

BEHAVIORAL INTERVENTIONS FOR WORKING WITH CHEMICAL ABUSING AND DEPENDENT MOTHERS

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Appendix I

Behavioral Interventions For Working With Chemical Abusing And Dependent Mothers

Appendix Goals

- To learn how providers can intervene with chemical abusing pregnant and parenting women to decrease resistance and increase motivation for behavioral change.
- Know a working definition of addiction that can be used to develop effective intervention strategies.
- Understand the role of the health care provider in dealing with substance abuse.
- Use principles of behavioral change ("stages of change" model) to develop intervention strategies in health care settings.
- Develop skills in applying these principles to influence attitudes and behaviors.

Appendix Contents

Unit I	Understanding chemical abuse and addiction
Unit II	Health care provider role, limits and opportunities
Unit III	Principles of behavioral change ("stages of change")
Unit IV	Intervention strategies

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Unit I Understanding Chemical Abuse and Addiction

Unit Goals

- To develop a working definition of addiction that can be used as a premise for doing interventions.
- To know four critical elements of addiction that must be addressed in any intervention.

Unit Contents

A. Definitions of Addiction

- There are many ways of defining and describing addiction. Among other things it
 has been defined as a moral weakness, a learned behavior, a disease, and a chosen
 lifestyle. It is important to avoid ideological debates over the etiology and course
 of addiction.



B. Critical Elements of Addiction

These elements are important to remember when initiating an intervention. These are common characteristics of addicted women:

- Underlying conflict/pain/disease: i.e. chronic discomfort or tendency to compulsive substance use due to either internal or external conditions, or both.
 Disease models of addiction posit that some people are genetically programmed to alcoholism. Many addicted women have underlying depression and histories of trauma and abuse that predate the onset of AOD use.
- 2. Low self-efficacy: disbelief in one's own ability to manage feelings and circumstances. May also be accompanied by poor consequential thinking skills, difficulty connecting one's actions to consequences, poor decision-making, impulsiveness, difficulty learning from mistakes.
- 3. Belief in the efficacy of the substance: often corresponds with high external locus of control, perception of the substance as necessary and useful, expectation that it will be rewarding in some way at least some of the time. Remember also, that intermittent reinforcement is the most powerful this is one reason why addicts may continue to use despite adverse consequences.
- 4. Defensiveness: denial, rationalization, minimization of dependency and harmfulness of use. Addicts will defend their attachment to a substance even when it is clearly harmful, for the same reason that some women will stay with an abusive partner and refuse help.

Unit II

Health Care Provider Role, Limits and Opportunities

Unit Goals

- To understand the role of the health care provider in working with the chemically addicted parent.
- To recognize limits and opportunities for doing interventions in a health care setting.

Unit Contents

- 1. Substance abuse is a public health problem involving an agent (AODs), a host (vulnerable individuals) and a contributing environment (conditions that increase susceptibility). Substance abuse often presents in the health care system long before it comes to the attention of chemical dependency treatment programs (*see references). Health care providers have a legitimate interest and role in the system of substance abuse prevention, intervention and management.
- 2. Providers want to know: "How can I raise the issue of substance abuse without offending my patient/client?" "How can I know for sure if my patient/client has a problem?" "What can I do if she won't admit to it?" "What if she can't or won't go to treatment?" Here are some tips for providers who aren't sure how to approach patients about substance abuse.



- 3. Ask. Questions about substance use are usually asked during intake, before trust has been established, or not at all. These questions should be asked often and in many different ways (see Taking An AOD History). Let your patient know that this is usual and routine. Behaviors, and willingness to disclose them change over time. You wouldn't take somebody's blood pressure just once, don't rely on a single encounter to learn about substance abuse.
- 4. Don't rely on "tools". Diagnosis requires trust. There are no objective tools that can diagnose all types and levels of substance abuse without benefit of patient self-disclosure. There are objective indicators and signs that should raise suspicion (see <u>Substance Abuse Indicators</u>), but the rest depends on the willingness of the patient to trust her provider enough to self-disclose the nature, extent and consequences of her use. For an excellent review of pretreatment substance abuse evaluation tools see <u>Handbook of Alcoholism Treatment</u>
 <u>Approaches: Effective Alternatives</u>, Reik K. Hester and William R. Miller, eds, Pergamon Press, 1989.
- 5. Her diagnosis is as important as yours. Unless you are in a position to force change through confinement or physical control, change can't begin until the patient decides she has a problem. Whatever we think about the patient, it is what SHE thinks that is important. Remember that values are shaped by culture, gender, age and life experience. What looks like a problem to you, based on your values, may look very different to her.
- 6. You do not have to be a substance abuse expert to do an effective intervention. Substance abuse is like any other risk behavior (e.g. smoking, unprotected sex, poor diet, etc.) and will respond to appropriate behavioral interventions.
- 7. Don't wait to begin an intervention. Once a provider suspects or knows that a patient is at risk the intervention should begin immediately, not put off until a referral to treatment can be made. Providers must know how to work with substance abusing patients at different stages of readiness for change.
- 8. Don't argue. Don't look for a "confession". A person does not have to accept a particular label or definition of the problem to benefit from an intervention (*see references). If your patient resists being labeled as an alcoholic or addict, invite her to define the situation in her own way.



Unit III Principles of Behavioral Change

(Based on Motivational Interviewing, Miller and Rollnick*)

Unit Goal

To know six stages of behavioral change and how they may present in addicted women.

Unit Contents

- A. Principles of Behavior Change: "Stages of Change" Model
 - 1. **Precontemplation**: The precontemplator does not see or admit to having a problem. Problem awareness can be hindered by a number of factors:
 - Lack of knowledge about the effects of substance use (restricted access to information, information is not complete or accurate, information is not comprehensible, etc.).
 - Lack of belief (distrust of the system, contradictory personal experiences)
 - Difficulty applying information to personal behaviors and circumstances (due to shame, poor consequential thinking skills, lack of personal experience with consequences; etc.).

- 2. **Contemplation**: The contemplator sees and admits that there is a problem but is ambivalent about change: This is typically a state of anxiety marked by fluctuating levels of motivation. The contemplator will make simultaneous or rapidly alternating statements both for and against change. These fluctuations are sometimes misinterpreted as insincerity, resistance or manipulativeness.
- 3. **Determination**: This individual expressed her intentions to change and is demonstrating willingness to do so.
- 4. **Action**: This individual is actively involved in positive change, i.e. reduced use or abstinence, involvement in treatment, changes in associations, activities, and other related behaviors. Most counseling approaches begin with this stage.
- 5. **Maintenance**: This individual is involved in sustained change which requires not only changes in thinking and use of AODs, but a whole new way of life. Individuals with underlying long-term problems will have to learn new coping skills and to risk loss of important relationships.
- 6. **Relapse**: This individual has regressed to old behaviors after a period of sustained change. This is a normal part of the change process but is often marked by catastrophic, all-or-nothing thinking.



Unit IV Intervention Strategies

(Based on Motivational Interviewing, Miller and Rollnick*)

Unit Goals

- To use knowledge of the behavioral change process to develop strategies for increasing readiness and likelihood for positive change.
- To learn techniques for reducing resistance and increasing motivation.

Unit Contents

A. Strategies for Increasing Readiness for Change

1. Precontemplation

- Education: Provide realistic, accurate information about the effects of AOD use in a manner that is understandable and relevant to the patient's style of learning. Avoid scare tactics, propaganda, exaggeration.
- Self-assessment: Offer the patient opportunities to self-assess her substance use without necessity of self-disclosure (see <u>Drug and Alcohol</u> <u>Self Assessment</u>).



- Raising doubt: Learn your patient's personal values and priorities and use these to raise doubt over the efficacy or harmlessness of AOD use.
- Feedback: Provide the patient with objective information and feedback about her/her children's actual AOD-related conditions and circumstances (e.g. pregnancy complications, abnormal lab results, CPS involvement, etc.).

