network structure & activities are guided by the **Affiliate Network Executive Council (ANEC)**. ANEC members each represent 1 Affiliate Region and are dedicated to understanding the landscape & needs of their region.



WORK GROUPS

Work Groups are made when Affiliates have a passion or need for a certain project. ***Anyone can join a Work Group, even individuals who are not associated with an Affiliate organization***.

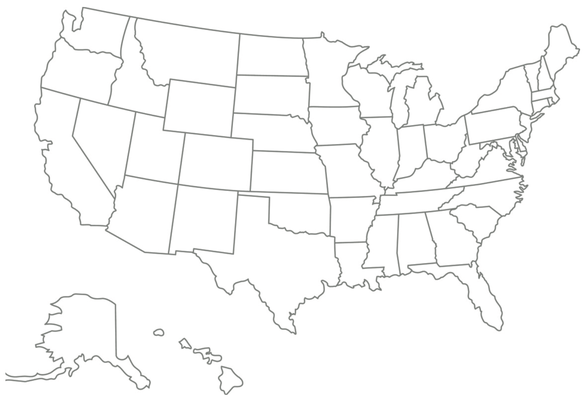
Widening the Circle supports the Affiliates in inviting in different perspectives and people in every aspect of our work. They have created modifiable mini-modules for Affiliates to use and provided thought leadership on projects.

The Mental Health Work Group is creating a website for clinicians to learn about a brain-based approach and has started an ongoing Mental Health Community of Practice for professionals (open to professionals outside of the Network!)

The Connectivity Work Group began listening sessions among Affiliate organizations to understand the landscape of need. Their purpose is to coordinate connection among Affiliates.Their work led to the regionalization of the Affiliate Network.

How is **FASD** Recognized Across the **United States?**

FASD United conducted a national review of how prenatal alcohol exposure and fetal alcohol spectrum disorders (FASD) are recognized and supported across the United States. This included reviewing policies, state websites, and state data. **This poster provides a synopsis of the data and policies nationwide.** To see each state's individual information sheet, scan the QR code below.



Scan here to see each state's individual information sheet.

Our research found that most states lack significant support for people with FASD.

As a Nation, we must collaborate to expand awareness, interventions, and supports for people with FASD, their families, and the professionals who support them.

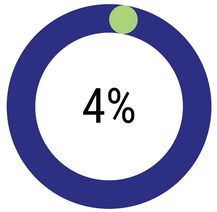
Recognition and accommodation of people with FASD and PAE is crucial. Modifications in practices and policies will support the complex needs of people with FASD. Key systems include:

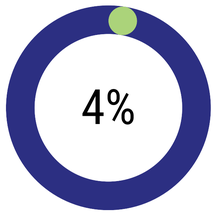
- Disability
- Child Welfare
- Education
- Justice
- Public Health

Funding Acknowledgement: This study was funded through the Fetal Alcohol Spectrum Disorders Prevention and Clinical Guidelines project by the United States Defense Health Agency, Grant #HU00012220050. The funding agency played no role in the design, analysis, or interpretation of findings for this study.

Important Data & Information

Only 2 states (Nevada and North Dakota) include FASD as a named condition in their definition of developmental disability.



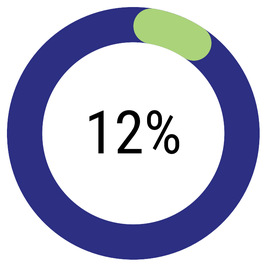


Only 2 states (Nevada North Carolina) include FASD as a named condition for Medicaid waivers.

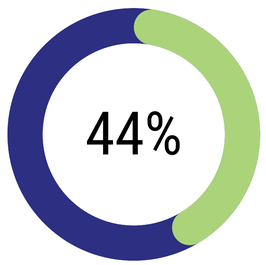
When FASD is not a named condition, a person with FASD may still qualify.

However, **explicitly including FASD in legal definitions and statutes can help impacted people access meaningful resources more easily and accessibly.**

6 states have an advisory committee on FASD.



22 of 50 states include information about FASD on their Department of Health websites.



FASD United Affiliate Network

The FASD United Affiliate Network aims to further FASD awareness and support.

35 states currently have at least one organization participating in the Affiliate Network.

Support in education is limited.

3 states name FASD as an eligible condition for Individualized Education Plans (IEPs) under "Other Health Impairment," or OHI. An additional 3 states name FASD as a possible eligible condition for IEPs in their Department of Education guidebooks, but do not explicitly include FASD in their state statues for special education. **When FASD is not a named condition, supports and services may not accurately reflect the needs of impacted students.**

The Value of Connection - The FASD United Family Navigator Program

Lea LaFave, PhD and Yvonne Hamby, MS, Evaluators, JSI Research and Training Institute, Inc.,
and Heather French, Director of Family Navigation and Resources, FASD United

Background

Launched in January 2022, the FASD United Family Navigator Program (FNP) underwent a comprehensive CDC funded evaluation examining who contacted the program, populations of interest, referral sources, primary areas of concern, types of resources provided, and overall user satisfaction.

The FNP employs three navigators (2 full-time, 1 part-time) with personal experience with FASD gained through caregiving and advocacy. Navigators provide comprehensive support to individuals and families living with FASD, and professionals supporting them by responding to inquiries that are submitted via website, email, phone or chat, offering resources, connecting them to services, and providing emotional support and encouragement.

Methods

Quantitative data were analyzed from the FNP database for baseline through Year 3, and user experiences, captured via satisfaction surveys. Where available, baseline data (Jan - Sept 2022) are included.

Qualitative data were collected through interviews with respondents who consented to provide detailed feedback.

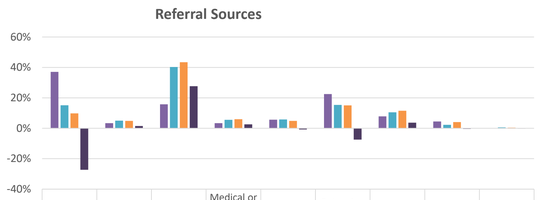
Findings

From its initiation annual ticket volume grew from 354 to 1,171.

Time Period	Total Tickets	New Contacts	# Misdirected / Spam	# Months in Time Period	Mean # Tickets per Month	Mean # Days to Close
1/1/2022 - 9/30/22	354	368[a]	Not tracked[b]	9	39.33	7.3
10/1/2022 - 9/30/2023	807	667	Not tracked[b]	12	67.25	4.9
10/1/2023 - 9/30/2024	1038	848	11	12	86.5	5.3
10/1/2024 – 9/30/2025	1171	903	32	12	97.58	10.96[c]

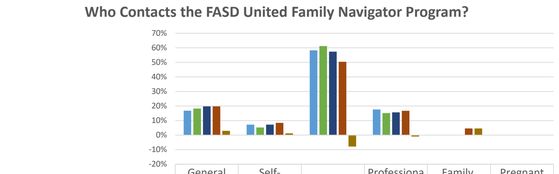
[a] *The count of new contacts exceeds the number of total tickets for YR 0 because contacts who were known by FASD United before 01/01/2022 were added to the data system after it was launched.*
[b] *First noted Misdirected/Spam tickets in January 2024.*
[c] *10/1/2024 – 9/30/2025: Days to Close varied by month from 5.3 days 22.5 days.*

Referral Sources: The proportion of inquiries from internet searches, social media and medical/mental health providers have increased over time. Returning clients have decreased but still comprise 15% of total tickets.



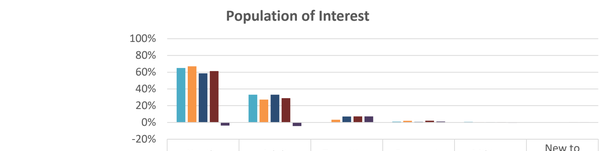
	FASD Affiliate Org	Friend / Family Member	Internet Search	Medical or Mental Health Professional	Other professional	Returning Family Navigator Client	Social media	Training	Research Conference
Oct 2022 - Sept 2023 (n = 89)	37.08%	3.37%	15.73%	3.37%	5.62%	22.47%	7.87%	4.49%	0.00%
Oct 2023 - Sept 2024 (n = 921)	15.09%	5.02%	40.28%	5.57%	5.79%	15.39%	10.48%	2.29%	0.55%
Oct 2024 - Sept 2025 (n - 1050)	9.81%	4.86%	43.43%	6.00%	4.86%	15.05%	11.52%	4.10%	0.38%
Difference YR 1 - YR 3	-27.27%	1.49%	27.70%	2.63%	-0.76%	-7.42%	3.66%	-0.40%	-0.16%

Caregivers comprised the most contacts, though their share decreased by 14% from baseline, reflecting user diversification.



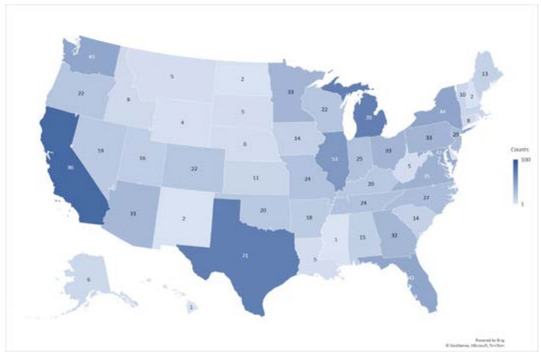
	General Inquiry	Self-Advocate	Caregiver	Professional	Family Member	Pregnant Person
Jan 2022 - Sept 2022 (n = 374)	16.84%	7.22%	58.29%	17.65%	0.00%	0.00%
Oct 2022 - Sept 2023 (n = 890)	18.31%	5.28%	61.24%	15.17%	0.00%	0.00%
Oct 2023 - Sept 2024 (n = 1269)	19.72%	7.18%	57.41%	15.69%	0.00%	0.00%
Oct 2024 - Sept 2025 (n = 1556)	19.78%	8.41%	50.42%	16.70%	4.62%	0.06%
Diff YR 0 to YR 3	2.94%	1.19%	-7.87%	-0.95%	4.62%	0.06%

Population of Interest: Most tickets concern youth (0–15 years), though interest in transition-age clients is rising, and categories for "New to Diagnosis" and "Pregnant Population" were recently added. Youth inquiries span birth to 5 years (<20%), 6 to 10 years (35.71%), and 11 to 15 years (40.48%), highlighting the growing, complex needs of families as children with FASD reach adolescence.[1]



	Youth	Adult	Transition	Pregnant	Military	New to Diagnosis
Jan 2022 - Sept 2022 (n=289)	65.05%	33.22%	0.00%	1.04%	0.69%	0.00%
Oct 2022 - Sept 2023 (n=720)	67.08%	27.36%	3.33%	1.94%	0.28%	0.00%
Oct 2023 - Sept 2024 (n=1010)	58.71%	33.17%	7.13%	0.69%	0.30%	0.00%
Oct 2024 - Sept 2025 (n=1236)	61.41%	28.96%	7.20%	2.10%	0.24%	0.08%
Difference YR 0 to YR 3	-3.64%	-4.25%	7.20%	1.07%	-0.45%	0.08%

Geographical Distribution: Tickets came from all 50 US states, led by California (n=86), Texas (n=71), and Michigan (n=70)—all top-five states in the previous year. Year 3 also had 37 tickets with unspecified locations and 27 from outside the US.



