NEAFAN

Providing FASD Supports and Services for Northeast Alberta

Enhancing FASD Supportive Practices.

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Understanding Trauma-Informed FASD Support.

People with Fetal Alcohol Spectrum Disorder (FASD) often experience trauma, which can shape how they interact with the world. For those working in services like housing, financial supports, disability programs, or employment initiatives, adopting trauma-informed practices can lead to better outcomes. This approach focuses on creating safe, trusting, and supportive environments, without requiring workers to be trauma experts. Instead, it involves changing how you work to meet people where they are emotionally, mentally, and physically.

Trauma is any experience that overwhelms a person's ability to cope. It can stem from one-time events like violence or accidents (acute trauma), or from repeated and prolonged experiences like abuse or war (chronic or complex trauma). Some trauma spans generations—such as the lasting effects of colonization, residential schools, or systemic racism—impacting individuals and families long after the events. Everyone reacts to trauma differently but with support and understanding, healing is possible.

Four key ideas shape trauma-informed practice when supporting people with FASD. The first is trauma awareness. People with FASD are more likely to have experienced trauma, which can affect how they respond to services. For example, they may avoid appointments or struggle to build relationships with care providers. Recognizing these patterns can help staff respond more effectively.

Second is creating emotional and physical safety. When people feel secure and respected, they are more likely to engage positively with support services.

The third principle is choice and collaboration. Since trauma can leave people feeling powerless, offering them meaningful options and working together can help rebuild a sense of control. Lastly, trauma-informed practice focuses on strengths and skill-building. Instead of emphasizing problems, this approach helps individuals and families build on what's already working.

For more detailed guidance, professionals can take training courses like "FASD for Community and Social Services Professionals Level II," which explains how trauma and grief affect individuals with FASD. Ultimately, trauma-informed practice is not a checklist—it's a compassionate way of working that acknowledges people's experiences and helps them move forward but with support and understanding, healing is possible.

Screening Tools Support Safer Pregnancies.

The study titled "Screening and Brief Interventions for Alcohol Use During Pregnancy: Practices Among US Primary Care Clinicians" explores how well primary care providers in the United States are screening pregnant patients for alcohol use and providing brief counseling interventions when needed.

Alcohol use during pregnancy is a known cause of Fetal Alcohol Spectrum Disorder (FASD), a serious and preventable condition. As a result, health professionals are encouraged to screen all patients of childbearing age for alcohol use and offer interventions that can reduce or stop alcohol use before or during pregnancy.

Researchers analyzed responses from over 1,500 primary care clinicians, including family physicians, internists, obstetricians/gynecologists, nurse practitioners, and physician assistants. While nearly all participants reported that they screened their pregnant patients for alcohol use, only about 50% felt confident in their ability to provide brief interventions when alcohol use was identified. This lack of confidence may be one reason why these interventions are not used as effectively as they could be.

The study also found that confidence was higher among clinicians who regularly used a standardized screening tool such as the Alcohol Use Disorders Identification Test (AUDIT-C) and who had access to electronic health record (EHR) prompts that supported alcohol screening and intervention.

The findings suggest that even though alcohol screening is common in primary care, many clinicians may benefit from more training, support tools, and system-level integration to carry out brief interventions effectively. One key takeaway is that using EHR tools can make it easier for providers to follow best practices and improve care. Another important point is that raising awareness and improving provider confidence can enhance prevention efforts, helping reduce the risk of FASD.

"Alcohol screening tools improve pregnancy outcomes."

The study concludes that improving clinician training and embedding decision-support tools in clinical workflows can lead to better screening outcomes and timely support for pregnant patients. These changes can contribute to reducing alcohol use during pregnancy and improving maternal and child health outcomes across the country.

Review Original Paper

Navigating Prenatal Alcohol Conversations Professionally.

Health and social service professionals' personal beliefs and experiences significantly shape their understanding and professional responses to Fetal Alcohol Spectrum Disorder (FASD). Because professional training on FASD is not universally standardized or comprehensive, practitioners often turn to their personal experiences and societal attitudes to guide their decisions. This can result in inconsistent approaches when addressing prenatal alcohol use with clients, leading to mixed or unclear messaging about the potential risks involved.

Professionals commonly reflect on their own experiences or those of close friends and family members when thinking about alcohol and pregnancy. Many acknowledge that when they or their peers were pregnant, they lacked awareness of the genuine risks posed by alcohol consumption, largely due to conflicting messages from health professionals and media sources. Some practitioners even admitted that they themselves consumed alcohol during pregnancy without full awareness of the possible negative consequences, illustrating how personal experiences directly influence their professional perspectives and practices.

