



Moving Towards FASD-Informed Care In Substance Use Treatment

VERSION 2: ADULTS & YOUTH

Document prepared by researchers of the



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Working with Individuals with FASD in Substance Use Treatment

This guide is an expansion of the foundational first version which outlines current practices to support individuals with Fetal Alcohol Spectrum Disorder (FASD) who are in treatment for substance use. In this version, we provide, 1) updated and new information regarding FASD informed practice, and 2) an added focus on developmental considerations for youth with FASD.



Throughout the document, we draw your attention to areas specific to youth through this symbol. We adopt the perspective that individuals with FASD can benefit from treatment support that is well-suited to their unique neurodevelopmental needs.

Sources of Knowledge

In this document, we provide recommendations and guidelines for practices in substance use treatment for individuals with FASD. The recommended practices in this guide are based on findings from a large, multi-phase research project, conducted between 2020-2023, that included data collection from multiple sources including research and community literature, service providers, youth and adults with FASD, and parents and caregivers of individuals with FASD. Watch for their words of wisdom throughout the document.

The recommendations and guidelines offered here focus on philosophies of practice and how deepened understandings can help you to adjust treatment practices to best meet the needs of individuals with FASD. At the end of this document, we also provide a list of additional resources that accompany the recommendations and guidelines. In a separate document, *Substance Use Treatment in FASD Populations: Research Document*, we describe the methods and results from the data collection that informed the first version of this guide. We will create an updated version, including the youth phase of this work, in the near future.

Getting Started

FASD is a diagnostic term used to describe impacts on the brain and body of individuals prenatally exposed to alcohol. FASD is a lifelong disability. Individuals with FASD will experience some degree of difficulty in their daily living, and may need support with motor skills, physical health, learning, memory, attention, communication, emotional regulation, and social skills to successfully navigate daily expectations and experience healthy outcomes. Everyone with FASD is unique and has areas of strengths and challenges.^[1]

In Canada, 2-4% of individuals have FASD.^[2, 3] It is more common than most other neurodevelopmental disabilities; however, awareness and knowledge of FASD is lacking in the general population, as well as in substance use treatment centres.^[4] Across Canada, substance use and addiction represent serious health concerns, and high levels of alcohol and drug use are reported for individuals with FASD.^[5] Given the prevalence of FASD in the general population, it was surprising that 29% of service providers reported to us in surveys that individuals with FASD accounted for 0-5% of their treatment population, and many shared that they did not work with individuals with FASD. Even if you haven't recognized people with diagnosed or undiagnosed FASD in your work, it is likely that you have met or worked with them in your program. It is a common myth that all individuals with FASD can be identified by distinct physical features! Less than 10% exhibit the facial characteristics associated with FASD.^[6] Screening for and identification of FASD can help service providers to consistently identify those individuals who would benefit from tailored support around their strengths and needs. Please watch for CanFASD's upcoming document, *FASD Screening and Identification: For Substance Use Treatment Professionals*, to read about how you may incorporate screening and identification into your work.

Often, individuals with FASD have difficulty engaging or remaining in substance use treatment due to their brain-based differences. These brain-based differences present an additional barrier to being successful in substance use treatment, beyond the barriers that can exist for anyone seeking treatment. This guide will help you identify, support and work with individuals with FASD.

This guide is grounded in the belief that people with FASD are capable of change and growth. Rather than questioning whether an individual with FASD may benefit from substance use treatment, it is incumbent on us, the service providers, to ask *how* we might support growth. In doing so we must consider ways in which we can adapt treatment to best support this population by providing appropriate, FASD-informed services.

We enact the underlying philosophy that adopting a humanistic and goal-oriented approach is fundamental to promoting healthy outcomes. In this document we provide information to foster adaptive and creative thinking that may increase opportunities for success for individuals with FASD. We recognize that service providers who work in substance use treatment already possess a wealth of knowledge and expertise. Our aim is to provide guidance to elevate your existing skillset to incorporate an FASD lens to the work you are already doing.

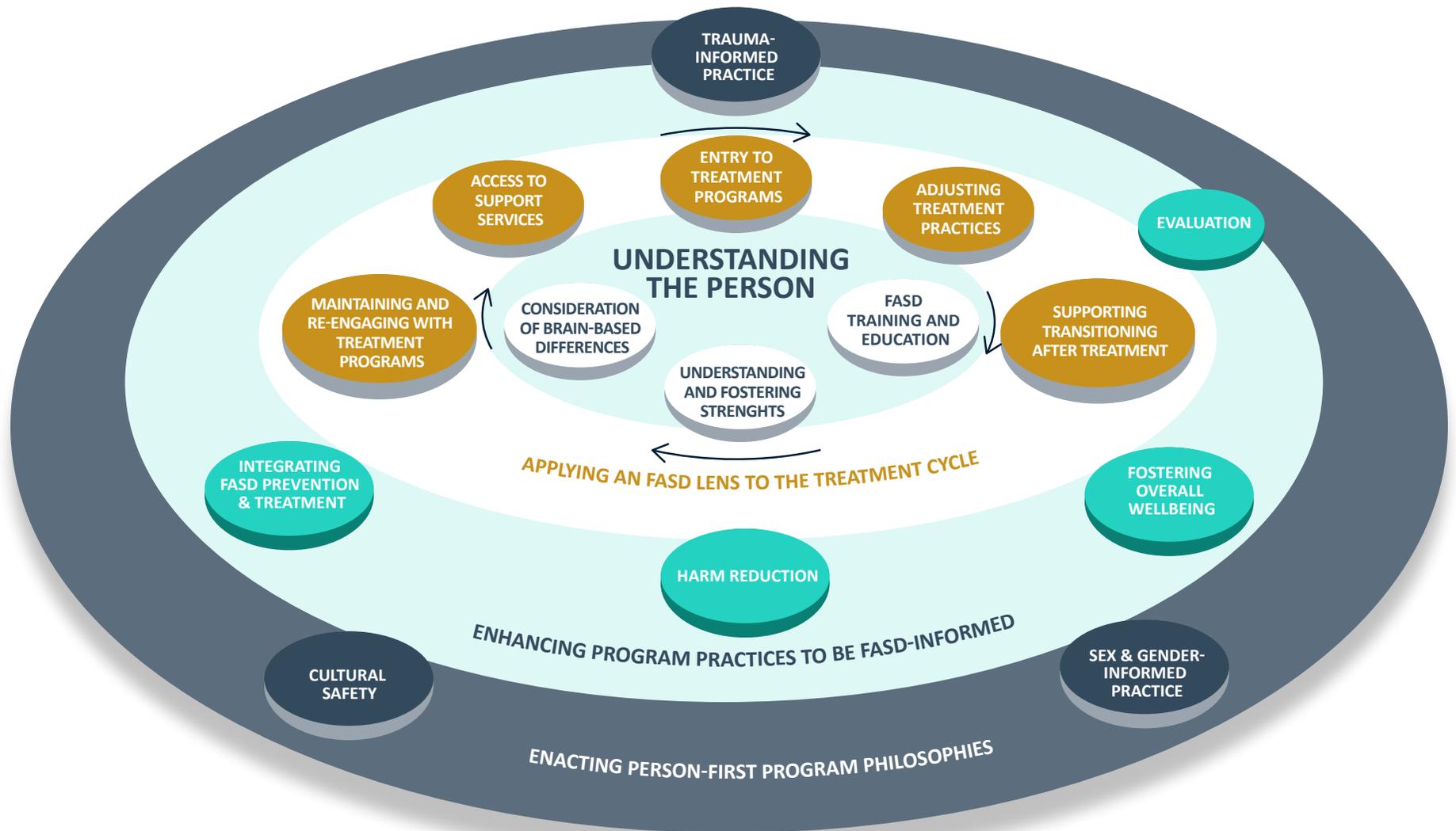


This guide was designed to be approached section by section and does not need to be read in order. However, we do recommend starting with the exploration of brain-based differences as it is fundamental to understanding the individual with FASD within your treatment program. Throughout this guide watch for this brain image. It is inserted to highlight ways in which an individual with FASD may require additional support or adaptations to care due to brain-based differences. Understanding brain-based differences is essential for success in treatment. To learn more about brain-based differences, please visit Chapter One: *Understanding the Person*.

I wonder if you had a magic wand, and you got to pick what substance use treatment looked like, how would you change things?

*“I’ll probably say Abracadabra: make other people have knowledge of FASD.”
– Youth with FASD*

As you read, you will see we have presented information with three goals in mind: 1) To create space for shared understandings. Portions titled **The Need** contain information that may help deepen understandings about individuals with FASD in context of substance use treatment; 2) To facilitate shifts in practice. Portions titled **The Opportunity** highlight opportunities where you can use shared understandings to shape practice to best meet the needs of individuals with FASD; 3) To humanize the learnings presented in this guide, acknowledging that individuals with FASD must be at the centre of their care. To translate understandings and practice recommendations, we provide training resources. In each section, you will see vignettes titled **Putting it into Practice** which provide opportunities for individual and group reflection. In *Appendix A*, you will find section specific tables titled **Reflecting on Your Learning and Practice** which may help you and your organization to understand where you are at in your learning and identify what you might like to do differently to improve service delivery for individuals with FASD. You will find many additional resources in the *Tools and Resources* section.



EXPLAINING THE DIAGRAM:

The multiple components of this diagram identify different layers of supports and practices recommended for individuals with FASD. In the centre of the diagram is the individual with FASD. Understanding the person and respecting their role as central to their own life is a critical first step in treatment initiatives. Understanding the person involves considerations of brain-based differences, a strengths-based approach, and FASD education and training.

The process of engaging in substance use treatment moves from entering treatment, to participating in treatment, transitioning out of treatment, and maintaining or re-engaging with treatment. This circle represents the cycle people often experience with substance use treatment, and different FASD-informed recommendations are made for each step along the way. Access to support services throughout the cycle is important for healthy outcomes, including, and beyond, outcomes related to substance use.

There are two layers from which we can think about ways to best support individuals with FASD. The inner layer describes key practice recommendations that programs can use. Within each practice area, we suggest specific activities or structures that front-line and administrative levels can implement. In the outer layer, we present person-first philosophies which are important to consider when working with individuals with FASD. These philosophies are overarching concepts that should be considered in all elements of treatment. The philosophies are not unique to individuals with FASD but have been identified in our work as being particularly beneficial for this population. Given the stigma surrounding FASD, actioning person-first philosophies is a step towards advancing dignity and respect for the person, first. Please review the *Public Health Approach to Substance Use: Handbook* in the *Tools and Resources* section of this guide for an in-depth and actionable discussion around the various facets of person-centered philosophies.

Recommended Practices

One of our key learnings was that to best meet individuals with FASD's needs, substance use treatment needs to be FASD-informed. Being FASD-informed involves understanding FASD as a disorder while simultaneously acknowledging the individuality of each person. From this balanced perspective we might then evolve our approaches to working with individuals with FASD to best support positive outcomes.

You will see four broad recommended practices, each with specific elements. They are presented in the table below and are explored in detail within their respective sections.

RECOMMENDED PRACTICES

Understanding the Person with FASD

Consideration of brain-based differences

Understanding and fostering strengths

FASD training and education

Applying an FASD Lens to the Treatment Cycle

Entry to treatment programs

Adjusting treatment practices

Supporting transitioning after treatment

Maintaining and re-engaging with treatment programs

Access to support services

Enhancing Program Practices to be FASD-Informed

Integrating FASD prevention and treatment

Harm reduction

Fostering overall wellbeing

Evaluation

Enacting Person-First Program Philosophies

Cultural safety

Trauma-informed practice

Sex and gender-informed practice

Actioning Practices

There is no ‘one size fits all’ model for substance use treatment and support for individuals with FASD. Therefore, although we provide critical information and suggest practice recommendations for substance use treatment providers to consider when working with individuals with FASD, we do not offer a fixed approach.

The recommendations are a starting point from which you can begin to deepen understandings and evolve practices as we continue to learn more about substance use and FASD, evaluate impacts of treatment, and work together to support healthy outcomes for individuals with FASD.

Understanding the Person with FASD



Consideration of Brain-Based Differences

KEY POINTS IN THIS SECTION:

- Individuals with FASD have unique brain-based differences that require a tailored response. Understanding why and how individuals with FASD may present with certain behaviours is key to effectively supporting them
- When engaging with youth, adopt a comprehensive approach that combines developmental insights with a strong understanding of FASD

“Something that is quickly judged when it comes to FASD is they think you’re lazy or you don’t want it; that you’re not willing to do the work; that you don’t want recovery; that you’re here, wasted time or wasted money, or you’re here for the wrong reasons, and most of the time, I don’t think, FASD or no FASD, nobody chooses to want to be an addict.” - Adult with FASD

INDIVIDUALS WITH FASD HAVE UNIQUE BRAIN-BASED DIFFERENCES THAT REQUIRE A TAILORED RESPONSE. UNDERSTANDING WHY AND HOW INDIVIDUALS WITH FASD MAY PRESENT WITH CERTAIN BEHAVIOURS IS KEY TO EFFECTIVELY SUPPORTING THEM



THE NEED: People with FASD exhibit brain-based differences that may put them at greater risk for substance use,^[5] and can make engaging in and benefitting from substance use treatment difficult.^[7] Consideration of brain-based differences over the course of treatment is essential for treatment success. A lack of knowledge and education about FASD and how it impacts treatment has been identified as a key barrier to treatment success.^[8] All individuals are unique. This is why it is so important to understand brain-based differences and everyone’s unique skillset, rather than making assumptions about individuals with FASD and their functional abilities. This understanding will help you to respond to underlying needs that result from language, memory, attention, learning, emotional regulation, and adaptive (day-to-day living) and executive functioning (cognitive control of behaviour) differences. In addition to understanding brain-based difference, service providers can ask about the individual with FASD’s previous exposure to medications and substances (e.g., stimulants). This understanding of past experiences and how they might interact with brain-based differences, may provide unique opportunities to understand sensitivities to medication and guide treatment planning.

“He of course has not been able to complete a treatment program, and says he’ll never go back to them, and I can understand that ‘cause the treatment programs really aren’t set up for our folks.” - Caregiver

THE OPPORTUNITY: Treatment providers can work with the individual with FASD and their supports to understand the individual’s strengths and challenges which may change and evolve over the lifespan.

Building on our learning from the *Framework for Housing Individuals with FASD* report,^[9] we developed a table that provides an overview of how behaviours in treatment may be related to brain-based differences, and how treatment providers can re-interpret observed behaviours to inform their response. This is not an exhaustive list, but rather represents the type of reframing that might facilitate meaningful program adaptation. These reframes and practice shifts can facilitate improved outcomes for individuals in treatment. Importantly, the observed challenges presented in the tables below may not be exclusive to individuals with FASD.^[10]

“Why not meet our kids where they’re at? If we can meet them where they’re at, we can accommodate their needs.” - Caregiver

As you explore the tables below, please note that the sections do not need to be read from left to right. Instead, we suggest viewing the tables from a wholistic perspective. The entries under ‘What I might see’ may align with multiple points under ‘Why I might see it’ and ‘What I might do.’

Understanding the individual early in treatment allows for adaptations to foster an environment which promotes success.

Begin by asking the individual with FASD what works for them, what they use or need to be equipped with to be successful. It’s okay if this question is overwhelming at first. You can pause and give them space to think it through.

You can then go through the following tables together to identify areas of strength and need and ways to use these understandings to co-create a treatment plan.

If the individual with FASD consents to it, you may find it useful to go through a similar process with their caregiver or trusted support to deepen understandings.

Language

WHAT MIGHT I SEE	WHY MIGHT I SEE IT	WHAT I MIGHT DO
<p>Saying they are going to do one thing but doing something else</p> <p>Saying they understand or agree to a plan, but then not following through</p> <p>Talking about experiences that did not occur or describing another's experience as having happened to them</p> <p>Difficulty participating in activities where they have to think hypothetically</p> <p>Not following instructions</p> <p>Expressing frustration completing paperwork or treatment activities</p> <p>Becoming easily angered when asked to explain their behaviour or express themselves</p> <p>Not participating in group setting</p> <p>Difficulties and/or frustration completing written tasks or applied hands-on tasks</p> <p>Staring blankly or not seeming to understand what is said to them</p>	<p>Impaired communication skills:</p> <ul style="list-style-type: none"> • Lacks in expressive or receptive language skills (e.g., may have barriers putting thoughts/feelings into words, may have barriers attending to and processing what is being spoken to them) • Difficulties with abstract language and/or higher-level language skills (e.g., may not comprehend despite responding as if they do) <p>Cultural or language differences impacting verbal and/or non-verbal communication</p> <p>Difficulties differentiating their own reality from others, lapses in memory</p> <p>Hearing and/or visual impairment</p> <p>Impaired motor skills, handwriting skills, or difficulties with copying/drawing</p> <p>Abnormalities in tone, reflexes, balance, coordination, and strength</p>	<p>Language and communication adaptations (e.g., assistive technology such as voice recordings, text-to-speech)</p> <p>Simple step-by-step instructions and short, concrete sentences and examples</p> <p>Present information in multiple modalities (imagery, words)</p> <p>Include caregivers and other important individuals in treatment</p> <p>Translator and/or cultural broker</p> <p>One-on-one coaching or support away from groups</p> <p>Collaborate with health professions including physicians, occupational therapists, optometrists, and audiologists to evaluate if there are hearing, vision, and/or motor needs</p> <p>Provide additional processing time, visual supports, repeating or clarifying instructions and check for understanding</p>

Memory and Attention

WHAT MIGHT I SEE	WHY MIGHT I SEE IT	WHAT I MIGHT DO
<p>Missing treatment appointments</p> <hr/> <p>Difficulty remembering the daily schedule</p> <hr/> <p>Often losing or forgetting to bring treatment materials</p> <hr/> <p>Not recalling what was covered previously in treatment</p> <hr/> <p>Missing doses of medication or forgetting to refill their prescription</p> <hr/> <p>Not following previously given instructions</p> <hr/> <p>Trouble remembering new information even after it was just presented</p> <hr/> <p>Only partially completing instructions</p> <hr/>	<p>Memory impairment:</p> <ul style="list-style-type: none"> • Overall memory (long-term recall of information) • Working memory (temporarily holding and manipulating information to perform tasks) • Verbal memory (memory for written or spoken language) • Visual memory (memory for images and other non-verbal information) <hr/> <p>Inability to transfer new memory learning into action without applied training or practice</p> <hr/> <p>Attention impairments</p> <hr/> <p>Difficulty with organization and rapid thinking</p> <hr/> <p>Individuals may be dependent on caregivers to remember and get them to appointments</p> <hr/>	<p>Ask about previous exposure to medications and substances (e.g., stimulants) and their effects</p> <hr/> <p>Time management assistance (e.g., day timers, visual schedules, reminders, walking individuals to group, cues for transitions)</p> <hr/> <p>Reduce or remove the need to rely on memory where possible (e.g., have copies of materials in class and in their rooms, set up automatic refills and delivery of prescriptions)</p> <hr/> <p>Increase the structure and routine in the environment by creating a more detailed schedule (step-by-step)</p> <hr/> <p>Repetition of key concepts, break down tasks into smaller chunks, additional instructions, checking for understanding, presenting the information visually</p> <hr/> <p>Work positively around obstacles with memory. Avoid punishments or creating feelings of embarrassment/ shame</p> <hr/> <p>Complete tasks together until the activity becomes a habit</p> <hr/> <p>Figure out when the individual is best able to focus and plan around that (e.g., time of day, after exercise, when eating well, after medication)</p> <hr/> <p>Consider caregiver needs and how treatment may support the caregiver in supporting the youth</p> <hr/>

Learning and Participation

WHAT MIGHT I SEE	WHY MIGHT I SEE IT	WHAT I MIGHT DO
<p>Difficulty completing homework or participating in activities that require reading, writing, or math</p> <p>Partially completing instruction or activity</p> <p>Frequently distracting when should be focusing on treatment (e.g., talking to others when treatment staff are presenting information)</p> <p>Not completing “homework” activities from treatment</p> <p>Staring out the window</p> <p>Fidgeting</p> <p>Seemingly “in their own world”</p> <p>Attempting components of a task, but not completing it</p> <p>Difficulty linking consequences with actions</p> <p>Difficulty understanding risk</p>	<p>Learning disorder / underdeveloped academic skills</p> <p>Attentional symptoms that may impact their ability to:</p> <ul style="list-style-type: none"> • Sustain attention • Attend to important information • Resist distractions • Learn new information <p>Executive functioning impairments that may affect:</p> <ul style="list-style-type: none"> • Impulse control • Organization • Task initiation • Planning • Self-monitoring • Working memory • Flexibility • Emotional control <p>Trouble organizing time to do assignments</p> <p>Difficulties with abstract thinking (e.g. linking eating or sleep to substance use)</p>	<p>Provide supports for reading and writing (e.g., assistive technology like voice to text, a scribe, text to speech, a reader)</p> <p>Reduce reading and writing demands – allow information to be provided orally</p> <p>Regularly check-in, break down task into smaller chunks and check it is completed before moving to the next step</p> <p>Provide individual, rather than group, treatment when possible</p> <p>Complete tasks together in session when the individual is learning</p> <p>Evaluate strategies that may be able to support the individual to best complete the task (e.g., shorter sessions, prompting when distracted, environmental modifications)</p> <p>Identify when this individual is best able to discuss (e.g., when sleeping well, when eating well, after exercise, taking medication as prescribed)</p> <p>Movement breaks</p> <p>Giving small, more digestible amounts of information at a time</p> <p>Providing structure, routine, immediate and regular feedback</p>

Emotional Responses

WHAT MIGHT I SEE	WHY MIGHT I SEE IT	WHAT I MIGHT DO
<p>Reacting with tears or yelling when confronted about behaviours contributing to substance use</p> <p>Self-harming behaviour, especially during times of high stress</p> <p>Yelling at treatment staff or others to get the point across</p> <p>Aggressive or threatening behaviours</p> <p>Being asked to leave treatment programs in the past for altercations</p> <p>Difficulty participating in reciprocal conversations (e.g., may frequently interrupt treatment staff or others when speaking or not allow them time to add their thoughts)</p> <p>Discussion of or observed blowouts with family, friends, treatment staff, or others</p>	<p>Vulnerability to stress (e.g., sensitive stress response system)</p> <p>Abuse and/or emotional/physical trauma, which may or may not be a direct cause of being unhoused, resulting in additional vulnerability to stress</p> <p>Difficulty regulating emotions</p> <p>Language difficulties where they have learned to communicate through behaviours instead of words</p> <p>A mood disorder, anxiety disorder, or other disruptive disorder</p> <p>Difficulty with regulating sensory input (e.g., noise, lights, smells, tastes, and tactile sensations may be dysregulating)</p> <p>Substance use may exacerbate existing emotional/ behavioural dysregulation, further impairing functioning</p> <p>Cultural differences in how emotions are managed and expressed</p> <p>Difficulty verbally communicating when emotionally escalated (so using actions instead)</p> <p>Disappointment in not accomplishing the task, especially when doing well in treatment is important to them</p>	<p>Explore ways the individual may feel threatened by environmental interactions and how to increase feelings of safety in treatment</p> <p>Work with the individual to identify fear provoking situations</p> <p>Environmental sensory modifications (e.g., uncluttered environment, noise cancelling headphones, black-out curtains, lighting)</p> <p>Individual instead of group treatment when possible</p> <p>Try to understand the function of the behaviour (e.g., scared? Overwhelmed? Impulsive?)</p> <p>Trauma-informed practices</p> <p>Help individual identify and positively reinforce the use of effective coping strategies</p> <p>Learn to recognize signs the individual is becoming stressed or experiencing an in-the-moment trauma response (e.g., flushed face, heavy breathing, sweaty, tense body) and intervene early (e.g., taking a break, relaxation techniques)</p> <p>Teach the individual to identify and communicate when getting upset – in either verbal or nonverbal ways</p> <p>Together, generate a non-punitive safety plan they can practice and implement when afraid or angry</p>

Adaptive Functioning

WHAT MIGHT I SEE	WHY MIGHT I SEE IT	WHAT I MIGHT DO
<p>Difficulty maintaining employment or attending school</p> <hr/> <p>Forgetting to shower or engage in other self-care and hygiene practices</p> <hr/> <p>Difficulty securing sufficient income and/or inability to manage money may impact treatment</p> <hr/> <p>Housing instability may impact access to substance use treatment, success in treatment, or transitioning out of treatment</p> <hr/> <p>Often seeming disorganized</p> <hr/> <p>Exhibiting behaviours that would be expected from someone much younger than them</p> <hr/>	<p>Adaptive skill deficits can occur across environments:</p> <ul style="list-style-type: none"> • School • Work • Home • Community <hr/> <p>These difficulties may reflect the functional impacts of underlying cognitive and mental health challenges</p> <hr/> <p>Adaptive skill difficulties may be compounded by different access to practicing these skills, depending on family, community, and cultural practices (e.g., some families emphasize the development of certain adaptive skills more than others)</p> <hr/>	<p>Ask the individual if there are any skills they are interested in developing (e.g. money management, cooking)</p> <hr/> <p>Help facilitate the application process for income support</p> <hr/> <p>Connect the individual with housing programs</p> <hr/> <p>Set reasonable goals that are consistent with the individual's functional age and abilities. Use concrete, literal terms.</p> <hr/> <p>Teach the individual how to generalize from one context to another</p> <hr/> <p>Step-by-step instructions, visual and auditory prompts, one on one mentoring, frequently communicating daily routines</p> <hr/>

WHEN ENGAGING WITH YOUTH, ADOPT A COMPREHENSIVE APPROACH THAT COMBINES DEVELOPMENTAL INSIGHTS WITH A STRONG UNDERSTANDING OF FASD



THE NEED: Due to unique considerations around brain development, youth can experience difficulties with impulsivity, planning, and sensation-seeking. They have a strong need for belonging. Youth with FASD have brain-based differences that heighten these difficulties and needs. To best support youth with FASD in substance use treatment, consideration of intersecting developmental and brain-based factors is important.

THE OPPORTUNITY: To provide effective assistance to youth with FASD in substance use treatment, it is essential to apply a developmental lens that takes into account specific factors related to adolescence. Some of the key factors to consider include:

- **Impulsivity:** Adolescents with FASD often exhibit heightened impulsivity, making it more challenging for them to resist immediate temptations and to think through consequences before acting. Treatment could include strategies to help them develop better impulse control. These might include cultivating mindfulness and self-awareness, developing routines, dividing tasks into smaller steps, using a timer, practicing delaying gratification, using relaxation techniques, seeking support from others, employing visual reminders, and taking breaks when needed.
- **Belonging:** The need for social belonging is significant during adolescence, and substance use may be influenced by peer pressure and the desire to fit in. Although relationships and a desire to connect are an area of strength for many youths with FASD, it can also lead to them being taken advantage of. Youth and adults with FASD can have difficulties with social skills that typically facilitate the process of belonging and they may be more vulnerable to the influence of peers using substances.^[11] They may use substances to disguise brain-based barriers in social interactions, and to feel accepted by their peer groups.^[12, 13] For some with brain-based differences, increased alcohol use can occur alongside experiences of social isolation, low self-esteem, loneliness, and desire for acceptance.^[14] Addressing this need for belonging in treatment is vital.
- **Sensation Seeking:** Many youths are drawn to substance use because it provides novel and intense sensations. This is a crucial time when young people explore boundaries and navigate decision-making as they strive for independence. Youth are particularly susceptible to negative effects associated with substance use because their brains and bodies are still developing. They may be more likely to engage in risky behaviour because brain development related to impulse control, judgment, and reasoning is not fully developed until the age of 25; this can make it more difficult to evaluate risks.^[15] For youth with FASD, ongoing brain development alongside their brain-based differences may make it even harder for them to understand risks and consequences before engaging in sensation seeking behaviours. Treatment could offer alternative, healthier outlets for seeking excitement and novelty. Additional tips involve offering opportunities for choice with guidance, providing clear boundaries and explanations, nurturing positive relationships with healthy adults, initiating discussions about risky behaviors, and seeking treatment for trauma when necessary. More information and resources can be found in the *Tools and Resources* section.
- **Planning:** Adolescents often struggle with long-term planning and focus on immediate gratification. These difficulties can be magnified for youth with FASD due to their brain-based differences. Effective interventions could include skill-building to enhance their capacity for future-oriented decisions. Practicing SMART (Specific, Measurable, Attainable, Relevant, and Time-Bound) goal setting may be a helpful strategy. A resource for supporting youth to develop SMART goals is in the *Tools and Resources* section.

PUTTING IT INTO PRACTICE

The following vignette activity is designed to support teams in reflecting on how considerations of brain-based differences can be done in a treatment setting. More vignettes, including this one, are included in each section of the guide.

As you read through the following vignette, consider the following questions:

- What needs and understandings are important here?
 - What do you know?
 - What more would you want to know?
- What opportunities and practice shifts might you consider here?
 - What went well? What supported that success?
 - What didn't go well? What could have gone differently?
- How can we engage the person in their own life?

I was working in a substance use program, where the individuals in treatment were asked to do a wellness activity where they reflected on how their eating and sleeping habits affected their well-being. One person, with possible FASD, did not complete the assignment. This was despite them receiving extra support from me and other staff members in reviewing the expectations of the assignment and even helping them come up with examples they could write about. They had really appeared to get what they were supposed to do and seemed confident they would be able to do it. When I asked them why they didn't complete the assignment, they became angry and stormed out of the room. This isn't the first time that this person hasn't completed an assignment, and it also isn't the first time they have become angry and stormed out of the room. I don't know what else I could have done.

Thank you for taking the time to build foundational knowledge about brain-based differences!

Please see *Appendix A* for a table which may help you and your organization to reflect on your learning about brain-based considerations and identify what you might like to do differently to improve service delivery for individuals with FASD. You will find many additional resources in the *Tools and Resources* section.

NOTES



Understanding and Fostering Strengths

KEY POINTS:

- Implement a strengths-based approach to treatment
- Understand the connection between strengths and identity development
- Adopting a growth mindset approach encourages belief in the potential for growth
- Leverage your own strengths as service providers

“...she’s very, very bright in many ways...” – Caregiver

IMPLEMENT A STRENGTHS-BASED APPROACH TO TREATMENT

THE NEED: A strengths-based perspective is essential to understanding the person. From an understanding of both needs and strengths, you can help the individual with FASD to build upon and leverage their strengths to support their treatment progress. Several strengths identified in individuals with FASD have included strong self-awareness, receptiveness to support, capacity for human connection, perseverance through challenges, and hope for the future. ^[16, 17] Given the complexities of FASD, it is crucial to create and embrace opportunities to support individuals’ growth and experiences of success in a treatment setting.