Resources Provided: Clinical resources shifted from generalized options toward specialized, evidence-based interventions. Requests for info regarding adult diagnostic sites grew, particularly for out-of-state options.

Type of Resource	% Change Oct 2022 - Sept 2025
Education (n = 5 to 6)	114.58%
Clinical Resource (n=7)	63.91%
Support / Interest Groups (n = 9 to 11)	0.78%
Disability Resources (n = 4 to 6)	-0.62%
Advocacy (n=2)	-13.69%
Diagnostic Location (n=8)	-20.64%
Training (n=4)	-24.89%
Other (n = 1 to 2)	-24.96%
Benefits (n=3) -36.94%	-36.94%

Satisfaction scores were consistently above 4.0 out of 5. Echoing qualitative themes around the involved emotional complexity, the lowest scores were related to user confidence in determining subsequent steps.



	Overall Quality of Experience	Understanding of Questions and Concerns	Timeliness of Response	Quality of Resources Provided	Satisfaction with Resources Provided	How Prepared to take Next Steps
5/28/24-9/20/24 n=17	4.76	4.53	4.19	4.18	4.59	3.59
10/1/24-9/30/25 n=46	4.82	4.65	3.69	4.61	4.63	3.91
Difference YR 2 to YR 3	0.06	0.12	-0.5	0.43	0.04	0.32

Follow-up discussions and unsolicited feedback revealed that FNs' deep knowledge, empathy, and lived experiences were highly valued, possibly even eclipsing the actual materials provided.

> *"I am so grateful for the time and thought you put into compiling these invaluable resources. I know that I will refer to this email many times and feel like I am armed with the information I need at this point to move forward. We have an appointment with a genetics doctor in August which will begin our journey. Your services and kindness are so greatly appreciated during this difficult time of navigating."*

Limitations

Data quality - as the FNP grows and applies lessons learned, the thoroughness, accuracy and relevance of data improves.

Summary

The FASD United FNP provides essential support to individuals, families, professionals, and community partners. By leveraging the lived experience of Family Navigators, the FNP builds immediate rapport, addresses unique client challenges, and helps overcome barriers to care. Navigators foster and sustain hope—a vital element of FASD-informed care.[3,4]

Evaluation findings highlight key challenges facing individuals with FASD and their support networks, while identifying strategic opportunities for targeted resource expansion and continuous quality improvement.

[1] Waite D, Burd L. Common developmental trajectories and clinical identification of children with fetal alcohol spectrum disorders: A synthesis of the literature. Advances in Drug and Alcohol Research [Internet]. 2023;Volume 3-2023. Available from: https://www.frontierspartnerships.org/journals/advances- in-drug-and-alcohol-research/articles/10.3389/adar.2023.10877
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[3] Olson HC, Pruner M, Byington N, Jirikowic T. FASD-Informed Care and the Future of Intervention. In: Abdul-Rahman OA, Petrenko CLM, editors. Fetal Alcohol Spectrum Disorders : A Multidisciplinary Approach [Internet]. Cham: Springer International Publishing; 2023. p. 269–362. Available from: https://doi.org/10.1007/978-3-031-32386-7_13
[4] Balcaen L, Santos R, Roger K, Mignone J. Families with fetal alcohol spectrum disorders: Exploring adoptive parents' experiences of family well-being. Adoption & Fostering [Internet]. 2021 Oct [cited 2025 Nov 29];45(3):283–99. Available from: https://journals.sagepub.com/doi/10.1177/03085759211050044

This project is supported by funding from Centers for Disease Control and Prevention (RFA-DD22-2201) National Partnerships to Address Prenatal Alcohol and Other Substance Use and Fetal Alcohol Spectrum Disorders, Component C.

What Makes FASD Training Impactful?
Provider Perspectives on Identification, Referral, Intervention and Family Support

Marwa Ibrahim[1], Margaux Bouillard[1], Dr. Mary Desrocher[1]
1.*Clinical Developmental Neuropsychology, Faculty of Health, Department of Psychology, York University, North York, ON, Canada*

Background

- People with FASD can face **long and complicated pathways to diagnosis and support.**
- Access to FASD assessment and **services varies across Canada.** (Dugas et al., 2022; Popova et al., 2024)
- Training and resources can support FASD identification, referral, and care. (Canadian Academy of Health Sciences, 2025)

But what do providers themselves say they need?

This study explored the training, tools, and supports providers identified as important for improving FASD care.

Methods

- **National survey:** Open-ended responses from healthcare workers involved in FASD assessment, screening, diagnosis, or intervention were analyzed.
- **Qualitative analysis:** Responses about training, tools, decision-making, and support needs were grouped into common themes using inductive thematic analysis.

RESULTS

THEME 01 CONFIRMING EXPOSURE IS OFTEN NOT POSSIBLE

Providers described having **no reliable way to verify prenatal exposure,** especially for children in adoptive, foster, or kindship care, where pregnancy history simply is not available.

"When a child is not in their family of origin and cannot confirm PAE because of lack of childhood history"

THEME 02 STIGMA AND FEAR SILENCE FAMILIES

The most frequently cited barrier to identification was families' **fear of judgment, blame, or child welfare involvement,** which makes open conversations about alcohol use during pregnancy difficult.

"Most families fear that their child could be taken away."

THEME 03 TRAINING NEEDS TO BE PRACTICAL

Providers did not ask for more general awareness. They asked for **modelled examples of hard conversations, refresher courses, and validated screening tools** they do not currently have.

"Training that offers modelling techniques of how to handle different types of conversations… ."

THEME 04 LIMITED OR NO FASD-SPECIFIC INTERVENTIONS AVAILABLE

Providers strongly endorsed FASD-informed care but said they routinely adapt general programs (CBT, DBT, trauma-informed therapy) because **dedicated FASD interventions and trained providers are hard to find.**

"When we align supports with how the brain actually works, we see less frustration, more success, and better long-term outcomes."

THEME 05 FAMILIES NEED FUNDING AND SUPPORT THAT LASTS

Requests centered on **sustained, lifespan support rather than one-time services.**

"…the biggest issue isn't just more services it's about the right kinds of supports, available consistently across the lifespan.
1. Faster diagnosis
2. Immediate, practical supports after diagnosis
3. Lifespan services
4. FASD informed systems across the board
5. Caregiver and family support ongoing when needed throughout the life span
6. Funding"

Discussion

- Training alone is not enough. Providers also **need practical tools, like screening instruments and conversation guides.**
- Training needs to **tackle stigma directly**, not just clinical knowledge.
- Providers value FASD-specific interventions but rarely have access to them. That is a **resourcing gap,** not a knowledge gap.
- These findings support coordinated, funded pathways so trained providers can connect families to support that actually lasts.

Conclusion

Providers are motivated to support families affected by FASD but are constrained by **diagnostic uncertainty, stigma, and a lack of practical, FASD-specific tools and interventions.**

Closing these gaps requires **resourcing coordinated care pathways**, not just more general training.

References: Canadian Academy of Health Sciences. (2025). Fetal alcohol spectrum disorder in Canada: Current knowledge and policy. https://cahs-acss.ca/wp-content/uploads/2025/06/CAHS-FASD-Report_EN_Final_June-17.pdf
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An Analysis of Factors that Impact Special Needs Programming in Christian Churches

Johanna W. Jones, EdD, Samford University

PURPOSE

The purpose of the study was to develop a model for Christian leaders to implement an inclusive environment to support families affected by a disability.

RESEARCH QUESTIONS

1.) How do Christian churches respond to families who have children with disabilities?
2.) What resources do Christian churches provide?
3.) What type of support does a church program provide?
4.) How do church programs create an inclusive environment?
5.) What challenges do churches face?

STUDY DESIGN

The study identified the support churches provide to families who have children with disabilities and challenges faced by leaders. The researcher used a mixed-methods strategy and administered a Likert-type survey that gathered ministerial staff perceptions. Results were organized around three constructs and findings indicated varying degrees of progress by constructs. The lowest mean was for the construct Resources and the highest mean was for the construct Congregation Support. The researcher analyzed the qualitative findings from the interviews with six directors of special needs programs around the topics: (1) support for families (2) creating an inclusive environment, and (3) challenges. The interviewees provided emotional, intellectual, and physical support for the families. Types of support included recognition, volunteers, resources, accommodations, and accessibility. The challenges for creating an inclusive church environment included garnering support from staff and the congregation, sharing a vision, generating a realistic timeline, flexibility, coaching/training, and communications.

CONCLUSIONS

According to 2 Corinthians 12:9, God's power is made "perfect" in weakness showing Jesus breaking barriers, restoring, and revealing growth through struggle. A biblical perspective of disability recognizes it as brain-based; therefore, the Bible commands believers to accommodate, welcome, and include all people. Providing a person with a disability access to a special needs ministry can help families by:

- Providing a sensory-safe environment
- Opportunity for respite
- Affording a community that focuses on inclusion
- Extending accommodation over behavioral punishment

QUALITATIVE INTERVIEWS

Support for Families

Participant C, "My job is to make sure that parents' voices are heard because special needs' can be so isolating."
Participant F, "Parents want to volunteer but I ask, 'What did you do before you had a child with special needs?' If the answer is choir or pre-school, I say "go volunteer in that area.'"
Participant A, "Our support services include educational resources to help their child become successful."