2. Contemplation

- Explore ambivalence, elicit patient statements regarding the pro's and con's of using and not using.
- Evoke and strengthen patient's reasons to change, focus on her values and priorities.
- Strengthen self-efficacy, offer hope, focus on strengths, role models, past accomplishments.

3. **Determination**

• Set acceptable goals and develop achievable and realistic strategies, take initial steps.

4. Action

• Undertake referrals, appointments, placements, and other recovery activities. Avoid over-programming.

5. **Maintenance**

 Focus on long-term needs, developing new coping skills, recognizing relapse risks, setting up support systems, dealing with attachment grief and loss.

6. Relapse

Don't catastrophize. Renew change process quickly.



B. Methods for Reducing Resistance and Increasing Motivation

In their book, <u>Motivational Interviewing</u>, Miller and Rollnick offer an array of brief and extended intervention techniques. Here are five underlying principles that can be used in health care settings.

- I. Empathy. This is not necessarily agreement or approval but is an expression of genuine interest in the patient's point of view. Empathy is conveyed through open-ended questions and reflective listening.
- Develop discrepancy. This requires an understanding of the patient's personal values and priorities (i.e. children, health, financial security, self-image, etc.).
 Using these the provider can raise doubt by amplifying the discrepancy between her behavior and her goals and values.
- 3. Don't create resistance. Avoid argumentation. Emphasize self-assessment rather than your own diagnosis or suspicions, let the patient take responsibility for present reasons for change, do not demand confessions or labels. Focus on your patient's level of readiness. Don't jump ahead to action steps if she is not ready to admit to having a problem or is clearly ambivalent about change. Avoid all-ornothing options. Don't try to overwhelm the patient with your good arguments and expertise. She may defer to you but don't expect change.
- 4. Roll with resistance when it occurs. Remember that ambivalence is normal. When resistance arises invite new perspectives, give permissive rather than prescriptive advice, reinforce the patient's role as the problem-solver.
- 5. Support self-efficacy. Encourage hope. Increase the patient's perception of her own strengths and capabilities, consider role models, and past successes.



Unit Materials

Resources

Books:

Motivational Interviewing. William R. Miller & Stephen Rollnick, The Guildford Press, 1991.

Publications:

- Handbook of Alcoholism Treatment Approaches. Ried K. Hester and William R. Miller, Eds., Pergamon General Psychology Series, Pergamon Press, 1989.
- 2. <u>Developing Substance Abuse Intervention Strategies and Skills: A Manual for Health Care Programs</u>. The Center for Health Training, Seattle Washington.
- Journal of Substance Abuse Treatment. <u>Treatment Needs of Drug-Addicted</u> <u>Mothers</u>, Vol. 12 No. 5, pp 341-348, 1995.
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- Opportunities for Alcohol Screening and Counseling in Primary Care, Victor J. Strecher, PhD, MPH, et al. The Journal of Family Practice, Vol. 39, No. I (Jul), 1994.
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- 7. <u>The Physician's Role in Prevention, Detection, and Treatment of Alcohol Abuse in Women</u>. Psychiatric Annals 23:8, August 1993.



Presentation Preparation

Preparation for a training begins with a request or need for information about FAS and related conditions. This will begin your preparation of an effective training for a particular audience. Whether you are responding to a request for a training or setting up one yourself, you will be well served by a training request form. Using a request form is an opportunity to organize your calendar, initiate a paper trail, identify the needs of your audience, and assess which materials will be appropriate.

You will find a blank request form following this section. Here are some key examples to consider when developing a request form:

Training Date:

Day, date, month and year of training. Put this date at the top of the page. It will be easier to reference in your files and organize chronologically.

Time:

Put the actual time and the length of the training. The actual time may include breaks.

Place:

The location of the training, including address, room number and driving and parking instructions.

Requested By:

The person and organization that requested the training.



Audience:

Who are you training? Parents, social workers, teachers, etc.? This will help you to determine what their interests might be in a training on FAS and related conditions.

Number:

How many will be attending the training? Unless they agree to do your copying, this will be very important information in order to structure your preparation time. Sending them a copy of the handouts for duplicating will save you time and energy; ask how much lead time is needed.

Contact Person:

This may not be the person requesting the training, but will become the person responsible for the details of setting it up.

Telephone, E-mail, FAX:

The e-mail and/or FAX number of the contact person and a backup contact is sometimes necessary. Be sure to note whether or not you need an area code.

Request Date:

This is part of the paper trail.

Referral Source:

It may be interesting to record how people came to request a training. You will probably find that one training will lead to another, or even a conversation about FAS might prompt someone to call you for more information.

Equipment Needs:

- I. Be very specific about your equipment needs. Arriving at a three-hour training to find that the overhead projector supplied by the requesting agency does not have a light, or the other equipment you have requested is not there or is broken adds unnecessary stress. Check things out in advance.
- 2. Ask if the equipment works, is there an extension cord with an adapter, is there a clear wall or screen available, does the VCR work, how big is it, are there window coverings to block out the light, etc.? Learning from experience is not necessary, so plan ahead.
- 3. Check whether or not they will supply you with equipment. Depending on the presentation, you may need a VCR, LCD, overhead projector, screen or wall, and/or flip chart. Bring your own equipment when you can.



4. Ask them if they have an extension cord and a plug adapter. Not being able to properly project your overheadss or place your other equipment where it is most effective because you don't have a long enough cord or an adapter is frustrating. This can be avoided with a **A Training Survival Kit**, which you will find on page 126, or by asking the right questions.

Special Needs:

This section is on the back of the request form. Here is where you record the needs of the audience and notes about what you may plan to do as far as subject matter, handouts, films, etc. You will also want to note, in detail, the level of knowledge of the group about FAS or create another heading. The information in this section will guide your selection of modules, materials and resources.

Here are some additional ideas that have been useful:

- I. Use bright colored paper for the request form so it is easy to see. As other materials are added to the request, such as maps, letters of confirmation, etc., staple them to the request form.
- 2. Divide your requests into weekly or monthly files. Using a monthly calendar will give you an overview of all of your activities for the month. Scheduling more than one training a week, unless this is all you do, can prove to be exhausting. Learn what your comfort level for presenting is and pace yourself. Massages on a regular basis help!

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Fetal Alcohol Syndrome Training Request

TRAINING DATE:PLACE:		
REQUESTED BY:		
AUDIENCE:	 	
NUMBER:	 	
CONTACT PERSON:	 	
TELEPHONE, E-MAIL, FAX:	 	
REQUEST DATE:	 	
REFERRAL SOURCE:	 	
EQUIPMENT NEEDS:		
VCR/TV	 Flip Chart	 Overhead
theirs	 theirs	 theirs
ours	 ours	 ours
Overhead projector	 Screen	 LCD
theirs	 theirs	 theirs
ours	 ours	 ours
SPECIAL NEEDS:		
SI ECIAL NEEDS.		

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The Training Survival Kit

- 1. The training request form and all pertinent papers attached.
- 2. An overhead projector and extra bulb.
- 3. An extension chord with a three pronged adapter.
- 4. Extra handouts.
- 5. Books such as Fantastic Antoine Succeeds.
- 6. Examples of resources mentioned in the training or handouts, i.e. Assessment and Resource Guide for FAS/FAE.
- 7. Films, to use or as examples.
- 8. Overheads.
- 9. Flip chart, easel, felt tip pens.
- 10. Blank overheads, sheets and markers.
- 11. Business cards.
- 12. Sign-in sheet.
- 13. Evaluation blanks.
- 14. Eyeglasses (the better to see you with.....if you need them)
- 15. Bottle of water.

You can add or subtract, even include a complete list of handouts broken into specific training areas, i.e., for teachers, social workers, parents, etc. The point is that things can get very hairy before the presentation, so save yourself from being frustrated and ill prepared....plan ahead!