THE OPPORTUNITY: To adopt a strengths-based approach, treatment providers can draw upon the successes and strengths of the individual, understand the impact of mindset, and leverage their own strengths in providing services.

For service providers, a shift from a deficit-based focus may:

- reduce potential bias and negative treatment outcomes by reframing and honouring the capabilities of each person with an optimistic approach and outlook. ^[17]
- create a greater understanding of functioning and can help service providers to tailor intervention strategies to their strengths. ^[16]

“I work very much from a strengths-based, trauma-informed perspective of, like, ‘What do you already know? What is working, and how can we expand on that?’, and really encouraging that interconnectedness.” – Service Provider

UNDERSTAND THE CONNECTION BETWEEN STRENGTHS AND IDENTITY DEVELOPMENT



THE NEED: For youth, the need for a strengths-based approach may be magnified. Adolescence is a pivotal period marked by significant changes and self-discovery. ^[18] During this time, youth explore their sense of self and seek to understand their values, beliefs, and unique characteristics. Influential factors such as peer relationships, societal expectations, personal experiences, and relationships with adults in their lives contribute to the foundation of their evolving identity and sense of belonging. A balanced perspective of the individual’s functioning may help to avoid unintended effects including the perpetuation of a sense of shame, diminished self-confidence, lowered motivation, and magnification of the stigma associated with FASD. ^[16, 17]

When you collaborate with youth and adults and their support teams to identify existing strengths, you facilitate opportunities to build upon them in treatment. This helps promote meaningful engagement in goal setting and treatment planning. Such an approach helps to instill a stronger sense of hope, optimism, confidence, self-advocacy, and positive identity for individuals with FASD and their families. ^[17]

THE OPPORTUNITY: Collaboratively identify the individuals’ strengths and think of ways they can capitalize upon them in treatment, with the individual with FASD and support and guidance from adults, educators, service providers, and mentors.

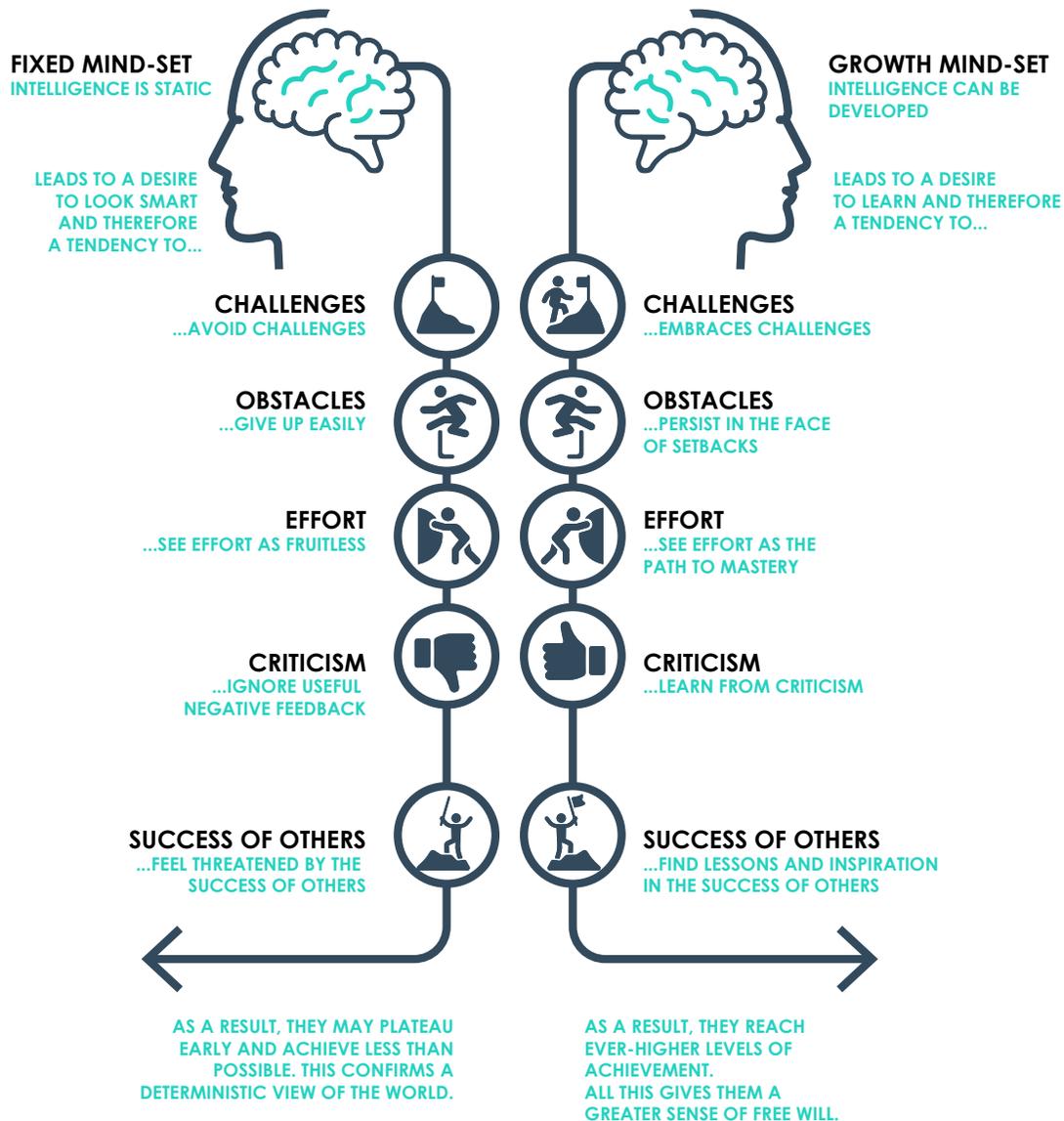
Implement positive experiences and supportive interventions to contribute to the establishment of healthy habits, cultivation of essential life skills, and the development of a growth mindset. **Interventions that align with individuals’ strengths can empower them to navigate challenges and make informed decisions, contributing to a**

foundation of lifelong well-being and success. Repeated opportunities for individuals with FASD to be reminded of their strengths and how they may use them to reach their goals and support their wellbeing are critical, allowing them applied opportunities for learning and consolidation.

ADOPT A GROWTH MINDSET: POTENTIAL FOR GROWTH

THE NEED: Individuals with a growth mindset believe their abilities can be cultivated and developed and can increase with effort and experience. On the other hand, individuals with a fixed mindset believe their abilities are stable, and that a person has a set potential for a certain task.

Having a growth mindset has been linked to positive outcomes, including increased effort and use of strategies,^[19] and reduced stereotype threat.^[20] Often individuals with FASD have experienced a history of repeated failures, both academically and behaviourally. Patterns of repeated failure may foster a belief that one's ability is low, which impacts sense of competence, and promotes the belief that failure is inevitable. Fostering a growth mindset normalizes the learning process and communicates your belief that change is possible.



Adapted from graphic by Nigel Holmes of Dweck and Leggett's *Social-Cognitive Approach to Motivation and Personality*

THE OPPORTUNITY: To promote a growth mindset, you can: ^[21]

- Hold individuals to high (yet realistic) expectations
 - Meet the person where they are at and consider expectations based on their strengths and needs
- Encourage them to exert effort and praise their effort
- Name and help them to build on their strengths
- Frame challenges and failure as learning opportunities
- Communicate the belief that they can succeed

“You actually feel you’re heard and acknowledged as a person, it gives you more of a drive to push forward or a reason to do it.” – Adult with FASD

Describing growth mindset in a way that’s understandable and relatable is essential. Here’s a simplified explanation that you can use:

“Growth mindset is having confidence that you can get better at anything if you work at it. It’s not about being born super talented at any certain thing; it’s about believing that with practice and learning, you can get stronger at anything you want.

Let’s think of it like a video game or learning to play a new instrument: When you start a new game or instrument you might not be very good at it, right? As you keep playing you may make mistakes. You learn from them, and then you get better and better. A growth mindset is just like that. It’s the idea that every time you face a challenge or make a mistake, you are learning. You are leveling up. It’s about being excited to learn, grow, and improve.

Instead of saying, ‘I can’t do this,’ a person with a growth mindset says, ‘I can’t do this YET, but I can learn how!’ When you have a growth mindset you’re not afraid of challenges and you don’t just give up when things get tough. Instead, you keep going, you ask for help when you need it. And every time you try, you’re getting stronger and more confident.”

LEVERAGE YOUR OWN STRENGTHS AS SERVICE PROVIDERS

THE NEED: Being truly strengths-based means you understand that you have your own unique strengths as service providers that you can leverage. Embodying a strengths-based approach within the organization helps service providers to be at their best and models this approach to youth and adults with FASD.

THE OPPORTUNITY: You have great strengths that brought you to the field of substance use treatment, and these strengths should also be considered to find the right fit between staff and individuals in treatment. Considering staff strengths when deciding which staff should work with which individual can be helpful in developing relationships between treatment centre staff and those in treatment.

PUTTING IT INTO PRACTICE

As you read through the following vignette, consider the following questions in relation to understanding and fostering strengths:

- What needs and understandings are important here?
 - What do you know?
 - What more would you want to know?
- What opportunities and practice shifts might you consider here?
 - What went well? What supported that success?
 - What didn't go well? What could have gone differently?
- How can we engage the person in their own life?

You find yourself struggling to explain growth mindset to an individual in your program. This individual is having a hard time keeping up with required tasks and has made statements that they feel as though they never will reach their goals. For example, "It's always been this way, nothing is gonna change, so why do I even try?" They have started to make more and more negative comments about themselves, and you see others in the group are starting to feel the same way about some of their efforts. You have seen growth, no matter how small, in all members of the group. You believe that they aren't seeing this growth and are only orienting on the end goal rather than all of the steps in between. You know one of your colleagues has made comments such as, 'some people just will never get it', and they seem to reinforce the individual's and the group's fixed mindset. You call a staff meeting to discuss possible shifts in engagement with individuals and groups across the workplace.

Thank you for furthering your understanding of the many strengths individuals with FASD have, and for bringing your own strengths into this important work!

Please see *Appendix A* for a table which may help you and your organization to reflect on your learning about understanding and fostering strengths and identify what you might like to do differently to improve service delivery for individuals with FASD. You will find many additional resources in the *Tools and Resources* section.

NOTES



FASD Training and Education

KEY POINTS IN THIS SECTION:

- FASD training is essential to understand the needs of individuals in treatment and appropriately tailor supports

“I’ve always told [everyone] that he has FASD, but even though I tell them, there’s no knowledge on it really. They don’t understand it. They just know that it’s fetal alcohol spectrum disorder. [And having to advocate for youth and explain what FASD is to service providers], it’s a stressful burden ... and people just don’t understand that. A lot of people don’t.” – Caregiver

FASD TRAINING IS ESSENTIAL TO UNDERSTAND THE NEEDS OF INDIVIDUALS IN TREATMENT AND APPROPRIATELY TAILOR SUPPORTS



THE NEED: Even though many programs have at least some participants recognized as having FASD, many are designed in ways that present challenges to this population.^[22] Furthermore, many people accessing substance use treatment services may have unrecognized and/or undiagnosed FASD. This is why screening and identification, as programs are able, is vitally important. Many treatment programs operate on the assumption that individuals have the memory, cognitive skills, and language abilities needed to understand and apply what they are being taught at the same pace as others.^[22] For individuals with FASD, unidentified brain-based differences, including sensory needs, can lead to early termination or lack of progress in treatment as they struggle to meet the behavioural and cognitive expectations of programs not designed for them.^[23]

Because individuals with FASD present with unique needs,^[24] FASD-specific training is important to help staff understand individuals with FASD and the complex nature of the disability so that they can appropriately tailor services. Individuals with FASD are a diverse group, meaning that strategies that work with some individuals may not work with others. Training should prepare staff to recognize ways in which brain-based differences may manifest in treatment and look for ways to adapt programming to best meet individuals’ strengths and needs. Through ongoing staff training and the adoption of an FASD-informed approach, accommodations can be made to support desired treatment outcomes.^[22]

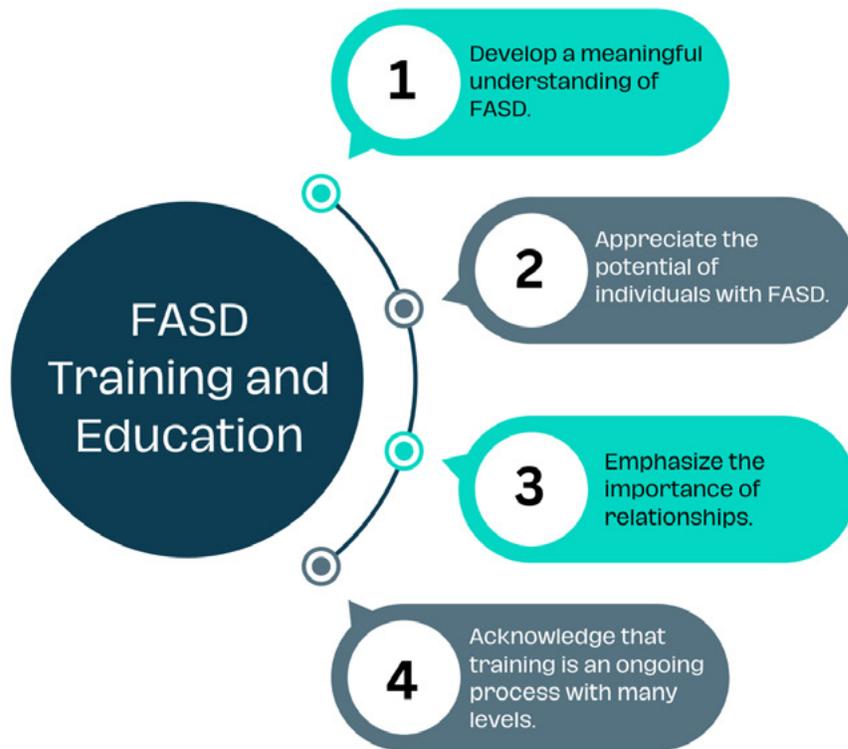
“Having people out there that educate service providers on FASD would be the biggest burden lifter” - Adult with FASD

THE OPPORTUNITY: We recommend that staff members at substance use treatment centres know what FASD is and how to work with persons with FASD.^[23] This includes front-line support workers, as well as receptionists, managers, kitchen staff, etc.

Training should provide a solid foundation about FASD and be used to inform all aspects of program design and implementation.^[23] FASD training can lead to increased empathy, understanding, and tools for working with individuals with FASD. This knowledge can help staff to re-frame their understandings of behaviours within the context of the impacts of FASD. This can help to reduce frustration.

Ideally, FASD training is mandatory rather than optional to ensure consistency in knowledge across all levels of your organization.

Four core training goals for FASD education and training are presented in the figure and explored below.



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Developing a meaningful understanding of FASD begins with training that focuses on ways in which the brain-based differences associated with FASD impact everyday life.^[23] These should include physical, behavioural, cognitive, social, emotional, and spiritual aspects of an individual’s life.^[22] Training should include examples of how brain-based differences in memory, learning, language, adaptive (day-to-day living) and executive (cognitive control of behaviour) functioning, attention, sensory processing, motor skills, and academics impact treatment to increase understanding in a practical way.^[25]

There are various online resources that provide training tools that can help you to become more informed about FASD. The *CanFASD website*, provides three levels of online courses that provide foundational and sector specific FASD training. *Foundations in FASD (Level 1)* and *Substance Use and Treatment in FASD (Level 2;* which accompanies this guide) may be good places to start. CanFASD also keeps an updated list of online training resources including upcoming online education opportunities, webinars, online courses, podcasts, and other learning resources. An additional resource that may help to support preparing employees when working with people with FASD is the *Best Practices for Serving Individuals with Complex Needs Guide and Evaluation Kit*.^[26] Resources can be found in the *Tools and Resources* section.

- Education in combination with hands-on experience is the best way to “demystify FASD.”^[7] Service providers who receive FASD specific training can appropriately tailor services to meet the needs of individuals with FASD and adjust expectations for success. A change in approach to focus on supporting the individual towards growth allows the person with FASD to establish stable relationships with providers, leading to greater retention and adherence to recommendations over time.^[7]
- Working within a supportive relationship with the individual with FASD and their support network to help identify the individual’s specific challenges and strengths will increase chances of success in treatment. It may also increase the individual’s ability to understand their own strengths and challenges. By understanding and accepting the person with FASD, you create conditions for success. It is within supportive relationships that growth can occur.

4. To best prepare staff for success when working with individuals with FASD, initial and ongoing training is recommended. It is important to incorporate ongoing opportunities for staff to deepen their understanding of FASD and FASD-informed practices through participation in webinars, in-person professional development, and reflective practice discussions to problem-solve with other clinicians, supervisory staff, and an FASD consultant. ^[27] Access to expert consultants is recommended for client consultation needs. ^[28] FASD networks can be found in many communities; for example, a list of FASD networks in Alberta can be found on the *FASD Alberta Networks* site, linked here. CanFASD is also able to connect treatment centre staff with the most appropriate expert consultant as needed.

“Caregivers that I’ve spoken to – we find ourselves always in a position where we’re educating service providers, over and over and over again. ... I think, as a caregiver, I really want those people out there, I want the people who serve people with FASD to be trained.” - Caregiver

PUTTING IT INTO PRACTICE

As you read through the following vignette, consider the following questions in context of FASD training and education:

- What needs and understandings are important here?
 - What do you know?
 - What more would you want to know?
- What opportunities and practice shifts might you consider here?
 - What went well? What supported that success?
 - What didn't go well? What could have gone differently?
- How can we engage the person in their own life?

You are a counsellor working at a substance use treatment centre. You have worked with a lot of clients in your time there and have seen many clients who terminate treatment prematurely. You and your colleagues are always looking for ways to increase retention rates. One of your colleagues heard about a workshop explaining FASD. Although you heard about FASD in your training a long time ago, you don't know if this workshop will be beneficial to your work as it doesn't relate to substance use. After some deliberation, your colleague convinces you to go.

While attending the workshop and listening to the presenter talk about the impacts of FASD on behaviour, mood, and engagement, you can think of several individuals you've worked with who seem to fit the examples the presenter is talking about perfectly. You start to wonder if any of them may have been prenatally exposed to alcohol. You had always assumed that clients who were not engaged with the treatment programming were lazy or did not want to be there, resulting in them leaving treatment early. You begin to wonder if that wasn't the case. Thinking about your centre's goal of increasing retention rates, you wonder what could help you achieve that goal.

Thank you for your openness to continuously expand your FASD knowledge. We hope you continue to lead the way for yourself and others!

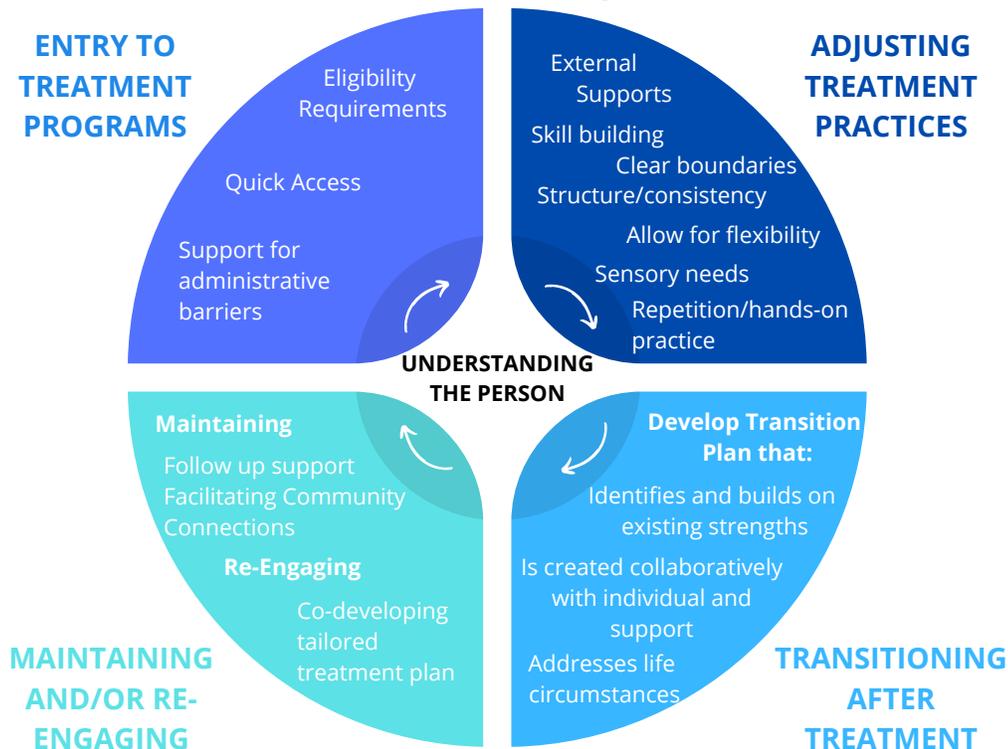
Please see *Appendix A* for a table which may help you and your organization to reflect on your learning about FASD training and education and identify what you might like to do differently to improve service delivery for individuals with FASD. You will find many additional resources in the *Tools and Resources* section.

NOTES

Applying an FASD Lens to the Treatment Cycle

EXPANDED

Applying an FASD Lens to the Treatment Cycle



Entry to Treatment Programs

KEY POINTS IN THIS SECTION:

- Support equitable access and entry to programming by considering eligibility requirements, program space, and reduction of administrative demands
- Understand implications of brain-based differences and age on an individual's ability to consent to and engage in treatment

SUPPORT EQUITABLE ACCESS AND ENTRY TO TREATMENT



THE NEED: Unintended barriers in program eligibility may make it hard for individuals with FASD to access treatment. Adopting an FASD-informed approach to service delivery from intake onward will make it easier for individuals to access treatment and successfully complete the program. Due to brain-based differences, individuals with FASD often have challenges with impulsivity, decision-making, memory, attention, and planning, which may contribute to increased difficulties when entering treatment. In addition, previous experiences of racism and/or discrimination when seeking access to healthcare and other services can bring up fear and hesitation at treatment program entry.

Active involvement of social support during intake may increase ongoing involvement in treatment.^[29] Especially upon arrival, major changes in routine and environment can be destabilizing, particularly for individuals who are required to travel away from their home communities for treatment. Brain-based differences can magnify difficulties with changes in routine.^[30] Having an existing support and/or specific worker with knowledge in FASD join can facilitate early safety.

THE OPPORTUNITY: Shifts in practice may include reviewing/evaluating program policies to **identify and eliminate unintentional barriers and implement strategies to enhance equitable access.** To do this:

- Review your program’s policies and rules around eligibility for treatment to ensure that there are no unintended barriers to services for FASD populations. For example, exclusionary criteria around diagnoses such as FASD.
- Consider ways in which your program can increase equitable access to treatment, so persons with FASD will be given the opportunity to engage.

“Initially, when we were trying to seek treatment, he was sixteen then, we were told that he was in that transition period; that he was too old for children’s treatment, and he was too young for adult treatment. And then, at seventeen, we attempted again to access youth treatment, and that was the residential treatment, and that was where as soon as I said he had FASD, they said, ‘We need to stop you right there. We do not take youth with FASD. They don’t do well in our program. So, we’re sorry, but no.’ ... They were all devastated when he died. The people who had the greatest expertise in substance use knew that he needed residential treatment, and – he was too complicated, I guess. So, it’s like treatment is only for people who are gonna fit their criteria... I’ll never know, if had he gone into residential treatment, whether it would have saved his life – I’ll never know that ‘cause I wasn’t given that option, nor was he.” - Caregiver

- **Have protected program space for individuals with FASD.** Provision of reserved beds for persons with FASD has been found to be an asset for treatment programs. This ensures that when an application is received for an individual with FASD, the individual can gain entry to treatment without having to wait for a bed to become available. Although this may not be possible for all treatment programs given varying resources, this reflects an example of the types of support that treatment programs can advocate for in the future to make programming more FASD-informed.

- **Consider how to avoid or mitigate administrative demands that might create barriers to service entry in your program.** Administrative work for treatment entry can be overwhelming for individuals with FASD and/or their supports. Paperwork can be difficult to understand and complete given the brain-based challenges people with FASD experience. Another way to reduce the barrier of administrative demands is to decrease the number of requirements needed prior to entering treatment, and instead incorporate those requirements into the treatment program once the individual is there.

“[If] you don’t have a support person to either walk with you through the paperwork process and getting set up, I think that you don’t have a chance whatsoever to even get your feet through the door of a treatment centre. The only time – the two times I got into treatment, I had a support person or a close friend that helped me go through the process to get through those doors, but I remember, any other time that I’ve tried to go into treatment that it didn’t work out because I didn’t have the support.” -Adult with FASD

- It may be helpful to provide formal pre-treatment care to support individuals with FASD when they first reach out for treatment. FASD-informed pre-treatment care can include having a designated person who can support the individual to manage the requirements for beginning treatment. The support worker can complete paperwork with the individual over the phone or in-person, arrange appointments, possibly attend appointments with the individual, organize transportation or childcare if needed, etc.
- Some treatment centres have an FASD-specific worker who can provide this additional support. An FASD specific worker can assist individuals with FASD to navigate their day with fewer obstacles, helping them both express their needs and have their needs met. If feasible, it is recommended that programs include an FASD-specific worker as part of their staff. See *Explaining Fetal Alcohol Spectrum Disorder (FASD)* in the *Tools and Resources* section of this guide for a template that may be used to explain FASD and provide information about the individual to service providers.
- Identification and screening can help to recognize individuals who may particularly benefit from this type of support. Please watch for CanFASD’s upcoming document, *FASD Screening and Identification: For Substance Use Treatment Professionals*, to read about how you may incorporate screening and identification into your work.

UNDERSTANDING IMPLICATIONS OF BRAIN-BASED DIFFERENCES AND AGE ON AN INDIVIDUAL’S ABILITY TO CONSENT TO AND ENGAGE IN TREATMENT



THE NEED: Access to treatment for youth, especially those with FASD, presents a challenge due to limited options tailored to their specific needs. Across Canada, there are approximately 311 treatment programs that provide substance use treatment services to youth. Even fewer programs are available to youth under 16. Please see our updated *Environmental Scan* of substance use treatment programs across Canada. Some programs integrate age groups (youth and adult) which may broaden access; however, **attention to developmental differences between adults and youth is essential to ensure that substance use treatment is both effective and sensitive to the needs of each individual dependent on age and developmental stage.**

Due to brain-based differences influencing neurocognitive development, youth with FASD may differ in their capacity levels, impacting their ability to consent to treatment. This is one reason why screening and identification can be so important in practice.

THE OPPORTUNITY: During the consent and treatment process, adopt an approach that respects and supports the autonomy of the person with FASD. This may involve employing creative and adaptive strategies to enhance understanding of treatment options, risks, and expected outcomes. In cases where a minor may lack full capacity to consent, a collaborative decision-making model involving the parent, caregiver, or guardian and service providers can help ensure the individual’s wellbeing while respecting their dignity and rights. Recognizing the diverse nature of brain-based differences for people with FASD, using visual aids and simplified language can empower individuals to actively participate in the decision-making process. You may find it helpful to return to the *Brain-Based Differences* chapter to guide decisions about adaptive strategies that would best suit your workplace. To further reflect on ways in which adaptations can be supportive during entry to treatment, please see the chapter on *Adjusting Treatment Practices*.

PUTTING IT INTO PRACTICE

As you read through the following vignette touching upon entry to treatment programs, consider the following questions:

- What needs and understandings are important here?
 - What do you know?
 - What more would you want to know?
- What opportunities and practice shifts might you consider here?
 - What went well? What supported that success?
 - What didn’t go well? What could have gone differently?
- How can we engage the person in their own life?

A 17-year-old with FASD is seeking admission to your program. Their caregiver, who has been advocating for them, approaches you with concerns about the eligibility criteria and program fit. As you review the application, you notice that certain requirements might pose challenges for the youth due to their unique neurodevelopmental/ brain-based needs. The caregiver explains that they often struggle with written tasks and verbal communication. You decide to engage in a conversation with the caregiver and youth to better understand their needs.

Thank you, your dedication and engagement are essential for ongoing progress!

Please see *Appendix A* for a table which may help you and your organization to reflect on your learning about entry to treatment programs and identify what you might like to do differently to improve service delivery for individuals with FASD. You will find many additional resources in the *Tools and Resources* section.

NOTES



Adjusting Treatment Practices

KEY POINTS IN THIS SECTION:

- Build an individualized FASD-informed treatment plan
- Find ways to engage individuals with FASD in their care planning
- Collaborate with external supports such as caregivers or an FASD support worker
- Consider how to support developmental, mental health, and learning needs

BUILD AN INDIVIDUALIZED FASD-INFORMED TREATMENT PLAN

THE NEED: Individuals with FASD may face challenges in treatment due to unrecognized brain-based differences and sensory needs. This can result in premature termination or a lack of advancement in programs that are not tailored to accommodate their unique needs. ^[7, 22, 23] Like all individuals in treatment, a “one size fits all” approach is not effective for individuals with FASD.