Support for Special Needs' Children.

Participant B, "We have camp and summer activities, and our Sunday school lessons use board maker, picture symbols, and a bible verses."
Participant D, "We purchased manipulatives and digital media."
Participant C, "We have seasonal kids and kids who might be with us until they're successful, then we send them on."

Support for Program Volunteers

Participant E, "We support our volunteers because they are the lifeblood of the ministry. As a result of volunteer recognition, volunteers have increased."
Participant A, "We coordinate volunteer appreciation because we want to make sure they know they're appreciated."

Support for Congregations

Participant B, "The congregation serve as volunteers and help with respite."
Participant F, "The church is supportive but the culture has taken a long time to build."

Question 5: Create Inclusive Environment and Challenges

Participant D, "We have livestreaming for people with sensory issues."
Participant F, "We have a designated classroom and accessible restrooms."
Participant C, "We've taken out chairs to make sensory spaces."

Planning Stage

Participant D, "Every person I've talked to has said "our church is resistant,' or 'the children's pastor is resistant,' or 'our senior pastor is resistant,' or 'members just closed off.' I've tried to encourage people that that doesn't change overnight."

Implementation Stage

Participant C, "When I first got there, I tried to change directions and did not do a good job of casting a vision."

Sustainability Stage

Participant F, "There is a learning curve so being flexible is important.
Participant A, "One family in particular that I know we lost because of some really strict policy and rule about how once you had a buddy, every time you're at the church you have to have a buddy."

Size of Congregation	Number of Churches	Geographic Location	Number of Churches
0 to 50 members	11	Rural	5
51 to 150 members	13	Suburban	30
151 to 500 members	11	Urban	9
500+ members	9		
Total	44	Total	44

Leader	Position	Paid or Volunteer	Size of Congregation	Location of Church
Leader A	Director– Baptist	Paid	501+	Suburban
Leader B	Director– Presbyterian	Paid	501+	Suburban
Leader C	Director– Non-Denominational Christian	Paid	501+	Suburban
Leader D	Director– Baptist	Paid	501+	Suburban
Leader E	Director– Baptist	Paid	501+	Suburban
Leader F	Director– Baptist	Volunteer	501+	Suburban

Construct	Number Responses	Mean	Standard Deviation
Congregation Support	44	3.55	0.47
Church Staff Support	44	3.17	0.37
Resources	44	2.57	0.39

Type of Support	Participants					
	A	B	C	D	E	F
Recognition	X	X	X	X	X	X
Volunteers	X	X	X	X	X	X
Resources	X	X	X	X	X	X
Accommodations	X	X	X	X	X	X

Variable	Number Responses	Mean	SD
Construct: Congregation Support	44	3.55	0.47
Item 1: Members of my congregation are comfortable with people who have disabilities.	44	3.50	0.51
Item 2: Members of my congregation perceive persons with disabilities as created in the image of God.	44	3.64	0.65
Item 14: The congregation is committed to listening to the concerns, needs, and desires of people with disabilities.	44	3.50	0.51
Construct: Resources	44	2.57	0.39
Item 5: The facilities at our church are fully accessible.	44	3.05	0.71
Item 6: Large print hymnals and materials are available in our church for those who wish to use them.	44	2.45	0.76
Item 7: Worship services are available on cassettes, videotapes, or other electronic devices.	44	3.20	0.82
Item 8: Amplification aids are available for the hearing impaired.	44	2.39	0.92
Item 9: Interpreters are available for the deaf.	44	2.11	0.78
Item 10: Sermons are available in print for hearing impaired people.	44	2.27	0.90
Item 11: In addition to the spoken words, the biblical messages in our church are present visually, dramatically, and musically.	44	2.98	0.85
Item 12: Books on disability awareness and information are in our church library.	44	1.91	0.74
Item 18: Our church provides support for siblings of special needs members.	44	2.73	0.69
Construct: Church Staff Support			
Item 3: Persons with disabilities are provided opportunities to serve the church.	44	2.95	0.53
Item 4: The church staff expects people in the congregation to participate in the life of the church.	44	3.80	0.41
Item 13: Our Christian education department includes children with disabilities in regular or special classes.	44	2.95	0.83
Item 15: Persons with disabilities are invited to participate in children/youth education, youth groups, and adult education.	44	3.55	0.54
Item 16: Our church staff is knowledgeable about disabilities.	44	3.20	0.59
Item 17: Our church staff utilizes external programs and agencies for support.	44	2.89	0.66
Item 19: Our church provides support for siblings of special needs members.	44	2.59	0.76
Item 20: Our church staff makes modification for people with special needs.	44	3.05	0.65

U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

Addressing Alcohol and Other Substance Use During Pregnancy and Fetal Alcohol Spectrum Disorders

Elizabeth P. Dang, MPH
Division of Birth Defects and Infant Disorders, National Center on Birth Defects and Developmental Disabilities

Enhancing Data for Public Health Surveillance

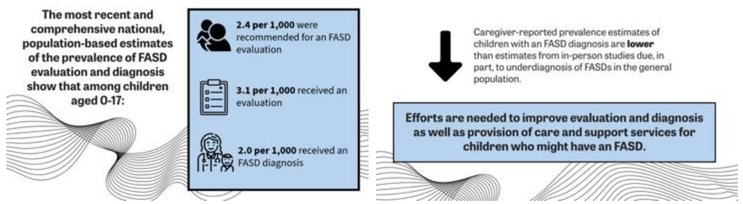
CDC gathers and analyzes data to better understand alcohol and other substance use during pregnancy as well as the population of children diagnosed with fetal alcohol spectrum disorders (FASDs). CDC data can help inform programs, policies, clinical care, and other activities that support pregnant women as well as individuals and families impacted by prenatal substance exposure or living with FASDs.

Monitor alcohol and other substance use during pregnancy

- More than 1 in 7 pregnant women in the U.S. report current alcohol use and nearly 1 in 20 report binge drinking in the past 30 days.[1]
- 40% of pregnant women who report alcohol use also report use of one or more other substances, most commonly tobacco and cannabis/marijuana.[2]
- Only 16% of pregnant women who report drinking are advised to quit or reduce their alcohol use.[3]
- CDC leads a surveillance network working with 10 clinical sites across the nation to monitor key exposures—including alcohol and other substance use—and outcomes that impact pregnant women and their infants.[4]

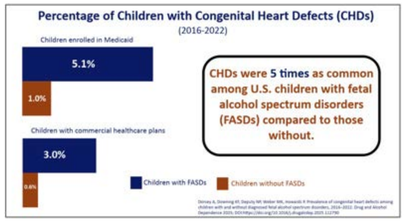
Increase identification of children with FASDs

- CDC scientists identified that between 1 and 6 in 10,000 children had an FASD diagnosis documented in administrative databases, which is lower than estimates that suggest up to 1 in 20 children have an FASD.[5]
- CDC collaborated with partners to understand challenges associated with accessing diagnostic services and documenting FASD-related information.
- In collaboration with HRSA, CDC added questions to the National Survey of Children's Health that have allowed CDC to develop current, comprehensive, and nationally representative estimates of the prevalence of FASD evaluation and diagnosis.[6]

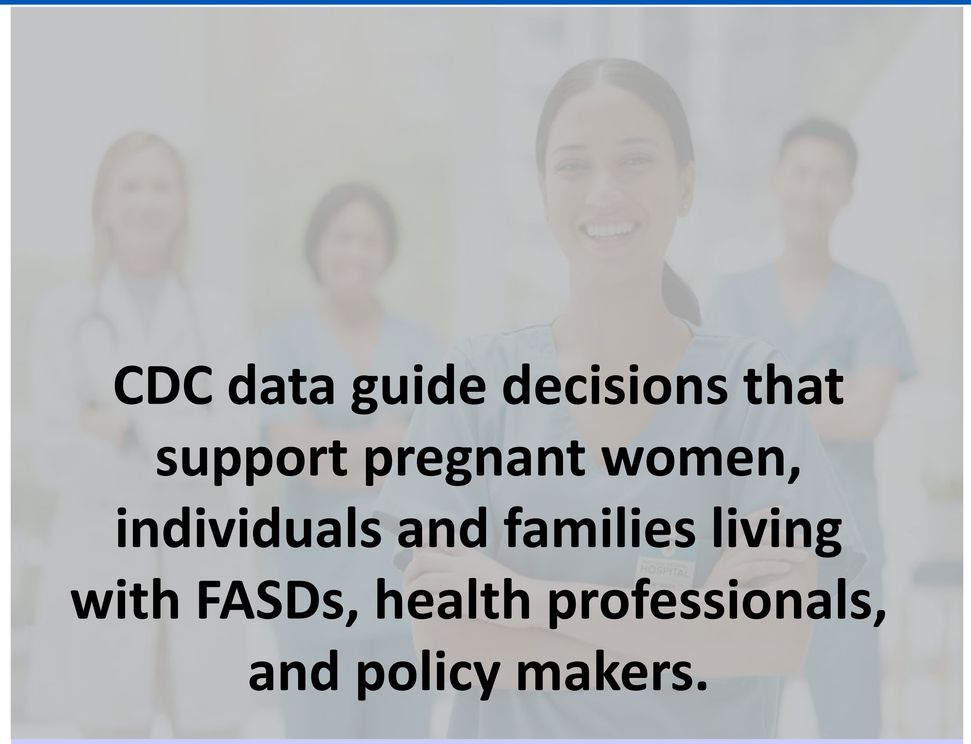


Support children with FASDs and their families

- CDC researchers found that congenital heart defects were five times as common among U.S. children with FASDs compared to those without.[7]



References: [1]Thomas et al., Alcohol consumption during pregnancy among women aged 18–49 years—United States, 2021–2024, MMWR Morb Mortal Wkly Rep., 2026; DOI: 10.15585/mmwr.mm7522a2 | [2]England et al., Alcohol use and co-use of other substances among pregnant females aged 12–44 years—United States, 2015–2018, MMWR Morb Mortal Wkly Rep., 2020; DOI: http://dx.doi.org/10.15585/mmwr.mm6931a1 | [3]Luong et al., Alcohol use, screening, and brief intervention among pregnant persons—24 U.S. jurisdictions, 2017 and 2019, MMWR Morb Mortal Wkly Rep., 2023; DOI: 10.15585/mmwr.mm7203a2 | [4]Centers for Disease Control and Prevention. (2026, August 24). *MAT-LINK: MATernal and Infant clinical NetworK*. www.cdc.gov/mat-link | [5]Deputy et al., Administratively reported fetal alcohol spectrum disorders in commercially- and Medicaid-insured samples of children in the United States, 2015–2021, Drug Alcohol Depend., 2024; DOI: 10.1016/j.drugalcdep.2024.112420 | [6]Deputy et al., Caregiver-reported evaluation for and diagnosis of fetal alcohol spectrum disorders in the United States, Drug Alcohol Depend., 2026; DOI: 10.1016/j.drugalcdep.2026.113055 | [7]Dorsey et al., Prevalence of congenital heart defects among children with and without diagnosed fetal alcohol spectrum disorders, 2016–2022, Drug Alcohol Depend., 2025; DOI: 10.1016/j.drugalcdep.2025.112790



CDC data guide decisions that support pregnant women, individuals and families living with FASDs, health professionals, and policy makers.