Presentation Evaluation

You may or may not want to use an evaluation. They can be useful in determining whether or not the material and the presentation were relevant to your audience. Structure each training around the needs of your audience.

You will find a blank evaluation form following this section.

_		
	IIIATIAN	
LWC	uation	

Date:

Date of the training.

Location:

Be sure the address you write in this section matches your "place" section on the request form. It makes filing easier. Attach the evaluations to the request form for filing purposes.

Trainer/s:

You may train with someone else or be part of a panel.

Rating System:

You can design your own rating system. It is interesting to see the difference between the way your presentation style is rated and the presentation as a whole. They do not always match.

Questions:

Questions about the value of the workshop, how it could be improved, areas not covered or not explained in enough detail are very useful. When people list areas that need further discussion or were not covered, you may take this as an opportunity to set up another training or call in some specialists.

Fetal Alcohol Syndrome Training Evaluation

Date:	·						
Audie	ence:						
	er/s:						
I.	Please rate the workshop overall: (I = poor, 6= excellent)	I	2	3	4	5	6
Comi	ments:						
2.	Please rate the trainer: (I = poor, 6 = excellent)	I	2	3	4	5	6
3.	What was the most valuable part of the training for you and why?						
4.	How could the training be improved?						
5.	Please list the areas of interest to you t	hat were	not cov	ered:			
6.	Please list areas that needed more expl	lanation:					

SIGN-IN SHEET/SURVEY PACKET FETAL ALCOHOL SYNDROME (FAS) AND FETAL ALCOHOL RELATED CONDITIONS (FARC)

This sign-in sheet will be separated from your surveys by our data entry clerk before entry of the survey data.

	Exact Location of this Training: City: Today's Date: Name of Trainer: Today's Training Focus:
YOUR NA	AME:
	EMPLOYER:
ADDRESS	:
CITY, STA	TE, ZIP:
PHONE N	NUMBER:
E-MAIL A	ADDRESS:

We **cannot** count an attendee unless a sign-in sheet/survey packet is completed.

FETAL ALCOHOL SYNDROME (FAS) AND FETAL ALCOHOL RELATED CONDITIONS (FARC) Pre-Training Survey

During your daily (or weekly) activities (professional and/or personal), how important is it for you to:

	, ·	Not Important Not Applicable	
			Circle One
1.	understand options for incorporating FAS/FARC informatinto your job or activities?		B C D E
2.	screen/recognize clients/students/children who have or vrisk for having birth defects related to alcohol exposure?		B C D E
3.	be aware of available resources to better coordinate hea and services for your clients/students/children?		B C D E
4.	understand basic terminology and principles of FAS/FARC	?? A	B C D E
5.	understand how FAS/FARC affect or influence families?	Α	B C D E

Are the following statements True (T), False (F), or Don't Know (D)?

In Washington State		Circle One		
1.	there is a 1-800# FAS Resource Line	True	False	Don't Know
2.	there is a Statewide FAS Diagnostic and Prevention Clinic Network	True	False	Don't Know
3.	there is a 1-900# Teratology Resource Line.	True	False	Don't Know
4.	there is a 1-800# Family Resource Line	True	False	Don't Know

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FETAL ALCOHOL SYNDROME (FAS) AND FETAL ALCOHOL RELATED CONDITIONS (FARC) Post-Training Survey

I. DEMOGRAPHICS:

Please circle the number of the category and fill in the blank space that best describes your profession:

ı	=	Therapist, type:
2	=	Counselor, type:
3	=	Teacher, type:
4	=	Nurse, type:
5	=	Social Worker, type:
6	=	Parent/Caregiver, type:
7	=	Student, type:
8	=	Other (please describe):
		s your specialty, if you have one?
will	en	are a student, circle the number of the category that best describes the profession you ter:
ı	=	
2		Therapist
		Nurse
		•
3	=	Nurse
3 4	=	Nurse Social Worker
3 4 5	= = =	Nurse Social Worker Parent/Caregiver
3 4 5 Plea Yea Hig You	= ase ar la ghes	Nurse Social Worker Parent/Caregiver Other (please describe):

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II. OBJECTIVES:

Did the training(s) help you to better:

A = Strongly Agree D = Strongly Disagree

B = Agree E = N/A

C = Disagree

Circle One

understand options for incorporating FAS/FARC information into your work or life?

ABCDE

2) screen/recognize clients/students/children who have or who are at risk for having birth defects related to alcohol exposure?

ABCDE

3) be aware of available resources to better coordinate health care and services for your clients/students/children?

ABCDE

4) understand basic terminology and principles of FAS/FARC?

A B C D E

5) understand how birth defects and related alcohol exposure can affect or influence families?

ABCDE

III. CONTENT/TRAINING MATERIALS:

How would you rate the following comments?

A = Strongly Agree D = Strongly Disagree B = Agree E = Not Applicable

C = Disagree

Circle One

I) Content is relevant to my situation or job activities A B C D E

2) Content was indepth A B C D E

3) Content can be integrated into my life or job activities A B C D E

4) Content was new to me A B C D E

5) Training material is helpful A B C D E

IV. OVERALL EVALUATION

I)	Please circle which (ONE) comment reflects your overall thoughts of the training(s):
	A = It was more valuable than I expected
	B = It was just what I needed to know
	C = It was too complicated
	D = It was a repeat (review) of what I already know
	E = It was not of relevance to me
2)	I would recommend this training(s) to my colleagues and friends: Yes No
3)	The most valuable part of the training(s) was:
4) 5)	The least valuable part of the training(s) was: Please feel free to include any additional comments:

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Thank you again for your feedback and participation in the training(s)!

Ordering Instructions for:

ALCOHOL AND THE FETUS

A TRAINING MANUAL FOR TRAINERS

By Carolyn Hartness

Carolyn has worked independently and through grants as an educator and consultant in the field of FAS for many years. Her work with the March of Dimes, county health departments, DSHS, school systems, parents, the criminal justice system and community organizations gives her a wide range of expertise. As a member of the Native American community, she has traveled throughout the United States and Canada educating and consulting with tribes and bands in both countries. She has presented at many conferences across the country including engagements in Norway, Canada, Hawaii, Alaska and New Zealand. Carolyn is also a team member at the FAS Diagnostic and Prevention Clinic at the University of Washington in Seattle, Washington under the direction of Dr. Sterling Clarren.

Price: \$25.00 (hard copy)

\$10.00 (diskette)

To order this manual, please send check or money order payable to **Public Health - Seattle & King County**:

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- 23. Lutke, Jan. Working with Adults (with FAS/E). Excerpt from Lutke curriculum, unpublished, FAS/E Support Network, Canada. 1993. (FASRES: 131)
- 24. Lutke, Jan. Fetal Alcohol Syndrome/Effect and Children in the "System". Excerpt from Lutke curriculum, unpublished, FAS/E Support Network, Canada. 1993. (FASRES: 130)
 - Notes: Excellent outline for reframing the way we interpret the actions and communication of an impaired child or adult. Solid examples and suggestions too.
- 25. Lutke, Jan. Fetal Alcohol Syndrome/Effect: Role of FAS/E Caregivers in Relationship to Other Children in the Home. FASNET Information Booklets, FAS Support Network, Canada. (1996). (FASRES: 43)
- 26. Malbin, Diane. FAS/FAE and Traditional Behavior Modification Interventions. (1996). (FASRES: 134)
- 27. Malbin, Diane. <u>Adolescents and Young Adults with FAS/E: Tips for Success Toward Building Self-Esteem.</u> FASETS: Improving the Outcome Newsletter, Winter. 1995. (FASRES: 276)
- 28. Maloney, S.M. <u>Interventions for the Drug Exposed Infant.</u> 1994. (FASRES: 34) Notes: overhead format
- 29. Mejeir, L. <u>Interventions for the Substance Abusing Woman.</u> FAS and related disorders Training Manual (Hartness, C.), Public Health Seattle & King County, FAS Project, Seattle, WA 206-296-5252. 1995. (FASRES: 278)
- Morse, Barbara A. and Lyn Weiner. <u>FAS: Parent and Child.</u> Distributed by: Fetal Alcohol Education Program, School of Medicine, Boston University, Brookline, MA. 1992. 136)
 - Notes: Question and answer format. Good for care givers. Distributed by the Fetal Alcohol Education Program. \$3/copy. Call 617-739-1424. May not be reproduced without permission.