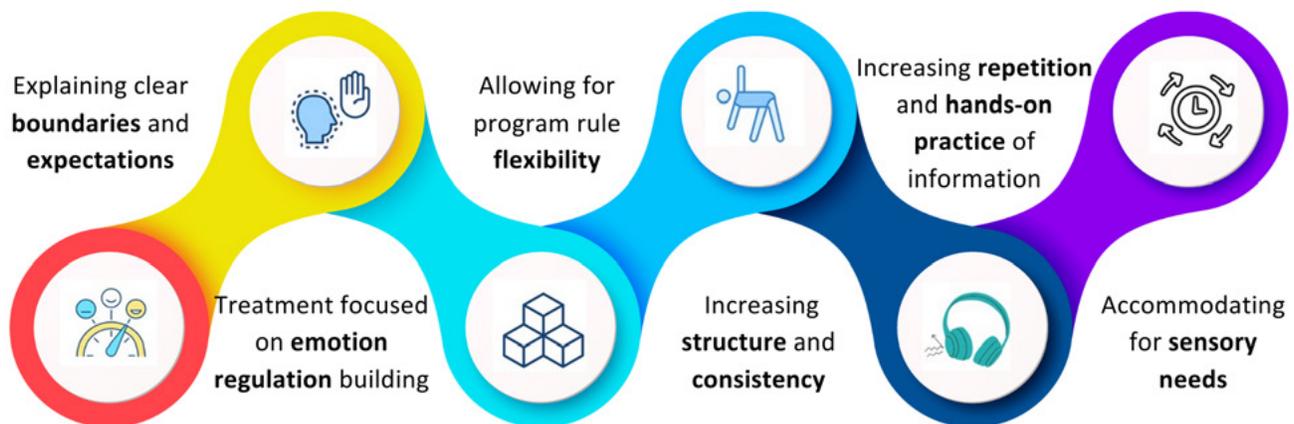


THE OPPORTUNITY: Tailor substance use treatment programming to individuals with FASD’s specific needs. Adaptations and accommodations should be based on the unique strengths and brain-based challenges that the individual with FASD experiences. Treatment providers can leverage their own expertise, as well as the wisdom of the individual and others, to develop programming specific to the strengths and needs of the individual.

“It should run based on that persons’ learning curvature, disability... You gotta really get down to the nitty gritty of what’s going on with that person. So, what are some of the things that might trigger that person that’s not a good idea? What are the things they’re okay with? You know, you can’t just throw anyone with FASD into a treatment center. It’s not gonna work. You have to base it around that individual... because every FASD person excels differently. ... You can’t ... expect them to make it through a treatment center without someone’s knowledge about how they work and how they learn”. - Caregiver

Some programs already create individualized plans, and so incorporating FASD-informed considerations into these plans is a great first step. An individualized plan could be developed at entry with consideration for proactive adaptations. In building this individualized plan, you will want to consider ways to incorporate 1) insight from the individual with FASD themselves, 2) external supports, and 3) specific targeted interventions based upon the individual’s strengths and needs.

For specific targeted interventions, consider areas of need for many individuals with FASD, including those in the figure below:



FIND WAYS TO ENGAGE INDIVIDUALS WITH FASD IN THEIR CARE PLANNING



THE NEED: Individuals with FASD have unique and personalized knowledge of themselves. They may have discovered great strategies and accommodations that work well for them. Persons with FASD must have meaningful choice and control in their treatment goals. Youth in particular are in a developmental period of identity building and exploring choices, and so involving them in planning fosters healthy development.

Goals aligned with individuals' genuine values and motivations are essential to their meaningful engagement. By continually providing non-judgmental spaces for them to voice their perspectives, caregivers and service providers can help youth and adults with FASD use their own perspectives to inform healthy behaviour choices. Overall, working *with* individuals with FASD, rather than for them, will help support their well-being and success in treatment.

“I think the biggest thing is that you can’t assume that if you know somebody with FASD, that’s how every individual is that has FASD. You’re all impacted different, so whatever’s gonna work for one, it isn’t gonna work for the next. You need to take that time to listen to what their story is and what their needs actually are in order to be successful, rather than assuming and then getting frustrated to why it’s not working the same for one individual like it would another.” - Adult with FASD

THE OPPORTUNITY: From the outset of treatment, frame the treatment as a collaborative process where the individual with FASD brings expertise about themselves and you bring expertise in substance use treatment. With this shared expertise you can then co-create a treatment plan. It may be helpful to ask them about how they have coped in the past, what has been helpful for them, where they have faced barriers in any past treatments, and what it is they are hoping to get out of treatment. By collaboratively co-creating a treatment plan that is linked with their goals, the individual may feel more engaged and empowered to maintain gains made once treatment support is done.

Time spent relationship building can help individuals with FASD stay engaged in treatment. Some programs allow individuals to choose their counsellors and identify the staff who they want to work with. If individuals with FASD can identify a worker they trust, they may feel increasingly safe and secure thus facilitating an environment where it is okay to make mistakes on their learning and growth path. Such respectful and meaningful working relationships require time, energy, reciprocal learning, and transparency. Treatment centres will benefit from having relationally oriented staff, and from securing funding to allow this time-intensive relational work to occur.

“If you can’t build that rapport and that respect, then I don’t think you can really go much of anywhere.” - Service Provider



In instances where family has encouraged a youth to attend treatment, extra time, and attention to hear the youth's perspective can improve engagement and outcomes. Though youth with FASD and their caregivers' perceptions of concerns may differ, curiosity and conversation can help to find a middle ground.

“Youth will sort of come around to being able to recognize that maybe they don’t think it’s as problematic as their family thinks, but they’re able to recognize that maybe it is a little bit problematic, so we can set goals according to their perception of what they think is problematic.” - Service Provider



COLLABORATE WITH EXTERNAL SUPPORTS SUCH AS CAREGIVERS OR AN FASD SUPPORT WORKER

THE NEED: Interdependence is a part of life that all humans have in common, from children relying on adults for their basic needs, to adults connecting with their social networks and social systems to support healthy living. For individuals with FASD, supportive relationships are essential to help navigate life challenges, provide advocacy support, and guide positive decision making.[31] For both youth and adults with FASD in substance use treatment, there is an important balance between supporting autonomy and ensuring the involvement of trusted caregivers and supports. Youth and adults with FASD benefit greatly from supportive relationships including family and caregivers, staff and counsellors, case workers and advocates, peers, and the wider community. These external supporters are often key people in their lives. They can bring invaluable insights that can inform the treatment process and help the individual with FASD to maintain what they have learned from the treatment process. More information on fostering healthy outcomes in a variety of domains, establishing continuity of care, and more specifically interdependence, can be found on page 60 in *Towards Healthy Outcomes 2.0*.

“There were conversations on the phone. There was me reaching out going, ‘This isn’t working for her. And here’s why it’s not working. Can you adjust this?’, And sadly [we] were met with, ‘No we don’t do that.’” - Caregiver

THE OPPORTUNITY: Collaborating with external supporters might include:

- Drawing on the experience of caregivers and the individual with FASD, in the context of their cultural background as relevant, to evaluate what has and has not worked well in the past
- Creating program-wide practices that purposefully integrate the strengths of family supports. ^[32] (See *Tip 39: Substance Use Disorder Treatment and Family Therapy* in the *Tools and Resources* section). For instance:
 - Family counselling that provides coaching on communication skills and behaviour responses can prepare individuals and their supporters to continue building on progress post-treatment ^[33]
 - General education on substance use, FASD, and strengths-based perspectives can equip families with growth mindsets and research-based techniques for supporting healthy behaviors. When individuals with FASD leave treatment, they can return to a home environment where they have informed support
 - Access to parenting classes for parents with FASD in treatment can be helpful. This could be a parenting class offered as part of your program or could be facilitated through community partnerships
 - If individuals with FASD have their own children, efforts to maintain contact may also reduce substance use or relapse ^[34, 35]

“Having more knowledge of what was going on with my child, while she was in care, would have helped me stay focused on me, instead of just not knowing where she was or what was going on with her, and having no contact. That would have really made it a lot easier for me to stay present and actually work on myself while I was in treatment”
- Adult with FASD

- Having an FASD-support worker, or a designated person who can advocate and facilitate accommodations for the individual with FASD. Some needed accommodations may include having someone to attend meetings with the person, reviewing information with them outside of programming, providing additional reminders, helping manage their belongings, etc. An individualized FASD worker can assist with:
 - Emotion regulation tasks such as taking breaks from overwhelming meetings, using calming spaces, or noticing and communicating challenging emotions
 - Executive functioning tasks such as remembering scheduled appointments, organizing daily routines, and completing independent tasks or homework
 - Adjusting pacing or difficulty level of treatment programming to maximize small successes
 - Identifying and encouraging the use of individual strengths (e.g., creativity, personal interests)
 - Identifying and practicing coping skills for individual barriers (e.g., for social conflict, avoidance)
 - One-on-one support to get to know individuals well over their time in treatment so they can leverage that individual’s specific strengths and barriers

“My network and my family and stuff. They’ve never ever stopped supporting me. ... They’re strong people. I’ve put ‘em through hell, and they’re still there, and that’s probably one of the reasons that I’ve succeeded. I have a great support network.” - Adult with FASD

CONSIDER HOW PEERS CAN BE LEVERAGED TO SUPPORT HEALTHY OUTCOMES AND HOW THEY MAY BE CONNECTED TO SUBSTANCE USE

THE NEED: Youth and adults with FASD, like any others, have a need to belong. A sense of belonging within a community can influence an individual's sense of courage and confidence in their ability to change. ^[34, 36] A sense of belonging can often come from shared experiences.

“There’s a lot of treatment centres you go to, and it almost feels like competition or bitterness between you and the other resident. [Treatment centre] was completely different. It was like everybody lifted each other up. If someone was struggling, you definitely had people you can turn to.” – Adult with FASD



Developmental considerations and brain-based differences may increase youth with FASD's vulnerability to peer pressure to use substances ^[11]. Youth and adults may both use substances to disguise brain-based barriers in social interactions and to help them feel accepted by their peers. ^[12, 13] Some may engage with communities in which substance use can be prevalent at events. ^[37] Although harmful behaviors in peer groups can have a strong influence, lack of engagement with positive peer groups is also related to early treatment termination and post-treatment relapse. ^[38] Reduced substance use and increased positive outcomes may be observed when youth spend time with non-substance using peers, ^[39] and they can make healthy and positive connections. Family environments can also impact youth's choice of peers as well as reduce the influence of peer pressure towards substance use. ^[40]

THE OPPORTUNITY: Treatment centers might consider facilitating healthy connections by:

- Providing opportunities for safe and genuine connections to be made within the treatment group
- Modeling healthy friendships through mentorship and guidance
- Establishing FASD-specific support groups
- Promoting positive peer groups or mentorship opportunities in and outside treatment
- Asking about social elements of substance use as well as social interconnectedness to guide treatment and transition planning ^[37]

*“It helped that there were other clients that have suspected FASD. There’s a group here that we were able to share that with each other and support each other, and just kind of share our experiences with the whole idea of it all, so it made it really comfortable.”
– Adult with FASD*

CONSIDER HOW TO SUPPORT DEVELOPMENTAL, MENTAL HEALTH, AND LEARNING NEEDS



THE NEED: All individuals learn and grow over the lifespan. However, adolescence is a unique period of opportunity and growth. Although brain-based differences create challenges for youth in general that may be magnified for youth with FASD (e.g., finding it hard to consider consequences before doing something they find rewarding), that does not mean that development and growth is not occurring. All individuals with FASD have unique developmental, mental health and learning needs that should be considered in treatment planning.

Unaddressed mental health and learning needs among youth contribute to substance use.^[41] Although this aspect remains unexplored in the context of youth with FASD, we know that youth with brain-based differences and those who have experienced trauma may turn to substances as a means of addressing unmet mental health needs.^[38, 39, 42-46] This emphasizes the importance of substance use treatment efforts being attuned to these needs and for coordinated care.^[41]



THE OPPORTUNITY: During all stages of life, but particularly in adolescence, treatment providers can actively facilitate support growth and development by believing in individuals’ potential to grow, and by realizing the potential positive impact of good intervention during developmental years. As there are unique brain-based and developmental considerations for individuals with FASD, service providers can modify strategies to developmental needs to optimize learning. This may include offering longer periods of treatment engagement for individuals with FASD than for those who do not have FASD.

To enhance long-term well-being, it’s also crucial to emphasize the cultivation of life skills, a strong connection to mental and physical healthcare, and a proactive approach to addressing various mental and physical health concerns, including issues like diabetes, dental health, women’s health, and more. A mental health resource and practice guide for supporting individuals with FASD can be found in *the CanFASD Mental Health Toolkit*.

SUPPORT THE SUPPORTERS

THE NEED: As individuals with FASD benefit from ongoing relational support, the people and communities providing high levels of support can be at risk of burn out.^[47] Staff, caregivers, or organizations can struggle to offer high quality care when faced with persistent difficult problems, lack of recognition of efforts, and/or lack of outside support. It is important to consider how treatment practices can be adjusted to support the supporters.

“[Caregivers] need a break, need to take care of themselves because they will run themselves down. ... [They need] respite otherwise they’re gonna hit burnout [and] counselling would be good too.” - Caregiver

THE OPPORTUNITY: Treatment centres can safeguard the effectiveness and success of treatment by supporting the supporters. Please see the *Caregiver Summary* in the *Tools and Resources* section for a 3-page overview of key elements in this guide.

Some recommendations from service providers include:

- Front-line, administrative staff and counsellors receive ample training, supervision, and respite to ensure they are best equipped to handle such demanding careers
- Caregivers receive education, peer-mentorship and counselling on parenting, boundaries, and communication skills with youth with FASD (See *Caregiver Curriculum on Fetal Alcohol Spectrum* in *Tools and Resources* section)
- Supervisors who are well-trained and supported should be able to hear concerns, reflect successes, and provide encouragement
- Workplace routines such as monthly emails or a public appreciation board can create a culture of recognizing and celebrating staff efforts and wellbeing
- Encouraging teamwork and connection between workers can buffer stress
- Documenting and sharing family efforts and successes can prevent caregiver burnout

- Treatment staff, family, and communities can all benefit from formal webinars or skill-building resources to normalize potential obstacles and teach strategies for overcoming them
- Periodic access to experts on FASD can be a means of continued problem-solving and hope-building

PUTTING IT INTO PRACTICE

As you read through the following vignette, consider the following questions surrounding adjusting treatment practices:

- What needs and understandings are important here?
 - What do you know?
 - What more would you want to know?
- What opportunities and practice shifts might you consider here?
 - What went well? What supported that success?
 - What didn't go well? What could have gone differently?
- How can we engage the person in their own life?

Understanding the importance of interdependence, you initiate a collaborative approach with a youth's family and support network. Through open discussions, you identify her chosen family members—trusted friends, mentors, and relatives who play a significant role in her life.

Maria's chosen family, eager to support her journey, becomes an integral part of the treatment plan. Although Maria's supports are invested team members, there is some tension during meetings about goal setting. Maria expresses to you that her goals don't necessarily align with the goals that some of her chosen family members prioritize. This has been causing some problems, yet Maria doesn't know what to do. She expresses that although she loves her family, she wishes she had more community connections. For example, others her age who really understood her experiences and shared her interests.

In a separate conversation with you, one of Maria's chosen family members, Bob, said he really wants Maria to focus on sobriety and getting a full-time job, as he is experiencing much stress as one of Maria's most consistent supporters. At times, he said he misses work because he feels overwhelming pressure and sadness about not being able to help Maria more. You and Maria decide to have a team meeting and start planning around topics you might cover. Maria said she is worried about Bob, and knows he is struggling. She is wondering if there is any way she or others might help relieve some of his stress while also focusing on her needs and goals.

Thank you, your dedication to adapting your practice is inspiring!

Please see *Appendix A* for a table which may help you and your organization to reflect on your learning about adjusting treatment practices and identify what you might like to do differently to improve service delivery for individuals with FASD. You will find many additional resources in the *Tools and Resources* section.

NOTES



Supporting Transitioning After Treatment Programming

KEY POINTS:

- Find ways to co-create transition plans with the individual with FASD, their parent(s) and/or caregiver(s), and appropriate advocates/professionals
- Co-create transition plans that include a focus on strengths and needs, consideration of life circumstances, age, services they may need post-treatment, a collaborative team, important information about the individual with FASD, and flexibility

FIND WAYS TO CO-CREATE TRANSITION PLANS WITH THE INDIVIDUAL WITH FASD, THEIR PARENT(S) AND/OR CAREGIVER(S), AND APPROPRIATE ADVOCATES/PROFESSIONALS

THE NEED: Individuals with FASD benefit from careful and personalized transition planning to support and sustain gains made in treatment. As is the case for most, a clear transition plan facilitates the best chance for success outside of the treatment program because it helps support maintenance of treatment learnings and outcomes. Co-created transition plans should be carefully thought-out, comprehensive, and FASD-informed to allow clear understandings of what their next steps are after treatment, what their challenges might be, and how best to address them.

A lack of transition planning efforts can make individuals, especially youth, feel abandoned and lost after they finish treatment. This is especially true if treatment is terminated or ended early. To ensure individuals know where and how to reach out for support or access needed services, a transition plan should be discussed even if treatment is terminated early.

THE OPPORTUNITY: The transition plan will look different for everyone but will likely entail support from caregivers and/or advocates, communication with other professionals and community services, and input from the individual with FASD themselves.^[48]

“Trust our expertise, trust that we know our kids better than anyone else. And when we tell you something is not gonna work, believe us.” - Caregiver



The involvement of parents and/or caregivers of individuals with FASD should be emphasized when creating a transition plan, when applicable and with the individual's consent. This is especially important when working with youth. Family or caregivers can be an essential resource for accurate information that informs effective in-treatment and post-treatment care. Caregivers are often heavily involved in facilitating connections with appropriate supports for youth following treatment. As such, collaborating with youth and their caregivers may increase the odds that youth will be able to access appropriate services after they complete treatment and maintain treatment outcomes.

For individuals from some cultural backgrounds, including parents, caregivers and/or extended family members will be especially important for transition planning. The inclusion of caregivers and extended supports during the creation of a transition plan can help to ensure the plan is feasible for both the individual with FASD and the caregivers. The co-creation of a treatment plan creates space for engagement, supported autonomy, and individualization to meet the needs of the individual with FASD and address their goals.

“They need to know that caregivers need to be involved a little bit more; that caregivers understand the young person sometimes better than the young person understands themselves; that they need to be part of the treatment programming because these people can't just leave treatment and then do okay.” – Caregiver

Although individual service providers may be responsible for co-creating transition plans with individuals and their support system, program management can also facilitate these practices by implementing specific organizational policies. Specific policies outlining transition planning practices for service providers will help to ensure that transition plans are individualized and comprehensive. Program management can also implement regular team meetings to discuss transition planning practices and specific transition plans. A commitment to facilitating and providing appropriate transition planning professional development opportunities will also ensure that service providers maintain appropriate competency and knowledge in this area. Lastly, program management can aim to regularly evaluate transition plan practices to ensure they are consistent and effective.

Some co-creation considerations:

- Identify the necessary services and team members needed to support the individual with FASD in maintaining their treatment gains and continuing to move towards healthy outcomes. Consent and collaboration with the person with FASD are required to build this transition team and plan. Ask the individual with FASD about the services and professionals they feel are important to their transition, as well as their experiences with different programs and services before making suggestions. Creating a transition team helps to ensure all the needed services and supports are in place. Those who are part of the transition care plan should be aware of all the other programs and supports involved and be knowledgeable of what their role is and how they can support others on the team.
- Co-create a short document with key information about the individual with FASD. Write in clear and simple language. To ensure the most benefit from the transition plan. Include in the document areas of strength and challenge, identified positive supports, and helpful strategies or accommodations. This takes the pressure off the individual with FASD to have to communicate this information to others. The document can help future support services understand how best to work with the individual.

CO-CREATE TRANSITION PLANS THAT INCLUDE A FOCUS ON STRENGTHS AND NEEDS, CONSIDERATION OF LIFE CIRCUMSTANCES, AGE, SERVICES THEY MAY NEED POST-TREATMENT, IMPORTANT INFORMATION ABOUT THE INDIVIDUAL WITH FASD, AND FLEXIBILITY

THE NEED: Comprehensive and individualized transition plans will provide the highest chance of the individual with FASD maintaining treatment gains after leaving treatment when they focus on individuals' unique strengths, needs, and life circumstances. This includes age and personal goal considerations as well as incorporating flexibility into the plan.

THE OPPORTUNITY: Service providers can:

- Base treatment plans upon the individual's strengths and needs and include connections to resources that are FASD-informed whenever possible.
-  When planning for transition, remember that brain-based differences may dictate an individual's ability to enact more complex transition plans with multiple steps.
- Identify and build on the individual's existing strengths and natural support systems. Some examples are relational, skills-based, behavioural, cognitive, or personality strengths. Once strengths are identified, discuss with the individual with FASD how they might make the most of their strengths and use them to promote their health and well-being.

- Discuss the life circumstances of the individual with FASD with them and their support network. Adapt the transition plan based on these circumstances. Depending on the next steps of treatment, areas that should be considered in the development of the transition plan are housing, school, employment, substance use support, financial support, health support including physical health, dental health, sexual health, and mental health supports, legal supports (if needed), cultural and/or spiritual supports, and community engagement.
-  Consider age restrictions on programming, particularly when youth with FASD may age out of treatment programs. Transition plans are crucial to ensure that youth who are aging out of the program have access to appropriate supports that will allow them to meet their needs following treatment.
- Include engagement with school, if appropriate, in the transition plan.
- As both youth and adults with FASD may have processed their thoughts and feelings about their disability and birth parent(s) during treatment, additional support may be suggested, as applicable, to help the individual and their birth parent(s) to continue to process these sensitive thoughts and feelings post-treatment.
-  Consider the need for including information about accessing psychological and/or psychoeducational assessment, including FASD diagnostic services, particularly if the possibility of having FASD was first identified during treatment. As wait lists for accessing diagnostic and other assessment services can sometimes be lengthy, providing transitional support can help to ensure individuals who may have FASD are able to later access needed services.
- Consider timeline flexibility needs for treatment and post-treatment goals. By adjusting the pace and adopting an approach that allows for individuals to voice their needs, success in and post treatment may be increased. An impactful accommodation that treatment centres can make for individuals with FASD is to offer services and transition plans at a pace and timeline that matches their cognitive and emotional processing needs. Considering brain-based differences including memory, attention, and comprehension, effective treatment will likely require ample time, individualized practice, and creative alterations. **One way that treatment centers can accommodate individuals with FASD is to create policies that extend the time allowed in the program or ensure that individuals can return to treatment multiple times without judgement or limitations.** By increasing the program's flexibility and allowing them to adjust the length of their stay, more individuals with FASD may be able to complete treatment. Flexible durations of treatment also allow for more time to arrange transitions to programs and supports after substance use treatment.

“I had to really let people in, and trust that they were there to support me. Even if I slipped up, I could come back, and that support was always there. I felt like I finally belonged somewhere, you know, in society, where I was understood.” – Adult with FASD

CONNECT INDIVIDUALS TO COMMUNITY TO SUPPORT SUCCESS DURING AND BEYOND TREATMENT

THE NEED: Supportive involvement of community during and after treatment can help individuals maintain their wellbeing post-treatment.^[34] Individuals can benefit from employment, volunteerism, or interest-based groups where they can gain a sense of purpose or belonging.^[49] Individuals with FASD may have experienced past community interactions where their disability was not understood or accepted. Some community interactions may have also perpetuated stigma or barriers related to substance use. Repeated positive experiences in the community may be needed for individuals to trust that they will continue to be respected and valued. One strong connection to community can be found within cultural or spiritual domains.



Community involvement for youth may be of particular importance as a natural pathway for them to experience and perceive the world from different viewpoints. The resiliency of youth with FASD can be increased by having multiple support networks to learn from and rely on, and these connections can be helpful to caregivers as well, particularly when established early on.

“I know that, for me, my spirituality and my culture and learning about it has helped me a lot in staying present and having faith, and trust in the process that things can get better” – Adult with FASD

THE OPPORTUNITY: Treatment centers can support spiritual, work, volunteer, or interest-group connections by creating opportunities during treatment as well as continuation of these connections post-treatment. Treatment centres can further support persons with FASD by building connections to communities that are FASD-informed or advocating on an individual’s behalf for communities to seek FASD education. There are exciting initiatives to make it much easier to find FASD-informed and other specific supports. For instance, *Find Support BC*. Future initiatives to expand such resources regionally and nationally would be tremendously helpful for individuals with FASD, their families, and substance use treatment service providers.

“By the time he was older, it was kind of like he wanted more than what I could give at that time. He had higher expectations for my level of support than I was able to offer. [Raising youth as] “part of a village” [with] more sense of connection and support for them to launch into adulthood is the biggest thing.” - Caregiver

A *Transition Planning Table* may look something like the example below:

Transition Planning Table

TRANSITION NEEDS	SUPPORT PERSON/ AGENCY	IS THIS A PRIORITY FOR THIS CLIENT? DESCRIBE	NOTES
Housing			
Financial			
Employment			
Physical and sexual health			
Mental health			
Community engagement			
Substance use support			
Legal assistance			
Cultural and/or spiritual support			
Family or parenting supports			
FASD diagnostic services or navigation services			
Assessment services			
School/ educational services			
Other:			

PUTTING IT INTO PRACTICE

As you read through the following vignette, consider the following questions surrounding supporting transitioning after treatment programming:

- What needs and understandings are important here?
 - What do you know?
 - What more would you want to know?
- What opportunities and practice shifts might you consider here?
 - What went well? What supported that success?
 - What didn't go well? What could have gone differently?
- How can we engage the person in their own life?

You have a 16-year-old daughter who has FASD and who has been facing problematic alcohol use for the past four years. You have been trying to advocate for her to complete inpatient treatment for the past three years. After a lot of research, you successfully enrolled your daughter at a treatment centre. Your daughter was resistant to the idea of going to treatment but ended up going after many conversations with you and her support worker. After three days in treatment, your daughter came back home. She was struggling to follow along in the daily group therapy sessions in treatment and became increasingly frustrated with herself. The treatment centre told you that your daughter was just not a good fit for their programming. They discharged her immediately. You feel lost as to what to do next. It was so difficult to find a treatment centre that admitted minors with a neurodevelopmental disability to begin with and to also convince your daughter to give treatment a try. You want to help your daughter, but you don't know what your next steps should be. You feel alone, overwhelmed, and discouraged.

Thank you, your hard work and engagement are deeply appreciated!

Please see *Appendix A* for a table which may help you and your organization to reflect on your learning about supporting transitioning after treatment programming and identify what you might like to do differently to improve service delivery for individuals with FASD. You will find many additional resources in the *Tools and Resources* section.

NOTES



Maintaining and Re-engaging with Treatment Programs

KEY POINTS IN THIS SECTION:

- Connect individuals with FASD to ongoing FASD-informed support to maintain the progress they made in treatment
- Consider how to ease the transition for re-engaging in treatment

Transition planning, as described above, includes planning for both maintenance of the progress made during substance use treatment, as well as considering the possibility of re-engaging with substance use treatment in the future.

CONNECT INDIVIDUALS WITH FASD TO ONGOING FASD-INFORMED SUPPORT TO MAINTAIN THE PROGRESS THEY MADE IN TREATMENT

THE NEED: As with all individuals in treatment, individuals with FASD will need support to continue to work on or refresh their treatment goals. Treatment centres can support maintenance of progress by providing follow-up support as well as facilitating community connections after treatment. An accessible follow-up worker can assist the individual to integrate learned strategies into daily life, and to build ongoing connections with support workers, therapists, community groups, or other resources. Connecting individuals to community supports can also help them to continue to meet their needs if they are on the waitlist to return to treatment.

“[I] was also already on the waitlist for [treatment centre] too. I knew that that was gonna be at least a month or two, and I was just gonna continue to use until then”
– Adult with FASD

THE OPPORTUNITY: Treatment centres may consider fostering continuity of care by collaborating with FASD-informed community supports so that individuals can continue to engage in some programming after discharge. Keep in mind that the availability of ongoing resources and support can vary greatly between different types of communities (e.g., rural, urban, remote, reserve communities). Please see the *Supporting Transitioning After Treatment Programming* chapter for considerations.

CONSIDER HOW TO EASE THE TRANSITION FOR RE-ENGAGING IN TREATMENT

THE NEED: Individuals sometimes attend a variety of programs on their treatment journey based on what is available when and where they need it. With the consent of the individual with FASD, treatment centres can offer collaborative support by sharing relevant treatment information with subsequent service providers. Shared information around learned strategies and the necessary supports and accommodations that the individual had in place can facilitate a smooth transition back into treatment, and support continuity of care.

THE OPPORTUNITY: Motivational interviewing has been recognized as an effective approach for aiding youth in re-engaging with substance use support services.^[50] Although specific research on motivational interviewing for youth with FASD in substance use treatment is not yet available, research indicates that motivational interviewing can be helpful for youth with brain-based differences and trauma experiences who use substances.^[14, 51-56] Due to difficulties with receptive language processing, less verbally intensive components of motivational interviewing have been suggested as most helpful for people with FASD.^[57] For example, focusing primarily on the ‘directing’ style of communication which focuses on interpersonal relationships.^[58]

STEPS TO INFORMATION SHARING

- Co-develop a document with the individual with FASD during transition planning that includes information about what they liked in treatment, found helpful and unhelpful in treatment, what supports or accommodations were in place, and any other important information, such as their diagnosis if appropriate. Consider including caregivers for youth and adults as appropriate and with their consent
- Provide the document to the individual with FASD. Ask them if there is an identified “safe person” such as a caregiver or advocate, who could help with keeping and sharing documentation as needed. Obtain consent before sharing this documentation with this safe person
- If feasible, obtain consent from the person with FASD to directly share the document with a designated provider as well

“How many times have we gone to an appointment, and they say, ‘Well, we never got this report’, ‘We never get that report’? I mean, it’s an interprovincial barrier that shouldn’t be there in our healthcare system, and I know you can’t fix that, but I’m just flagging it as one of the stumbling blocks that people can have. Those are just system problems that are confounding proper treatment.” – Caregiver

PUTTING IT INTO PRACTICE

This vignette is based on a real situation described by a caregiver. Although much of the original language is retained, it has been edited for clarity and to remove identifying information.

As you read through the following vignette, consider the following questions in relation to maintaining and re-engaging with treatment programs:

- What needs and understandings are important here?
 - What do you know?
 - What more would you want to know?
- What opportunities and practice shifts might you consider here?
 - What went well? What supported that success?
 - What didn't go well? What could have gone differently?
- How can we engage the person in their own life?

After Shay finished her treatment, things got tough. The day before she was supposed to leave the treatment facility, we were struggling to find a suitable place for her to live. It seemed like there were no options available.