FASD NATIONAL PARTNER NETWORK

Scan to access *Let's Talk* materials:



Scan to watch the video series:
Lived Experiences with Fetal Alcohol Spectrum Disorders



Collaborating with Partners to Support Pregnant Women and Families

CDC uses data to inform collaborations with national partners to implement evidence-based strategies aimed at addressing substance use during pregnancy and supporting children with FASDs and their families.

FASD National Partner Network

- CDC funds the FASD National Partner Network (NPN) to 1) reduce prenatal alcohol and other substance use, 2) improve support services and access to care, and 3) improve identification and health of children and families impacted by FASDs.

❖ American Academy of Family Physicians
❖ American Academy of Pediatrics
❖ American College of Obstetricians and Gynecologists [through Sept 2025]
❖ FASD United
❖ Montana State University
❖ Oak Ridge Associated Universities
❖ University of Alaska Anchorage
❖ University of Nevada, Reno
❖ University of Texas at Austin

Access the FASD National Partner Network Toolkit

Working together to reach family physicians, medical assistants, nurses, obstetrician-gynecologists, pediatricians, social workers, public health officials, families, and people with FASDs

Education for the peer recovery workforce

- Peer recovery workers (PRW) do not receive standardized training about substance use disorder during pregnancy (SUD) as part of state accredited certifications.
- CDC funded Oak Ridge Associated Universities, Inc. (ORAU) to develop a nationally accredited certificate program for PRW who serve pregnant and postpartum women with SUD.

Coming Soon!
Pilot-tested, complete course

Child welfare project

- CDC collaborated with the Administration for Children and Families to develop materials, trainings, and resources for child welfare professionals.
- The goal is to improve the health and developmental outcomes of children in the welfare system who were exposed to alcohol and other drugs during pregnancy.

Recently Released!
Online toolkit of resources

CONTACT INFO
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edang@cdc.gov
404-498-3947

A COMMUNITY FOR FASD-INFORMED MENTAL HEALTH CARE

FASD United Mental Health WorkGroup

One Field. Learning and growing together.

THE CHALLENGE

A substantial gap exists between available FASD knowledge and clinicians' ability to apply brain-based, responsive approaches across assessment, treatment, and ongoing support.

- Many clinicians are already serving people affected by prenatal alcohol exposure (PAE), often without recognizing its impact on the therapy process.
- Many individuals with FASD remain undiagnosed, making clinicians the first professionals to identify potential brain-based challenges.
- FASD-informed training is difficult to find, afford, and apply in a coordinated way across clinical settings.
- Caregivers and self-advocates consistently report the need for greater clinician understanding and responsiveness.
- Existing knowledge is dispersed across research, disciplines, and expert communities.

WHY NOW?

We need to connect, learn from each other, and bring voices together to build the shared space this field needs.

The broader FASD community has already shown the real and powerful change that occurs when scattered voices join together. Mental health is ready for that same shift toward interdependence

WHAT WE ARE BUILDING

This field is evolving. We're sharing what we know and will update the hub as evidence grows.

We are developing an interactive professional development platform to support clinicians apply FASD-informed, brain-based responsive approaches across the continuum of care from assessment through ongoing intervention.

BRAIN-BASED RESPONSIVE FRAMEWORK

A developing framework that moves professionals from knowledge to real-time clinical adaptation.

- **UNDERSTAND** FASD as a neurodevelopmental disability
- **REFRAME** Through a brain-based, trauma-informed lens
- **ADAPT** Assessment, communication, and treatment
- **RESPOND** With relational safety, individualized support
- **REFLECT** On assumptions, barriers, and areas for growth
- **GROW** Through collaboration and shared practice

A COMMUNITY OF PRACTICE

Meets virtually on the last Thursday of each scheduled month.

A free, peer consultation and reflection group for clinicians who provide or want to provide brain-based, FASD-informed care. Offered in partnership with FASD United and CanFASD, the group creates a space to work through real, de-identified cases alongside others doing similar work. Together, participants strengthen the ethical, consultation-informed practice needed to support people with FASD and their families.

Currently, meetings are open only to licensed or credentialed mental health clinicians.

BECOMING A BRAIN-BASED RESPONSIVE COMMUNITY

Connecting professionals, tools, research, and lived experience through an interactive learning website and Community of Practice.



WE NEED YOUR VOICE

CLINICIANS, RESEARCHERS, CAREGIVERS & SELF-ADVOCATES: HELP SHAPE FASD-INFORMED MENTAL HEALTH CARE.

SCAN ME!

SHARE A HELPFUL MENTAL HEALTH ACCOMMODATION OR STRATEGY.

JOIN THE COMMUNITY OF PRACTICE

MENTAL HEALTH CLINICIANS: REGISTER HERE.

EVERYONE ELSE: HELP US REACH CLINICIANS & SHARE IT FORWARD.

SCAN ME!

NEXT MEETING: OCTOBER 22ND @ 2:30PM EST.

EXPANDING THE REACH OF ALCOHOL-FREE PREGNANCY RESOURCES THROUGH SOCIAL MEDIA

Introduction

- Women's Health Nurses and Midwives Collaborative for Alcohol-Free Pregnancy (WHNMCAP) is a collaboration between two nursing organizations (AWHONN and NPWH) and a university (UAA).
- WHNMCAP has developed numerous resources and materials for health care providers.
- Targeted use of social media was adopted as a strategy to boost nurse and midwife awareness of WHNMCAP's resources.
- Social media metrics ("views," "impressions," etc.) enabled us to better understand preferences for social media, specific content, and overall reach.

Outreach Methods

- Past strategies relied on AWHONN's and NPWH's separate social media and email listservs.
- Printed handouts and thumbdrives were distributed via conference booths and events.
- In October 2025, WHNMCAP partners developed social media pages and coordinated cross-agency promotion strategies.

ALCOHOLFREEFUTURES
Instagram

ALCOHOLFREEFUTURES
LinkedIn

Key Metrics

Impressions: How many times your content comes across someone's screen.

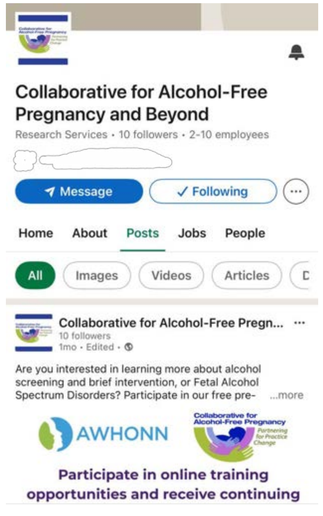
Reach: How many unique accounts viewed your content.

Engagement/Interactions: How do users interact with the content (likes, shares, saves, comments)

LinkedIn: Impressions, Clicks, Reactions, Engagement
Instagram: Impressions, Reach, Interactions



Instagram feed



LinkedIn feed

On Instagram, a flyer promoting online training opportunities was our most popular post.





On LinkedIn, the most popular post was a series of mocktail recipes for providers to share with patients during the holiday season.

Social media metrics were evaluated from October 2025-August 2026

Takeaways

- **Instagram**: 530 accounts reached; 640 impressions
- **LinkedIn**: 359 accounts reached; 758 impressions
- **Best performing posts:** tangible tools they could use in their practice or trainings that were being promoted received the highest engagement.

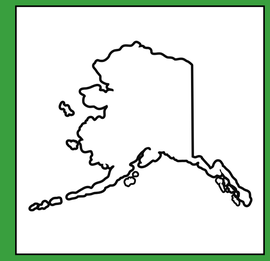
WHNMCAP team: Diane King, PhD [1]; Alexandra Edwards, MA MPH [1]; Kathryn Davis, MPP MPH [1]; Corrie Whitmore, PhD [1]; Faith Ozer Green, MPH [2]; Lauren Kiker, MS [1]; Lily Bastian, PhD MSN APRN CNM [3]; Kassandra Greci, DNP APRN WHNP-BC [4]; Beth Kelsey, EdD APRN WHNP-BC [5]

[1] *University of Alaska Anchorage Center for Behavioral Health Research & Services;* [2] *University of Alaska Anchorage Division of Population Health Sciences;* [3] *Fairview Health Services, Minneapolis, MN;* [4] *Association of Women's Health, Obstetric and Neonatal Nurses;* [5] *National Association of Nurse Practitioners in Women's Health*

This poster is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $1,222,500 with 100 percent funded by CDC/HHS. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement by, CDC/HHS, or the U.S. Government or of the University of Alaska Anchorage.

FRONTIER COMMUNITY SERVICES

Soldotna, Alaska



Frontier Community Services

- Over 45 years of serving Alaskans with disabilities
- Agency started by parents of children with disabilities
- Located on Alaska's Kenai Peninsula
- Non-Profit



Children's Behavioral Health



Our clinic partners with JH Family Therapy & Consulting to provide FASD-informed counseling and case management to children and families.

Jennifer Haerle is a Licensed Marriage and Family Therapist who uses an in-person and telehealth hybrid model.

Services Offered Birth Through End of Life.