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- 31. Osborne, Jan (compiled by:). Sourcebook of Successful School-based
 Strategies for Fetal Alcohol and Drug-Affected Students. Distributed by:
 Western Regional Center for Drug-Free Schools and Communities, Portland,
 OR. 1994. (FASRES: 139)
- 32. Parents Anonymous. Several good strategies for establishing bedtime routines, shopping, disciplinary actions, etc. Unpublished article, Parents Anonymous, I-800-932-HOPE. (1996). (FASRES: 280)
- 33. Rathbun, Antonia. Alcohol/Drug Related Birth Defects (ARBD): An Overview of Symptoms and Strategies for Caregivers. 1993. (FASRES: 77)
- Rathbun, Antonia. Alcohol/Drug Related Birth Defects (ARBD): An Overview of Symptoms and Strategies for Caregivers. Manuscripts available through: FAS/Drug Effects Clinical Programs, Portland, OR. 503-292-2259. 1993. (FASRES: 145)
- 35. Rathbun, Antonia. Practical Approaches to Working and Living with FAS/ <u>E children and Adults.</u> FAS/FAE/Fetal Drug Effect: Educational Implications, Unknown. (1996). (FASRES: 146)
- 36. Rathbun, MA, ATR, Antonia. Restoring Resilience: Tips for Success.

 Distributed by: FAS/DE Clinical Programs, 503-292-2259. (1996). FASRES: 147)

 Notes: Two page tip sheet
- Rothwell, Mary Ann. <u>FAS/FAE Intervention Strategies.</u> Unpublished. (1994). (FASRES: 148)
 Notes: One page tip sheet
- 38. Seattle-King Co. Task Force for Chemically Dependent Women. <u>Chemical Dependency Treatment for Women in Seattle and King County: From Theory to Action.</u> Report, Seattle-King Co. Task Force for Chemically Dependent Women, Seattle, WA. 1993. (FASRES: 167)
- 39. Soukup, M.P. <u>Classroom child management checklist: Preventative</u> <u>management strategies.</u> Unpublished. Seattle, WA. 1993. (FASRES: 284)
- 40. Soukup, Mary-Pat. <u>Creating Low-Stimulation Environment for Young Children.</u> "Child Abuse and Neglect", Unpublished(?). 1993. (FASRES: 149)

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- 41. Tanner, PhD, Patricia A. <u>Methods/Strategies for Educating Children with ADD.</u> Handout. (1996). (FASRES: 163)
- 42. Tanner, PhD, Patricia A. (compiled by:). <u>Attention Deficit Behaviors Typical</u> <u>of Children with Fetal Alcohol Syndrome/Effects.</u> Handout, Indian Oasis School District, Sells, AZ. 602-383-2601. (1996). (FASRES: 162)
- 43. Tanner-Halverson, PhD, Patricia A. <u>Survival Skills for Parents of FAS/FAE</u>
 Children. Handout, Indian Oasis School District, Sells, AZ. 520-383-2601.
 (1996). (FASRES: 166)
- 44. Tanner-Halverson, PhD, Patricia A. <u>FAS/E Pre-School Headstart</u>
 <u>Strategies.</u> Handout. (1996). (FASRES: 164)

 Notes: Clearly written list of specific suggestions for working with children with FAS/E.
- 45. Tanner-Halverson, PhD, Patricia A. <u>Strategies for Educating Children with</u> <u>FAS/FAE.</u> Handout, Indian Oasis School District, Sells, AZ. 520-383-2601. (1996). (FASRES: 165)
- 46. Taylor, MD, James A. <u>Medical Management of Withdrawal in the</u>
 <u>Newborn.</u> Handout. (1996). (FASRES: 168)
- 47. Turnbul, Ann. <u>Beach Center How To: Start Group Action Planning.</u>
 Handout, Beach Center on Families and Disability, Lawrence, Kansas. 913-864-7600. (1996). (FASRES: 170)

 Notes: A great handout for care givers living in areas without support groups already available or who are dissatisfied with the ones that are.
- 48. Villarreal, Sylvia F., McKinney, L. and Quackenbush, M. Handle with care: Helping children prenatally exposed to drugs and alcohol., ETR Associates, Santa Cruz, CA. 1992. (FASRES: 255)
- 49. Visions Video Productions. New Strategies, New Solutions. 1991. (FASRES: 172) Notes: Handout for the video entitled "Cocaine: The Domino Effect Series, Cocaine Babies"

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- 50. Washington State Fetal Alcohol Syndrome Diagnostic and Prevention Network (FAS DPN). <u>Intervention Ideas for Individuals with Prenatal Alcohol</u> <u>Exposure and Organic Brain Damage.</u> Children's Hospital & Regional Medical Center. First Edition, 2000.
- 51. Weiner, Lyn and Barbara A. Morse. <u>Intervention and the Child with FAS.</u> Alcohol Health and Research World, Unknown. v18:1; pp67-73. (1996). (FASRES: 176)
- 52. Weiner, Lyn and Morse, Barbara A. Facilitating development for children with fetal alcohol syndrome. Brown University Child and Adolescent Behavior Letter, Manisses Communications Group, Inc., Providence, Rhode Island. 401-831-6020. 1992. (FASRES: 256)
- 53. Wescott, Siobhan. Hippity Hops Velcroed to the Floor and Other

 Strategies to Educate Kids with FAS or FAE. Winds of Change, Unknown.

 Summer Issue. pp64-67. 1991. (FASRES: 177)

 Notes: Wonderful article with creative ideas.
- 54. Western Regional Center for Drug-Free Schools & Communities. <u>Guidelines</u> for Supporting Children with Fetal Alcohol and Other Drug Effects
 (FADE). (1996). (FASRES: 112)
- Western Regional Center for Drug-Free Schools and Communities.
 Guidelines for Supporting Children with Fetal Alcohol and Other Drug Effects (FADE). (1996). 178)
- 56. Western Regional Resource Center. <u>Building solutions for educational</u> services: A topical update on children exposed prenatally to substance <u>abuse.</u> Western Regional Resource Ctr, Cnr on Human Development, U of O, Eugene, OR. 1991. (FASRES: 250)

Notes: This information is compiled for educators who work with children prenatally exposed to substance abuse. The guides' eight sections cover special education and early intervention. Each section lists issues, statistics or strategies and one or two exemplary articles or papers. A resource and reference section provides additional contacts, such as agencies, programs, etc., followed by an extensive bibliography.

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PREVENTION

- Asley, Susan J. <u>FAS Primary Prevention through FAS Diagnosis: Part I.</u>
 <u>Identification of High-Risk Birth Mothers Through the Diagnosis of Their Children.</u> Not for Distribution. Children's Hospital & Medical Center.
- Kopera-Frye, Karen, et al. <u>Preventing FAS by Empowering Native</u> <u>American Chemical Dependency Counselors.</u> THE IHS Primary Care PROVIDER, US, DHHS, Indian Health Services, Phoenix, AZ. v19:n4; pp66-69. 1994. (FASRES: 184)
- Maloney, Susan K. and Susan S. Buell. <u>Toward Preventing Perinatal Abuse of Alcohol, Tobacco, and Other Drugs.</u> CSAP Technical Report 9, US, DHHS, Public Health Service, Center for Substance Abuse Prevention, Rockville, MD. 1993. (FASRES 179)
- 4. No More Labels. <u>SCENARIOS</u> (for role playing). Excerpt from "No More Labels" (Curriculum). 1992. (FASRES: 180)
- 5. Streissguth, A.P. Fetal Alcohol Syndrome: Understanding the Problem; Understanding the Solution; What Indian Communities Can Do.