Then, right before she was discharged, we got some good news. They told us about a nearby transition program that had a bed available nearby. It seemed like a great opportunity. The woman who ran the program was really nice, but there was a catch. They had high expectations for her. They wanted her to be out job hunting every day, volunteering every day, and wouldn't help with transportation. They had no FASD knowledge about FASD, and no willingness to learn. They tried to work with her a bit, but everything they wanted to do was so far above what she was able to do. They tried to work with her a bit, but their expectations were way beyond what she could handle. It just wasn't a good fit. To make things worse, they insisted that she take buses downtown, which was risky for her. We started looking for other programs to support her.

We found an FASD program downtown. Shay and I attended a meeting there to explore our options. I had to go back to work, and she was supposed to take a bus home. But when the bus came, she hopped on it to go see her friend. We had no idea that this would lead to trouble. She ended up drinking some alcohol that day. I called the transition program to let them know we found her and what had happened, but their response was shocking. They said she had been terminated from the program. They told us, 'Her stuff will be in the bag on the doorstep. You can pick it up tomorrow.' No understanding — none. There was no opportunity. There was no forgiveness, there was no nothing. It was absolutely disgusting.

Thank you for your commitment to further understanding FASD-informed practices!

Please see *Appendix A* for a table which may help you and your organization to reflect on your learning about maintaining and re-engaging with treatment and identify what you might like to do differently to improve service delivery for individuals with FASD. You will find many additional resources in the *Tools and Resources* section.

NOTES



Throughout the Treatment Cycle: Access to Support Services

KEY POINTS:

- Additional support services are needed to meet the multifaceted needs of individuals with FASD
- Find ways to support individuals with FASD in accessing additional support services

ADDITIONAL SUPPORT SERVICES ARE NEEDED TO MEET THE MULTIFACETED NEEDS OF INDIVIDUALS WITH FASD

THE NEED: When working with individuals with FASD, comorbidities are common and often complexify substance use treatment.^[59] Comorbidity means the presence of two or more disorders at the same time. Over 90% of individuals with FASD also experience mental health challenges.^[60] As such, individuals may experience better outcomes through programs that simultaneously address specific mental health needs (e.g., depressive symptoms) and substance use treatment.^[61] Specialized services to address their physical health, and daily living needs may also help them to engage in treatment more effectively.

Importantly, individuals must have their basic needs met before they are in the best place to attend to their other needs and goals. Marginalized youth may be at risk of returning to substance use due to engagement in unsafe behaviours (e.g., prostitution, couch-surfing) in an effort to meet their basic needs.^[62, 63] This emphasizes the importance of transition planning to ensure their basic needs are met so they can engage in treatment and maintain gains post treatment (please see *Supporting Transitioning After Treatment* chapter).

THE OPPORTUNITY: Service providers can collaborate with other specialized service providers and/or integrate appropriate services to best address unmet needs which may be contributing to the individual’s substance use. For instance, surrounding trauma, mental health symptoms, (dis)connection with cultural and support groups and family, disengagement from school, and access to basic needs.^[63-65]

FIND WAYS TO SUPPORT INDIVIDUALS WITH FASD IN ACCESSING ADDITIONAL SUPPORT SERVICES



THE NEED: Navigating multiple community-based services is often required to receive needed supports. This can be challenging for folks given the complexity of systems and services. Navigation may be additionally challenging and confusing for persons with FASD due to difficulties with memory, reading, writing, receptive language, organization, planning, processing speed, and expressive language. These diverse brain-based difficulties may make it difficult for them to understand necessary information, make it to scheduled appointments, and communicate their needs to others. You may find it helpful to revisit the tables in the *Brain-Based Differences* section to consider how you might best assist the individual to access additional support services.

Potential Support Services

HEALTH-RELATED SERVICES	SOCIAL-RELATED SERVICES
Physicians	Financial
Pharmacists	Employment
Psychologists	Legal
Psychiatrists	Housing
Dentists	Transportation
Optometrists	Childcare
Occupational Therapists	Cultural/spiritual
Physiotherapists	School
Chiropractors	

Some considerations around potential support services:

1. Additional health-related services help to ensure that individuals' physical and mental health is properly addressed to allow them to effectively engage in treatment. Targeted mental health services may focus on the processing of trauma, and/or strategies to manage anxious and depressive symptoms and other mental health needs. See *Integrating Substance Use and Mental Health Systems* in the *Tools and Resources* section for a more in-depth overview of integrating mental health and substance use services.

For individuals who may not have an FASD diagnosis but are interested in pursuing an assessment, it may also be possible to develop connections with a local assessment team. For example, see this link to [CanFASD's FASD Clinic Cards](#). Making preliminary introductions to an intake worker or clinical coordinator with the team may help to create a bridge and familiar connection that can facilitate later involvement with an assessment program, even in the case of extended wait times.

2.  Individuals with FASD may require support to meet their financial, legal, housing, childcare, and/or transportation needs. Brain-based differences result in difficulties maintaining employment and receiving a steady income. As a result, many persons with FASD may experience financial barriers that may limit both their ability to access specific treatments and pay for transportation to treatment. ^[7, 27, 66] When possible, offer transportation assistance.

“With the resources around keeping families together rather than just separating them, that would have really helped me ‘cause it almost pushed me further into addiction when I was separated from my child.” – Adult with FASD

Another major barrier to accessing and staying in treatment can be finding childcare and worry about the quality of care children are receiving while a parent is in treatment. ^[7, 27] Ideally, treatment programs would be able to integrate care for children at their facility. Collaboration with the child welfare system may be needed to support temporary care for children when parents are in treatment ^[27]. All mothers, fathers, and parents with diverse gender identities should be asked about any childcare needs they have to help facilitate their engagement with treatment services.

3.  Individuals with FASD may be involved in the criminal justice system and have outstanding legal obligations when they enter substance use treatment. Navigating legal services and supports may be especially difficult for individuals with FASD due to various brain-based differences that impact, among other aspects, the comprehension and completion of complex and difficult legal documents. When possible, collaboration with legal services may also be integrated into or adjunct to treatment programs. See the *Tools and Resources* section for specific resources on FASD and the justice system.
4. Individuals with FASD may require additional support with housing. Housing instability may limit an individual's ability to engage in treatment and to reduce their substance use post-treatment. Collaborating with or having integrated supportive housing services may be beneficial for individuals with FASD to help them find appropriate housing post-treatment. ^[27, 67, 68] See the *Tools and Resources* section for a *comprehensive framework to support the housing needs of individuals with FASD*.

THE OPPORTUNITY: Integrated and collaborative support service models are best suited to meet the needs of individuals with FASD, allowing for continuity of care to best meet the individual’s needs.

Integrated services



Some substance use treatment programs already have integrated services. To increase access, it is recommended that substance use treatment programs integrate commonly needed support services into their program whenever possible. This may be especially important for individuals with FASD, as accessing external services can be challenging due to their brain-based differences and the complexity of system navigation. These services can be arranged in many ways, such as a full-time component of treatment, dedicated time and office space one or two days a week, a partnership arrangement, etc.

Collaboration with support services

Oftentimes, it is not possible to integrate services into the treatment program. To support individuals with FASD to access support services, a designated FASD-support worker or other identified staff member can be tasked with collaborative assistance. Ways to provide support may be through:

- Direct referrals
- Helping to schedule and plan appointments
- Helping the individual with FASD complete paperwork
- Reminding the individual with FASD of their appointments
- Accompanying the individual with FASD to appointments

The support worker and the individual with FASD can co-create a plan to understand the level of assistance required so they can best access and engage with services. Working together will help create a positive experience for both the support service and the individual with FASD. In addition to integrating or collaborating with appropriate services, it is important to collaborate with FASD-informed service providers whenever possible.

USING UNDERSTANDING TO PUT OPPORTUNITY INTO ACTION

A three-step process may help to guide substance use treatment centre staff in supporting individuals with FASD to access support services:

1. EVALUATE →	2. DETERMINE →	3. BRIDGE
<p>What are the needs of the individual with FASD? They may be financial, social, medical, etc. Have a discussion with the individual with FASD to understand what other services and referrals the individual may need.</p>	<p>What can be solved in-house? Depending on your treatment program, you may have integrated services that that the individual with FASD can connect with within the treatment program.</p>	<p>If the service is not available within the program, bridging to community programs should be considered.</p>

To facilitate the collaboration and/or integration of services, individuals’ needs should be assessed at intake and on an ongoing basis throughout treatment to ensure their needs are consistently met. It is important to remember that needs may change over time.

To ensure service suitability for youth, treatment centres should aim to collaborate with and/or integrate services that are youth-friendly or youth-led.

A tool that can be used to assist with accessing support services is provided below. You can use *these tables* to identify applicable needs, identify which supports can be offered in-house, and guide planning:

INDIVIDUAL NEEDS	Y	N ¹	ASK FURTHER* ¹	N/A* ²
1. Individual has access to appropriate housing				
2. Individual has access to medical care				
3. Individual has access to sexual and reproductive health support services				
3. Individual has arranged medication management				
4. Individual has access to mental health services and support services for experiences of violence and trauma (e.g., psychiatrist, psychologist, counsellor)				
5. Individual has access to legal support (e.g., probation officer, lawyer)				
6. Individual has assistance with financial management				
7. Individual has assistance to complete applications and compile documentations for funding support				
8. Individual has access/assistance to develop life and/or vocational skills for employment opportunities				
9. Individual has access to childcare services or parenting supports				
10. Individual has assistance to communicate with and navigate child welfare systems				
11. Individual has access to transportation to safely commute				
12. Individual has access to cultural and/or spiritual support				
13. Individual has access to educational support				

Adapted from Pei et al^[69]

*¹ If the individual with FASD did not identify a need by answering either “Y” or “N”, ask the individual further questions to determine if that item is a need for them or not.

*² For any “N” responses, consider how the individual can be connected to services so these needs are met

WHICH OF THE FOLLOWING SERVICES ARE AVAILABLE WITHIN YOUR AGENCY?

Housing

Employment support

Medical care and sexual/reproductive health counselling

Legal needs

Dental care

Transportation

Mental health and violence and trauma support

Cultural and/or spiritual

Childcare or parenting supports

Educational/schooling support

Financial support

Adapted from Pei et al^[69]

Enhancing Program Practices to be FASD-Informed



Integrating FASD Prevention and Treatment

KEY POINTS IN THIS SECTION:

- Develop awareness and understanding of stigma related to alcohol and other substance use during pregnancy
- Integrate education and support related to the prevention of FASD in treatment

DEVELOP AWARENESS AND UNDERSTANDING OF STIGMA

THE NEED: The powerful stigma attached to substance use during pregnancy may create barriers and prevent individuals from accessing treatment.^[70] Internalized feelings of guilt and shame, as well as the fear of being stigmatized, can result in avoidance of treatment.^[70] For individuals from various cultural backgrounds, such as Indigenous individuals, experiences of racism in accessing health services can compound existing stigma and associated barriers to treatment access.^[71] Engaging people in safe, collaborative, and respectful discussions about alcohol may be critical to their getting to, and staying in, treatment.

“But I don’t think that having a disability or having a medical condition such as you know, mental health issues is something to be ashamed of or kept secret. I believe that it is just, it’s who we are, and it is something that should be talked about. We shouldn’t brush it under. So, I tell everyone right, [youth] has these challenges. I don’t go into details, but I, we’re not ashamed of it. And I don’t want her to be ashamed of it. She did nothing wrong. There’s no shame in any of this, right? We don’t shame her mom. We don’t shame her dad...but I also know that both parents have FASD, undiagnosed, right?” – Caregiver

THE OPPORTUNITY: Individuals with FASD face stigma around their diagnosis, their perceived abilities, and the preconceived ideas society has about them.^[6] Reducing stigma requires coordinated efforts across services and support systems such as the individual, familial, community and societal levels.

People are sometimes unaware of how their own behaviours and attitudes can contribute to stigmatization. Acknowledging stigmatizing thoughts and actions may feel uncomfortable, yet they are incredibly important to address. Reflecting on the statements below may help you become aware of how you may contribute to stigma. You may find it helpful to access the [*Addressing Stigma and Acting Collaboratively*](#) document^[72] to help support your reflective process.

Tool: Self-Assessment

– Practitioner Beliefs and Attitudes

TO WHAT DEGREE DO YOU AGREE WITH THE FOLLOWING STATEMENTS?										
	1 Strongly Disagree	2	3	4	5	6	7	8	9	10 Strongly Agree
1. I believe that women who use alcohol can be good mothers.										
2. I believe that women who use alcohol during pregnancy are responsible for the negative parts of their lives.										
3. I feel that pregnancy or the birth of a child should be reason enough to stop substance use.										
4. I believe that a relapse indicates a lack of commitment to recovery and parenting.										
5. I can tell by looking at a woman if she has a history of substance use.										
6. My comfort level in asking about substance use varies depending on the person's cultural background.										
7. I am aware of the effects of alcohol and other substance use on a fetus during pregnancy.										
8. I know what harm reduction in pregnancy looks like.										
9. I am comfortable supporting harm reduction practices during pregnancy and parenting.										
10. I feel comfortable asking a woman about her history of use of alcohol.										
11. I believe that people from certain cultural groups are much more likely to use alcohol during pregnancy.										

After you have reflected on the statements above, consider:

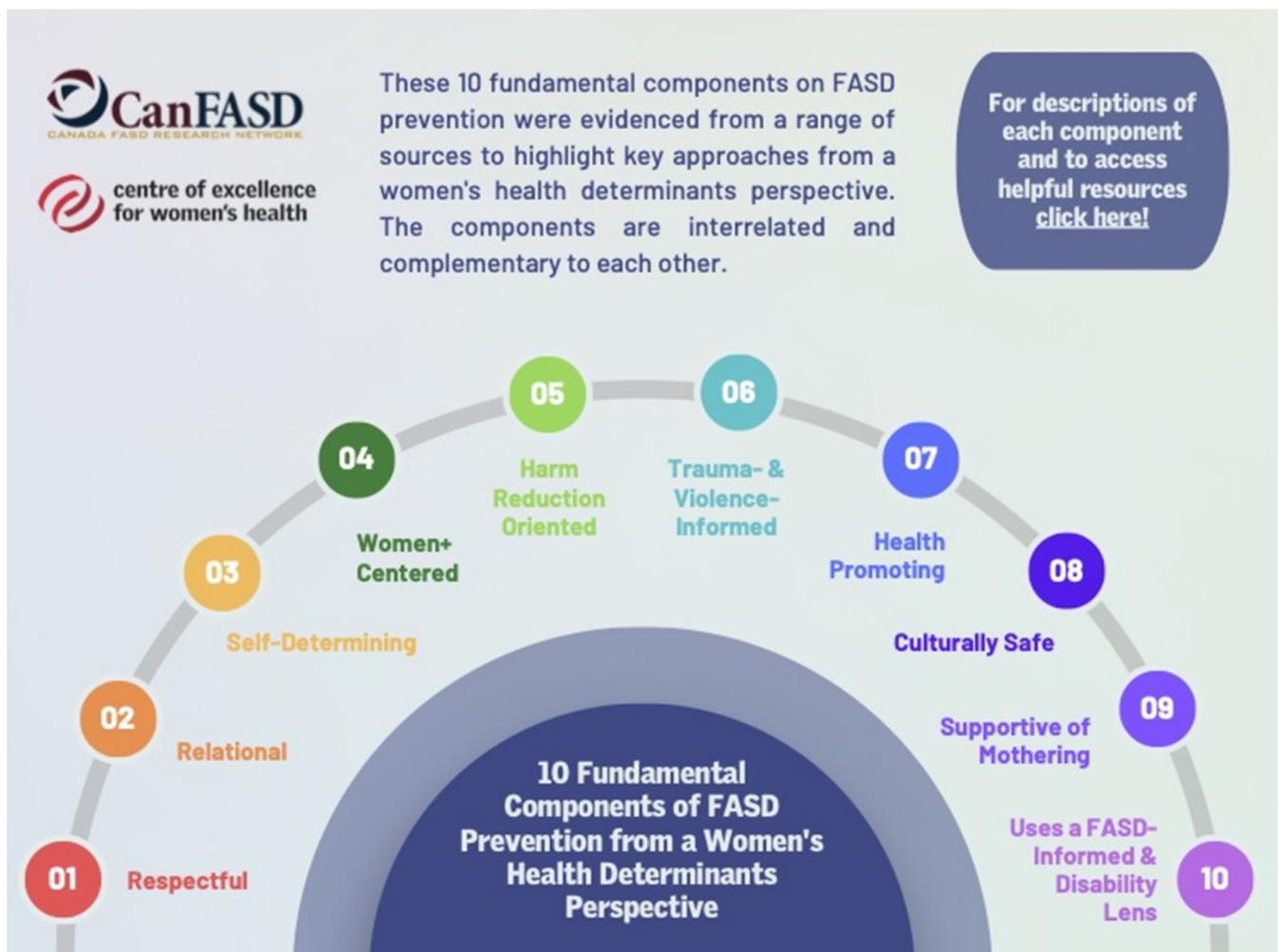
- How did it feel to think about the statements?
- Were there any statements that you got stuck on, or had a harder time with?
- How might your attitude, awareness, assumptions, or approach impact the way you work with girls and women who use alcohol?

Adapted from: Schmidt et al ^[72]. Access to the full document linked in the *Tools and Resources* section.

INTEGRATE EDUCATION AND SUPPORT RELATED TO FASD PREVENTION

THE NEED: Prevention of FASD is an important component of substance use treatment, and a priority in programming with girls, women, and persons who are pregnant or may become pregnant. Building awareness of FASD prevention within the treatment setting is crucial for all genders. An educational and relational approach to discussing FASD and its prevention can be key to self-compassion and treatment success.

The following consensus on fundamental components of FASD prevention can offer a solid basis for promising practices in substance use treatment programming for women and individuals with diverse gender identities with FASD. Please click on the image below or see the *Consensus on 10 Fundamental Components of FASD Prevention from a Women's Health Determinants Perspective*^[23] document for descriptions of the 10 components:



Prevention efforts in Canada are targeted at four levels. These efforts are critical to foster a better understanding of the supports and services available, support the health and well-being of pregnant women and individuals with diverse gender identities, and reduce stigma surrounding FASD.

Most broadly, Level 1 targets prevention efforts at the level of public and community awareness raising. This level also includes public policy initiatives and health promotion activities in support of reducing harms from alcohol and other substance use on everyone. The second level of prevention focuses on all girls, women, and individuals with diverse gender identities of childbearing years and their support networks, and highlights the importance of safe, open discussions about reproductive health, contraception, and substance use during pregnancy. This level of prevention is offered by healthcare providers and all practitioners working in social, Indigenous, and justice related services. Level 3 of prevention is about supportive services that are specialized, culturally safe, and accessible for pregnant women and individuals with diverse gender identities with alcohol or substance use problems and a range of other health and social burdens. Finally, Level 4 of prevention focuses on supporting new mothers and parents to maintain healthy changes and assist them to continue to improve well-being for themselves and their children through mentoring, diagnosis, and treatment for themselves and their children. More information about FASD prevention can be found in *FASD Prevention: Canadian Perspectives* ^[73] in the *Tools and Resources* section.

THE OPPORTUNITY: There are many FASD prevention initiatives in place across Canada including awareness-raising initiatives, brief interventions by health and social care providers, and community-based wraparound and mentoring support for women with alcohol and related health and social concerns. You may want to seek out information about the wrap-around and mentoring services available to women as part of planning for aftercare for some women at the end of treatment. Please also see the *Tools and Resources* section of this guide for a *Brief Intervention on Substance Use with Girls and Women - 50 Ideas for Dialogue, Skill Building and Empowerment*.



When considering prevention approaches with youth, they are likely to prefer to have the facts at their fingertips so they can make their own choices rather than receiving information in a lecture format. ^[74]

Evidence-based, interactive, youth-focused, and engaging prevention efforts are best practice. You can implement educational programming that seeks to promote the use of effective contraception and reduce the risk of engaging in early substance use and promote sexual and reproductive health. One example of a prevention program for youth is the Choices model, offered by *Project Choices* in Winnipeg.

Bringing FASD prevention into the treatment setting can be helpful for all individuals. In treatment, all individuals can learn about FASD and how to support friends and partners to prevent FASD. This can be a positive, empowering approach with a focus on how everyone can support friends or others. This may include very practical ideas about alcohol-free alternatives, alcohol-free environments, and/or protected sex.

Please note that discussions about the impact of alcohol use in pregnancy may be a topic met with resistance, and feelings of loss, grief and sadness. It may also be an ideal time, when in a supportive environment such as substance use treatment, to process these feelings. This may be key to moving forward in treatment. The topic of the risks of alcohol use in pregnancy is also important in a substance use treatment environment to prevent future alcohol exposed pregnancies by all those in treatment, and for encouraging all treatment participants to help support friends or others in their lives. People who have been involved in treatment can be excellent advocates with friends and family surrounding alcohol-free alternatives, alcohol-free environments, and/or protected sex.

“The FASD support worker ... brought it to our attention that no mother intends to give their child FASD, and that really hit home with me because ... there’s some unhealed stuff there, but at the same time I can still accept my diagnosis without feeling shame towards [my mom] or angry towards her cause I know that she didn’t intentionally do this. And for myself, being a young mother, ... my daughter’s also diagnosed with FASD. So, to me, it took down that wall of shame. ... So, for me, the biggest turning point was understanding that no mother really sets out to give their child FASD, but also that sometimes it’s hard to share that with other people, and not everyone’s gonna be on the same page while they’re in the treatment centre, but it’s definitely something to understand...” – Adult with FASD

Substance use treatment offers an opportunity for education and support related to prevention of FASD. Some ways to get started may include:

- Education about alcohol’s effects on fetal health can be integrated into education about the overall effects of alcohol and other substances. In this way, receptivity can be increased to hearing about FASD and FASD prevention, as often standalone FASD prevention messages are met with resistance
- Conversations with a trusted treatment counsellor can be a safe opportunity for people to release feelings about how their alcohol use may have affected their children. In both individual and group counselling, there is an opportunity for all individuals, birth mothers and others, to learn from/with others, to share stories, and develop compassion for themselves and others. Treatment providers can acknowledge that prenatal alcohol exposure may be a topic that is met with feelings of loss, grief, and sadness and that exploration of these feelings may be a key contribution to recovery
- Treatment can also be an important opportunity for individuals with FASD to explore difficult feelings around their own parent’s alcohol use

Explore the [Tools and Resources](#) section of this guide for an extensive list of resources addressing stigma and providing actionable strategies to equip you with helpful and supportive conversation skills. Developing these skills will help you facilitate conversations around prevention.





Harm Reduction

KEY POINTS

- Harm reduction can be a beneficial approach when working with individuals with FASD and can be incorporated into treatment plans through strength-based and achievable goals
- Work with caregivers to discuss harm reduction messaging and approaches to support youth in treatment
- Youth are often unable to access harm reduction services and require additional supports to stay safe

Harm reduction is an evidence-based and person-centered approach. It aims to reduce the social and health adversities that are associated with substance use, without requiring abstinence.^[28] Harm reduction models emphasize that there can be healthy solutions in addition to abstinence-based ones, and that people using substances deserve safety, access to services and positive support without judgment and restrictive expectations.^[70] Harm reduction services prioritize incremental improvements in an individual's health and quality of life so that harmful effects of substance use, rather than just the substance use itself, are reduced post-treatment.^[70]

“They’re very, very, very impulsive... and so being able to hold onto sobriety is incredibly hard... over time, I’ve felt that some form of harm reduction is needed... I was able to talk her off of the needle and onto smoking rather than using the needle. [It] still provides lots of challenges and she’s not functional, but she has less chance of dying.” - Caregiver

HARM REDUCTION CAN BE A BENEFICIAL APPROACH WHEN WORKING WITH INDIVIDUALS WITH FASD AND CAN BE INCORPORATED INTO TREATMENT PLANS THROUGH STRENGTH-BASED AND ACHIEVABLE GOALS



THE NEED: Harm reduction during substance use treatment can provide support that is critical for individuals with FASD whose dignity and safety are first priorities.^[27] A harm reduction approach may be particularly beneficial to individuals with FASD because their brain-based differences may put them at higher risk for adverse outcomes.^[75, 76] Careful planning around these brain-based considerations and risks is critical to supporting individuals with FASD from a harm reduction approach.

Although the brain-based differences in FASD can include a unique range of characteristics and experiences, some individuals may experience risks such as the following:

CHARACTERISTICS	ADVERSE OUTCOME RISKS
Impulsivity	<ul style="list-style-type: none"> • Difficulty saying no to available substances • Difficulty planning and maintaining a choice towards abstinence • Risk of using in unsafe situations (using alone or with strangers, not staggering use with others) • Risk of using unsanitary equipment (risk of infectious disease) • Risk of using contaminated substances from unsafe sources (risk of poisoned drug supply, risk of overdose)
Stress Sensitivity	<ul style="list-style-type: none"> • Risk of using to cope with very strong or ongoing stress responses
Memory	<ul style="list-style-type: none"> • Difficulty recalling how much of a substance is safe to use, or how much their body is currently tolerating • Difficulty remembering to apply learned safety measures such as having naloxone or not using alone • Difficulty remembering previous harms suffered from not using safely
Judgement	<ul style="list-style-type: none"> • Difficulty identifying and avoiding peers or situations where substances will be available
Comprehension	<ul style="list-style-type: none"> • Difficulty understanding the risks of contaminated drug supplies, unsanitary equipment, or long-term health effects • Difficulty understanding change in drug tolerance due to location, health, or periods of abstinence

Harm reduction planning with individuals with FASD is critical. Individuals who return to use in abstinence-based treatment programs are sometimes discharged or disconnected from supports and may receive limited chances to re-engage with the program. Continuing to provide non-judgmental support during a return to use reinforces a person's value and reframes the return to use as one point on a continual journey to positive change. Individuals with FASD are supported to succeed when they continue to receive care, are provided safety from potential harm, and are reoriented towards goals that are strengths-based and achievable.

A harm reduction approach supports an individual's growth and strengths by celebrating small improvements in wellness. Continued connection with supports regardless of abstinence can reduce the risk of disease and overdose, increase belonging and connection to community, improve health outcomes and increase a sense of hope and success. ^[70, 72]

THE OPPORTUNITY: Immediately achievable goals can include:

- Identifying risky situations and collaboratively problem solving around them
- Modeling and role-playing strategies to increase the chances they can use these strategies in the moment
- Staying in communication with workers and caregivers
- Maintaining housing, nutrition, and medical care
- Staying engaged with pleasurable activities (e.g., art or recreation)
- Using safer substances (e.g., cannabis, tobacco)
- Maintaining connections with cultural and/or spiritual supports
- Using with safer methods (e.g., at a safe injection site) or not using alone

“I also really encourage people to think about the path that they see for themselves in recovery cause there are different pathways to take. Maybe complete sobriety is one, and maybe harm reduction [is another]. ... Respecting that autonomy in choice of how you want to approach your own recovery is huge.” – Service Provider

WORK WITH CAREGIVERS TO DISCUSS HARM REDUCTION MESSAGING AND APPROACHES TO SUPPORT YOUTH IN TREATMENT



THE NEED: Currently, messaging to youth about substance use is often focused on prevention and consequences for using substances. Although prevention efforts targeted at youth are important, underlying shame, guilt, and scare tactics frequently employed in these campaigns are often ineffective.^[77] This messaging can be misaligned with the reality of exposure to and experimentation with different substances, risk taking, and peer pressures of young adulthood. Youth who are already using substances may feel judged or ostracized and reluctant to seek treatment, and it may negatively impact their relationships with caregivers.^[78, 79]

As youth are developing a sense of self and independence, it is important that messaging on substance use is factual and nonjudgmental, enabling youth to make informed decisions for themselves and with the support of others. This reflects an understanding of the magnified importance of interdependence in individuals with FASD’s lives, and ensures this messaging is accessible, relatable, and meaningful.^[80]

Parents and caregivers of individuals with FASD’s worries about harm reduction messaging can be magnified due to their understanding of the brain-based differences and the potential risks in context of these differences on youth and adults with FASD. One caregiver said that they thought caregivers would benefit from learning more about the “*value of harm reduction.*”

THE OPPORTUNITY: To support a harm reduction approach with youth with FASD in treatment, service providers can:

- Identify youth-focused safe consumption sites. It may be helpful to go with the youth with FASD to the site(s) on several occasions to help them remember how to get there, and to be comfortable with staff.
- Use and promote youth-led harm reduction approaches created and/or shared by youth for other youth. See the *Tools and Resources* section of this guide for information.

- Reflect on the youth with FASD’s unique strengths and brain-based differences when co-creating a harm reduction plan. Non-judgmental information, with heightened attention to how interdependent decision-making can occur will be helpful, allowing the youth to include members of their support system.
- Share harm reduction information with parents and caregivers with compassion. Work with them to discuss how substance use messaging can be used to emphasize safe use rather than non-negotiable abstinence. Hear their brain-based concerns, and with these concerns in mind, work together with the individual with FASD and their supports to co-create a harm reduction plan. See the *Tools and Resources* section in this guide for a variety of harm reduction resources for youth, adults, caregivers, and supporters, including the *Unofficial Survival Guide to Parenting a Young Person with a Substance Use Disorder*.

“In the beginning we were very strict, and trying to just be like, ‘No, this is not okay; this is not what you need to do’, and through the process and the years, I kinda had to pull back and realize that that was not working, and it was almost causing retaliation and a want to do it more. So, we began a more supportive approach – a more emotional approach. So, instead of creating physical barriers, we would just create emotional connectedness and the ability to be open and talk about it.” – Caregiver

YOUTH ARE OFTEN UNABLE TO ACCESS HARM REDUCTION SERVICES AND REQUIRE ADDITIONAL SUPPORTS TO STAY SAFE



THE NEED: Access to harm reduction services can be complicated for youth, as many safe consumption sites have age restrictions. As such, there may be a mismatch between the age at which youth start using substances and the age at which they are able to access harm reduction services.

Access to harm reduction services may be further complicated for youth due to legislation surrounding youth access harm reduction services. Due to unclear legislation, individual organizations often create their own policies around service access and age restrictions. This leads to variability and ambiguity about youth access to harm reduction services. This ambiguity and uncertainty may prevent youth from trying to access harm reduction services, as it is unclear if in doing so, they will be faced with further repercussions. These difficulties are compounded for youth with FASD, given their brain-based differences. This leaves many youths vulnerable as they are unable to access supports that may reduce potential harms such as overdose or infection through unsafe usage and exploitation around access.