Employment Programs
- **Behavioral Health**
- **Case Management**



Assisted Living Homes



Re-Entry Program

Community Based Waiver Services

Adult Day Center



Infant Learning Program



FASD Program

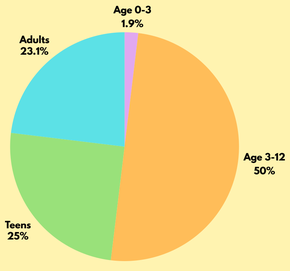
TEFRA



Our clinic is funded through a provider agreement with the State of Alaska Department of Health FASD Program. Diagnosis and services are offered at no cost to individuals and families. We recieve payment for each final diagnosis.

Over 25 years of FASD Excellence

- Opened in 2001
- Serving all of Alaska
- One of 3 clinics statewide
- The only clinic in our state that can diagnose adults and children



1 in 15 Alaskans have prenatal alcohol exposure.



Diagnostics

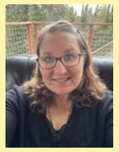
We use the Washington 4-Digit Code for diagnosis. We eveluate our patients in 1) Growth deficiency; 2) FAS facial features; 3) Brain abnormalities; 4) Prenatal alcohol exposure.



Our clinic employs a family physician, **Dr. Marguerite McIntosh**, and we use a referral process for Occupational Therapy, Physical Therapy, Speech Therapy, and Neuropsychological Evaluations.

Family Navigation and Community Education

We help individuals and families understand the FASD diagnosis, and provide support to access available resources. We offer IEP advocacy, caregiver support groups, and education to community agencies.



Megan Wohlers first learned about FASD when her son was diagnosed at age 3. Her living experience makes her uniquely qualified to help families navigate systems of care. She has a Bachelor of Education degree from the University of Alaska, Anchorage and is a Certified Facilitator of the FASCETS Neurobehavioral Approach.

Welcome to Northern Psychology Resources, LLC
Dr. Jacqueline Bock, PhD
Neuropsychologist

We work closely with community partners to provide needed assements in Occupational Therapy, Speech Therapy, Physical Therapy, and Neuropsychological Evaluations.

We utilize recommendations from these partners to determine final diagnosis.

central peninsula hospital

KENAI
— kids therapy —

Partnering with Alaska Center for FASD
www.alaskacenterforfasd.org

43335 K-Beach Rd. #36
Soldotna, Ak 99669
907-262-6331

Find us on the web at:
www.fcsonline.org

Proud FASD United Affiliate
www.fasdunited.org

FASD United
Affiliate Network

Thriving Together: Resilient Pathways Forward (TT: RPF)

An intensive multifamily group therapy intervention for youth with FASD or Prenatal Substance Exposure and their caregivers

By Holly N. Summers, PhD and Julie Foutz Beasley, PhD



Why was TT:RPF Created?

The Gaps: *What We Were Seeing*

Existing interventions are *not designed for FASD/PSE*

- Common treatments are adapted – in clinical practice and research – to try to fit the FASD/PSE neurodevelopmental profile

Interventions *either* focus on the individual or the caregiver

- Youth → change the child's behavior
  - Responsibility on individual to change
  - Overlooks the neurodevelopmental "brain-based" process underneath the behavior
- Caregiver → change their approach
  - May get education and support, but not a place to process their experience

Individuals with *PSE are often left out*

- Services often focus on FASD
- PSE is also very common, and individuals often have similar challenges in regulation, learning, behavior, adaptive functioning, and relationships

The TT:RPF Response: *Filling The Gaps*

Designed for individuals with FASD and PSE

- FASD/PSE Brain-based, Neurodevelopmental
- Strengths-based, Solution-focused
- Trauma-informed

Co-Treatment

- Simultaneously supporting **both the youth and their parent/caregiver** is essential

FASD + PSE

- Include both individuals with FASD and/or PSE
- Diagnosed or probable
- Address their overlapping and unique needs

Group Structure

Youth: 11 Group Sessions + **Caregiver:** 1 Psychoeducation Session on FASD/PSE + 11 Group Sessions = Mirror Content Structure

- **Co-Treatment:** Youth and caregiver are in separate groups at the same time
- Younger (age 8-12)
- Older (age 13-17) Youth Groups
- Youth group content is at a ***developmentally appropriate level*** to ensure understanding
- Experiential/Hands-on: Both groups learn ***through activities, games, in-vivo exercises, repeated practice, core group therapy process, and psychoeducation***

Details

- **Practice-based outcome data Pre, Post, and 6-month**
- **Funded through grant**
- **Sustainable as a multifamily group therapy program**
- **Youth Group: 1 main, 1 co-facilitator, 2-3 staff**
- **Parent Group: 1 main, possibly 1 co-facilitator**
- **4 cohorts through so far, 18 families**
- **Excellent attendance**

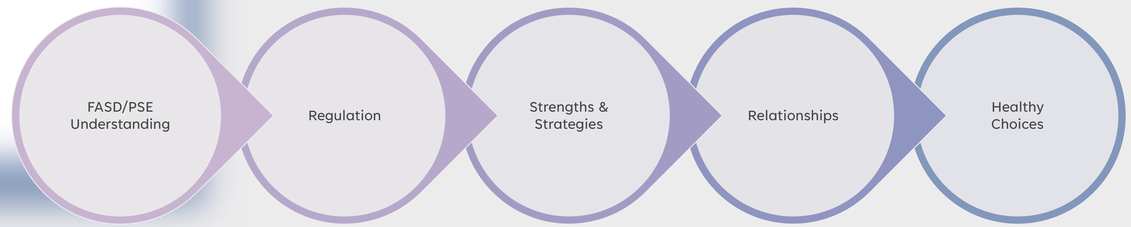
FASD/PSE from A Child's Perspective

Lots of Energy	• High arousal, inattention, active, impulsive, "always on the go," over- and under-reactions to sensory stimulation (touch, sounds, taste, smells, sight), playful/physically rough, burn through meds
Friend Magnet	• Motivated by social interactions, poor boundaries/safety, "goes along with the crowd", chatty, naïve, childlike, social chameleon, easily bullied, seeks inappropriate attention, vulnerable to peer pressure/manipulation
School is Hard	• May have cognitive impairment, but many do not. Learning Disabilities (especially in comprehension, mathematics, time/money, writing), inconsistent, needs to be retaught, takes longer to learn
Where is My Stuff?	• Organization, planning, sustained attention, executive functions, memory, forgetful, needs more time to process, overwhelmed when rushed, no time management
I'm Happy, Mad, Sad	Emotion Management/Mood Disorders, anxiety, meltdowns/tantrums, self-harm, suicidal thoughts, no impulse control, perseveration "stuck in loop", literal/concrete thinking, low frustration tolerance, upset by changes, difficulty with novel or ambiguity
Oh No! I'm in Trouble Again	• Significant Impulsivity, Disruptive Behaviors, Story-telling (lying), borrowing/trading/taking things (stealing), destructing property, talking back/arguing, oppositional, extra silly at the wrong time

Group Content:

FASD/PSE Understanding + 3 Core Pillars → Healthy Choices

- **Regulation:** Understanding arousal, recognizing dysregulation, co-regulation, and supporting regulation needs
- **Strengths & Strategies:** Identifying strengths, values, needs, accommodations, and practical strategies
- **Relationships:** Communication, perspective-taking, connection, problem-solving, support systems, and joy



MassFASD: FASD State Needs and Services Assessment for the State of Massachusetts 2024-2025

Reuben Kittrell, FASD Services Coordinator; Jennifer Margolis, MPH, FASD Services Consultant;
Kristen Eriksen, RN, FASD Caregiver Navigator
Institute for Health and Recovery

Background

Fetal Alcohol Spectrum Disorders (FASDs) are a group of diagnosable medical conditions that can occur in a person who was exposed to alcohol before birth. Effects are lifelong and can include mental health conditions, learning disabilities, sensory issues, and physical manifestations such as heart defects, problems with hearing and seeing, and more. In the US, FASD affects an estimated 1 in 20 people (May et al., 2018). According to the National Institutes of Health (NIH), prenatal alcohol exposure is a leading cause of birth defects in the United States (Greenmyer et al., 2024). Individuals with an FASD typically have a scattered developmental profile. Often within any brain domain, they will have some areas of skills at or approaching chronological age level, yet in other subsets, they will exhibit a significantly lower skill level. This may skew the IQ level, resulting in an IQ above 70, and some individuals may have a high IQ, but below average executive functioning skills.

In the state of Massachusetts (MA) there are currently two organizations with a focus on education and increasing awareness of FASDs (MassFASD at IHR and SAFEST Choice National Learning Collaborative). Additionally, there are a few organizations that diagnose and treat people with FASDs. The MA FASD Task Force is voluntary and comprised of professionals throughout the state working with the FASD population. There is no mandatory FASD education, screening, assessment, or prenatal alcohol exposure documentation in MA. There are very few organizations or providers in MA that have received formal FASD training for identification or intervention. Families that are affected by Fetal Alcohol Spectrum Disorders have not received necessary or appropriate services.

MassFASD at IHR

Who Are We?

MassFASD is a program of the Institute for Health and Recovery (IHR). This program is funded by the Massachusetts Department of Public Health Bureau of Substance Addiction Services. MassFASD delivers education, consultations, training, and technical assistance on Fetal Alcohol Spectrum Disorders (FASD) and related topics to professionals, families, and individuals. MassFASD also provides caregiver support groups, resource navigation, community events, and peer support.

Purpose

This assessment was conducted to better understand the current knowledge that professionals in Massachusetts have regarding Fetal Alcohol Spectrum Disorders (FASDs) and the resource needs of families impacted by FASDs. One aim of the survey was to evaluate the level of knowledge that Massachusetts residents have regarding FASDs, with a focus on professionals from the healthcare, legal, human services, and education fields. These professionals are integral to providing FASD-informed services. The questionnaire also aimed to assess the number of providers capable of administering FASD diagnoses and FASD-informed interventions and care in Massachusetts. The final aim of the questionnaire was to identify the main areas for improvement of services and knowledge across MA to better serve individuals and families impacted by FASDs. The questionnaire was not intended to measure the prevalence of FASDs in Massachusetts.

Methods

Survey Goal

The survey tools used in this assessment were created to understand the current level of knowledge of Massachusetts residents regarding FASD, the experiences of individuals with FASD, and caregivers to those with FASDs, and the areas that need improvement in advancing services for the FASD community in MA.