This personal perspective can also make conversations about alcohol consumption uncomfortable in social and clinical settings. For example, some participants mentioned feeling reluctant or hesitant to discuss prenatal alcohol consumption with their friends or family members, fearing social discomfort or even damaged relationships. Similar hesitation can carry over into their professional roles, affecting their ability or willingness to broach sensitive issues around prenatal alcohol exposure with patients effectively.

Another key issue highlighted by professionals is the broader social context around alcohol use, where alcohol is generally accepted and normalized. Society often focuses on alcohol addiction or severe misuse, overshadowing the risks of regular moderate drinking, including during pregnancy. Professionals noted that, because drinking alcohol is culturally acceptable and even encouraged in some settings, addressing its use in pregnancy could feel intrusive or stigmatizing. Furthermore, some participants raised concerns about social justice implications, such as potential biases about who might be considered "at risk," often along socioeconomic lines, further complicating effective communication about FASD.

Comparisons between alcohol and other substances further illuminate these complexities. Professionals indicated that society generally views illicit substances as inherently more harmful than alcohol, despite evidence showing that prenatal alcohol exposure can cause significant and widespread harm. This societal bias can lead professionals to downplay the severity of alcohol use relative to illegal drug use during pregnancy, potentially contributing to ineffective prevention strategies.

Ultimately, the article emphasizes the need for structured, targeted professional education that addresses both clinical knowledge and these personal and societal biases. Effective training programs should foster open dialogue about alcohol-related risks, confront societal misconceptions, and equip professionals with clear, consistent messaging about prenatal alcohol exposure and FASD. This holistic approach would help reduce stigma, increase professional confidence, and improve prevention efforts, ultimately benefiting individuals and families affected by FASD.

FASD for Community & Social Services Professionals Level II

This Level 2 training course, builds on the Level 1 Foundations in FASD course, and assumes the learner has a general understanding of FASD.

This training provides frontline workers with essential knowledge and practical skills, enabling them to effectively advocate for and deliver services to children and adults with FASD. Participants will gain a clear understanding of FASD-informed support principles, review fundamental concepts including the causes, symptoms, and prevalence of FASD, and deepen their knowledge about assessment, diagnosis, intervention strategies, and support methods. Additionally, the program explores the critical intersections between trauma, grief, and FASD to enhance supportive practices.

Sign up for CSS Course

FASD for Community and Social Services Professionals Level II is designed for frontline workers that work directly with individuals with FASD and their families, including but not exclusive to those that work in financial and disability services, in FASD networks, housing, shelter and crisis supports, and employment programs.

FASD for Solicitor General Professionals Level II

FASD for Solicitor General Professionals Level II is an advanced training course for professionals in the Solicitor General systems. This Level 2 training course builds on the Level 1 Foundations in FASD course and presents evidence-based and practice-informed information that can be easily and effectively integrated into your practice and approach to working with individuals with FASD.

The course is designed to provide learners with a better understanding of how FASD impacts a person's involvement with the justice system, challenge some of the common assumptions about FASD and justice-involvement, and provide helpful strategies and suggestions for working with justice-involved individuals with FASD. There will also be interactive case examples to help reinforce the course content.

Sign up for SGP Course

FASD for Community and Social Services Professionals Level II is designed for workers that work directly with individuals with FASD and their families, including but not exclusive to those that work in financial and disability services, in FASD networks, housing, shelter and crisis supports, and employment programs.

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Let's Talk The Prevention Conversation

It's time to talk about alcohol and pregnancy

Amy Tobin, B. Ed, is the FASD Prevention Conversation Facilitator with NEAFAN (Northeast Alberta FASD Network) and an adoptive mother of two. Prior to motherhood, she was an elementary school teacher with the Fort McMurray Public School District for six years. Her passion for FASD, and its prevention, began nine years ago when she became a mother through adoption and was introduced, personally, to the beauty and perplexity of parenting those with prenatal alcohol exposure. Since then, she has dedicated much of her time to learning about, and educating others, on the effects of alcohol during pregnancy and Fetal Alcohol Spectrum Disorder. Her approach is one that takes into consideration the complexities that adoption, generational, and cultural trauma can play within FASD.

Prevention Conversation

The Prevention Conversation program aims to raise awareness of FASD and Prevention among target populations including Healthcare and Social Service Providers, Women of Childbearing Age(18-45), Partners, Families and Friends.

The Project is geared towards highlighting the importance of screening all women in child bearing age for alcohol use and risks associated with FASD, improve supports for these women and promote involvement of community members and primary care providers.

The Prevention Conversation program is aimed at encouraging a community wide awareness of FASD and prevention, developing the skills within the community to engage in non-judgmental, empathetic conversations about alcohol use during pregnancy. The program is centered around increasing our knowledge of FASD, training service providers on the use of screening tools to engage women in the Prevention Conversation.

To book a Prevention Conversation presentation, please contact:

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