THE OPPORTUNITY: Considerations around the role of social media and the internet as a harm reduction tool may be especially applicable to youth, particularly when created by youth.

Treatment programs and services can ensure that youth are able to access appropriate services by reviewing their eligibility requirements and creating robust referral networks to ensure youth clients can access services suited to their needs.

PUTTING IT INTO PRACTICE

As you read through the following vignette, consider the following questions in context of harm reduction:

- What needs and understandings are important here?
 - What do you know?
 - What more would you want to know?
- What opportunities and practice shifts might you consider here?
 - What went well? What supported that success?
 - What didn't go well? What could have gone differently?
- How can we engage the person in their own life?

Your 17-year-old son with FASD has been using cocaine and marijuana for the past five years. You have spoken to him about the importance of abstaining from drug use, and you have tried putting him in countless inpatient and outpatient substance use programs, but nothing seems to work for him. Most of the time, he is terminated from treatment early or chooses to leave treatment. When he does complete a treatment program, he usually relapses within the first three months. You desperately want your son to be sober, but you are starting to realize that this will likely not be a possible outcome for him in the near future. You enroll your son in another outpatient substance use program and explain your concerns about his consistent relapse behaviours. The intake worker senses both hesitancy and openness to a harm reduction approach.

Thank you for investing your passion!

Please see *Appendix A* for a table which may help you and your organization to reflect on your learning around harm reduction and identify what you might like to do differently to improve service delivery for individuals with FASD. You will find many additional resources in the *Tools and Resources* section.

NOTES



Fostering Overall Wellbeing in Treatment

KEY POINTS IN THIS SECTION:

- Individuals with FASD may benefit from practices, activities, and therapies that do not involve a lot of verbal skills and abstract thinking. Practices, activities, and therapies supporting an individual's overall wellbeing can all connect with treatment success
- Consider practices, activities, and therapies that will appeal to, and support growth for those of all gender groups, developmental stages, and geographic considerations

INDIVIDUALS WITH FASD MAY BENEFIT FROM PRACTICES, ACTIVITIES, AND THERAPIES THAT DO NOT INVOLVE A LOT OF VERBAL SKILLS AND ABSTRACT THINKING



THE NEED: Individuals with FASD benefit from the use of a variety of approaches in substance use treatment.^[8, 27, 68] Approaches that are primarily verbal-based, or those that incorporate a heavy cognitive load and abstract thinking have been identified as barriers for individuals with FASD due to the brain-based differences experienced by this population.^[68]

“Well, I don’t think talk therapy is generally very helpful. –They’re talking way too fast and throwing way too much information at him, so he doesn’t really get it It’s an insidious problem for people like my kid, . . . it’s just a really vicious circle”. – Caregiver

By providing less language-heavy support options, individuals with FASD can 1) develop their strengths and sense of identity, 2) increase their ability to self-regulate and focus during treatment, and 3) learn life skills.

“In terms of what would be helpful in terms of youth, specifically, around treatment, I think having a healthy mixture of using a more holistic perspective of how we operate – so you’re gonna have more chances to sorta hit on areas that are a strength for youth that have a brain-based disability. So, having sort of more activity-based learning, opportunities to build teamwork; not just sort of book-based sitting down and learning, I think that’d be helpful around treatment.” – Service Provider

Activities such as exercise, massage, and yoga may provide individuals with FASD a chance to receive a break from more classroom-style treatment activities. Having relaxation or movement breaks may be beneficial for grounding individuals, increasing attention, and helping them stay regulated throughout the day. Physical activity, in particular, can help improve attention and reduce hyperactivity.^[81, 82]

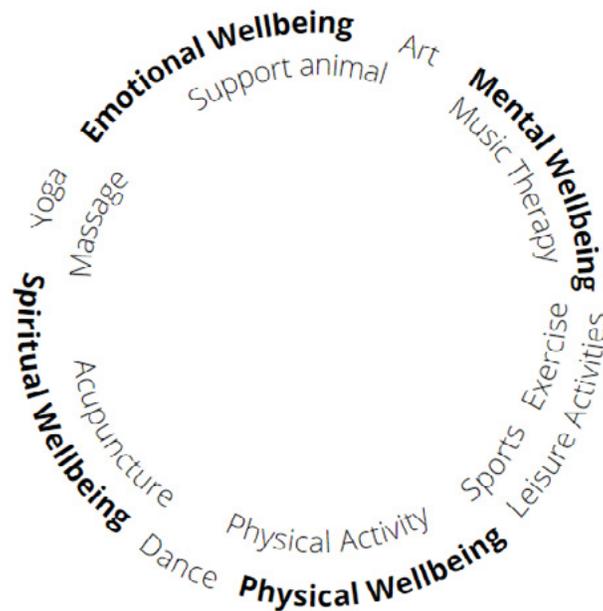
“They had a big, fenced backyard – it was huge – so you could actually go outside in between the program or after supper. We had barbecues; we got to hang outside; we got some sunlight. . . . I found that made a big difference of having that outside and that place to just go calm or collect your thoughts.” – Adult with FASD



Having activities such as music, art, sports, and specific cultural practices and support peoples incorporated into treatment programming provides an opportunity to find and build on strengths. It also helps with identity development by allowing individuals to explore likes, dislikes, interests, and connections. Fostering feelings of self-confidence, connection, and success can contribute to better engagement and outcomes in substance use treatment for persons with FASD.^[83] Promoting opportunities for positive identity development is especially important for youth, as in adolescence they are exploring their independence, values, relationships, and beliefs.^[18] Exposure to various activities can lead to the positive development of both identity and life skills for individuals in treatment.^[8, 27] They may allow opportunities for connection-making, and building of communication and decision-making skills.

THE OPPORTUNITY: Incorporating life skills training into substance use treatment provides a learning opportunity for individuals with FASD who may learn best in an active, hands-on way. When working with youth, skills and activities that are central to their lives might also be focused on. For instance, academic achievement, homework completion, and studying for a driver’s license. An emphasis on land-based learning in particular can facilitate positive life skills development. This may be especially important in the context of culturally safe treatment.

“I think it was learning to communicate with people again that was most useful because I had such a negative attitude to what other people thought.” – Adult with FASD



Incorporating practices, activities, or therapies into treatment that have less emphasis on language may encourage greater treatment engagement for individuals with FASD. For instance, art-based substance use prevention with youth is a promising practice.^[84] See these videos for a) *Exploring Art Therapy in Substance Abuse Recovery*, and b) *Using Music, Art and Recreational Therapy in Addiction Treatment*. Nature-based interventions are another promising practice.^[85] Many individuals may find that nature- and land-based approaches are a more culturally safe approach to wellness than historical substance use treatment approaches. One example of an Indigenous land-based approach is the *Arctic Indigenous Wellness Foundation’s land-based healing camp*^[86]

Diverse and wholistic approaches create an opportunity for nonverbal and alternative treatment modalities to support the overall wellbeing of an individual. The provision of services could, among others, include:^[8, 68, 87, 88]

- Massage therapy
- Art therapy
- Music therapy
- Yoga
- Dance/movement therapy
- Physical leisure
- Recreational and land-based activities
- Virtual Reality
- Games
- Working with animals (e.g., a support animal, such as a cat or dog, visits the treatment facility on a regular basis)

Evaluation “I think it naturally is a more attractive program for kids. It’s very outdoor based, very experiential, so it’s less classroom oriented and sitting.” – Service Provider

CONSIDER PRACTICES, ACTIVITIES, AND THERAPIES THAT WILL APPEAL TO, AND SUPPORT GROWTH FOR THOSE OF ALL GENDER GROUPS, DEVELOPMENTAL STAGES, AND GEOGRAPHIC CONSIDERATIONS

THE NEED: As you are thinking about overall wellbeing practices, activities, and therapies, you may consider how each may be best suited to support growth for those of all gender groups, developmental stages, and geographic considerations. For example, activities focused on understanding and expressing feelings may be more challenging for boys and men, and at the same time be very beneficial to their recovery and growth.^[89] Virtual options may also be beneficial for those in rural settings or who otherwise experience barriers to in-person treatment attendance.

THE OPPORTUNITY: Collaborating with youth and adults in treatment and your broader community may help you to decide how best to tailor services to individual needs. You might consider some newer approaches to treatment. For example, the use of games and virtual reality in treatment has been identified as an emerging practice that may be particularly well-suited for youth.^[90, 91] Virtual and game-like options may allow service providers to connect with both youth and adults in ways that may be more accessible, engaging, and less intimidating.^[92] As long as both parties can establish internet connection, virtual sessions allow service providers to connect with individuals regardless of their geographic setting. They can also allow for more control of the therapeutic environment; for example, creating spaces for the individual to calm and refocus.

PUTTING IT INTO PRACTICE

As you read through the following vignette, consider the following questions in context of fostering overall wellbeing in treatment:

- What needs and understandings are important here?
 - What do you know?
 - What more would you want to know?
- What opportunities and practice shifts might you consider here?
 - What went well? What supported that success?
 - What didn't go well? What could have gone differently?
- How can we engage the person in their own life?

You are a daytime support worker at a substance use treatment centre. A clearly laid out program plan exists for all clients to follow. Lately you have been noticing that one client seems absent-minded during group sessions. You know that this client has FASD and struggles to process a lot of verbal information. Over time, you have noticed that this client seems to be staring out the window and watching the birds rather than listening to program content. You decide to check in with the client after the next group session. You share that you've noticed them looking out the window a lot. The client tells you it is their favourite time of year, a time they usually like to be outside.

Thank you, your involvement amplifies the impact of this work, creating ripples of positive change!

Please see *Appendix A* for a table which may help you and your organization to reflect on your learning around fostering overall wellbeing in treatment and identify what you might like to do differently to improve service delivery for individuals with FASD. You will find many additional resources in the *Tools and Resources* section.

NOTES



Evaluation

KEY POINTS IN THIS SECTION:

- Engage in program evaluation to learn where treatment is successful and how it can improve
- Evaluation processes allow for exploration of outcomes in relation to the individuals' own goals to determine if treatment programs are serving their interests

ENGAGE IN PROGRAM EVALUATION TO LEARN WHERE TREATMENT IS SUCCESSFUL AND HOW IT CAN IMPROVE

THE NEED: Program evaluation is the “systematic collection of information about the activities, characteristics, and outcomes of programs to make judgements about the program, improve program effectiveness, and/or inform decisions about future program development”.^[93]

Evaluation helps treatment program staff not only learn if treatment activities were successful, but also why they were, and how to improve.^[94]

Program evaluation is crucial to ensure substance use treatment programs are accountable and responsive in the work that they are doing with all individuals in treatment. Program evaluation opens the door to finding new opportunities for treatment improvement.^[93]

THE OPPORTUNITY: There are two main levels of evaluation that are important to consider in treatment programming: the program level and the client level.

Evaluation at the program level includes gathering evidence on program implementation, results, and cost-efficiency that will help to improve quality of care. Program level evaluation can take many forms, and often includes surveys, interviews, focus groups, and review of program documents.



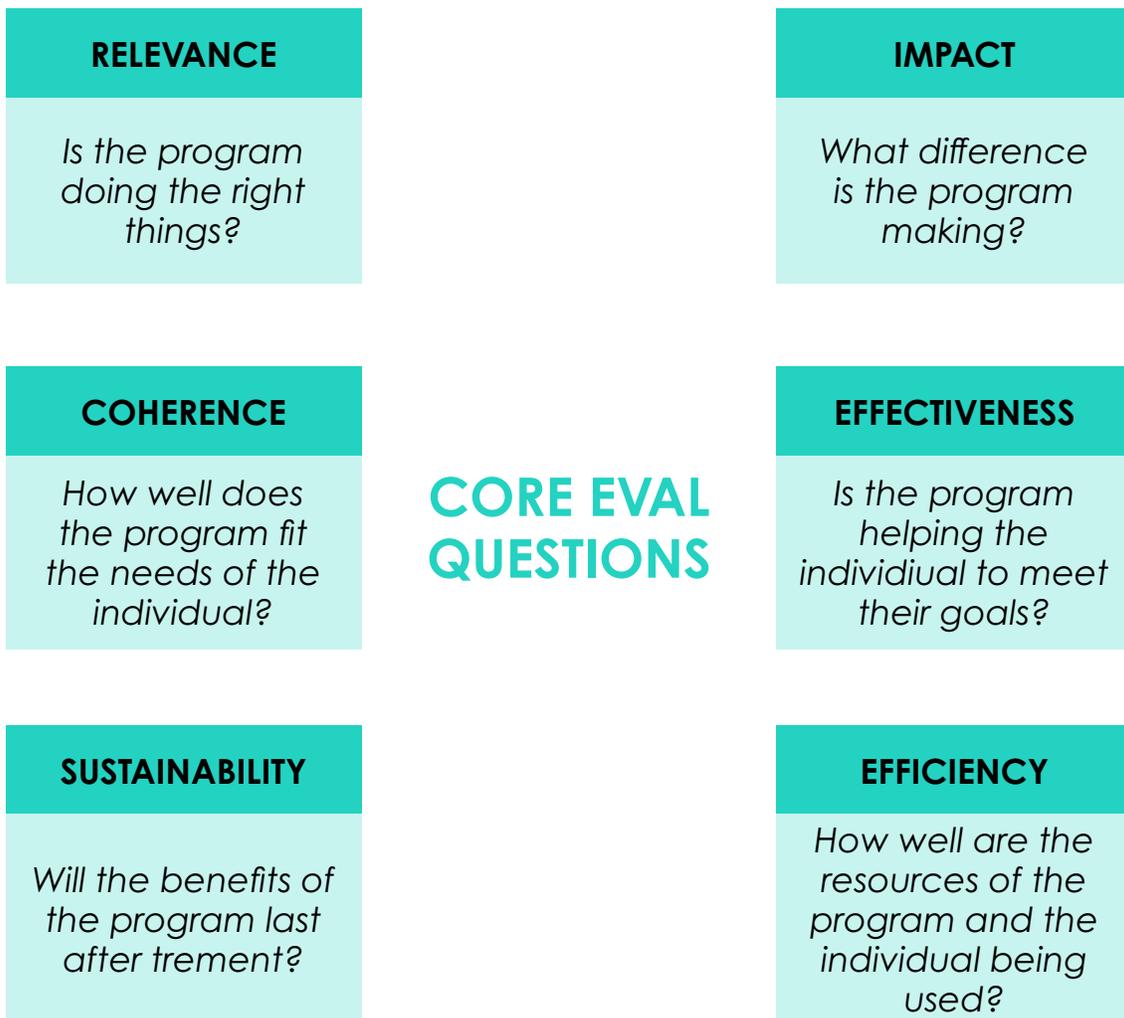
Evaluation at the client level can be described as progress monitoring and is concerned with evaluating an individual’s progress throughout treatment and ensuring they are supported and moving towards their goals. Progress monitoring involves adapting in response to the client during treatment and can often be done by service providers by gathering feedback from individuals in treatment and staff. Youth clients should also be involved in this process, as they are more likely to engage and be successful when they can provide feedback about what they feel is working and not working. Resources on engaging youth in program evaluation can be found in the *Tools and Resources* section (e.g., *YALPE Workbook* and *Youth Engagement*).

Evaluating progress in substance use treatment helps to identify effective service delivery methods, allocate resources, increase awareness of potential problems, and identify strengths and weaknesses to optimize program development. Consequently, progress monitoring is related to increases in positive outcomes, decreases in negative outcomes, and increases in treatment effectiveness.^[95]

EVALUATION PROCESSES SHOULD ALLOW FOR EXPLORATION OF OUTCOMES IN RELATION TO THE INDIVIDUALS' OWN GOALS TO DETERMINE IF TREATMENT PROGRAMS ARE SERVING THEIR INTERESTS

THE NEED: Individuals in treatment are more likely to achieve healthy outcomes when treatment goals are aligned with their own hopes and goals. Moreover, including both youth and adults in the development of evaluation approaches has the potential to enhance engagement, uptake, and impact. Evaluated outcomes can be broad and in addition to substance use, may include social and cultural connections, or work and learning goals. Progress monitoring evaluations throughout treatment rather than just at the end is beneficial so that adjustments can be made to the treatment course if necessary.

THE OPPORTUNITY: Try using these 6 questions when working with individuals to see if the program is meeting their needs:



Adapted from Organisation for Economic Co-operation and Development (2021).
Applying Evaluation Criteria Thoughtfully.

PUTTING IT INTO PRACTICE

As you read through the following vignette, consider the following questions in context of program evaluation:

- What needs and understandings are important here?
 - What do you know?
 - What more would you want to know?
- What opportunities and practice shifts might you consider here?
 - What went well? What supported that success?
 - What didn't go well? What could have gone differently?
- How can we engage the person in their own life?

We had this youth in treatment who we knew had a diagnosis of FASD. We had a recent professional development training on FASD, so we were eager to take what we had learned to try and better support them throughout the treatment journey. We made sure to involve their caregiver and support worker and asked them for feedback as we went along in treatment - sharing any barriers and successes with them. We really wanted to make sure we were checking in with the youth's support systems to make sure the program was a good fit for the youth. When it was time for the youth to leave treatment, we sat them down and asked them if they had any feedback for us. We were shocked when they said, "Why should I? You don't care what I think anyway", and then walked out of the room.

Thank you for putting in the effort and your willingness to engage in this work!

Please see *Appendix A* for a table which may help you and your organization to reflect on your learning around evaluation and identify what you might like to do differently to improve service delivery for individuals with FASD.

Compiling the *Reflecting on Your Learning and Practice* tables may help guide your evaluation planning. Please see the *Tools and Resources* section for actionable items you may consider implementing in upcoming evaluation. You may consult the *Organizational Assessment Tool for Substance Use and Stigma* and *housing documents* for ideas.

NOTES

Enacting Person-First Program Philosophies

The philosophies we hold often inform and direct the way we engage with others in our work. Although we've touched upon elements of these philosophies throughout previous sections, here we delve into them more explicitly. We've highlighted three person-first program philosophies to help you to consider these underlying elements of practice and what it means to make shifts at this level of practice.





Cultural Safety

KEY POINTS IN THIS SECTION:

- Indigenous peoples carry a disproportionate burden of substance use-related harms due to the historical and ongoing impacts of colonization
- Cultural safety requires self-reflection from service providers
- Individuals from the same cultural background may present with a wide variety of experiences related to racism, discrimination, (dis)connectedness to culture, and a desire to engage with cultural supports
- Cultural considerations, such as the incorporation of cultural practices and cultural support people, can have meaningful impacts for individuals in substance use treatment

INDIGENOUS PEOPLES CARRY A DISPROPORTIONATE BURDEN OF SUBSTANCE USE-RELATED HARMS DUE TO THE HISTORICAL AND ONGOING IMPACTS OF COLONIZATION

In this section, we focus primarily on Indigenous peoples, not because Indigenous peoples are more likely than people from other cultural backgrounds to require substance use treatment, but because Indigenous peoples carry a disproportionate burden of substance use-related harms, and because the principles of cultural safety for Indigenous peoples can be extended to, and are potentially beneficial for, all individuals.

“Working in allyship with Indigenous people is that relational perspective, and reducing power differentials, and understanding that everybody has unique experiences that they’ve learned from and that they’re experts in.” - Service Provider

CULTURAL SAFETY REQUIRES SELF-REFLECTION FROM SERVICE PROVIDERS

THE NEED: As with the other program philosophies described in this guide, thinking about the enactment of culturally safe care is an ongoing process rather than an item to be checked on a list. Moreover, culturally safe care goes beyond simply integrating certain cultural symbols or practices into treatment. Rather, it represents a multi-pronged philosophy that transcends specific practices (see *San’yas Indigenous Cultural Safety Training Program* in the [Tools and Resources](#) section). Here, we describe the tenets of cultural safety as well as recommendations for enacting a culturally safe approach.

Cultural safety is often used interchangeably with other terms such as cultural relevance and cultural sensitivity. Although variations on the definitions can be found, *cultural awareness* generally refers to acknowledging cultural influences, *cultural sensitivity* means respecting the influence of culture on individuals’ realities, *cultural competence* focuses on service provider skills and attitudes, and *cultural safety* builds on all of these by including a self-reflection component. ^[96, 97]

THE OPPORTUNITY: In keeping with a person-first approach to treatment, the cultural practices that treatment programs enact will look different according to community, geographical, linguistic, historical, and other factors that are unique to different individuals and treatment contexts. If programs wish to enact specific cultural practices or ceremonies, it is always best to seek the guidance and leadership of a Knowledge Keeper, Elder, or other spiritual and/or cultural expert to do so.

Culturally safe service providers consider the power dynamics that they bring to their work with individuals, reflect on how their own assumptions, beliefs, and values impact the services they provide, and acknowledge the need to address inequities in access to and experiences of health and other services. ^[98]

Watch for a more in-depth exploration of the intersections between FASD-informed care and cultural safety in substance use treatment. A review of the literature and findings from interviews with service providers are forthcoming.

INDIVIDUALS FROM THE SAME CULTURAL BACKGROUND MAY PRESENT WITH A WIDE VARIETY OF EXPERIENCES RELATED TO RACISM, DISCRIMINATION, (DIS)CONNECTEDNESS TO CULTURE, AND A DESIRE TO ENGAGE WITH CULTURAL SUPPORTS

THE NEED: Individuals enter treatment with unique histories and experiences. Their history and experiences can impact their comfort with seeking treatment and engaging in treatment once there. Service providers can responsively engage with individuals in safe and secure working environments with an approach that demonstrates awareness and understanding, increasing the chances that the individual will feel safe, secure, and supported to engage in treatment in a meaningful way.

THE OPPORTUNITY: To enact a philosophy of cultural safety, treatment providers can consider the following:

Awareness	<ul style="list-style-type: none">• Maintain awareness that access to culture, ceremony, and community connections can facilitate the healing process, offer hope, and enhance positive changes for individuals in substance use treatment. ^[99, 100]• Be conscious of past experiences of racism and discrimination that individuals from various cultural backgrounds may bring to treatment and that can impact the ways that trust and relationships are built. Individuals who have prior experiences of racism in accessing health and other services may feel added stress in interacting with service providers, internalized stigma, and be hyper-vigilant in anticipating negative treatment.⁹¹• Ensure that service providers are educated about the role of colonization in shaping current health disparities. The free online course on Indigenous Canada may be a helpful starting point (see <i>Tools and Resources</i> section of this guide).
Intersectionality	<ul style="list-style-type: none">• Understand that individuals will present with multiple markers of identity such as ethnicity, sex, gender, and ability (see visual below) that intersect to influence their experiences in complex ways. Understanding these intersections and how multiple discriminatory processes related to them may be experienced, for both you as the service provider and individuals engaging in treatment, can help shift and guide treatment planning.• <i>“[Look] at the whole person – that includes the background and the culture they are a part of. ... It relates a lot to their identity, the ways that they’re going to move forward after treatment and in the world.” – Service Provider</i>
Individual and intergenerational trauma	<ul style="list-style-type: none">• Be aware that, for many Indigenous persons who wish to take steps toward reconnecting with their heritage culture, such steps can bring mixed feelings, including joy and satisfaction, along with loss and pain.• Be aware that individual trauma is different from intergenerational trauma; the latter is colonial in origin, collective in impact, and crosses generations in passing on risk and vulnerability. ^[101]• Understanding that current and historical complexities contribute to individuals’ current life circumstances can foster empathy and understanding.
Reclaiming cultural connections	<ul style="list-style-type: none">• Keep in mind that some individuals may wish to reclaim cultural connections but feel unsure as to how to do so. They may need support in accessing an Elder, Knowledge Keeper, or other spiritual and/or cultural expert, and understanding cultural protocols around accessing support (e.g., offering tobacco).• Recognize that individuals may vary greatly with respect to their desire to (re)claim or (re)connect with their heritage culture(s). Some individuals will come to treatment with strong existing cultural connections, and others may be uninterested in accessing cultural or spiritual supports. Either way, cultural connectedness is an individualized choice.
Workplace Environment	<ul style="list-style-type: none">• Wherever possible, individuals in treatment should have the opportunity to access cultural and/or spiritual supports to facilitate their treatment journey.• Foster a workplace climate where staff can speak openly about their learning and supervision needs related to enacting cultural safety, and where staff are encouraged to use potential discomfort as a learning tool. ^[102]

CULTURAL CONSIDERATIONS, SUCH AS THE INCORPORATION OF CULTURAL PRACTICES AND CULTURAL SUPPORT PEOPLE, CAN HAVE MEANINGFUL IMPACTS FOR INDIVIDUALS IN SUBSTANCE USE TREATMENT

THE NEED: Culturally safe practice may also include the desire to have cultural practices incorporated into treatment. For some, this may include incorporation of spiritual and/or religious beliefs into treatment, and for some this may include the incorporation of specific cultural practices. Connection with one's spirituality, religion, and/or culture can facilitate positive treatment experiences. For example, having strong cultural connectedness and identity can be a protective factor for Indigenous youth, relating to negative attitudes about and less substance use.^[103]

Indigenous service providers and those who work with Indigenous youth connected group and personalized cultural practices with important facets of youths' identity development. They observed meaningful impacts with the incorporation of art- and land-based activities, sharing circles, community-engaged connection-making, prayer, smudging, making medicine bags, drum kits, and/or ribbon skirts, involving Knowledge Keepers or Elders, and engaging in naming and sweat lodge ceremonies.

THE OPPORTUNITY: You may find it helpful to consult with youth and adults, Knowledge Keepers, Elders, and other spiritual and/or cultural experts, and your communities about what specific cultural practices and/or connections might be most beneficial. The incorporation of land-based engagement in treatment may be one such consideration. See the *Land for Healing: Developing a First Nations Land-Based Service Delivery Model* in the [Tools and Resources](#) section of this guide for ideas on how to incorporate a land-based healing model into treatment.

*“It’s certainly more relevant. It’s more context oriented, and it’s more helpful to the families and children in finding a path forward that recognizes who they are, and common experiences among Indigenous people and youth. It’s actually really complex, but I would just say they’re more engaged. Those that are seeking that option or that knowledge or those activities feel more empowered, in my experience. I’ve seen some levels of change which I’m sure will – I’ll carry with me for the rest of my life. ... It also just allows people the option to explore those aspects of themselves, so it can be helpful in a therapeutic environment, especially dealing with adverse experiences in the past.” -
Service Provider*

PUTTING IT INTO PRACTICE

As you read through the following vignette, consider the following questions in context of cultural safety:

- What needs and understandings are important here?
 - What do you know?
 - What more would you want to know?
- What opportunities and practice shifts might you consider here?
 - What went well? What supported that success?
 - What didn't go well? What could have gone differently?
- How can we engage the person in their own life?

You are a support worker working with youth with diverse mental health needs in a rural setting. One of the youth on your caseload told you their substance use is causing big troubles in their life. This youth also has FASD. You have been trying to convince the youth to attend an inpatient substance use treatment for a month. The youth is initially reluctant because they live with their family on reserve and don't want to be so far away from their support system for an extended period. After a few months, the youth agrees to let you help them enroll in a treatment program. You find one with an available spot an hour away from the youth's home. A week after enrolling the youth, you receive a call the youth's mother. She lets you know that her son decided to terminate treatment and come back home. At your next meeting with the youth, you ask them about their decision to leave treatment early. The youth tells you that the treatment program told them that their substance use was a medical issue. They further elaborate that they felt lost at the treatment centre because staff weren't open to hearing or understanding the youth and their family's beliefs about the reasons for the youth's substance use or ways to promote well-being.

Thank you, your investment fuels the momentum of a shared vision, making a tangible difference!

Please see *Appendix A* for a table which may help you and your organization to reflect on your learning around cultural safety and identify what you might like to do differently to improve service delivery for individuals with FASD. You will find many additional resources in the *Tools and Resources* section.

NOTES



Trauma-informed Practice

KEY POINTS IN THIS SECTION:

- Integrate the key elements of trauma-informed practice including safety, trust, and choice
- Recognize benefits of trauma-informed practice for individuals with FASD, and specific considerations for trauma-informed practice with youth
- Past, present, and future experiences create and perpetuate trauma

“I have a lot of trauma from my childhood, and I guess I was holding back in being open about it. I didn’t want to re-traumatize myself when I was trying to look back and think about all these questions, and answering them more from my heart” – Adult with FASD

INTEGRATE TRAUMA-INFORMED PRACTICES

THE NEED: Trauma-informed practice is a recommended approach for supporting individuals with FASD in substance use treatment.^[22, 105] Being trauma-informed refers to integrating an awareness of the impact of people’s past and current experiences of violence and trauma into all aspects of service delivery. The goal of trauma-informed practice is to avoid re-traumatizing individuals and to support safety, choice, and control to promote health and healing. Trauma-informed practice does not mean treating trauma, but instead creating supportive, safe, strengths-based environments where people can learn skills that help with trauma responses, along with skills related to treatment.^[106] See *Trauma-Informed Care in Behavioral Health Services* and *Trauma Informed Practice Guide* in the *Tools and Resources* section).

Integrating trauma-informed practices into substance use treatment may have dual benefits as some needs of those with FASD and those who experience traumatic stress can be highly similar (see Table below). Being easily distracted in treatment, having lapses in memory, or being detached from the group could be indicators of trauma or FASD. High stress responses, dysregulated emotions or relational conflict are also experiences that overlap for those who have experienced trauma and those who have FASD. Individuals with FASD and those who have experienced trauma may also have overlapping mental health concerns such as depression, anxiety, or eating and sleep disorders. Substance use often occurs as a coping mechanism for existing trauma and can also be a risk factor for increased exposure to traumatic experiences.^[47] Early interventions for youth and young adults can prevent the potentially harmful impacts of co-occurring prolonged traumatic stressors and substance use.^[107]

Trauma-informed practice prioritizes support around the emotional and behavioural impacts of trauma. It is centred in the understanding that the impacts of traumatic experiences are similar to physical injuries and require time and accommodations to heal.^[47] Staff well-trained in trauma-informed practices will likely have overlapping skills in supporting individuals with FASD. A trauma-informed approach responds to complex mental health needs by creating accommodations that facilitate success.