Questionnaire Development

The questions and survey sub-sections were developed by staff members at MassFASD. The survey was created and distributed using the Survey Monkey platform.

Survey Sub-sections:

- Standard
- Clinician with diagnostic capabilities
- Health professional
- Behavioral health and/or direct service provider
- Employee of a state agency
- First responder
- Educator
- Caregiver to a person with an FASD

Consultations

The survey questions were informed and critiqued by Massachusetts residents with a variety of lived and relevant experience for each sub-section. These informants provided key information to ensure that the questions on the survey were appropriate and effective for gathering data

The survey consultations were conducted with:

- 2 caregivers to individuals with FASDs
- 4 clinicians with experience diagnosing FASDs
- State employees of the Department of Developmental Services (DDS), the Department of Elementary and Secondary Education (DESE), the Massachusetts Rehabilitation Commission (MRC), the Department of Public Health Bureau of Substance Addiction Services (BSAS), and the Massachusetts Department of Children and Families (DCF)
- 3 social workers
- Staff members of SAFEST Choice National Learning Collaborative at Boston Medical Center

Survey distribution & Data Collection

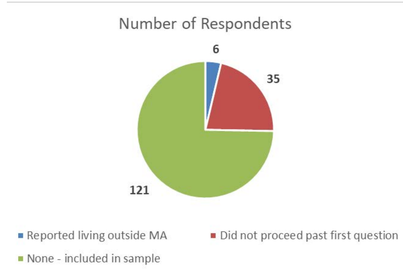
The survey tool was distributed throughout Massachusetts via email. The emails included a description of MassFASD services, an explanation of its importance, the purpose of the collected data, and the anonymous nature of the survey. Anyone who is a resident of Massachusetts was eligible to take the survey. The survey was open from November 26, 2024, to February 7, 2025

Outreach was targeted to our community network of:

- Health and human service organizations
- Medical providers
- Clinical providers
- Direct care workers
- Educators
- First responders
- Caregivers

Respondents' Demographics

The survey had 162 total responses. Of those, 41 responses were excluded: 6 because they reported living outside of Massachusetts and were not allowed to proceed through the survey; 35 because they did not continue past the first question of their own accord.



Of those who chose to answer, 5 respondents reported receiving a diagnosis that falls under the FASD umbrella.

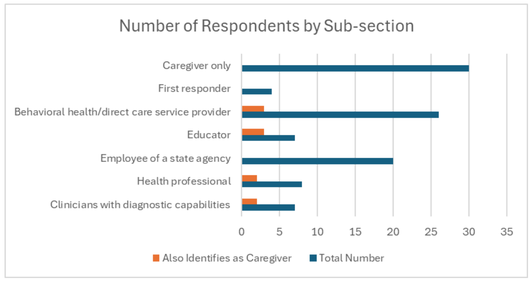
Of the 121 respondents:

- 4 reported working outside of MA
- 12 reported being unemployed
- 15 respondents were neither a professional nor a caregiver

With respect to MA regions respondents work in

- Boston had 21 respondents
- Metro-West North and Northeast had 20 respondents
- Metro-West South and Southeast had 19 respondents
- Central MA had 14 respondents
- Western MA had 31 respondents
- 15 respondents were neither a professional nor a caregiver

The respondents were sorted into groups by profession and/or role as a caregiver.



Acknowledgments and Citations

This work would not have been possible without the dedication and support of our colleagues at the Institute for Health and Recovery (Annegret Klaua, Jude Weinstein-Jones, Laura Sternberger, and Latisha Goullaud), the members of the MA FASD Task Force, the MassFASD family network, the Massachusetts Department of Public Health Bureau of Substance Addiction Services, and FASD United.

Greenmyer, J. R., Klug, M. G., Kambeitz, C., Popova, S., & Burd, L. (2018). A Multicountry Updated Assessment of the Economic Impact of Fetal Alcohol Spectrum Disorder: Costs for Children and Adults. *Journal of addiction medicine*, *12*(6), 466-473.

May, P. A., Chambers, C. D., Kalberg, W. O., Zellner, J., Feldman, H., Buckley, D., Kopald, D., Hasken, J. M., Xu, R., Honerkamp-Smith, G., Taras, H., Manning, M. A., Robinson, L. K., Adam, M. P., Abdul-Rahman, O., Vaux, K., Jewett, T., Elliott, A. J., Kable, J. A., Akshoomoff, N., ... Hoyme, H. E. (2018). Prevalence of Fetal Alcohol Spectrum Disorders in 4 US communities. *JAMA*, *319*(5), 474-482.

Priority Areas

Priority Area 1: Increasing the Knowledge of FASDs Among Professionals in Massachusetts

All professionals were asked to identify their familiarity with common FASD characteristics

- Professionals were aware of an average of 6.7/9 FASD characteristics
  - This ranged from 3.8 for first responders to 8.0 for clinicians
  - Only 1 first responder was aware of 0 features
- Across all characteristics
  - The least familiar characteristic was sensory difficulties at 57%
  - The most familiar one was learning disability at 93%
  - All clinicians reported familiarity with all characteristics

Priority Area 2: Updating Screening Procedures and Increasing the Diagnostic Capacity in Massachusetts

Clinicians with diagnostic capabilities were asked if they have ever diagnosed anyone with any of the following diagnoses: Fetal Alcohol Syndrome (FAS), Partial Fetal Alcohol Syndrome (PFAS), Alcohol-Related Neurodevelopmental Disorder (ARND), Neurodevelopmental Disorder associated with Prenatal Alcohol Exposure (ND-PAE), Alcohol-Related Birth Defects (ARBDs).

- 7 reported to never have given an FASD diagnosis
- 1 reported diagnosing an individual with Neurobehavioral Disorder associated with Prenatal Alcohol Exposure (ND-PAE)

Priority Area 3: Reforming the Education System to Better Serve Individuals with FASDs

Educators were asked if they have ever worked with a student that has an FASD diagnosis

- 4 educators reported to have worked with a student that has an FASD diagnosis
- 3 reported to have never worked with a student that has an FASD diagnosis

Educators were asked if their place of work has offered FASD training during their employment.

- 5 educators reported never being offered any FASD training
- 2 reported having been offered FASD training

Priority Area 4: Caregiver Support & Increasing Access to Services

Caregivers were asked to indicate how it was determined that the individual they care for may have an FASD.

- Around half reported a healthcare professional presenting a potential diagnosis
- The remaining responses contained a variety of resources, family and friend suggestions, internet searches, documentation of prenatal exposure, suggestion by an educational advocate, and advice from a school psychiatrist
- 6 caregivers did not respond to this question

When the survey samples' previous connections to MassFASD or work with developmental disabilities is considered, it may be extrapolated that familiarity with FASD would likely be lower in a bigger sample.

Peer Learning to Promote Substance-Free Pregnancies

Samantha Pinzl, MPH,[1] Elana Filipos,[2] Mijah McLeod,[1] & Bridget Hanson, PhD[1]
[1]Center for Health and Safety Culture, Montana State University; [2]National Association of County and City Health Officials

Background

Fetal alcohol spectrum disorders (FASDs) are a range of disabilities, including behavioral, intellectual, and physical, that can occur when a baby is exposed to alcohol before birth.[1] Given the prevalence and impact of FASDs, prevention requires a broad, multi-disciplinary approach that addresses health, social, and environmental factors influencing alcohol use and pregnancy.[2,3] Local health departments are uniquely positioned to support this approach by connecting healthcare professionals, community organizations, resources, and the populations they serve.

Partners for Substance-Free Pregnancies

Through a CDC-funded project, the National Association of County and City Health Officials (NACCHO) and Montana State University convene a national peer-learning network that brings together local health departments (LHDs) and other community public health organizations to promote substance-free pregnancies.

Goals:

- Promote substance-free pregnancies
- Prevent prenatal alcohol exposure and address FASDs
- Grow LHD skills to engage in this topic
- Build and sustain a peer-learning network

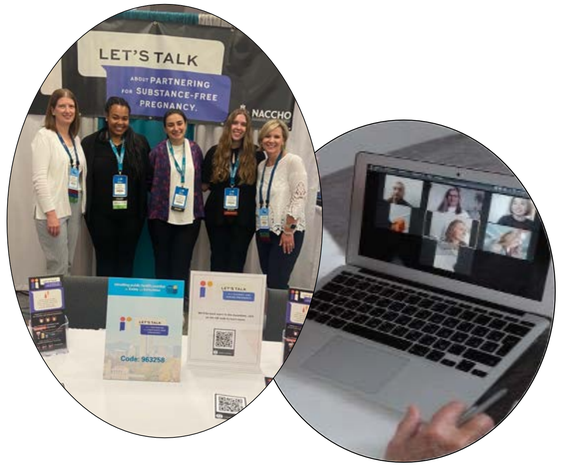
Who participates:

- NACCHO members, mostly LHDs
- Range of staff roles and geographically dispersed

What we do:

- Exchange practical strategies and share resources
- Build relationships and strengthen support
- Receive partner feedback to shape tools and resources
- Bridge healthcare professionals and communities

Engaging Local Health Departments



Outreached through NACCHO

↓

Framed the value for LHDs, integrated into existing work, and offered flexibility

↓

Established trust, shared purpose, and brand

Facilitating Meaningful Peer Exchange

- Hold regular virtual sessions
- Provide monthly newsletter
- Create space for discussion and peer sharing
- Elevate local expertise
- Maintain availability and encourage partners to reach out

Sustaining Participation

- **Addressing common barriers**
  - LHD capacity
  - Social media
  - Secondary audiences
- **What works**
  - Flexibility and consistency
  - Relationship building
  - Responsiveness to participant needs
- **Evaluation**
  - Baseline survey in Year 1
  - Follow-up survey planned for Year 5
  - Key informant interviews
  - Individual discussions

Local Health Departments as Bridges

A key strength of the FASD National Partner Network (NPN) is the ability of its grantees to serve as bridges between healthcare professionals and communities. Through these connections, LHDs can help advance FASD prevention, promote substance-free pregnancies, and connect individuals and families to supportive resources.

To broaden perspectives and strengthen these connections, members of CDC's FASD NPN were invited to share their work and expertise. These opportunities fostered collaboration, expanded access to resources, and helped communities translate knowledge into meaningful prevention and support for individuals and families.