 American Indian Culture and Research Journal. 18:3; pp45-83. 1994. (FASRES: 183)
- 6. Streissguth, A.P. <u>Today I Visited an Aleut Village: Observations on Preventing Fetal Alcohol Syndrome.</u> THE IHS Primary Care PROVIDER, US, DHHS, Indian Health Service, Phoenix, AZ. v15:n9. 1990. (FASRES: 181)
- 7. Streissguth, A.P. Fetal Alcohol Syndrome: Implications for Native

 American Communities. Messenger, America Belongs to our Children, Los
 Angeles, CA 800-783-6396. Spring 1994. 1994. (FASRES: 182)
- 8. Western Regional Center for Drug-Free Schools and Communities. <u>Fetal</u>

 <u>Alcohol/Drug Effects Prevention Grid.</u> Excerpt from Unknown, Western Regional Center for Drug-Free Schools and Communities. 1996. (FASRES: 186)



Books

 Alcohol Health and Research World. (Journal by: National Institute on Alcohol Abuse and Alcoholism (NIAAA)), Avail through: NCADI, PO Box 2345, Rockville, MD 20852. (FASRES: 301)

Notes: This is a professional journal which has published many, many articles on FAS and it's related alcohol issues. Excellent resource if you are doing research.

- 2. Barkley, Russell, Ph.D. <u>Taking Charge of ADHD.</u>
 Notes: Features pioneering research that provides new insight into preventing ADHD from becoming a major obstacle in a child's (and parent's) life. Step-by-step ways to manage a child with ADHD in a variety of everyday situations.
- 3. Blume, Sheila B. What you can do to prevent fetal alcohol syndrome: A professional's guide. Johnson Institute, Minneapolis, Minn. 1992. (FASRES: 249)

 Notes: This book provides basic information about the cause and effects of FAS/RE and moves on to discuss prevention through education, screening, treatment referrals, needs for pregnant alcoholics, and public policy. It is specifically designed to help the professional motivate others to seek out early and adequate prenatal care.
- Coles, C.D. <u>Prenatal Alcohol Exposure and Human Development.</u>
 <u>Development of the Central Nervous System: Effects of Alcohol and Opiates.</u> Book, Wiley-Liss, New York. 1992. (FASRES: 266)
- Davis, Diane. Reaching Out to Children with FAS/FAE. The Center for Applied Research in Education, West Nyack, NY. 1994. 1-800-288-4745 (FASRES: 208)
- 6. Dorris, Michael. <u>The Broken Cord.</u> Harper & Row, New York. 1989. (FASRES: 120)

Notes: This is the book that woke the nation to the issues of FAS. A first-person account by Michael Dorris, a single parent who adopted Adam, a 3-year-old Native American boy with undiagnosed FAS. This was still in the days when only a very few people knew what FAS was. Dorris struggles for ten years trying to determine the cause of his son's physical, behavioral and learning problems. Contains historical perspective of the recognition of FAS and includes extensive bibliography.

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- FAS Support Network. My Name is Amanda and I Have FAS. 1-504-589-1854.
- 8. Hannaford, Carla. <u>Smart Moves (Brain Gym)</u>. 1996. (FASRES: 207)

 Notes: Everyone should have access to the knowledge and exercises outlined in this book. People using these techniques have reported surprising changes in children with ADD and ADHD.
- 9. Institute of Medicine. Fetal Alcohol Syndrome. Diagnosis, Epidemiology, Prevention, and Treatment. National Academy Press, Washington, D.C. 800-624-6242. \$39.95. (1996). (FASRES: 205)
- 10. Kleinfeld, Judith. **Fantastic Antoine Succeeds!** University of Alaska Press, University of Alaska, P.O. Box 756240, Fairbanks, AK 99775-6240. Phone: I-888-252-6657, 907-474-5831, FAX: 907-474-5502, e-mail: fypress@uaf.edu. Notes: This excellent book offers the practical wisdom of parents, teachers, and therapists on raising and educating children with FAS/RE. Parents describe how they organize their family life and deal with schools. Teachers offer descriptions of classrooms where children with FAS/RE thrive. Especially important are the stories of children with FAS/RE who are doing well at school and home. This book emphasizes the message that the future of children with FAS/RE is more hopeful than existing stereotypes portray.
- Kleinfeld, Judith. <u>Fantastic Antoine Grows Up.</u> University of Alaska Press, University of Alaska, P.O. Box 756240, Fairbanks, AK 9977-6240. Phone: I-888-252-6657, 907-474-5831, FAX: 907-474-5502, e-mail: fypress@uaf.edu.
- 12. Kulp, L. and Kulp, J. The Best I Can Be (Living with FAS). 763-531-9548.
- 13. LaDue, R., and Hartness, C., <u>The Little Fox, The Little Mask, Sees No Danger, and Travels in Circles.</u> Department of Social and Health Services, Olympia, WA, 360-902-0215 or e-mail: <u>zoca300@dshs.wa.gov</u>. (2001). Note: An award winning series of stories using animals to tell developmental stories of FAS using a Native American format. The teacher's guides were developed by Carolyn Hartness and Julie Gelo.

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- LaFever, Linda. <u>Cheers! Here's to the Baby.</u> Fetal Alcohol Syndrome Family Resource Institute, 1-800-999-3429 (inside Washington) or 253-531-2878 (outside Washington).
- Lesley, Craig. <u>Storm Rider.</u> Picador USA, 175 5th Ave., New York, NY 10010 (2000).
 - Note: Available at B. Dalton, Borders, and other book stores. Excellent book based on author's personal experience of raising a child to adulthood with FAS.
- 16. Miller, W. and Rollnick, S. <u>Motivational Interviewing. Preparing people to change addictive behavior.</u> The Guilford Press, New York. 1991. (FASRES: 279)
- 17. Streissguth, A. <u>The Challenge of Fetal Alcohol Syndrome</u>. University of Washington Press: 1-800-411-4115.
- Streissguth, A. FAS, A Guide for Families and Communities. Brooks Publishing: 1-800-638-3775.
- Tonner, Leslie. <u>The Difficult Child.</u> Bantam Books (1985, revised 1989).
 Note: A revised and expanded edition of the acclaimed work on understanding and managing hard-to-raise children.
- Wallace PhD, Rosella. <u>Rappin' and Rhymin': Raps, Songs, Cheers, and Smartrope Jingles for Active Learning.</u> Zephyr Press, Tucson, AZ. 602-322-5090. \$19.95. 1992. (FASRES: 206)

Notes: Activities to facilitate memory while activating the whole brain with songs, raps, rhymes, jump rope changes, cheers and games.

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CD ROMS

- I. <u>FAS Tutor</u>, interactive instructional CD-ROM, Astley, S.J., Clarren, S.K., Gratzer, M., Orkand A., Astion, M. Distributed by March of Dimes, Birth Defects Foundation, 1999.
- Fetal Alcohol Syndrome-Tutor, Medical Training Software, Astley & Clarren, 1996, 1999. March of Dimes Fulfillment Center, 800-367-6630, outside USA: 570-820-8104. Ask for Item #09-1266-99.
 Notes: A compact disk created by the University of Washington FAS DPN to instruct medical professionals, through video, computer animation and photographic examples, on how to screen and diagnose FAS.
- 3. The Little Fox, The Little Mask, Sees No Danger, and Travels in Circles. LaDue, R., and Hartness, C. Department of Social and Health Services, Olympia, WA. (2001). To obtain copies, call (360) 902-0215, or e-mail: zoca300@dshs.wa.gov.

Notes: An award winning series of stories using animals to tell developmental stories of FAS using a Native American format. The teacher's guides were developed by Carolyn Hartness and Julie Gelo.