Impacts of Trauma (Not Exhaustive)

(Modified from *The Trauma-Informed Toolkit* by Manitoba Trauma Information and Education Centre, p. 64 – 68)^[47]

COGNITIVE	EMOTIONAL
Changes to brain functioning	Increased physical and mental stress
Memory lapses	Attachment barriers and relational conflicts
Overwhelmed with trauma memories	Hyper- or hypo-arousal
Loss of time	Feeling damaged
Difficulty making decisions	Extreme vulnerability
Decreased ability to concentrate	Feeling out of control
Feeling distracted	Irritability, anger
Withdrawal from normal routine	

A variety of guidelines and tools exist to assist organizations in developing a trauma-informed practice. See the *Tools and Resources* section in this guide for further resources with concrete tools and strategies for implementing trauma-informed approaches into treatment and home settings. A treatment centre that is trauma-informed is equipped with the knowledge and structures to create a safe environment in which individuals feel understood and empowered towards healing. Trauma-informed practice is not a set order of practices but rather an approach to care that prioritizes the principles displayed in the figure below:

1	Acknowledging trauma
2	Understanding the adaptive function of trauma responses
3	Supporting safety and security
4	Building trust and communicating with transparency
5	Prioritizing choice and control
6	Engaging with compassion
7	Working with collaboration and mutuality
8	Taking a strengths-based approach
9	Understanding the complex interplay of historical and ongoing happenings centred upon cultural considerations of colonization, marginalization, and trauma

THE OPPORTUNITY: Prioritizing safety and trust in counsellor, staff, and peer relationships can assist individuals with FASD in progressing through treatment. Treatment centres can:

- Create an environment of transparency, collaboration, and compassion by ensuring that staff are hired and trained with strong relational competencies
- Create strong individualized support by providing consistency in the support workers or counsellors who come to know the individual well
- Support trauma-informed training. Well-trained supports develop rapport, they can recognize cues of traumatic stress, and build a safe environment for individuals to express needs and have their needs met. Trusted support workers can partner with the individual to establish personalized goals and safety plans throughout the program

PAST, PRESENT, AND FUTURE EXPERIENCES CREATE AND PERPETUATE TRAUMA

THE NEED: The experience of trauma also extends beyond the individual and into wider cultural, historical, and gendered impacts. During substance use treatment, trauma-informed practice includes awareness that a person may have past, present and future experiences that create and perpetuate trauma. Within Canada, Indigenous individuals continue to experience the effects of intergenerational trauma due to the residential school system. Individuals who have immigrated to Canada may have fled war and face discrimination or barriers to equal opportunities. Individuals in minority groups of age, ethnicity, socio-economic status, religion, sexual orientation, or gender can experience discrimination and cumulative micro-aggressions throughout their daily lives. Women and girls experience higher exposure trauma related to intimate partner violence and childhood sexual abuse.

THE OPPORTUNITY: A trauma-informed approach requires that treatment centres seek knowledge, skills, and expertise to work within these understandings of trauma and consistently evaluate for possible biases or gaps in knowledge. This includes checking in and not assuming knowledge about an individual's experiences or preferences based upon identification with one or more cultural or gender groups. Being mindful of not overly burdening individuals with having to teach service providers, treatment centres can create a strong environment of collaboration, voice, and choice by integrating cultural knowledge and Knowledge Keepers into treatment planning.

RECOGNIZE BENEFITS OF TRAUMA-INFORMED PRACTICES FOR INDIVIDUALS WITH FASD, INCLUDING YOUTH



THE NEED: There are high occurrences of traumatic experiences for children with FASD,^[108] as well as for individuals who have had the experience of multiple living situations and caregivers and who may have a reduced opportunity to connect with safe adults.^[105] Brain-based differences may also factor into exposure to traumatic experiences as individuals with FASD may be less able to recognize subtle signs of danger or decide when and how to seek help.^[105] Individuals with FASD may also experience trauma related to social isolation that can occur when brain-based differences are not accepted or understood.^[109]



During teenage years especially, substance use may serve as a strategy for social connection and coping with the challenges that can accompany having FASD, such as difficulty with academics, emotional regulation, and adaptive behaviours. See the *Trauma and Intellectual and Developmental Disabilities (IDD) Toolkit* in the *Tools and Resources* section. Trauma-informed practice during substance use treatment prioritizes the awareness that trauma may have ongoing impact on coping and recovery.^[105]

Individuals also have diverse histories that need responsive and individualized counselling supports. Some individuals, for example, may be coping with significant grief and loss that is not adequately addressed in general treatment. Others may be coping with self-harm or suicidal thoughts that are difficult to discuss in group settings. For youth with FASD, the compounding experiences of brain-based differences, traumatic experiences and social and identity development may impact the degree of safety they feel within themselves. Youth may experience higher degrees of suicidal thoughts, behaviours, and/or self-harm.



Importantly, youth diagnosed with both substance use disorder and post-traumatic stress disorder (PTSD) experience more social difficulties than youth only diagnosed with substance use; these difficulties may impact the way they engage in treatment.^[107] Individuals who previously used substances to cope with traumatic stress may have greater difficulty remaining sober when faced with further traumatic stress.^[39] Thus, trauma-informed practice includes recognition of substance use as a form of coping, as well as an emphasis on building alternate coping strategies. Trauma-informed practice is essential for facilitating an environment of safety and security in treatment that allows for personal connection and growth. Please see *The Trauma Toolkit* in the *Tools and Resources* section.



THE OPPORTUNITY: A critical component of trauma-informed practice is facilitating opportunities for safe relational connection. For youth especially, trusted adults have an essential role in hearing the youth's concerns, making compassionate adaptations that allow collaboration, and supporting developmentally appropriate decision-making that allows for autonomous choice and control. The trauma-informed approach of empowering youth voice and choice is important, as without youth voices leading the way their needs are unlikely to be met and this may negatively impact their treatment engagement.

Trauma-informed practice can help service providers to understand an individual's past trauma experiences, to identify the treatment difficulties they may be experiencing in relation to this trauma, and to accommodate treatment practices to meet their needs. All these components can contribute to treatment success.

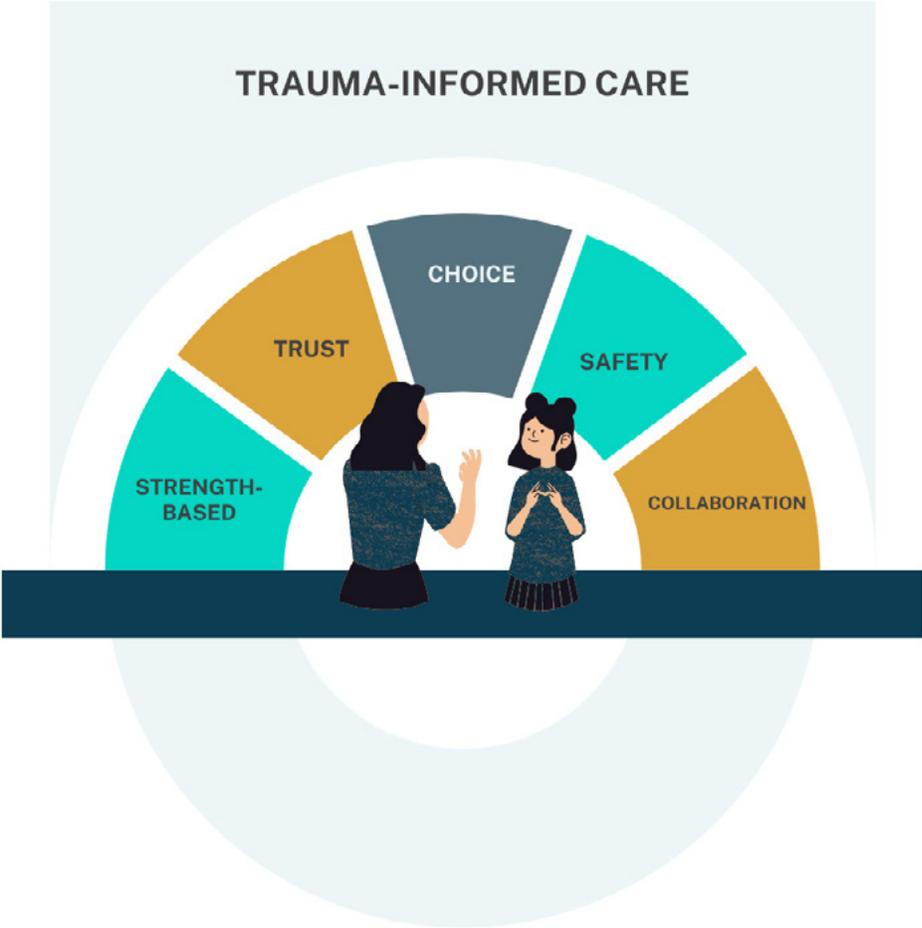
“He kinda said he had a hard time with the room checks just from his past experiences and his own traumas at home, so he actually had a hard time sleeping, hearing a door open and close to his bedroom, so it was, like, triggering, like, his flight and fight responses, and he wasn't getting adequate sleep. We were almost causing more harm than good for him in that scenario” - Service Provider

Some ways you may get started:

- With a support worker, individuals with FASD can identify accommodations that assist with stress response, comprehension, or sensory stimulation. Some individuals may respond well to calming environments with low light, soothing sounds, or heavy blankets. Other individuals may regulate better with physical activity or creative expression
- Do not require individuals with FASD to recognize or verbalize their own needs around trauma. Instead, providing them with flexibility to engage or disengage with activities as they feel safe. People can often feel what they need even if they can't verbalize it, therefore, giving them choice and control without them needing to explain or justify it in the moment enables them to protect their wellbeing
- Whether or not youth or adults engage with accommodations immediately, it's important to continue to provide them as options

- Trauma-informed practice includes effortful building of trustworthy, transparent, and secure relationships as well as safe environments within which youth feel they can confide in others. Secure relationships are centred in genuine compassion for the youth’s feelings and perspectives. Such relationships allow another space to model safe relational engagement for individuals with FASD
- Training about how to discuss and respond to suicidal thoughts or behaviours is also important to the creation of a safe environment. Please see the *Tools and Resources* section in this guide for more resources on how to respond to suicidality
- Understand that everyone may respond to and cope with traumatic experiences differently

“One-on-one, I can work through anything; I’m more comfortable; I’m gonna open up. I’m not gonna go and open up in front of a huge group like I would with the one-on-one support, and that’s what I mean, it’s different for everybody. Some people do better in groups, where it doesn’t feel like it’s so personal, but I think that, for me, I’ve been very intentional with things, and what works for me is more one-on-one or smaller groups – much smaller groups.” – Adult with FASD



PUTTING IT INTO PRACTICE

This vignette is based on a real situation described by a service provider. Although much of the original language is retained, the vignette has been added to and edited for clarity and to remove identifying information.

As you read through the following vignette, consider the following questions in context of trauma-informed practice:

- What needs and understandings are important here?
 - What do you know?
 - What more would you want to know?
- What opportunities and practice shifts might you consider here?
 - What went well? What supported that success?
 - What didn't go well? What could have gone differently?
- How can we engage the person in their own life?

The youth you are working with has previous experiences of trauma that have been a barrier to their engagement and progress in the treatment program. This included significant challenges in participating in group sessions as well as program procedures:

We encountered a situation involving a resident that prompted a comprehensive review of our policies, necessitating a collective meeting for everyone involved. Specifically, the night shift team routinely performed room checks. Although this practice was rooted in safety concerns and maintaining vigilance throughout the night, it became evident through individualized treatment planning that one resident faced significant challenges with this routine. This resident shared how past experiences and traumas at home had left them struggling to cope with the anxiety triggered by the sound of a door opening and closing near their bedroom during room checks. This distress was compromising their ability to get sufficient sleep, invoking a heightened fight-or-flight response. Recognizing that our standard approach was inadvertently causing more harm than good, we convened a team meeting to address the issue.

In the team meeting, you express your concerns, and emphasize the importance of integrating trauma-informed principles into the youth's treatment plan. The team expresses resistance because they feel if one person receives special treatment, everyone may want the same. There are fears about program capacity to enact such changes, and resistance to changing the way things are typically done. You are unsure of how to navigate this space with the individual and the service team.

Your active engagement with this guide helps fuel the momentum of this work!

Please see *Appendix A* for section specific vignettes which provide opportunities for individual and group reflection, and tables which may help you and your organization to reflect on your learning and identify what you might like to do differently to improve service delivery for individuals with FASD. You will find many additional resources in the *Tools and Resources* section.

NOTES



Sex & Gender-Informed Practice

KEY POINTS IN THIS SECTION:

- Recognize sex and gendered factors and influences in treatment
- Incorporate sex and gendered factors and influences in treatment

RECOGNIZE SEX AND GENDERED FACTORS AND INFLUENCES IN TREATMENT

THE NEED: Both biological factors (sex) and sociocultural influences (gender) affect substance use, risk and protective factors, progression to substance use, consequences of use, treatment access, retention in treatment, and overall treatment paths. It is important for treatment services to take these factors and influences into account when planning and delivering treatment for girls and women, boys and men, and people with diverse gender identities. We are only beginning to understand factors and influences affecting individuals with diverse sexual orientations (e.g., lesbian, gay, bisexual, asexual) and gender identities (e.g., non-binary, transgender, two-spirited, agender) in relation to substance use.

Some of the sex and gendered factors and influences affecting *girls and women* who access treatment that may be particularly salient for girls and women who have FASD include:

- The impact of high rates of interpersonal violence and sexual abuse experienced by women as children or adults,^[110] including trauma-related considerations of why some of these girls and women are unhoused^[111-113]
- Partner and friends' influences on substance use initiation, and heavy use of substances
- Higher rates of depression and anxiety for women as antecedents for substance use problems^[114]
- Females with FASD who use substances have higher rates of self-harm and suicidal behaviours than males^[11]
- Stigma associated with substance use problems for women, especially for pregnant girls, women, and mothers, can negatively impact on access to systems of care^[72]
- Girls and women with FASD may be more likely to have involvement in the sex trade and have been influenced to procure drugs for others with proceeds of sex trade involvement^[115]
- Inequities in access to treatment may exist for women due to marginalization, childcare responsibilities, and lack of access to women centred treatment in many treatment programs^[107]

Some of the sex and gendered factors and influences affecting *boys and men* who access treatment that may be particularly salient for boys and men who have FASD include:

- Likelihood of criminal justice system involvement⁴⁷
- Experience of violence, undisclosed childhood trauma and isolated coping with feelings of shame
- Use of substances to feel powerful, to enact masculinity
- Unacknowledged and untreated depression
- The need to understand their sexuality, and how to have respectful relationships with women/partners of other genders and their families.

Some considerations for treatment that may be particularly salient for *people with diverse sexual orientations and gender identities* with FASD include:

- People with diverse sexual orientations and gender identities with significant substance use may be at high risk of suicidal behaviours and mental health concerns. Risk of suicidal behaviours are connected with experiences of stigma, discrimination, family rejection, and trauma experiences and symptoms.^[116]
- People with diverse sexual orientations and gender identities may not access treatment that would benefit them due to fear of discrimination or insensitivity in treatment contexts, by service providers and other individuals in treatment.^[116]
- Youth may be at different stages of exploring their sexual and gender identities and may be experiencing internal and interpersonal stressors related to their identity exploration.^[37] These ongoing explorations may be uniquely intertwined with their reasons for substance use.^[37] Exploring these factors with adolescents and young adults can provide critical information directly pertaining to treatment and transition planning.^[37]

- Substance use treatment for gender-diverse individuals who have FASD can build upon^[27] promising practices that will require combining what is known about person-centred (gender lens) and FASD-informed (disability lens) perspectives.^[27]

By acknowledging and accommodating these specific factors, service providers can ensure that treatment is not only relevant but also respectful, inclusive, and ultimately enhance the effectiveness and impact of treatment.

- **THE OPPORTUNITY:** Services providers can take these factors and influences into account when planning and delivering treatment. For instance, youth may present with various mental health presentations such as coexisting depression, PTSD, and suicidality based on gendered life experiences. Many of their mental health and learning needs may have gone unidentified and may be intertwined with their substance use. ^[117, 188].

Service providers may find it helpful to reflect on current practices, seek additional training, and adapt/adopt sex and gender-informed approaches. Organizations should provide training opportunities and incorporate sex and gender-informed approaches into treatment philosophies, and program policy. Below we offer suggestions of how you might incorporate sex and gendered informed practices in treatment.

INCORPORATE SEX AND GENDERED FACTORS AND INFLUENCES IN TREATMENT

THE NEED: Adapting treatment practices based on sex and gender is imperative due to the significant impacts these factors have on individuals' experiences, needs, and responses to treatment.

THE OPPORTUNITY: The influences of sex and gender extend beyond categorization as they profoundly shape an individual's experiences of substance use, risk and protective factors, mental health, and treatment outcomes. By acknowledging these factors, we can shift away from one-size-fits-all treatment model to an approach that is inclusive, adaptable, and honours the unique strengths and challenges of the individual.

GIRLS AND WOMEN

To best support girls and women with FASD in substance use treatment and to address these sex and gender factors and influences, the following are examples of approaches that may be helpful to treatment providers:

- Share information on the physical health impacts of substances specific to girls and women. An example is sharing an infographic such as the health impacts of alcohol for girls (e.g., *Girl Talk* - see *Tools and Resources* section of the guide). There are sex specific health impacts for each substance that can be important to help girls and women understand their bodies and the health conditions affecting them. These discussions can be opportunities for linking important health actions that are connected to substance use such as using effective birth control
- Work in a trauma-informed way, especially teaching skills for mitigating trauma responses, to support girls and women with significant trauma histories with engagement and empowerment in treatment. For an example in teaching basic grounding skills, see *Grounding Activities and Trauma-Informed Practice* in *Tools and Resources* section
- Involve girls and women in co-determining their care in a respectful, collaborative, and practical ways. This supports engagement and mitigates the experiences of stigma and “power-over” approaches they have likely encountered. Co-determining care means engaging from a place of respect to co-create goals with this person based on their preferences, needs, and values
- It is possible that girls and women who have FASD will be taking medications such as anti-depressants and anti-anxiety medications. A sex and gender-informed response helps them see how these medications may be benefitting them, how they can discuss the effects with their health care provider, and the risks of using

non-prescribed substances to address feelings of depression and anxiety. Creating opportunities for practice in using non-medical approaches to managing depression, such as exercise, is also important

- General treatment modifications can be made for women with FASD, such as ensuring one-to-one support and modifying how substance use histories are gathered. Examples are included in *Substance Using Women with FASD: Voices of Women with FASD: Service Providers' Perspectives on Promising Approaches in Substance Use Treatment and Care for Women with FASD* ^[27]

BOYS AND MEN

To best support boys and men with FASD in substance use treatment and to address these sex and gender-informed factors and influences, the following approaches may be helpful to substance use treatment providers:

- Acknowledge how criminal justice involvement can be common for men with FASD, help reduce any shame about this involvement and offer help with meeting any current legal pressures
- Educate about the effects of substances on male bodies, underlining how substance use makes men vulnerable to physical and mental health concerns, and injury and violence. For example, *Canada's Guidance on Alcohol and Health*, notes that far more injuries, violence and death result from men's drinking
- Educate about men and depression, and options for/practice in taking action such as nutrition and exercise (See *Heads Up Guys* in *Tools and Resources*)
- Support identification and expression of feelings, learning to cope with rejection and shame, and how to navigate relationships and build friendships

PEOPLE WITH DIVERSE SEXUAL ORIENTATIONS AND GENDER IDENTITIES

To best support individuals with diverse sexual orientations and gender identities in substance use treatment and to address these sex and gender-informed factors, influences, and intersectionalities, the following are examples of approaches that may be helpful to treatment providers:

- Use strengths based and culturally safe affirmative practice models.^[37, 119] This may include creating welcoming, displaying affirmative symbols and images, having gender neutral restrooms, not imposing dress codes based on biological sex, incorporating treatment content reflective of diverse experiences and identities, hiring individuals with diverse sexual and gender identities, and having representative youth or adult advisory boards.^[37, 116, 119]
- Review screening, identification, and intake materials to ensure they include inclusive and non-stigmatizing language and opportunities for identification.^[37, 119] Please see the *Asking the Right Questions 2* document by the Canadian Mental Health Association (2004) in the *Tools and Resources* section.
- Refer to individuals by their preferred names and pronouns.^[37]
- Provide resources and referrals specifically for people with diverse sexual and gender identities. New substance use programming tailored to the needs of these communities are emerging. See for example *Pieces to Pathways, Breakaway Addiction Services*, linked here
-  Understand that youth may be at different stages of exploring their sexual and gender identities. They may experience internal and interpersonal stressors related to their identity exploration, which may be uniquely intertwined with their reasons for substance use.^[37] Exploring these factors with adolescents and young adults can provide critical information directly pertaining to treatment and transition planning.^[37]



PUTTING IT INTO PRACTICE

As you read through the following vignette, consider the following questions in context of sex and gender-informed practice:

- What needs and understandings are important here?
 - What do you know?
 - What more would you want to know?
- What opportunities and practice shifts might you consider here?
 - What went well? What supported that success?
 - What didn't go well? What could have gone differently?
- How can we engage the person in their own life?

You find yourself facing roadblocks to treatment progress with Sam, a young adult with FASD, who identifies as non-binary. Sam has been hesitant to engage in treatment due to past experiences of discrimination, and they emphasize the need for a more inclusive and understanding environment. Sam tells a trusted team member that they feel the environment of the centre, the materials, and the way staff engage with individuals in treatment is more geared toward cisgendered males. They are unsure if they feel comfortable continuing with treatment unless changes are made. Recent learnings about diversity in sexual orientation and gender identity has prompted your team to re-evaluate their approach, and you are wondering where you might start.

Thank you for your commitment to making your treatment centre inclusive!

Please see *Appendix A* for a table which may help you and your organization to reflect on your learning around sex and gender-informed treatment and identify what you might like to do differently to improve service delivery for individuals with FASD. You will find many additional resources in the *Tools and Resources* section.

NOTES

Key Takeaways

Deepened understandings can guide shifts in practice, centring the individual with FASD in their care. With understanding and the right accommodations individuals with FASD can do well. There is no one size fits all. We must approach this work asking ourselves, ‘HOW can success look?’

When we incorporate existing research, perspectives from service providers, and listen to those with lived and living experiences, we gain a wealth of information to inform practices that are meaningful, useful, and promote successful outcomes. Research in the area of substance use treatment with FASD populations is scarce, yet in this second version of the guide we continue to build upon the copious amount of information that has already been established when working with other populations who experience substance use health issues. The treatment practices that can benefit individuals with FASD are not unique to this population. Rather, it is placing an FASD lens on existing best practices that allows for supporting individuals with FASD within programs that are not specific to them.

FASD-informed care benefits all clients and staff; the practices of understanding strengths, challenges, and making accommodations can contribute to everyone’s success. Understanding the person through brain-based considerations, fostering and understanding strengths, and ongoing FASD training and education is where we must start. By understanding brain-based differences, while also acknowledging the individuality of each person with FASD, and working together to shift practices, we understand how best to support individuals with FASD to experience success in treatment. Philosophically centring the person first through culturally safe, trauma-informed, and sex and gender-informed practices further demonstrates understanding of the person. From this space, you as service providers can build upon your strengths and expertise in combination with the knowledge shared here to apply an FASD lens to the treatment cycle and enhance program practices to be FASD-informed.

Thank you, for your time, dedication, and commitment.

This work matters and we’re grateful you’re a part of it.

It’s people like you who keep the conversation going and take the small steps that lead to big change!



Tools and Resources

We have included here additional resources to support practice implementation. These resources are organized by the sections of the guide. Not all sections have additional resources included, while others include some subsections for more specialized topics. We hope that this resource list is helpful in providing a wealth of information to further your learning about FASD, substance use treatment, and promoting the practices described in this guide.

General

A PUBLIC HEALTH APPROACH TO SUBSTANCE USE: HANDBOOK (2023) *Canadian Public Health Association and Centre of Excellence for Women's Health* <https://preventionconversation.org/2023/11/15/a-public-healthapproach-to-substance-use-handbook/> This pdf-document provides a wealth of information regarding key public health principles to approach substance use. These can be incorporated into organizational frameworks and are highlighted in the documents with examples and tools for action.

Consideration of Brain-Based Differences

BECOMING FASD INFORMED: STRENGTHENING PRACTICE AND PROGRAMS WORKING WITH WOMEN WITH FASD *Rutman (2016)* <https://canfasd.ca/wp-content/uploads/2019/09/sart-suppl.1-2016-013.pdf> This resource provides information about what an FASD informed practice is and includes examples of FASD-informed accommodations that can be used in practice.

TIP 58: ADDRESSING FETAL ALCOHOL SPECTRUM DISORDERS (FASD) *Substance Abuse and Mental Health Services Administration (SAMHSA; 2014)* <https://store.samhsa.gov/sites/default/files/d7/priv/sma13-4803.pdf> The aim of TIP 58 is to provide knowledge and assistance to help substance abuse and mental health treatment programs better serve their clients. Providing FASD-informed services is a part of that mission. The document is organized into 3 parts: 1. Background and Clinical Strategies for FASD Prevention and Intervention, 2. Administrator's Guide to Implementing FASD Prevention and Intervention, and 3. Literature Review

EVALUATION OF FASD PREVENTION AND FASD SUPPORT PROGRAMS: PHILOSOPHY THEORETICAL FRAMEWORK *Nota Bene Consulting Group and BCCEWH (2013)* <http://www.fasd-evaluation.ca/wp-content/uploads/2012/10/FASD-Informed.pdf> FASD informed services recognize that Fetal Alcohol Spectrum Disorder is a brain-based permanent disability that has wide ranging impacts and effects. This means that as a result of the disability, program participants with FASD may have difficulty following certain program rules or behaving in line with practitioners' expectations unless accommodations are made to fit with participants' specific needs.

KNOWFASD knowfasd.ca KnowFASD.ca is an interactive website that provides information across the spectrum and lifespan of individuals who have FASD. It summarizes some of the common neurobehavioral features from current research and explains some of the neurobehavioral difficulties.

FASD Identification and Screening

FETAL ALCOHOL SPECTRUM DISORDER: A GUIDELINE FOR DIAGNOSIS ACROSS THE LIFESPAN. *Cook JL, Green CR, Lilley CM, et al. (2016)* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4754181/> Published in 2016, this updates the 2005 Guidelines, incorporating new evidence and our improved understanding of FASD diagnosis. It is intended to assist multidisciplinary teams through this complex diagnosis, leading to improved health services and creating a positive impact on the health and well-being of children and adults with FASD across their lifespan.

GUIDELINE NO. 405: SCREENING AND COUNSELLING FOR ALCOHOL CONSUMPTION DURING PREGNANCY *Graves, Carson, Poole, Patel, Bigalky, Green & Cook (2020)* <https://www.ciazabezalkoholu.pl/images/file/17042021/Guideline%20No.%20405%20Screening%20and%20Counselling%20for%20Alcohol%20Consumption%20During%20Pregnancy.pdf> To establish national standards of care for screening and counselling pregnant women and women of child-bearing age about alcohol consumption and possible alcohol use disorder based on current best evidence.

IMPLEMENTING HEALTH CHECKS FOR ADULTS WITH DEVELOPMENTAL DISABILITIES *Health Care Access Research and Developmental Disabilities (2016)* https://www.porticonetwork.ca/documents/38160/99698/Primary+Care+Toolkit_FINAL_ym2.pdf/dfa654d6-8463-41da-9b79-3478315503eb This Toolkit aims to provide primary care providers with tools and resources to support the provision of Health Checks for patients with developmental disabilities.

PLANNING AND IMPLEMENTING SCREENING AND BRIEF INTERVENTION FOR RISKY ALCOHOL USE: A STEP BY STEP GUIDE FOR PRIMARY CARE PRACTICES *National Centre on Birth Defects and Developmental Disabilities (2014)* <https://www.cdc.gov/ncbddd/fasd/documents/alcoholsbiimplementationguide.pdf> This guide is designed to help an individual or small planning team adapt alcohol SBI to the unique operational realities of their primary care practice. It takes them through each of the steps required to plan, implement, and continually improve this preventive service as a routine element of standard practice. Rather than prescribing what the alcohol SBI services should look like, the Guide will help you and your colleagues create the best plan for your unique situation.

THE IMPACT OF PRENATAL ALCOHOL EXPOSURE ON ADDICTION TREATMENT *Grant, Brown, Dubovsky, Sparrow & Ries (2013)* http://www3.med.unipmn.it/intranet/papers/2014/LWW/2014-08-06_lww/The_Impact_of_Prenatal_Alcohol_Exposure_on_1.pdf This article goes into detail about the effects of FASD and substance use and includes a case study example of a patient “Jane” on page 92. The case study details indicators of PAE that Jane has, and how this impacted her treatment outcomes.

FASD DIAGNOSTIC CLINIC CARDS *CanFASD* <https://canfasd.ca/topics/diagnosis/fasd-faq-cards/> These clinic cards provide answers to frequently asked questions about FASD diagnosis and where in your province you can find clinics for diagnosis and assessment.

Access to Support Services

FASD FOR JUDICIAL AND LEGAL PROFESSIONALS LEVEL II *CanFASD* <https://estore.canfasd.ca/fasd-for-judicial-professionals-level-ii> 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.

FASD FOR SOLICITOR GENERAL PROFESSIONALS LEVEL II *CanFASD* <https://estore.canfasd.ca/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. 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.

INTEGRATING SUBSTANCE USE AND MENTAL HEALTH SYSTEMS *Canadian Centre on Substance Use (2013)* <https://www.ccsa.ca/sites/default/files/2019-05/nts-systems-approach-integrating-substance-use-and-mental-health-systems-en.pdf> Historically, substance use and mental health systems and services have operated independently. Yet many people who access substance use services also have mental health disorders. Improving client care means ensuring people can easily access and navigate services that meet their needs, whether in substance use, mental health, or both.

A SYSTEMS APPROACH TO SUBSTANCE USE IN CANADA: DEVELOPING A CONTINUUM OF SERVICES AND SUPPORTS

Canadian Centre on Substance Use (2012) <https://www.ccsa.ca/sites/default/files/2019-04/nts-systems-approach-continuum-of-services-supports-2012-en.pdf> This document provides a brief overview of the continuum of services and supports recommended in A Systems Approach to Substance Use in Canada: Recommendations for a National Treatment Strategy. This document accompanies the Systems Approach Workbook, a web-based resource to support the implementation of the recommendations found in the Systems Approach report.