Topics presented by the NPN:

- Culturally safe conversations around substance use and contraception – University of Alaska Anchorage
- Cannabis and pregnancy – Oak Ridge Associated Universities
- Medical assistants and interdisciplinary healthcare teams – University of Nevada Reno
- Women and alcohol – Baylor College of Medicine

Key Lessons Learned

1. **Peer learning builds capacity in resource-constrained settings**
2. **Co-creation increases relevance and improves quality**
3. **Flexibility is critical for sustained engagement**
4. **Local context drives successful implementation**

"We were drawn to participate in the Partners for Substance-Free Pregnancies work to gain a deeper understanding of the work being done to address FASDs in other communities, gain access to helpful materials to help reach our goals, and share what works well for us."
– PSFP member

CORE TAKEAWAY

Peer-learning networks can be fostered, grown, facilitated, and sustained through flexibility, shared ownership, connections across disciplines, and relationships – not information sharing alone.

Check out our tools and resources!

bit.ly/NACCHO_FASD

1. Centers for Disease Control and Prevention. (2024). *About Fetal Alcohol Spectrum Disorders (FASDs)*. https://www.cdc.gov/fasd/about/index.html
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3. Poole, N., Schmidt, R. A., Green, C., & Hemsing, N. (2016). Prevention of fetal alcohol spectrum disorder: Current Canadian efforts and analysis of gaps. *Substance Abuse: Research and Treatment*, *10*(Suppl 1), 1–11. https://doi.org/10.4137/SART.S34545

DREAM ACRES
AN FASD COMMUNITY

A place to belong.
A life with purpose.

BEYOND HOUSING

BUILDING A LIFE OF BELONGING FOR ADULTS WITH FASD

A community-based model for supported living, meaningful work, relationships, and lifelong belonging.

Not just surviving adulthood. Belonging in it.

Adults with FASD dont need a smaller life. They need communities designed to support the lives they are capable of living.

WHAT MAKES US DIFFERENT

TRADITIONAL MODEL		DREAM ACRES MODEL
Housing	→	Home + Community
Placement	→	Belonging
Supervision	→	Relationship
Compliance	→	Understanding
Job Placement	→	Meaningful Contributor
Cris Response	→	Prevention + Support
Independent Living	→	Interdependent Living
Services	→	Whole-Person Community



DREAM ACRES IN ACTION
IMPACT TO DATE

- **Nearly 20 FASDogs teams matched & placed!**
- **14 individuals housed & 6 families housed**
- **400+ individuals trained on FASD thoughout Kansas**
- **Hosted the FIRST-of-its-kind FASD Family Camp**

COMMUNITY INVESTMENT

LOWE'S

$100,000

Lowes Community Impact Grant

Supporting the development of our greenhouse and aquoponics project

We don't ask,

"Can this person live independently?"

We ask,

"What support would make a meaningful life possible?"

What if we stopped asking whether peoples with FASD can fit into our communities - and started designing communities where *they can belong?*



RELATIONSHIPS

Companionships that build trust and belonging



PURPOSE

Growing skill, building with, finding our community.



COMMUNITY

Real connection, Real support, real impact.



CONTRIBUTION

Meaningful work, Pride in what we do together.



GROWTH

Never Stop: becoming more every day.

ON THE HORIZON

We're not stopping with one community.

REPLICABLE DREAM ACRES COMMUNITIES

Developing a model that can be adapted to additional communities and locations.



A NEW 10-BED CHILDHOOD COMMUNITY

An FASD-informed residential community designed to provide stability, belonging, and brain-based support earlier in life.



GROWING FASDOGS

Expanding FASD-informed service dog partnerships that build independence, confidence, and unconditional support.



EXPANDING PURPOSE & EMPLOYMENT

Greenhouse, aquaponics, agriculture, vocational opportunities and community enterprise.



LEARN MORE • GET INVOLVED • SUPPORT THE MISSION

www.dreamacresfasdcommunity.org

Helping Families Raising Children with FASD Navigate Education

www.FormedFamiliesForward.org

We are a Northern Virginia family-led nonprofit organization that works to improve developmental, educational, social, emotional and post-secondary outcomes for children and youth with disabilities and other specialized needs.

We do this by providing information, training, and support to adoptive and foster parents, and kinship caregivers, and family-serving professionals.

FASD is part of our scope.



Sect. 504 of Rehabilitation Act

- Access/ equal opportunity
- Prohibits discrimination based on physical or mental impairment that substantially limits a major life activity.
- 504 plan often focuses on accommodations like extended time.

IDEA- individuals with Disabilities Educ. Act

- Specialized instruction & related services (ex. OT)
- Individual right to a free, appropriate public education (FAPE)
- Based on individualized education program (IEP) with present levels of performance, goals, least restrictive settings, partic. in assessments, procedural safeguards, parent & caregiver participation

Special Education and FASD

- Common eligibility categories: other health impairment (OHI), emotional disturbance, traumatic brain injury (TBI)
- Can include FASD in the Present Level of Academic Achievement and Functional Performance (PLAAFP or PLOP)
- Right to an Independent Educational Evaluation (IEE) paid by the school
- Include accommodations & modifications

Our services for FASD & Education include:

- Guidance on IEPs, 504 plans, and
- understanding family rights in the special education process.
- Workshops and training to help families advocate effectively within school systems.
- Curated tools, research, and strategies tailored to the unique needs of children with FASD.
- Connecting families with others who share similar experiences for encouragement and shared learning.

80% of caregivers named direct academic instruction & social skills instruction as among the most helpful school supports for children with FASD. (FFF Survey, 2023)





"Strong, positive relationships with teachers support greater success for students with FASD."

(Reedman et al., 2024)

FASD VIRGINIA

www.FASDVirginia.org

Scan me

Educational Interventions

- Language and Literacy Training: *The Animation Curriculum*
- Self-Regulation Intervention: *GoFar, The Alert Program*
- Mathematics Training: *MILE (Math Interactive Learning Experience)*
- Working-Memory Strategies
- Adaptive Skills Training
- Social Skills Interventions: *Best Buddies*
- Safety Skills
- Educator Support: *Families Moving Forward*

Policy Essentials in Promoting Responses to *FASD*

To be taken seriously, **policy consists of three things** — not a meeting, not a mission statement, but three concrete instruments you can point to. Call them the **3 Rs.**

R¹ Resources



What is actually being spent on preventing, identifying, and treating FASD — and what *should* be?

R² Results



How do we measure progress in preventing, identifying, and treating FASD — for *specific* people and groups?

R³ Relationships



How do coalitions across agencies share responsibility — policymakers, caretakers, and people affected by FASD, together?

A budget, a scorecard, and a table — the instruments decisionmakers gather around to share accountability for resources *and* results.

A press release isn't policy.

The 3 Rs are often missing from what passes for a response to FASD. Watch for these stand-ins:

- A **press release** or awareness day
- A **pilot project** that ignores the real money
- A **federal guidance document** with no budget
- Counting people **"served" or referred** instead of those actually helped

A meeting, press release, or task-force report without the three ingredients may be movement toward policy — but it isn't policy aimed at FASD.

States and some communities have made real progress — building state and local models worth learning from.

1 in 20 FASD is common — and under-identified.



Prevalence estimates run as high as roughly 1 in 20 — yet most cases are never diagnosed. That's exactly why **results** must be measured, not assumed.

Look for the *3 Rs* whenever you work to adopt better FASD policy.

ANOTHER SEAT AT THE TABLE

Regional Centers and Eligibility with Fetal Alcohol Spectrum Disorders

The conundrum of qualifying for developmental disability services with a disorder that is not recognized.



REGIONAL CENTER ELIGIBILITY

The Lanterman Act has 4 named developmental disabilities, before 18 years of age:

- AUTISM
- INTELLECTUAL DISABILITY (ID)
- EPILEPSY
- CEREBRAL PALSY (CP)

AND A 5TH CATEGORY:

"Having a disability similar to INTELLECTUAL disability or requiring treatment similar to a person with intellectual disability."

Lanterman Act

WHAT DOES THE 5TH CATEGORY MEAN?

Association of Regional Center Agencies

In 2003, stated that the 5th Category means having:

IQ OF 74-79

Regional Center instruction to Regional Centers.

VS

Disability Rights California

The 5th Category does not use the word IQ or state IQ numbers. Eligibility is described as:

HAVING COGNITIVE AND ADAPTIVE DEFICITS SEEN IN INTELLECTUAL DISABILITY

WHAT ARE THOSE DEFICITS?

Disability Rights California's description of the cognitive and adaptive function deficits includes:

- Executive Function
- Abstract Thinking
- Social Cognition
- Social Communication
- Daily Living Skills

Disability Rights California's description closely reads like a definition of

FASD

WHERE DOES THAT LEAVE PEOPLE WITH FASD?

1. **ONE MUST COME PREPARED.** Testing by an FASD-informed neuropsychologist and a report addressing Regional Center eligibility.
2. **FINDING AN FASD INFORMED NEUROPSYCHOLOGIST IS DIFFICULT.** Training is limited in California, making qualified providers difficult to find. Cost may also limit families.
3. **IF REGIONAL CENTER DENIES ELIGIBILITY,** be prepared to appeal, seek representation, and potentially take legal action.
4. **OFFICE OF CLIENT'S RIGHTS (OCRA) SHOULD BE THE FIRST CHOICE.** OCRA can help clients understand their rights, support the appeal process, and advocate for fair eligibility determinations.

A SECOND AREA OF DIFFICULTY:

PSYCHIATRIC DISORDERS

- **Having a sole psychiatric disorder is a disqualification for Regional Center eligibility.**
- **Mental health diagnoses are often recognized in people with FASD, and there is very high comorbidity with psychiatric disorders.**
- **This can lead to Regional Center denial based on a psychiatric diagnosis, without recognizing that FASD is a lifelong brain-based disability present from birth.**

There can never be a sole psychiatric disorder with FASD

FASD REGIONAL CENTER SUPPORT

• Monthly Advocacy Support Group • Quarterly Regional Center Discussions • Regional Center Toolkit & Resources • Individual Family Guidance

FASD NETWORK of NORTHERN CALIFORNIA

Resources for Child Welfare to Support Children With Prenatal Alcohol Exposure and Fetal Alcohol Spectrum Disorders

For the last decade, James Bell Associates has partnered with Children's Bureau, Centers for Disease Control and Prevention, and partner organizations to understand practice, training, and dissemination needs for **child welfare systems** to strengthen and **expand FASD-informed child welfare policies and practices**.