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Curricula

- Doctor, Susan, Ph.D. <u>FAS/FAE/FDE, Educational Implications</u>, University of Nevada, Reno.
- FAS/E Support Network (Berg, Kinsey, Lutke, Wheway). FASNET
 Assessment Tools. FAS/E Support Network. 1995. (FASRES:21)
 Notes: Curriculum & handouts on a wide variety of subjects ranging from assessment to intervention.
- GONA, Substance Abuse Prevention Curriculum, <u>Gathering of Native</u>
 <u>Americans</u>, (1999). U.S. Indian Health Service and the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, Rockville, Maryland.
- 4. Hartness, Carolyn L. <u>Alcohol and the Fetus</u> (revised February 2001). P.O. Box 556, Indianola, WA 98342. (360) 297-0411

 Notes: A comprehensive manual discussing diagnosis, behavior, intervention, prevention, working with pregnant women who are drinking and suggestions for trainers with an extensive bibliography of resources.
- 5. Kuerschner, M.S., Suzie. **BEYOND THE GLOOM AND DOOM.** National Indian Child Welfare Association. (2001) 503-222-4044

 Notes: Tools for help and cope with Native people affected by FAS and related conditions. This manual is offered from a developmental perspective that identifies the strength of those affected. Using those strengths and the strengths of Native traditions, the manual offers stories, narratives and strategies within each developmental component.
- 6. Kuerschner, MS, Suzie. <u>The Native American Family Resource</u>
 <u>Curriculum Guide.</u> Curriculum, Native American Rehabilitation Assoc. of the Northwest, Inc., Gresham, OR. 503-669-7889. (FASRES: 326)

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- 7. LaDue, Robin A. A Practical Native American Guide for Caregivers of Children, Adolescents, and Adults with Fetal Alcohol Syndrome and Alcohol Related Conditions. To obtain manual, call Dr. Marlene Echohawk, Indian Health Service (301) 443-2589. (2000)
- 8. Ladue, R., and Hartness, C., <u>The Little Fox, the Little Mask, Sees No Danger and Travels in Circles.</u> Department of Social and Health services, Olympia, WA, 360-297-0411 (2001).

 Notes: An award winning series of stories using animals to tell developmental stories of FAS using a Native American format. The teacher's guides were developed by Carolyn Hartness and Julie Gelo.
- 9. McKinney, Victoria. **FAS: Prevention at Its Earliest.** The Community Education Project (Curricula), Fetal Alcohol Syndrome Adolescent Task Force, Lynnwood, WA 206-778-4048. 1993. (FASRES: 187)
- McKinney, Victoria. Prevention: From the Inside Out. The Community Education Project (Curricula), Fetal Alcohol Syndrome Adolescent Task Force, Lynnwood, WA 206-778-4048. 1993. (FASRES: 188)
- McKinney, Victoria. <u>FAS: The Path to Prevention</u>. The Community Education Project (Curricula), Fetal Alcohol Syndrome Adolescent Task Force, Lynnwood, WA 206-778-4048. 1993. (FASRES: 189)
- 12. No More Labels. <u>Embryonic Evolution Quiz.</u> Excerpt from "No More Labels" (Curriculum). 1992. (FASRES: 194)
- Northern Plains Native American Chemical Dependency Assoc., Inc. FAS/FAE
 Curriculum for Native Americans. Northern Plains Native American
 Chemical Dependency Assoc., Inc., Pierre, SD. 605-773-3737. 1994. (FASRES: 197)
 - Notes: Uses story telling and Lakota names and legends to convey FAS/RE prevention information.
- 14. The FAS Family Resource Institute. <u>The FAS Family Resource Institute</u> <u>Packet.</u> The FAS Family Resource Institute, Lynnwood, WA. Call 253-531-2878 (outside Washington) or 1-800-999-3429 (inside Washington). (1990). (FASRES: 202)

Notes: A little bit of everything. More of an informational packet than a full curriculum.

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- 15. Unknown. <u>Prevention 101 Training of Trainers.</u> Washington State, DASA, 360-438-8219. (1996). (FASRES: 190)
- 16. Wegmann, M., Colfax, L., Gray, M. and Reed, B. <u>Assessment and Resource</u> <u>Guide for FAS/FAE.</u> Pen Print, Inc., Port Angeles, WA. 1995. (FASRES: 192)
- White, Nancy and Ruth Francis. <u>The Fabulous FAS Quiz Show.</u> March of Dimes, WW Chapter and WA State Dept of Health, Seattle, WA. 206-624-1373. 1994. (FASRES: 195)

Notes: Excellent teacher's kit for facilitating learning about FAS with middle school students. It's chock full of activities with good instructions and readable handouts to photocopy for the kids. It also includes a video.

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Newsletters

- FASTIMES Newsletter: Fetal Alcohol Syndrome/Adolescent Task Force Newsletter. DeVries, Jocie (editor), Family Resource Institute, Lynnwood, WA, 1-800-999-3429 (inside Washington) or 253-531-2878 (outside Washington). (FASRES: 49)
- 2. **FANN Newsletter.** Bimonthly, edited by: Linda and Hank Will, The Fetal Alcohol Network, Coatesville, Pennsylvania. 1990 -. (FASRES: 258)

 Notes: Newsletter has a national scope.
- 3. **FAS and Other Drugs Update.** Biannual, gratis, Prevention Resource Center, Springfield, Ill. 1981 (FASRES: 259)

 Notes: Designed specifically for counselors, care providers, health practitioners, and educators, this newsletter helps those working with women realize that healthy mothers produce healthy babies. Each issue includes a short article of about three pages such as "Prenatal Care: A Birthright", and "Helping Caregivers Services" many articles include bibliographies and some material is written in Spanish.
- 4. Fen Pen. Family Empowerment Network, Madison, Wl. 1-800-462-5254.
- 5. **Growing with FAS.** Bimonthly, Pamela Groves, editor, Growing with FAS, 7802 SE Taylor, Portland, OR 97215. 1989 -. (FASRES: 260)

 Notes: This helpful newsletter contains a variety of information for parents of individuals with FAS/RE and for professionals. Over the years issues have included excerpts from professional papers, comments on the special strengths of children with FAS/RE, a guide to summer camps appropriate for children with FAS/RE, a "Question of the Month" calendar with answers, summaries of conferences, and reader comments.
- 6. <u>Iceberg Newsletter.</u> Janice Wilson-Vache (editor), FAS Information Service (FASIS), P.O. Box 95597, Seattle, WA 98145-2597. (FASRES: 50)

 Notes: Board of Directors (2001): Clarren, Clarren, Fox, Fox, Gelo, Huffine, Jirikowic, O'Malley, Streissguth, Talbot, Ten Eyck, Williams.
- 7. **Journal of Urban Addiction.** Newsletter, Mt. Zion Baptist Church, Seattle, WA. (FASRES: 51)



- 8. <u>Living with FAS.</u> Saskatchewan FAS Support Network, Saskatoon, Saskatchewan, Canada 306-665-7272.
- 9. **Northwest Prevention Quarterly.** Mt. Zion Baptist Church, Seattle, WA 206-323-5399. 1993. (FASRES: 52)

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Organizations

- 1. <u>CH.A.D.D.: Children and Adults with Attention Deficit Disorders.</u>
 (FASRES: 209)
- The FAS Family Resource Institute. <u>The FAS Family Resource Institute</u> <u>Packet.</u> The FAS Family Resource Institute, Lynnwood, WA. Inside Washington, I-800-999-3429; outside Washington, 253-531-2878. (1990). (FASRES: 202)
- 3. **FAS Support Network of B.C.,** Surrey, B.C., Canada. 604-507-6675.
- 4. March of Dimes Birth Defects Foundation. National organization, White Plains, NY 914-428-7100. (FASRES: 211)
- 5. National Organization of Fetal Alcohol Syndrome (NOFAS), Washington, D.C., 202-785-4585.
- 6. National Association for Prenatal Addiction Research and Education.,

 I I East Hubbard Street, Suite 200, Chicago, III 60611. (FASRES: 257)

 Notes: This multidisciplinary society of professionals is devoted to addiction treatment and prevention for pregnant and postpartum women and their children.
- 7. National Family Empowerment, Madison, WI, 1-800-462-5254.
- 8. **Parent Trust for Washington Children,** Family Help Line, 1305 4th Ave., Suite 310, Seattle, WA 98101. 1-800-932-4673.
- Washington State Independent Living Council (SILC). Organization, Wa, Div. of Vocational Rehabilitation and Dept. of Services for the Blind, Olympia, WA 800-624-4105. 1995. (FASRES: 210)



Programs

- Clarren M.D., Sterling and Susan Astley, Ph.D. <u>Fetal Alcohol Syndrome</u>
 <u>Diagnostic and Prevention Clinic at the University of Washington</u>. At the University of Washington, Seattle, WA 206-526-2206. (FASRES: 215)
- 2. The Family Resource Institute (former The FAS Adolescent Task Force).