RECOVERY ORIENTED SYSTEMS OF CARE (ROSC) RESOURCE GUIDE (PG 7-9)

The Substance Abuse and Mental Health Services Administration (2010) https://www.samhsa.gov/sites/default/files/rosc_resource_guide_book.pdf The purpose of this resource guide is to share an overview of ROSC and illustrate how these systems are an integral part of the new health care environment. This guide will align the tenets of health care reform to the benefits, framework, and history of ROSC, and the steps for planning and implementing ROSC.

CREATING INTERSECTIONS: A SYSTEMATIC AND PERSON-CENTRED HARMONIZING FRAMEWORK FOR HOUSING INDIVIDUALS WITH FASD

Pei J, Carlson E, Poth C, Joly V, Patricny N, Mattson D (2018) https://canfasd.ca/wp-content/uploads/2019/10/FASD-X-Housing-Pei-2018_Amended-March-04-2019-dl.pdf This document is a harmonizing housing framework that offers a more responsive, complexity-sensitive way of meeting the ever-changing needs of individuals with FASD who are unhoused, with the ultimate goal of engaging and supporting these individuals in housing tenure in ways that promote individual success and goal attainment.

NATIONAL INVENTORY OF MENTAL HEALTH AND SUBSTANCE USE SERVICES AND SUPPORTS FOR PEOPLE TRANSITIONING OUT OF THE CRIMINAL JUSTICE SYSTEM

Mental Health Commission of Canada (2021) <https://mentalhealthcommission.ca/resource/national-inventory-of-mental-health-and-substance-use-services-and-supports/> This inventory was created to establish a living directory of community-based mental health and substance use services and supports throughout Canada for people who are transitioning from the criminal justice system into the community.

EQUITABLE STANDARDS FOR TRANSITIONS TO ADULTHOOD FOR YOUTH IN CARE EVALUATION

MODEL *Child Welfare League of Canada* <https://www.cwlc.ca/post/equitable-standards-for-transitions-to-adulthood-for-youth-in-care-evaluation-model> This website provides access to French and English pdf-documents highlighting a step-by-step approach to allow service providers and organizations to develop a feasible action plan to help youth transition into adulthood and meet their changing needs.

FASD Training and Education

FOUNDATIONS IN FASD *CanFASD* <https://canfasd.ca/online-learners/#elearning-1> Foundations in FASD is a basic training course intended for everyone that will come into contact with individuals with FASD including all sectors of work, families, individuals with FASD, spouses, and the general public.

EXPLAINING FETAL ALCOHOL SPECTRUM DISORDER (FASD)

NoFASD Australia <https://www.nofasd.org.au/wp-content/uploads/2021/08/Download-a-version-here.pdf> This pdf-document is designed for caregivers to explain FASD to service providers. This resource provides templates for caregivers to provide individualized information about an individual with FASD to service providers.

IDENTIFYING BEST PRACTICES FOR FETAL ALCOHOL SPECTRUM DISORDER (FASD) *CanFASD* <https://estore.canfasd.ca/identifying-best-practices-for-fasd> The aim of Identifying Best Practices is to provide a course for a range of service providers that is multidisciplinary, works across the spectrum of FASD, and supports individuals across the lifespan. The course will provide tools and strategies to support individuals who have or are at risk of having a child with FASD and/or may have FASD themselves.

TOWARDS HEALTHY OUTCOMES FOR INDIVIDUALS WITH FASD *CanFASD* <https://canfasd.ca/wp-content/uploads/publications/Final-Towards-Healthy-Outcomes-Document-with-links.pdf> This pdf-document outlines a model to help support intervention approaches for individuals with FASD to support healthy outcomes in multifaceted ways.

FASD TOOLKIT VIDEOS *Government of Alberta, 2008 - 2013* https://www.youtube.com/playlist?list=PLvrD8tiHIX1JG_ZDDBKmx2FuAvFx0XLzh 24 YouTube videos addressing a variety of topics related to supporting and educating people on FASD

FASD LEARNING SERIES *Government of Alberta, 2008 - 2020* https://www.youtube.com/playlist?list=PLvrD8tiHIX1JS6FX1OEN9N4_QAt2B1N3t The FASD Learning Series videos provide training to individuals with FASD, their caregivers and professionals who want to learn more about FASD.

SUPPORTING SUCCESS FOR ADULTS WITH FETAL ALCOHOL SPECTRUM DISORDER (FASD) *Community Living British Columbia (CLBC) (2011)* <http://www.communitylivingbc.ca/wp-content/uploads/Supporting-Success-for-Adults-with-FASD.pdf> This booklet offers an introduction to Fetal Alcohol Spectrum Disorder and suggested accommodations to assist in supporting these citizens. It is intended for CLBC staff, service providers, community members and others who care about and work with adults with FASD.

BEST PRACTICES FOR SERVING INDIVIDUALS WITH COMPLEX NEEDS *Pei J, Tremblay M, Poth C, El Hassar B, & Ricioppo S (2018)* <https://canfasd.ca/topics/interventions/best-practices/> This document provides guidance for working with individuals and families who have complex needs, such as those affected by FASD. There are two anticipated uses for this resource: 1) to assess current service delivery by providing indicators and outcomes that can be measured to inform practice; and 2) to inform future service delivery by providing a guiding framework on which to develop policy and practices.

CREATING EQUITABLE ECOSYSTEMS OF BELONGING AND OPPORTUNITY FOR YOUTH *The Annie E. Casey Foundation* <https://forumfyi.org/knowledge-center/creating-equitable-ecosystems-action-guide/#:~:text=and%20across%20settings,-,Creating%20Equitable%20Ecosystems%20of%20Belonging%20and%20Opportunity%20for%20Youth%3A%20An,youth%20they%20serve%20with%20a> This guide is designed to help public- and private-sector leaders build ecosystems that are better suited to help young people thrive. It is specifically intended to support coordinated initiatives where multiple youth-serving organizations or agencies are already working together.

SETTING GOALS AND DEVELOPING SPECIFIC, MEASURABLE, ACHIEVABLE, RELEVANT, AND, TIME-BOUND OBJECTIVES *Substance Abuse and Mental Health Services Administration (SAMHSA) Native Connections* <https://www.samhsa.gov/sites/default/files/nc-smart-goals-fact-sheet.pdf> This document gives an overview of what SMART goals are, and provides tips for creating them, and examples.

Integrating FASD Prevention and Treatment

THE PREVENTION CONVERSATION *CanFASD* <https://estore.canfasd.ca/prevention-conversation> The Prevention Conversation is an online training program for front-line health and social services professionals to provide them with the knowledge, skills, and confidence to engage their clients/patients in a supportive and non-judgmental conversation about alcohol use during pregnancy, its lasting effects on the developing child, and resources and supports available to women of childbearing age.

LANGUAGE MATTERS: TALKING ABOUT ALCOHOL AND PREGNANCY *CanFASD (2019)* <https://canfasd.ca/wp-content/uploads/2019/11/3-LanguageImages-Matter-5.pdf> The language we use can challenge stereotypes about people with FASD, promote compassion for women who drank during their pregnancy (for whatever reason), and help others to see people with FASD as more than a disability.

TALKING ABOUT SUBSTANCE USE DURING PREGNANCY: COLLABORATIVE APPROACHES FOR HEALTH CARE PROVIDERS *Centre of Excellence for Women's Health (2018)* https://bccewh.bc.ca/wp-content/uploads/2018/10/Collaborative-Conversation-Ideas_Sept-19-2018.pdf Asking questions about the type, frequency, and amount of substance use is often a routine part of prenatal care for physicians, midwives, nurses, pregnancy outreach workers and other prenatal care providers. Here are some ideas for open, supportive, and effective conversations with women.

MOTHERING AND OPIOIDS: ADDRESSING STIGMA - ACTING COLLABORATIVELY *Centre of Excellence for Women's Health (2019)* <https://bccewh.bc.ca/wp-content/uploads/2019/11/CEWH-01-MO-Toolkit-WEB2.pdf> Much is changing in the substance use and child welfare fields to bring forth approaches that are culturally safe, trauma-informed, harm reduction-oriented and participant-driven. This toolkit highlights these advances and invites people working in both systems to think about how we can continue to improve our work, in partnership with the women who use these services.

STIGMA, DISCRIMINATION AND FETAL ALCOHOL SPECTRUM DISORDER *Green C, Cook JL, Racine E, Bell E (2016)* <https://canfasd.ca/wp-content/uploads/2016/05/Stigma-and-FASD-Final.pdf> The stigma associated with problematic alcohol use, particularly among pregnant women, presents a significant barrier to accessing medical treatment, services and supports. Individuals affected by FASD, as well as their families and caregivers, can also experience stigma.

OVERCOMING STIGMA THROUGH LANGUAGE: A PRIMER *Canadian Centre on Substance Use and Addiction developed in partnership with the Community Addictions Peer Support Association (2019)* <https://www.ccsa.ca/overcoming-stigma-through-language-primer> This document aims to facilitate conversations and increase awareness of the stigma that surrounds people who use substances, their support networks, and service providers in the community.

10 FUNDAMENTAL COMPONENTS OF FASD PREVENTION FROM A WOMEN'S HEALTH DETERMINANTS PERSPECTIVE *Network Action Team on FASD Prevention (2010)* <https://bccewh.bc.ca/wp-content/uploads/2014/09/Ten-Fundamental-FASD-prevent-2010-cover.jpg> This consensus document weaves together a range of sources – women's experiences, peer-reviewed research, published articles, as well as expert evidence – to create a clear message regarding the importance of FASD prevention from a women's health determinants perspective.

FETAL ALCOHOL SPECTRUM DISORDER (FASD) PREVENTION: CANADIAN PERSPECTIVES. *Poole N (2008)* <https://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/fasd-etcaf/publications/cp-pc/pdf/cp-pc-eng.pdf> This resource describes what has been learned about prevention of FASD in the course of implementation of health promotion and prevention strategies across Canada. It outlines a four-part framework for FASD prevention and promotion of women's and children's health. This prevention resource reflects a pan-Canadian vision for both preventing FASD and improving the outcomes for those who are already living with it. This is a practical resource, created to assist those who are planning or expanding FASD prevention programming designed to reach and support women of childbearing years.

MOTHERING AND OPIOIDS: ADDRESSING STIGMA AND ACTING COLLABORATIVELY. *Centre of Excellence for Women's Health. Schmidt R, Wolfson L, Stinson J, Poole N, & Greaves L (2019)* <https://cewh.ca/wp-content/uploads/2019/11/CEWH-01-MO-Toolkit-WEB2.pdf> This toolkit provides information to professionals working in the substance use and child welfare systems to support pregnant women and new mothers with culturally safe, trauma informed and harm reduction approaches.

A LITERATURE REVIEW ON PROMISING APPROACHES IN SUBSTANCE USE TREATMENT AND CARE FOR WOMEN WITH FASD *Gelb and Rutman (2011)* <https://www.uvic.ca/hsd/socialwork/assets/docs/research/Substance%20Using%20Women%20with%20FASD-LitReview-web.pdf> Finding respectful, compassionate, and evidence-based ways to better support women with FASD and addictions and/or other concurrent mental health problems is integral to improving women's health and preventing FASD. This is part 1 of a multi-phase project.

DOORWAYS TO CONVERSATION: BRIEF INTERVENTION ON SUBSTANCE USE WITH GIRLS AND WOMEN *Centre of Excellence for Women's Health (2018)* https://bcccewh.bc.ca/wp-content/uploads/2018/06/Doorways_ENGLISH_July-18-2018_online-version.pdf This resource was developed by the Centre of Excellence for Women's Health, and includes information about approaches and considerations when asking women and girls questions about substance use and pregnancy

Harm Reduction

PREVENTING SUBSTANCE-RELATED HARMS AMONG CANADIAN YOUTH THROUGH ACTION WITHIN SCHOOL COMMUNITIES *Public Health Agency of Canada* <https://www.canada.ca/content/dam/hc-sc/documents/services/publications/healthy-living/policy-paper-preventing-substance-related-harms-canadian-youth-action-school-communities/final-policypaper-en.pdf> This pdf-document outlines the policies related to youth substance use in Canada and proposed action to address youth substance use. Harm reduction is described on pages 7-8.

PEER ENGAGEMENT IN THE BCCDC HARM REDUCTION PROGRAM *BC Centre for Disease Control* <https://towardtheheart.com/assets/uploads/1618872324OogJ1B7Lc4T1jOJWKZrh5SwmL7qTYJucXvO5f7C.pdf> This pdf-document describes successful harm reduction projects that involve peer engagement. The document outlines meaningful strategies for engaging youth in projects concerning substance use and harm reduction.

HARM REDUCTION CLINICAL RESOURCES *BC Centre for Disease Control* <http://www.bccdc.ca/health-professionals/clinical-resources/harm-reduction> This website provides an overview and access to a range of clinical information sheets and best practices related to harm reduction.

OVERDOSE PREVENTION & HARM REDUCTION *Interior Health: Mental Health & Substance Use Network* <https://www.interiorhealth.ca/sites/default/files/2021-11/Overdose%20Prevention%20and%20Harm%20Reduction.pdf> This sheet provides direct links to resources that provide information on harm reduction, as well as tangible supports.

HARM REDUCTION: A BRITISH COLUMBIA COMMUNITY GUIDE *British Columbia Ministry of Health* <https://www.health.gov.bc.ca/library/publications/year/2005/hrcommunityguide.pdf> This pdf-document outlines specific harm reduction strategies, approaches, examples, and services specific to BC.

CANADIAN DRUGS AND SUBSTANCES STRATEGY (SERVICES AND INFORMATION) *Government of Canada (2019)* https://www.canada.ca/en/health-canada/services/substance-use/canadian-drugs-substances-strategy.html?utm_source=vanity_url&utm_medium=url_en&utm_content=redirect_justice_nationalantidrugstrategy.gc.ca&utm_campaign=pidu_14/ The Government of Canada briefly describes how it is implementing harm reduction strategies.

PRINCIPLES OF HARM REDUCTION *National Harm Reduction Coalition* <https://harmreduction.org/about-us/principles-of-harm-reduction/> The National Harm Reduction Coalition (United States) provides a range of free and paid resources in the form of training guides, fact sheets, webinars and reports.

HARM REDUCTION 101 *Drug Policy Alliance* <https://drugpolicy.org/issues/harm-reduction> The Drug Policy Alliance provides a variety of resources including drug education and information about the history of harm reduction and drug policy.

UNDERSTANDING HARM REDUCTION: SUBSTANCE USE *HealthLink British Columbia (2020)* <https://www.healthlinkbc.ca/sites/default/files/documents/healthfiles/hfile102a.pdf> This document explains harm reduction services and their benefits, as well as links to other BC harm reduction resources.

DRUG SAFE *Alberta Health Services* <https://www.albertahealthservices.ca/info/page12491.aspx> This website from the Alberta Government offers drug fact sheets, information on harm reduction and supervised consumption sites, as well as resources for health professionals.

HARM REDUCTION SERVICES (INFO SHEETS AND LEARNING MODULES) *Alberta Health Services* <https://www.albertahealthservices.ca/info/Page15432.aspx> This web page from the Alberta Government describes harm reduction principles and provides eLearning modules, information sheets and information on community-based services such as naloxone and opioid dependency programs.

TOWARD THE HEART *BC Centre for Disease Control* <https://towardtheheart.com/> This website provides information on reducing harm, naloxone programs and overdose awareness, as well as hosts the BC Peer Worker Training Curriculum for and by individuals with substance use experience.

HARM REDUCTION AND PREGNANCY: COMMUNITY-BASED APPROACHES TO PRENATAL SUBSTANCE USE IN WESTERN CANADA *BC Centre of Excellence for Women's Health (2015)* https://bcccewh.bc.ca/wp-content/uploads/2015/02/HReduction-and-Preg-Booklet.2015_web.pdf Harm reduction is an approach that helps to reduce the negative effects of alcohol and drug use at the same time as helping women to meet their immediate health, social, and safety needs.

HOW TO TALK TO YOUR TEEN ABOUT DRUG USE *Toronto Counselling Centre for Teens* <https://www.counsellingtorontoteens.com/blog/how-to-talk-to-your-teen-about-drug-use/> This blog post provides helpful and concrete strategies for caregivers. The website also provides links to further helpful resources about youth substance use.

SUBSTANCE USE DISORDER EDUCATION TOOLKIT *University of Saskatchewan* <https://paalcoholstrategy.ca/wp-content/uploads/2022/11/Substance-Use-Disorder-Education-Toolkit.pdf> This pdf-document provides a wide range of information regarding different substances, the effects of using substances, and provides tools and strategies for talking to others with a substance use disorder. The document also provides information on how to take care of oneself as a caregiver or supporter.

HARM REDUCTION THROUGH AN INDIGENOUS LENS

INDIGENOUS HARM REDUCTION *First Nations Health Authority* <https://www.fnha.ca/what-we-do/mental-wellness-and-substance-use/harm-reduction-and-the-toxic-drug-crisis/indigenous-harm-reduction> This website offers links to resources, such as videos, podcasts, and written guides related to the multifaceted aspects of Indigenous harm reduction.

HARM REDUCTION AND THE TOXIC DRUG CRISIS *First Nations Health Authority* <https://www.fnha.ca/what-we-do/mental-wellness-and-substance-use/harm-reduction-and-the-toxic-drug-crisis> This website provides a variety of videos, podcasts, information sheets, and useful links to a large range of topics related to harm reduction.

INDIGENOUS HARM REDUCTION *Interagency Coalition on AIDS and Development* <https://substanceuse.ca/sites/default/files/2021-04/Indigenous-Harm-Reduction-Policy-Brief.pdf> This policy brief offers valuable insight on how an Indigenous approach to harm reduction must also have Indigenous voices in leadership to address the harms of colonialism.

ÂCIWINA MÂYITÔTAKOWIN WEBINAR SERIES *Shkaabe Makwa and CAMH* <https://www.camh.ca/en/driving-change/shkaabe-makwa/training> These trainings and webinars explore how Indigenous culture and knowledge can inform harm reduction, opioid management, managed alcohol programs and land-based healing.

SUBSTANCE USE FACTSHEET *Interior Health: Mental Health & Substance Use Network* <https://www.interiorhealth.ca/sites/default/files/PDFS/resources-for-families-affected-by-substance-use.pdf> This sheet provides direct links to resources that provide information on substance use, as well as tangible supports for families.

HARM REDUCTION FOR CAREGIVERS & SUPPORTERS

HARM REDUCTION TOOLS FOR PARENTS AND CAREGIVERS *Stimulus Connect* <https://stimuluscanada.ca/stimulus-connect-8-harm-reduction-tools-for-parents-and-caregivers/> This 2-hour video provides a discussion around tools and strategies that caregivers can use to practice harm reduction for themselves.

THE UNOFFICIAL SURVIVAL GUIDE TO PARENTING A YOUNG PERSON WITH A SUBSTANCE USE DISORDER *Parents Like Us* https://foundrybc.ca/wp-content/uploads/2021/08/parentHandbook_6x9_screen_sept7.pdf This pdf-document is written by parents for other parents and contains a wealth of information related to youth substance use.

SUBSTANCE ABUSE IN CANADA: YOUTH IN FOCUS *Canadian Centre on Substance Abuse (CCSA)* <https://www.ccsa.ca/sites/default/files/2019-04/ccsa-011521-2007-e.pdf> This pdf-document provides an overview of youth substance use that may be informative for caregivers.

HOW TO TALK TO YOUR TEEN ABOUT DRUG USE *Toronto Counselling Centre for Teens* <https://www.counsellingtorontoteens.com/blog/how-to-talk-to-your-teen-about-drug-use/> This blog post provides helpful and concrete strategies for caregivers. The website also provides links to further helpful resources about youth substance use.

HARM REDUCTION AND CANNABIS

KNOWING YOUR LIMITS WITH CANNABIS *Canadian Centre on Substance Use and Addiction (2022)* <https://preventionconversation.org/wp-content/uploads/2022/04/CCSA-Knowing-Your-Limits-with-Cannabis-Guide-2022-en-1.pdf> This guide has been developed to help you think about your cannabis use and to provide you with information about cannabis. It has tips and tools that can help you reduce your cannabis use or help you address some of the health risks of using cannabis.

WEEDOUT MISINFORMATION *WeedOut Misinformation* <https://www.weedoutmisinformation.ca/> This interactive website provides information and resources on cannabis use for youth.

Suicidality And Harm Reduction

HELPING CHILDREN AND YOUTH WITH SUICIDAL THOUGHTS *CHEO* <https://www.cheo.on.ca/en/resources-and-support/resources/P5012E.pdf> This pdf-document describes warning signs and protective factors associated with suicidal thoughts in children and youth. Concrete strategies are given on how to respond to a child/youth that is suicidal.

SUICIDE PREVENTION TRAINING *LivingWorks* <https://livingworks.net/> This website provides access to online training to help individuals learn the skills to keep others safe from suicide. The website also provides information on where/how to sign up for more in-depth suicide intervention/ prevention training (ASIST).

Creative and Recreational Approaches

WHEEL OF WELLBEING *Kid's Help Phone* <https://kidshelpphone.ca/get-info/kids-help-phones-wheel-of-well-being/> This website provides an overview of different aspects of wellbeing and questions to ask to boost wellbeing in different areas.

Evaluation

EVALUATION OF SUBSTANCE USE TREATMENT PROGRAMS *United Nations Office of Drugs and Crime (2015)* https://www.unodc.org/documents/islamicrepublicofiran/publications/1jan2015/Evaluation_of_Substance_Use_Treatment_Programmes-EN.pdf This document provides information on the importance of evaluation and focuses on 6 steps to support programs learning about how to conduct a program evaluation.

A PRACTICAL GUIDE FOR PROGRAM ASSESSMENT AND ACTION PLANNING *Youth-Adult Partnership for Youth Empowerment* <https://fyi.extension.wisc.edu/youthadultpartnership/yalpe-workbook/> This pdf-document is designed to help youth-serving organizations enhance their programs by strengthening youth voices. It includes activities and tools to help organizations implement meaningful change.

YOUTH ENGAGEMENT *Knowledge Institute on Child and Youth Mental Health and Addictions* https://www.cymha.ca/en/projects/youth-engagement.aspx?_mid_=103124 This website describes nine principles and access to different tools to allow organizations to engage youth in a meaningful manner.

Cultural Safety

A PATH FORWARD: BC FIRST NATIONS AND ABORIGINAL PEOPLE'S MENTAL WELLNESS AND SUBSTANCE USE 10 YEAR PLAN *First Nations Health Authority* https://www.health.gov.bc.ca/library/publications/year/2013/First_Nations_Aboriginal_MWSU_plan_final.pdf This pdf-document describes a 10-year plan to transform systems and improve capacity to better meet the needs of Indigenous peoples.

SAN'YAS INDIGENOUS CULTURAL SAFETY TRAINING PROGRAM *San'yas Anti-Racism Indigenous Indigenous Cultural Training Program & Provincial Health Services Authority* <https://sanyas.ca/#> This website houses a training geared towards dismantling anti-Indigenous racism and promoting cultural safety. There are different training levels available (core vs advanced training).

NATIVE WOMEN'S ASSOCIATION OF CANADA *Native Women's Association of Canada* <https://nwac.ca/> This website provides suggested activities and facilitator guides for promoting community health in emotional, physical, mental, and spiritual domains.

EVIDENCE BRIEF: WISE PRACTICES FOR INDIGENOUS-SPECIFIC CULTURAL SAFETY TRAINING

PROGRAMS *Churchill, M, Parent-Bergeron, M, Smylie, J, Ward, C, Fridkin, A, Smylie, D, & Firestone, M. Well Living House Action Research Centre for Indigenous Infant, Child and Family Health and Wellbeing, Centre for Research on Inner City Health, St. Michael's Hospital. (2017)* <http://www.welllivinghouse.com/wp-content/uploads/2019/05/2017-Wise-Practices-in-Indigenous-Specific-Cultural-Safety-Training-Programs.pdf> The purpose of this Evidence Brief is to present lessons learned from both peer-reviewed and grey literature with regards to designing and implementing Indigenous cultural safety training programs for healthcare professionals in Ontario.

INDIGENOUS CANADA COURSE *University of Alberta* <https://www.ualberta.ca/admissions-programs/online-courses/indigenous-canada/index.html> From an Indigenous perspective, this course explores complex experiences Indigenous peoples face today from a historical and critical perspective highlighting national and local Indigenous-settler relations.

LAND FOR HEALING: DEVELOPING A FIRST NATIONS LAND-BASED SERVICE DELIVERY MODEL

Thunderbird Partnership Foundation <https://thunderbirdpf.org/?resources=land-for-healing-developing-a-first-nations-land-based-service-delivery-model> This pdf-document provides an overview of land-based healing and how to incorporate land-based service delivery into treatment models. Available in both English and French.

THE WHEEL OF POWER AND PRIVILEGE *Recipes for Wellbeing* <https://www.recipesforwellbeing.org/the-wheel-of-power-and-privilege/> This website provides a guide through an interactive activity to promote self-reflection about intersectionality and power that can be completed individually or as a group.

POSITIONALITY AND INTERSECTIONALITY *Universal Design for Learning (UDL) for Inclusion, Diversity, Equity, and Accessibility (IDEA)* <https://ecampusontario.pressbooks.pub/universaldesign/chapter/positionality-intersectionality/> This website provides multimodal information and an activity for furthering learning and understanding about positionality and intersectionality.

Trauma-Informed Practices

TIC EARNING SERIES *Alberta Health Services* <https://www.albertahealthservices.ca/info/page15526.aspx> This eLearning Module Series from Alberta Health Services provides education on understanding and implementing trauma-informed care.

TIP 57: TRAUMA - INFORMED CARE IN BEHAVIOURAL HEALTH SERVICES *SAMHSA (2014)* <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4816.pdf> This Treatment Improvement Protocol Guide provides in-depth learning about trauma, trauma-informed care and how organizations can integrate trauma-informed care into their practices.

SAMHSA'S CONCEPT OF TRAUMA AND GUIDANCE FOR A TRAUMA-INFORMED APPROACH

Substance Abuse and Mental Health Services Administration (SAMHSA) https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf This pdf-document explains what a trauma-informed approach is and how to implement it into treatment settings.

ADVERSE CHILDHOOD EXPERIENCES *Centre for Disease Control and Prevention* https://www.cdc.gov/violenceprevention/aces/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Facestudy%2Findex.html This resource provides an educational video on Adverse Childhood Experiences as well as fact sheets, prevention strategies and evidence-based research.

TRAUMA-INFORMED ORGANIZATIONAL ASSESSMENT *The National Child Traumatic Stress Network (NCTSN)* <https://www.nctsn.org/trauma-informed-care/nctsn-trauma-informed-organizational-assessment> This resource can be used by any organization serving children and families to evaluate their current use of trauma-informed care and look for ways to learn or improve.

TRAUMA-INFORMED PRACTICE GUIDE *BC Provincial Mental Health and Substance Use Planning Council (2013)* https://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf This practice guide provides in-depth information on trauma and trauma-informed approaches in order to assist organizations with putting trauma-informed principles into practice.

HEALING FAMILIES, HELPING SYSTEMS: A TRAUMA-INFORMED PRACTICE GUIDE FOR WORKING WITH CHILDREN, YOUTH AND FAMILIES *BC Ministry of Children and Family Development (2017)* https://www2.gov.bc.ca/assets/gov/health/child-teen-mental-health/trauma-informed_practice_guide.pdf This pdf-document provides strategies on how practitioners can implement a trauma-informed approach when working with children, youth, and their families.

THE TRAUMA TOOLKIT *Klinic Community Health Centre (Manitoba) (2013)* https://trauma-informed.ca/wp-content/uploads/2013/10/Trauma-informed_Toolkit.pdf This Toolkit offers significant information on trauma and trauma-informed care. An ‘Organizational Checklist’ (p. 22 – 29) offers guidance in integrating TIC into all levels of the organization.

TRAUMA AND INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (IDD) TOOLKIT NCTSN **Must create free login for NCTSN Learning Centre Webinars* <https://learn.nctsn.org/course/view.php?id=370> This Toolkit provides information on supporting children with developmental disabilities who have also experienced trauma. A free account with the National Child Traumatic Stress Network must be created to access this Toolkit.

GROUNDING ACTIVITIES AND TRAUMA-INFORMED PRACTICE *Centre of Excellence for Women’s Health* https://bccewh.bc.ca/wp-content/uploads/2018/07/Grounding-Activities-and-TIP-Handout_July-30-2018.pdf Maxine Harris says that in trauma-informed services “trust and safety, rather than being assumed from the beginning, must be earned and demonstrated over time.” Learning grounding activities can be important for staff and clients in trauma-informed organizations and systems.

Sex and Gender-Informed Practices

WHAT IS GENDER? WHAT IS SEX? *Canadian Institutes of Health Research* <https://cihr-irsc.gc.ca/e/48642.html> This website provides an infographic explaining the differences between gender and sex.

ASKING THE RIGHT QUESTIONS 2 *Centre for Addiction and Mental Health* https://cdn.dal.ca/content/dam/dalhousie/pdf/campuslife/student-services/healthandwellness/LGBTQ/asking_the_right_questions.pdf This pdf-document provides information and strategies for service providers to help them approach conversations about substance use and mental health concerns with gender and sex diverse individuals.

HEADS UP GUYS *University of British Columbia* <https://headsugguys.org/take-action/practical-tips/> *Website for men about men to support mental health in men.*

TIP 51: SUBSTANCE ABUSE TREATMENT: ADDRESSING THE SPECIFIC NEEDS OF WOMEN SAMHSA (2013) <https://store.samhsa.gov/sites/default/files/d7/priv/sma15-4426.pdf> *The knowledge and models presented here are grounded in women's experiences, built on women's strengths, and based on best, promising, or research-based practices. The primary goal of this TIP is to assist substance abuse treatment providers in offering effective, up-to-date treatment to adult women with substance use disorders.*

TIP 56: ADDRESSING THE SPECIFIC BEHAVIORAL HEALTH NEEDS OF MEN SAMSHA (2013) <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4736.pdf>

The physical, psychological, social, and spiritual effects of substance use and abuse on men can be quite different from the effects on women, and those differences have implications for treatment in behavioral health settings. Men are also affected by social and cultural forces in different ways than women, and physical differences between the genders influence substance use and recovery as well. This TIP provides practical information based on available evidence and clinical experience that can help counselors more effectively treat men with substance use disorders.