Informed by child welfare agency directors, managers, supervisors, and frontline workers, along with parents and caregivers of children with prenatal alcohol exposure and FASDs, our resources and tools help guide state, county, and tribal agencies and their partner organizations.

Projects were funded by an Inter-Agency Agreement between the Administration for Children and Families and the Centers for Disease Control and Prevention (IAA# 19FED1916928DDB).



Caring for Children with Prenatal Alcohol and FASDs in Child Welfare: Resource Collection

This recently released resource collection includes:

- 4 practice guides
- Tip sheets for caregivers
- Tools and worksheets
- 3 e-learning modules

The collection is designed for state and local agency leaders, policymakers, child welfare professionals, service providers, and caregivers to support children affected by FASDs and is searchable by topic and audience.

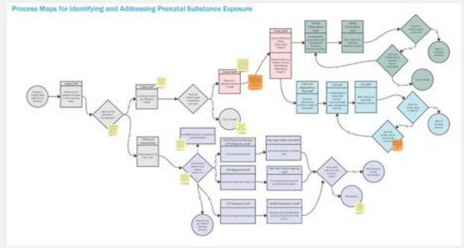
These resources help to:

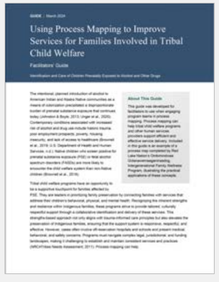
- Recognize signs of FASD
- Engage families and build trust
- Coordinate care
- Strengthen services

Access the resource:

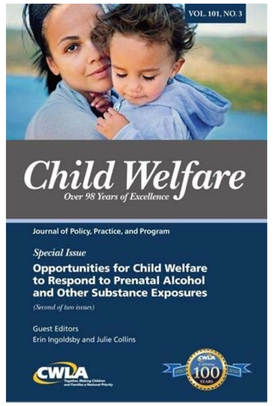
Using Process Mapping to Improve Services for Families Involved in Tribal Child Welfare: Facilitators' Guide and Mapping Tool

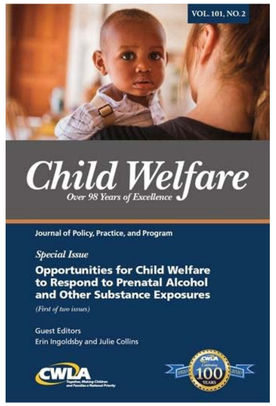
The guide provides step-by-step instructions on process mapping adapted for Tribal child welfare. It also includes a case example from Red Lake Nation's Ombimindwaa Gidanawemaaganinaadog Intergenerational Family Wellness Program, which used process mapping to plan supports for pregnant caregivers and parents struggling with alcohol and other drug use.





Access the resource:





Child Welfare Special Double Issue: Opportunities for Child Welfare to Respond to Prenatal Alcohol and Other Substance Exposures

This special issue tackles topics related to prenatal exposure to alcohol and other substances in child welfare. Featured articles from our projects, written in collaboration with our federal agency leaders and partners include:

"Exploring Child Welfare Practices to Care for Children with Prenatal Substance Exposure"

"Case Study of a Prevention-oriented, Strengths-based Approach to Services for Prenatal Substance Exposure in a Tribal Child Welfare Agency"

Knowledge, Training, and Support Needs for Identification and Appropriate Care of Children with Prenatal Alcohol and Other Drug Exposures in the Child Welfare System"

"Challenges and Opportunities to Care for Children in Child Welfare with Fetal Alcohol Spectrum Disorders while Working Toward Preserving their Families"

Access the resource:

James Bell Associates (JBA) is a research and evaluation firm headquartered in Arlington, VA. We provide actionable findings and evaluation technical assistance to inform policy and management in health and human services. Our projects cross disciplines, with an emphasis on child and family development, child welfare, tribal evaluation, and health care.

Interested in learning more or collaborating to implement FASD-Informed practices in your organization? Contact Project Directors Erin Ingoldsby (ingoldsby@jbassoc.com) and D. Crystal Coles-Quander (coles@jbassoc.com) to consult about opportunities.

Centers for Disease Control and Prevention

MEDIA & COMMS
FASD UNITED

Our Media & Comms Hub keeps the FASD Community informed, connected, and empowered.

It's More Than News,
It's a Movement

THE WEEKLY ROUNDUP: YOUR SOURCE FOR THE LATEST IN FASD NEWS

- Top FASD News & Personal Stories
- Advocacy & Policy Updates
- Community Events
- Research & Resources

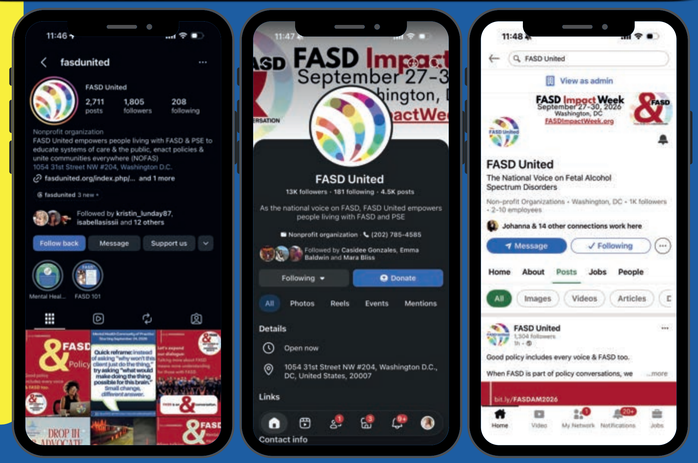
Thousands of people across the country rely on the Weekly Roundup to stay informed.

SIGN UP FOR THE WEEKLY ROUNDUP

SCAN ME

Media and Communications Hub





LANGUAGE GUIDE

The Language Guide provides helpful tips regarding the language & imagery used for FASD and PAE.

GLIMPSES OF FASD

These short videos feature individuals with FASD sharing their own stories in their own words.

FACT SHEETS

Get the facts, with comprehensive and accessible information about FASD & PAE.

SELF ADVOCATE GUIDE

Created by & for individuals with FASD, this guide is carefully crafted to be empowering.

RESOURCE DIRECTORY

Find FASD resources, including diagnostic clinics in your state, through the FASD United Resource Directory.

RESEARCH OPPORTUNITIES

Explore current FASD research studies seeking participants & learn how you can contribute to advancing FASD research.

The FASD United Policy & Training Center was established in 2020 to achieve public outcomes on behalf of the FASD community by: collaborating with the community to develop a policy agenda and call to action, establishing and maintaining productive relationships with public officials, & building a coalition of knowledgeable policy leaders and advocates.

Education

A National Hub at Work

The Policy & Training Center builds on FASD United's resources, research, and networks to train advocates and share what works.

Since 2020, we have equipped advocates to educate more than 200 federal legislative offices with:

- FASD **State Information Sheets**
- Expertise from the FASD United Affiliate Network
- **Fact sheets** and **policy briefs**
- **Connection** to the FASD community

Connection

Weekly Drop In

Join the community **every Wednesday** (except the last Wednesday each month) from **11am to 12pm** ET for this informal meeting. This is the perfect chance to ask any questions you have and to connect with other advocates or organzations.

Monthly Policy Forum

Learn and grow with us on the **last Wednesday** of each month from **2pm to 3pm** ET during our Virtual Policy Forum. This is where FASD United introduces new advocacy documents, provides updates, and talks through the latest call to action.

Scan the QR code to stay connected and receive updates.

Action

Congress authorized FASD programs in Section 104 of the SUPPORT Reauthorization Act of 2025. **Now it's time to fund them.**

Federal legislators can support families and prevent prenatal alcohol exposure with:

- FY27 Labor-HHS Appropriations of **$21.5 million for CDC's FASD programs** ($10 million increase in FAS line at NCBDDD), and continue **$1 million for SPRANS FASD set-aside at HRSA** to support screening and intervention; and

- FY27 Defense Appropriations of **$5 million to continue the FASD prevention and clinical guidelines research project at the Uniformed Services University Center for Health Services Research**.

FASD United



Sustainable Support: Curriculum Based Support Groups for Families

About

Provided in partnership with ***FASD United*** and the ***Washington State Healthcare Authority***, Sustainable Support is a 10-week, curriculum-based support group for parents, caregivers, and guardians of people with FASD or prenatal alcohol exposure who want to better support their loved ones.

History

Bill **2SHB 1168**, passed by the Washington Legislature on April 13th, 2023, recognized the need for accessible services for families navigating prenatal substance exposure. The legislation called for free support groups and family education, providing an important foundation for Sustainable Support.

Data

Quotes from post survey year 2:

"This was my second time in a group. Even with a lot of the info being the same the group each time adds such valuable info and community"

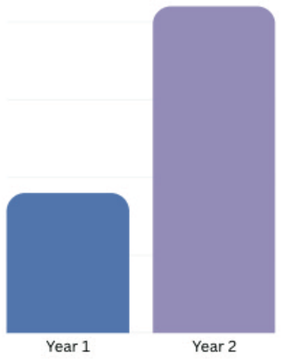
"I loved the leader. She was so well-informed and relatable. Support groups are so valuable, and the format of this one was great with the weekly topics."

"I experienced many things but the one that stood out was the confidence in sharing thoughts with people it was so amazing for me and I'd love to be included in the next."

Year 2:



of people from the post survey found the support group useful, and are glad they participated.



Year 2 saw a 133% increase in parent and caregiver participation compared with Year 1.

Curriculum

The curriculum emphasizes FASD as a brain-based disability. Caregivers are reminded and encouraged throughout the curriculum to view behaviors and all aspects of daily living through this lens as a way to better understand how their child or loved one moves through and interacts with their world.

Themes

Examples from year 1 and 2 curriculum:

- Normalizing Interdependence and Executive Function Support
- Safety Concerns & Harm Reduction
- Financial Considerations and Money Management

Funding for this project provided by:

Washington State Health Care Authority