 Program, The Family Resource Institute, Lynnwood, WA 206-531-2878.

 Notes: Grassroots partnership of parents and professionals working together to support families raising children who are disabled by FAS/RE. "We advocate for children who have mental retardation and physical handicaps, but are also concerned with the 'interrupted conscience development' of those who are not mentally retarded. Research shows a normal IQ does not leave the person with FAS/RE better off, but often misdiagnosed and misunderstood."
- 3. **FAS Education Program, Boston.** Program, Boston University, School of Medicine, Brookline, MA 617-739-1424. (FASRES: 216)
- 4. <u>I-WA-SIL Youth Program</u>. Program, United Indians of All Tribes, Seattle, WA 206-343-3111. (FASRES: 218)
- Living and Learning with Fetal Alcohol Syndrome. Program, Yellowknife Association for Community Living, NW Territories, Canada 403-920-2644. (FASRES: 213)

Notes: The goals of this project include offering support to families and children affected by FAS; to liaise with community groups/agencies, professionals and parents involved in FAS issues in the Yellowknife community; to increase awareness in the community; and to promote and assist in development of FAS projects in several nearby communities. The project also hopes to advocate and foster prevention of FAS, assist families in accessing support services and provide workshops and public information discussions.

6. Parent to Parent Support in Washington State. Programs throughout Washington, King County contact: 206-364-4645, (1996). (FASRES: 220)

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Resource Guides

- Alcohol and other drugs can harm an unborn baby: A resource list.
 National Clearinghouse for Alcohol and Drug Information, Rockville, Md. (1993).
 (FASRES: 248)
 - Notes: "This material is not copyrighted and duplication is encouraged."
- The Arc's Fetal Alcohol Syndrome Resource Guide. (revised August 2000).
 Available from the Arc's Publication's Desk for \$4.99, 3300 Pleasant Valley Lane,
 Suite C, Arlington, TX 76015. Phone: I-888-368-8009.

 Notes: Developed through a grant from the Centers for Disease Control & Prevention.
- Early Childhood Substance Abuse Directory: Curricula Directory. WA
 State, Dept of Social and Health Services, Div of Alcohol & Subst. Abuse, 1992.
 (FASRES: 222)
- 4. Kvigne, Valborg, Engelhart, E. and Burke, K. <u>Fetal Alcohol Syndrome</u>
 <u>Resource List.</u> Univ of South Dakota Affiliated Program, Ctr for
 Developmental Disabilities, Vermillion, SD 605-677-5311. 1991. (FASRES: 252)
 Notes: This bibliography includes approximately 350 journal articles, books, videos, handbooks, curriculum packets, booklets and chapters in books regarding fetal alcohol syndrome published or produced from the mid 1970s to 1991.
- National Clearinghouse for Alcohol and Drug Inf. CATALOG (NCADI).
 NCADI Publications Catalog, Rockville, MD 800-729-6686. 1993. (FASRES: 226)
- 6. Snyder, Lisa (developed by). **Fetal Alcohol Syndrome: Resource Guide.**Indian Health Service, Headquarters West, FAS Office, Albuquerque, NM 505-262-6112. 1-54. 1992. (FASRES: 223)
 Notes: Although put together in 1992, there is lots of information here with many descriptions of the resources listed as well.
- 7. Washington State Fetal Alcohol Resource Guide: Tools for Prevention and Information. Comprehensive Health Education Foundation, Seattle, WA 206-824-2907. 1995. (FASRES: 224)

Notes: Great Resource! This guide contains listings for over 200 resources including: videos, pamphlets, posters, books, teaching materials and organizations. FREE to Washington State residents. Outside of Washington, \$4.00 for shipping and handling.

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Resource - Misc.

- 1. Aos, S., Lieb, R. and Barnoski, R. **Trends in At-Risk Behaviors of Youth in Washington.** A Report to the Washington State Legislature, Washington State Institute for Public Policy, Olympia, WA 360-866-6000 x6380. 1996. (FASRES: 234) Notes: Report to governor regarding trends in: violent crimes by youth, teen substance abuse, teen suicide attempts, teen pregnancy, dropping out of school, child abuse or neglect, domestic violence, out-of-home placements.
- 2. **Brain Gym.** *Training done by: Inner Flight*, Seattle, WA 206-462-9245. (2001). (FASRES: 230)

Notes: "Brain Gym" is a brilliant synthesis of activities that help adults and children clear blocks to learning and moving forward by integrating the brain for specific issues. Brain Gym is effective for all who desire to change ineffective behavior including challenges of dyslexia, FAS, ADD or ADHD. (See the book called 'Smart Moves' as well.)

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Videns

1. <u>Adolescence and the Future.</u> (22 minute video), Altschul Group, Evanston, III 800-323-9084. 1991. (FASRES: 238)

Notes: Parents, educators and health professionals focus on the problems facing two young people experiencing FAS. The video addresses skills and attitudes necessary for parents to effectively help their children develop positive self esteem as well as acquire job and life skills.

- Babies in Waiting. 1992. 27 minutes. June Hagman, Family Care
 Communications, Inc. Eden Prairie, MN. 612-944-5350.

 Notes: Excellent for lay audiences and young people. Animated fetuses visit their
 live mothers to give them prevention information and educate them as to the
 dangers of drugs and alcohol during pregnancy. The video comes with a discussion
 guide. It has a multi-cultural appeal.
- 3. <u>Cocaine Kids Training Tape: New Strategies, New Solutions.</u> (23-minute video), Altschul Group, Evanston, III 800-323-9084. 1991. (FASRES: 239)

 Notes: Although the title of this video refers to cocaine-affected children, the information is also applicable to FAS/RE children. The video gives an enormous amount of information regarding the manifestations of prenatal exposure to these damaging substances as well as precise teaching strategies for working with affected children. Strategies include modifying the learning environment, play therapy, social/emotional development, effective communication, motor skill development and home/school teamwork. Targets day care.
- 4. <u>The Fabulous FAS Quiz Show.</u> 1993. Department of Health, March of Dimes and Washington State Department of Public Health.

 Notes: Great film for kids from about 10 13. Inexpensive and comes with a curriculum.
- 5. Faces of FAS/FAE/FDE, Doctor, Susan. (1994). University of Nevada, Reno. Notes: Great footage of children and caretakers.

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6. Fetal Alcohol Syndrome and Effect: Stories of Help and Hope. Hazelden Video, (1996).

(FASRES: 273)

Notes: This is an excellent film that covers everything from screening to intervention.

- 7. Healing the Broken Cord. (45-minute video), National Organization on Fetal Alcohol Syndrome, Washington, D.C. 800-66-NOFAS. 1992. (FASRES: 240) Notes: Highlights of workshops and speeches presented at the 1991 NOFAS conference are the part of this audio visual package. A four-hour audio tape and a 45-minute video tape, address topics such as "Education Perspectives on the FAS Child", "Legal Perspective", "A Mother's Experience,", and "Next Steps to Healing" and discussions by those on the cutting edge of FAS prevention and service among American Indians and Canadian Native communities.
- 8. <u>INFLUENCES: Innocence Betrayed</u>. Alfonso, Ramon M. Pyramid Film & Video, 2801 Colorado Avenue, Santa Monica, CA, 90404, 310-828-7577. 24 minutes. (1992)

Notes: Excellent video which explores the devastating, impact on society of a growing population of children and adolescents permanently disabled by prenatal substance abuse. With clarity and compassion, the film follows children and their guardians as they attempt to cope with baffling learning and behavioral disabilities. Target audience: Junior high school, college, & adult.

9. The Little Fox, The Little Mask, Sees No Danger, and Travels in Circles LaDue, R., and Hartness, C. Department of Social and Health Services, Olympia, WA. 360-297-0411 (2001). To obtain copies call (360) 902-0215 or e-mail: zoca300@dshs.wa.gov.

Notes: An award winning series of stories using animals to tell developmental stories of FAS using a Native American format. The teacher's guides were developed by Carolyn Hartness and Julie Gelo.

 One For My Baby. (28-minute video), AIMS Media, Chatsworth, CA 800-367-2467. 1983. (FASRES: 245)

Notes: This video defines the dangers of maternal alcohol consumption for the unborn child through interviews with parents of children with FAS, physicians, and other health care workers. "Although the production is over ten years old, the material is factual and especially useful to the Spanish-speaking audience."

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 Mary's Choice. recent. The New York State Developmental Disabilities Planning Council. NYS DDPC, 155 Washington Avenue, Albany, New York 12210. 1-800-395-DDPC. Also available in Spanish.

Notes: Story of teenage girl who gets pregnant and has to make a choice between drugs and alcohol and her abusing boyfriend. She is assisted by a neighbor who had been in the same situation as a teenager.

12. Painting A Future: A Young Adult Succeeding with FAE. Dewit, Scott. University of Alaska Press, University of Alaska, P.O. Box 756240, Fairbanks, Alaska 99775-6240. Phone: I-888-252-6657, 907-474-5831, FAX: 907-474-5502, e-mail: fypress@uaf.edu.

Note: This concise videotape features a teacher helping middle school students learn about art - but what appears to be a typical classroom scene is actually a powerful and visible example of what a young person with FAS/E can accomplish.

13. <u>Precious Gift</u> (16-minute video), Saskatchewan Institute on Prevention of Handicaps, 1997. Send \$15.00 to them at 1319 Colony Street, Saskatoon, Saskatchewan, S7N 221.

Notes: This gentle film portrays real life situation focusing on the life of a young woman who believes she is pregnant. Through the support of her grandmother, boyfriend and friends, she decides to remain sober during her pregnancy. The story takes place on a reserve in Saskatchewan.

14. Preventing and Prevailing, Challenges of Fetal Alcohol Syndrome (2000), 1-800-344-1432.

Notes: Excellent film for parents and caregivers of children with FAS. Focuses on the struggles and the rewards of parenting these special children. Also has good prevention messages.

Preventing F.A.S. 1989. Perennial Education, 930 Pitner Avenue, Evanston, IL 60202. (708) 328-6700, FAX (708) 328-6706, 1-800-323-9084.

Notes: This series discusses the affects of alcohol on the fetus, the role that men play in encouraging a woman to drink, and primary and secondary prevention techniques for community, education and health professionals. 24 minutes.

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16. Sacred Trust - Protect Your Baby Against Fetal Alcohol Syndrome.

December 1995. Golden Eagles Award (1996). U. S. Department of Agriculture, Food and consumer Service, Special Supplemental Nutrition Program for Women, Infants and children (WIC), FCS-294. Phone: I-800-662-9111 or 360-586-9046, FAX: 360-664-2929. Department of Health Warehouse. 14 minutes.

Notes: Excellent film addressing FAS and related conditions from a prevention point of view. Targets Native American and Alaskan Native women of child bearing age and their partners.

- 17. The Silent Victims, Hope Productions and Services, Inc. (1994). Good film.
- 18. <u>Training Tapes for Living with FAS and FAE: The early years, birth</u> through age 12. (32-minute video), Altschul group, Evanston, III 800-323-9084. 1992. (FASRES: 246)

Notes: Strategies to help adolescents and adults with FAS/RE develop social and adaptive living skills are presented in clear, easy-to-follow steps.

- 19. What is FAS? 1989. Perennial Education, 930 Pitner Avenue, Evanston, IL 60202. (708) 328-6700, FAX (708) 328-6706, I-800-323-9084.

 Notes: This series discusses the affects of alcohol on the fetus, the role that men play in encouraging a woman to drink, and primary and secondary prevention techniques for community, education and health professionals. 24 minutes.
- 20. What's Wrong With My Child? (26-minute video), Coronet MTI Film and Video, Deerfield, III 800-621-2131. 1990. (FASRES: 247)
 Notes: This is a segment of the television program 20/20 that aired March 30, 1990. It includes interviews with Sterling Clarren, M.D. and psychologist Ann Streissguth, Michael Dorris, author of the book 'The Broken Cord', and others. They present an interesting perspective from professionals who are very involved with FAS/RE issues a transcript is available from Journal Graphics.
- 21. Worth the Trip. Vida Health Communications. 617-864-4334.



Visual Aides - Misc.

- I. <u>Embryonic Timeline #1.</u> (Drawn and designed by Karen A. Chalupnik), Children's Hospital, March of Dimes and U of W, Seattle, WA. 1992. (FASRES: 311)
- 2. **Brain Poster.** Healthy Mothers, Healthy Babies Coalition of Washington. Children's Trust Foundation, Seattle, WA 206-343-5911. (1996). (FASRES: 310)
- 3. **Fetal alcohol children in the classroom.** LaDue, R., Randels, S. and Burgess, D. (Audio tape), Northwest Regional Educational Laboratory, Portland, OR 503-257-1515. 1989. (FASRES: 241)

 Notes: This tape includes information about the growth deficiencies, behavioral and cognitive effects of FAS. It also includes recommendations for appropriate educational curricula.
- 4. **Visions Video Productions: Catalog of Videos.** Visions Video Productions, Inc., Tacoma, WA 206-475-4179. 1991. (FASRES: 237

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WEB SITES

The Web has 36,500 web page matches when you type fetal alcohol syndrome into the search box. How can we possibly know where to look? the truth is that there are many great sites and some that are very misleading, actually encouraging women to drink during pregnancy. The following list of sites is by no means exhaustive or perfect. Please look into sources of information and use common sense and remember there is no safe amount of alcohol during pregnancy. There are many websites mentioned throughout the MSN Web Search under FAS Community Resource.

1. Alcohol and Drug Abuse Institute Library

University of Washington. http://www.depts.washington.edu/adai/lib/libhome.htm

2. <u>www.jointogether.org</u>

Preventing Fetal Alcohol Syndrome.

3. www.ccsa.caf

from Canadian Center on Substance Abuse.

4. http://com-overto/FASCRC

FAS Community Resource. Members.aol.com/alphamom33/birthmom. *Chat line and great site for birth moms*.

5. www.fetalalcoholsyndrome.org

Family Resource Institute. Mission is to identify, understand and care for individuals disabled by prenatal alcohol exposure and their families.

6. http://depts.washington.edu/fasdpn

FAS Diagnostic and Prevention Network, Dr. Astley. *Information about diagnosis and fetal alcohol syndrome*.

7. www.uaf.edu/uapress

University of Alaska Press. Information on books and other materials relating to FAS.

8. www.researchpress.com

Books, videos, and software in School Counseling, Special Education, Psychology, Counseling and Therapy, Parenting, Death and Dying, and Developmental Disabilities.

9. <u>www.hazelden.org</u>

Resource for books, curricula and videos about FAS.