SEXUAL ORIENTATION AND GENDER IDENTITY *youth.gov* <https://youth.gov/youth-topics/lgbt> This website provides information on resiliency factors, health considerations, and considerations providing services to LGBTQ2S+ youths.

GENDER-BASED ANALYSIS PLUS COURSE *Government of Canada* <https://women-gender-equality.canada.ca/en/gender-based-analysis-plus/take-course.html> This free online course provides information on different identity factors and actionable steps for how to incorporate intersectionality considerations into initiatives.

GIRLS AND DRINKING *Girl Talk Blog* <https://grtlk.wordpress.com/> Girl Talk educates teenage girls about the dangers of underage drinking and the specific risks facing teenage girls. Girl Talk encourages teen girls to say no to peer pressure and talk with their mothers and peers about the dangers of underage drinking.

SUBSTANCE USING WOMEN WITH FASD: VOICES OF WOMEN WITH FASD: SERVICE PROVIDERS' PERSPECTIVES ON PROMISING APPROACHES IN SUBSTANCE USE TREATMENT AND CARE FOR WOMEN WITH FASD *Rutman (2011)* <https://www.uvic.ca/hsd/socialwork/assets/docs/research/Substance%20Using%20Women%20with%20FASD%20-%20Voices%20of%20Women%20Report-web.pdf> Finding respectful, compassionate, and evidence-based ways to better support women with FASD and addictions and/or other concurrent mental health problems is integral to improving women's health and preventing FASD. This is part 3 of a multi-phase project.

DOORWAYS TO CONVERSATION - BRIEF INTERVENTION ON SUBSTANCE USE WITH GIRLS AND WOMEN *Centre of Excellence for Women's Health* <https://www.fasdoutreach.ca/resources/all/d/doorways-conversation-brief-intervention-substance-use-girls-women> This pdf-document provides strategies for service providers to engage in effective conversations with women and girls about substance use during the preconception and perinatal period.

INTEGRATING SEX AND GENDER INFORMED EVIDENCE INTO YOUR PRACTICES: TEN KEY QUESTIONS ON SEX, GENDER, AND SUBSTANCE USE *Greaves L, Poole N, Brabete AC, Hemsing N, Stinson J, & Wolfson L (2020)* <https://bcccewh.bc.ca/wp-content/uploads/2020/05/CEWH-02-IGH-Handbook-Web.pdf> This workbook has been developed by researchers at the Centre of Excellence for Women's Health, based on a review of literature on harm reduction, health promotion, prevention and treatment interventions and programs that are sex and gender-informed, aimed at addressing opioid, alcohol, tobacco and cannabis use.

TRAINING AND WORKSHOPS *The Canadian Centre for Gender and Sexual Diversity* <https://ccgsd-ccdgs.org/training-and-workshops/> This website outlines a wide range of different training and workshops that dive deeper into various topics related to gender and sexual diversity and intersectionality.

NEW TERRAIN TOOLS TO INTEGRATE TRAUMA AND GENDER INFORMED RESPONSES INTO SUBSTANCE USE PRACTICE AND POLICY *NewTerrain_FinalOnlinePDF.pdf* This document provides programming tailored to the needs of the sexually and gender diverse community.

Strengths-based Approaches

STRENGTHS AMONG INDIVIDUALS WITH FASD *Flannigan, Harding, Reid, and the Family Advisory Committee (2018)* <https://canfasd.ca/wp-content/uploads/publications/Strengths-Among-Individuals-with-FASD.pdf> The goal of the current issue paper was to review the existing strengths-based FASD literature and highlight the need for more studies to fill this critical gap.

THE GROWTH MINDSET – TALKS AT GOOGLE *Carol Dweck (2015)* <https://www.youtube.com/watch?v=-71zdXCMU6A> World-renowned Stanford University psychologist Carol Dweck, in decades of research on achievement and success, has discovered a truly groundbreaking idea—the power of our mindset.

Promoting Interdependence

CAREGIVER CURRICULUM ON FETAL ALCOHOL SPECTRUM *Children's Aid Society of Toronto* <http://www.childwelfareinstitute.torontocas.ca/training> The purpose of this curriculum is to provide a venue for caregivers including foster parents, families, kinship care, youth and childcare workers, child welfare services, and others trying to understand and cope with many of the life challenges faced by children with FASD.

TIP 39: SUBSTANCE USE DISORDER TREATMENT AND FAMILY THERAPY *SAMSHA (2020)* https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-02-02-012-508%20PDF.pdf This Treatment Improvement Protocol provides an evidence-based guide on how families can be beneficially involved in treatment centre programming.

FAMILY TOOLKIT *Here to Help* <https://www.heretohelp.bc.ca/workbook/family-toolkit> This online toolkit provides access to different documents geared towards families that are supporting youth with a mental illness and/or substance use disorder.

Moving Towards FASD Informed Care in Substance Use Treatment

Caregiver Summary

Treatment as a Journey

It may be helpful to think about substance use treatment as a journey. Imagine you were preparing for a trip. *What would you need? How would you get there? How would you know when you had gotten there? What would you do if things didn't go to plan? Who could help along the way?*

Substance use treatment journey may not follow a straightforward path. It may involve unexpected twists, turns, and roadblocks. The journey may take longer and may sometimes look more like several smaller journeys rather than one continuous one.

The goal of this handout and [our guide](#) is to support you, treatment providers, and individuals with FASD in navigating this journey. We focus on **how** youth and adults with FASD can be successful in their treatment journey.

Considerations for Youth

Some key support considerations for youth with FASD who use substances :

- **Impulsivity:** Youth in general have a tough time resisting immediate temptations, these troubles may be magnified for youth with FASD because of brain-based differences.
- **Planning:** Youth often struggle with long-term planning and focus on immediate rewards. This can be especially true for youth with FASD.
- **Sensation Seeking:** Many youth are drawn to substance use because it provides novel and intense sensations.
- **Belonging:** Social belonging is key for youth. They may use substances to mask brain-based differences and to fit in with their peers. Relationships and a desire to connect can be strengths for youth with FASD, they can also be taken advantage of. Addressing the need for belonging is critical.

You don't need to go alone

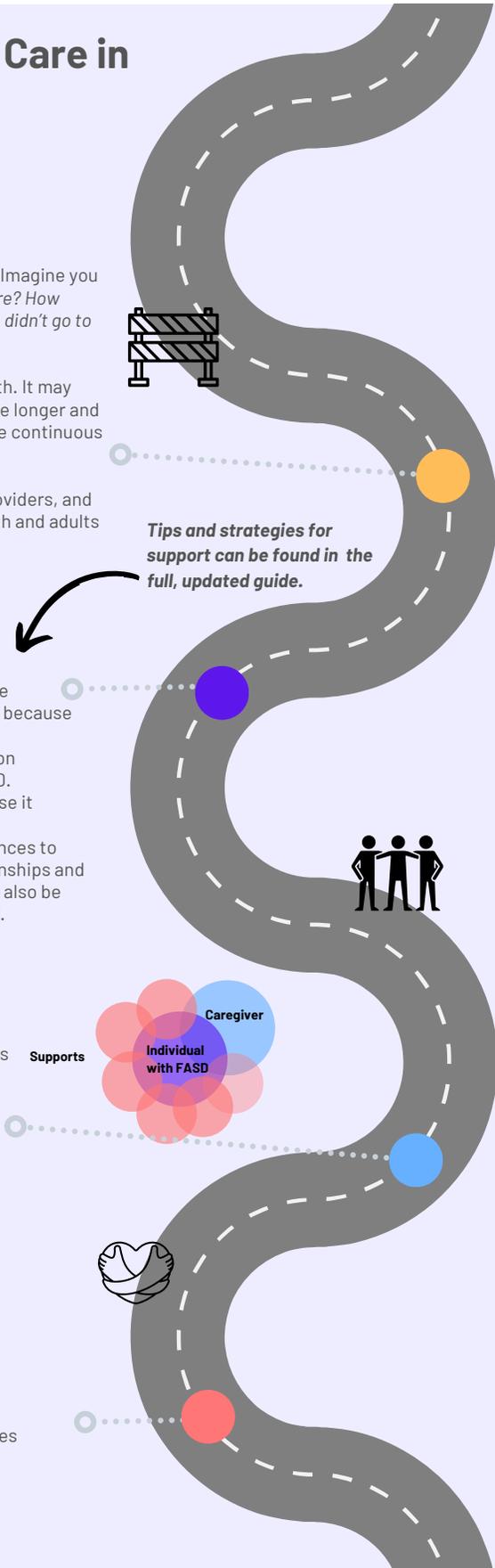
No matter the age of the individual with FASD, parents, caregivers, and/or family are often crucial supports throughout the treatment journey. Establishing a support network, involving various professionals like FASD workers, health providers, social workers, and peers on the treatment journey will enhance care and foster a sense of community and understanding.

Collaborating ensures comprehensive care without any gaps.

Supporting the Supporters

Just as individuals with FASD are on their substance use treatment journey, so too are caregivers on their own journey. We heard from caregivers just how extensively they work to advocate for and support their loved ones.

Help caregivers throughout their journey to build a community of support so that they have the space to step back and take care of themselves. Caregivers through respite care, counselling, establishing boundaries, and finding community with others with shared experiences were helpful ways to care for themselves.



Supporting the Treatment Journey

Entry and Consent

Due to brain-based differences, being able to quickly access treatment when the individual with FASD is interested and ready will be helpful for engagement in treatment.

The [intake and consent process](#) must use an approach that respects and supports the autonomy of the individuals with FASD, including youth. Using creative and adaptive strategies helps to increase understanding of treatment options, risks, and expected outcomes.

Using visual aids and adapting language can empower individuals to actively participate in the decision-making process. [In cases where a minor may lack full capacity to consent, a collaborative decision-making model involving the caregiver and service providers can help ensure the individual's well-being while respecting their dignity and rights.](#)

Treatment and Transition Planning

Some programs already create individualized plans, and so incorporating FASD-informed considerations into these plans is a great first step. An individualized plan could be developed at entry with consideration for proactive adaptations and during the transition out of treatment to support success.

Key Components of Individualized Plans:

- 1) Insight from the individual with FASD - ask them what does and doesn't work
- 2) Collaboration with the individual's support system to create wholistic and realistic support and transition plans
- 3) Targeted interventions aligned with the individual's strengths and needs

Core Elements for Success:

Approaches are FASD-informed
Focus on *both* strengths and needs
Consider life circumstances
Flexibility

Collaborate as a team: All have strengths & expertise

Developmental Considerations

Adolescence is a unique period of brain and identity development. Developmental and age-based adaptations help youth succeed.

Extended program stays are one possible accommodation for individuals with FASD.

Cultivating Long-Term Well-Being

Wholistic Healthcare:

Foster a strong connection to mental, physical, and spiritual health care to address the individual's unique wholistic health needs.

Life Skills:

Emphasize life skill development for sustained well-being. Equip youth & adults with practical tools for post-treatment success.

Caregiver Collaboration

Caregiver involvement is crucial for success. You help to deepen understandings, make connections with ongoing supports, and support the person in your care to maintain positive outcomes.

Harm Reduction

What is it?

Harm reduction is an evidence-based, person-centered approach. Harm reduction models emphasize that there can be healthy solutions other than abstinence, and that people using substances deserve **safety, access to services and positive support without judgment**.

A harm reduction approach can be beneficial for individuals at any age; however, special considerations are necessary when working with youth.

Youth Thoughts On It

Messaging on substance use that is **factual and nonjudgmental** supports youth in making decisions as they are developing a sense of self and independence. This approach acknowledges the youth's personal choice in decision-making. Youth-led and informed harm reduction messaging can make the messaging even more relatable and meaningful for youth.

Caregivers may benefit from reflecting on roles and attitudes surrounding harm reduction approaches. Abstinence messaging from caregivers can fail to meet the needs of youths as it may not reflect the realities of their lives, which may include exposure to and experimentation with different substances. Abstinence messaging may negatively impact youths' relationships with their caregivers as youth can feel judged, disconnected from their families, or uncomfortable reaching out for support.

Why it might feel uncomfortable

Supporting youth through substance use challenges can be a delicate journey for caregivers. You have understandable fears and it can be good to talk about these with supportive professionals. Although it may feel uncomfortable, evidence suggests that engaging youth by using a harm reduction approach leads to more positive responses from youth. This understanding and knowledge allows them to make informed decisions, creating a supportive environment that meets them where they're at.

Understanding Comfort Zones. Exploring and finding ways to work through this discomfort can help you to empower the youth in your care with non-judgmental information. It's a new perspective, but recognizing its potential benefits for youth can open doors to more engaging, meaningful, and helpful communication.

Evidence-Based Approaches. Research shows that youth prefer and respond more positively to harm reduction rather than abstinence messaging. Providing evidence-based information allows caregivers to connect with youth on a level that resonates with their experiences.

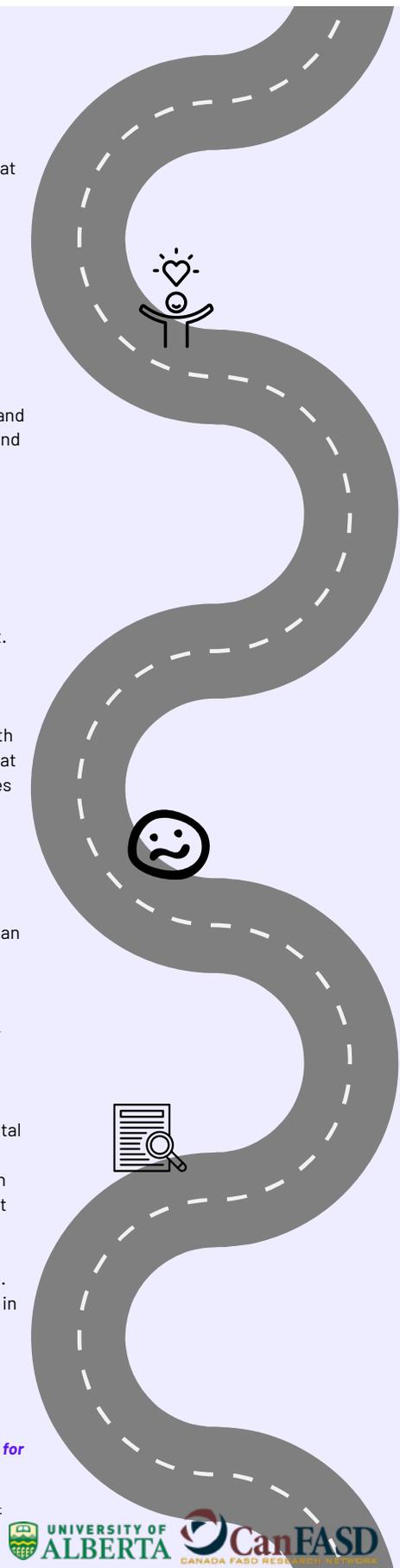
Non-Judgmental Support. Create a safe space for youth by adopting a non-judgmental stance. This can be hard, so have grace with yourselves. When caregivers enter conversations from a place of curiosity and empathy, it helps build trust. When youth feel more trusting, they are likely to be more open and honest in conversations about their substance use.

Informed Decision-Making. Harm reduction approaches equip youth with knowledge. With this knowledge and supports to plan ahead for challenges, youth can feel more in control of their choices and more easily navigate their substance use challenges. Providing youth the knowledge and space to do this, and taking opportunities to celebrate successes, no matter how small, empowers youth with the tools to make informed decisions about their well-being.

See [The Unofficial Survival Guide to Parenting a Young Person with a Substance Use Disorder for more information on youth substance use provided by parents.](#)

Read the full guide at: <https://canfasd.ca/wp-content/uploads/publications/Moving-Towards-FASD-Informed-Care-in-Substance-Use-Treatment.pdf>

Carlson, E., Rorem Colquhoun, D., Makowecki, E., Wuest, V., Regier, M., Tremblay, M., & Pei, J. (2024). Moving Towards FASD-Informed Care in Substance Use Treatment - Version 2: Adults & Youth.



Appendix A

To translate understandings and practice recommendations, we provide training resources in this Appendix. Below you will find:

Tables titled **Reflecting on Your Learning and Practice**. Each table is targeted to its section to allow you and your organization to understand where you are at in your learning and identify what you might like to do differently to improve service delivery for individuals with FASD.

We identify the level of service the row is dedicated to (i.e., service provider and/or organizational levels). The columns range from 1-4. One being the beginning stages of learning and practice, and 4 being a more advanced level of understanding and practice.

The content in the tables and the scaling from 1-4 are not exhaustive, rather they provide a starting point from which you might expand.

You may also find it helpful to compile or use part of these tables as part of a program evaluation.

Consideration of Brain-Based Differences

REFLECTING ON YOUR LEARNING AND PRACTICE

WHO?	1	2	3	4
Service Providers	There are no considerations of developmental differences throughout treatment.	Service providers have some understanding of developmental differences but are not sure of how to make adjustments and/or are not flexible in adjusting treatment approaches.	Service providers have an understanding of developmental considerations in treatment and there is program level flexibility to make adjustments that support developmentally appropriate approaches.	Service providers take an individualized approach for each client, understanding developmental differences between areas of functioning and day-to-day differences.
Service Providers	Service providers lack clear understanding of FASD and how it affects the brain and body.	Service providers have a general understanding of brain-based differences for individuals with FASD but are unsure of how it may manifest in treatment or lack specific strategies.	Service providers have a thorough understanding of FASD, recognize where brain-based differences may be impacting treatment, and have some strategies to support clients in some of the domains (e.g., sensory considerations).	All staff have a thorough understanding of FASD. Service providers work with every client and their external supporters to understand what has worked well in the past and where their brain-based differences may impact treatment.
Organization/ Program Management	The program is not designed with consideration of brain-based differences. There is no flexibility in program rules or how treatment is administered.	The program is not designed with consideration of brain-based differences. There may be some flexibility to accommodate on a case-by-case basis.	The program is designed with some consideration of brain-based differences. There is some flexibility and options for accommodations.	The program is designed with consideration of brain-based differences. There is a concrete structure to collaborate with individuals and external supports to proactively address barriers and leverage strengths.

Understanding and Fostering Strengths

REFLECTING ON YOUR LEARNING AND PRACTICE

WHO?	1	2	3	4
Service Providers	The use of a strengths-based perspective is minimal or unclear, hindering the recognition and leveraging of client strengths.	The use of a strengths-based perspective is acknowledged, but the application may lack specificity or fail to fully embrace the strengths of each client.	A strengths-based perspective is evident, with efforts made to identify and leverage client strengths. Although effective, there may be minor areas for improvement in terms of consistency or depth of application.	The use of a strengths-based perspective is deeply ingrained in the treatment approach, actively identifying and leveraging the unique strengths of each client. The application is comprehensive, fostering a positive and empowering environment that prioritizes individual capabilities and assets.
Service Providers	The application of mindset theory is minimal or unclear.	The application of mindset theory is present, but it may lack specificity or fail to fully integrate into client support strategies.	Mindset theory is applied effectively, fostering an environment that encourages growth and motivation. While successful, there may be minor areas for improvement in terms of consistency or depth of application.	Mindset theory is skillfully applied, actively encouraging growth and motivation in clients. The approach is comprehensive, incorporating mindset principles into various aspects of client support to promote a positive and dynamic outlook on personal development.

WHO?	1	2	3	4
Organization/ Program Management	<p>The organization provides limited or inaccessible training opportunities for staff, with little emphasis on incorporating a strength-based approach. Treatment philosophies and approaches do not reflect strength-based principles, and there is no formal evaluation or effort towards improvement.</p>	<p>Training opportunities are available but may lack depth or accessibility. There is some incorporation of strength-based approach principles into training content, and staff are encouraged to consider these principles in their work, though it may not be consistently applied. There is minimal evaluation or effort towards improvement of strength-based practices.</p>	<p>The organization offers accessible and well-designed training opportunities for staff, with a clear emphasis on incorporating a strength-based approach. Training content and materials actively promote the principles of strength-based practice, and staff are encouraged to apply these principles in their treatment philosophies and approaches. There are some mechanisms in place for evaluating the integration of strength-based practices, with efforts towards continuous improvement.</p>	<p>The organization provides comprehensive and easily accessible training opportunities for staff, with a robust focus on incorporating a strength-based approach. Training content is tailored to effectively convey the principles and techniques of strength-based practice, and staff are consistently supported in applying these principles in their work. Treatment philosophies and approaches are deeply rooted in strength-based principles, and there are formal mechanisms in place for evaluating and continuously improving strength-based practices, demonstrating a commitment to excellence in client care.</p>

FASD Training and Education

REFLECTING ON YOUR LEARNING AND PRACTICE

WHO?	1	2	3	4
Organization/ Program Management	The program has no required FASD related training or professional development.	Program leadership or some staff have completed some form of professional development or have read resources, but this knowledge has not been disseminated to all staff.	All staff have had the opportunity to engage in professional development related to supporting clients with FASD in substance use treatment.	All staff have had the opportunity to engage in professional development related to supporting clients with FASD in substance use treatment. Ongoing professional development, brown bags, and resources are shared with staff on an ongoing basis.
Service Providers	Service providers do not consult caregivers or individuals with FASD to understand their developmental areas of strength and need.	Efforts are made to support the developmental needs of the individual, but the caregiver and individual are not involved in the process.	Service providers consult caregivers and/or the individual with FASD to support the developmental areas of need for the person. Strengths are not explicitly considered.	Service providers consult with caregivers and individuals with FASD on an ongoing basis. Throughout treatment, service providers collaborate to understand how to leverage the individual's strengths and accommodate their areas of need. Individual, developmental factors are considered throughout treatment.

Entry to Treatment Programs

REFLECTING ON YOUR LEARNING AND PRACTICE

WHO?	1	2	3	4
Organization/ Program Management	Program eligibility criteria are unclear, restrictive, or not aligned with the complexities of FASD. Significant revisions are required to address gaps and improve inclusivity.	Program eligibility criteria are present but may lack specificity or fail to fully encompass the diversity of FASD. Some adjustments are needed to ensure a more comprehensive and inclusive approach.	Program eligibility criteria are well-defined, capturing the essential aspects of FASD. While generally inclusive, there may be minor areas for improvement in clarity or coverage.	The eligibility criteria for accessing treatment demonstrate a comprehensive understanding of FASD and are inclusive, ensuring that all individuals with varying degrees of needs are considered. The criteria are transparent, easily understandable, and consistently applied.
Organization/ Program Management	The program lacks essential elements to ensure accessibility, posing significant barriers for individuals with FASD. Revisions are required to create an inclusive and supportive environment.	Accessibility features are present but may lack consistency or fail to address all potential barriers. Improvements are needed to ensure that the program is fully accessible to individuals with FASD.	The program is generally accessible, with thoughtful consideration given to the physical and structural elements. Some adjustments may be needed to further enhance inclusivity and accommodate specific challenges associated with FASD.	The program demonstrates exceptional efforts to enhance accessibility, considering the diverse needs of individuals with FASD. The physical environment, program structure, and resources are designed to accommodate varying levels of cognitive and sensory impairments.

WHO?	1	2	3	4
<p>Organization/ Program Management and Service Providers</p>	<p>Administrative demands are overly complex, hindering access to treatment. Substantial revisions are necessary to create a more user-friendly and supportive system. Revisions may include implementing changes to administrative demand, promote FASD support worker on staff (funding dependent), reflect on current screening and identification process and tools used to better screen and identify individuals with FASD in treatment in order to assign a support worker.</p>	<p>Administrative demands are somewhat burdensome, requiring individuals and caregivers to navigate through a moderately complex process. Significant simplification is needed to improve accessibility.</p>	<p>Administrative demands are reasonable, with efforts made to simplify processes. There may be minor areas for improvement to further reduce bureaucratic obstacles and enhance user-friendliness.</p>	<p>Administrative requirements for accessing treatment are minimal and streamlined, reducing unnecessary burdens on individuals and their caregivers. The process is efficient, clear, and supportive of diverse needs.</p>
<p>Organization/ Program Management</p>	<p>The program lacks clear policies or adherence to consent legislation, and caregiver involvement is insufficient. Substantial revisions are necessary to ensure legal compliance and appropriate youth and caregiver engagement. Service providers can advocate for FASD-informed programming to the government.</p>	<p>Considerations for consent and caregiver involvement are present but may lack clarity or consistency. Significant adjustments are needed to align with legal requirements and best practices.</p>	<p>The program adheres to relevant consent legislation and involves caregivers appropriately. There may be minor areas for improvement in ensuring a balance between youth autonomy and caregiver involvement.</p>	<p>The program demonstrates a thorough understanding of consent legislation and actively involves caregivers in the treatment process for youth with FASD. The approach respects the autonomy of youth while recognizing the importance of caregiver support.</p>

Adjusting Treatment Practices

REFLECTING ON YOUR LEARNING AND PRACTICE

WHO?	1	2	3	4
Organization/ Program management	The program requires that all individuals in treatment follow a standardized treatment plan. There is no flexibility or space for individualized approaches.	The program has flexibility to accommodate some activities to make them more accessible for clients. However, these are at the discretion of treatment providers.	On a case-by-case basis, there is flexibility to accommodate activities and make adjustments to the individual's treatment plan.	The program has a built-in, FASD-informed, concrete process for building individualized treatment plans with consideration for unique areas of strength and need.
Service Providers	Service providers do not involve the individual with FASD or their external supports in treatment planning.	Service providers use information provided by the individual with FASD or external supports to build a treatment plan (but not both).	Service providers collaborate with both the individual with FASD and external supports to build a treatment plan.	Service providers collaborate with the individual with FASD and external supports to build a treatment plan. The program adapts the plan in consultation with the individual and supports throughout the treatment cycle.
Service providers	The identification and involvement of chosen family connections are minimal or unclear, hindering the recognition of the importance of family support.	The recognition and involvement of chosen family connections are acknowledged but may lack specificity or fail to fully harness the potential of family support.	Chosen family connections are identified and involved during treatment, demonstrating a commitment to family-inclusive practices. While effective, there may be minor areas for improvement in terms of consistency or depth of family engagement.	The treatment team excels in identifying and actively involving chosen family connections, recognizing the importance of familial support. Efforts are comprehensive, ensuring that the involvement is meaningful and contributes positively to the client's treatment journey.

WHO?	1	2	3	4
Organiza- tion/ program management	<p>The creation and sustenance of community and cultural connections are minimal or unclear, hindering the recognition of their importance in client well-being.</p>	<p>The creation and sustenance of community and cultural connections are present but may lack specificity or fail to fully embrace the potential impact on client well-being.</p>	<p>Community and cultural connections are acknowledged and sustained during treatment, demonstrating a commitment to holistic client support. While effective, there may be minor areas for improvement in terms of the consistency or depth of community and cultural engagement.</p>	<p>The treatment approach excels in creating and sustaining community and cultural connections, recognizing their significance during and beyond treatment. Efforts are comprehensive, ensuring that clients remain connected to supportive communities and cultural resources for ongoing well-being.</p>

Supporting Transitioning After Treatment

REFLECTING ON YOUR LEARNING AND PRACTICE

WHO?	1	2	3	4
Service Providers	All individuals are released from treatment with no transition plans from service providers.	Transition plans are sometimes created for specific individuals. Most individuals do not require a transition plan. Transition plans are created by treatment providers.	Transition plans are created for most individuals. Some may leave treatment without a transition plan. Transition plans are generally co-created with a multidisciplinary team.	Transition plans are consistently created for every individual. Transition plans are co-created with the individual themselves, caregivers, and additional professionals who are involved in the case.
Service Providers	Service providers use standardized transition plans for all individuals.	Transition plans follow a predetermined format but consider a few individual circumstances that are specific to the individual.	Transition plans are generally individualized and flexible, but they may not consider one or more of the following: relevant cultural considerations, individual life circumstances, individual strengths, or required services.	Transition plans are flexible and consider the following: 1) strengths of the individual, 2) the individual's life circumstances, 3) relevant cultural considerations, 4) required services to maintain healthy outcomes.
Organization/ Program Management	There are no organizational policies outlining the transition plan practices that service providers should follow.	There are no official policies; however, service providers are encouraged to follow specific transition planning practices.	General policies exist around treatment termination procedures; however, transition planning is not explicitly or comprehensively outlined in those policies.	Specific policies exist and are implemented to ensure an individualized and comprehensive transition plan is created for everyone in treatment.

WHO?	1	2	3	4
Organization/ Program Management	<p>There are no meetings to discuss transition plans. Staff do not have the opportunity and are not encouraged to seek out professional development opportunities pertaining to transition planning.</p>	<p>Team meetings to discuss transition plans are held on an as-needed basis and staff can independently seek out further training to enhance transition planning practices.</p>	<p>Team meetings to discuss transition plans are hosted semi-regularly. Specific professional development opportunities to enhance transition planning practices are recommended to staff.</p>	<p>Regular team discussions are hosted to discuss transition planning practices and specific transition plans. Management hosts and organizes professional development opportunities to enhance transition planning practices.</p>
Organization/ Program Management	<p>There are no transition plan evaluation practices in place.</p>	<p>Transition planning practices are only evaluated in the case of a complaint.</p>	<p>Transition plans are evaluated on a random basis as time permits.</p>	<p>A regular and robust evaluation procedure is put in place to evaluate the transition plan practices that are employed. Practices are adapted based on evaluation outcomes.</p>

Maintaining and Re-engaging with Treatment Programs

REFLECTING ON YOUR LEARNING AND PRACTICE

WHO?	1	2	3	4
Service Providers	After the individual leaves the treatment centre, treatment is considered finished. There are no set supports in maintaining treatment gains. service providers may provide some help line numbers.	Service providers offer individuals the opportunity to initiate contact with the provider, should they need support in maintenance.	Service providers reach out to check in on the client and offer continued support or connection to community resources.	All clients are connected with community resources, who in collaboration with service providers, routinely check in with the individual and continue to offer individualized support.
Organization/ Program Management	The program has no set process to create an information sharing document. Letters indicating the individual attended treatment can be attained upon request.	The program has a standardized document that is covered in treatment, but this document is not individualized.	The program has a fillable document that covers what that individual learned in treatment with a space to provide additional comments.	The program collaborates with the individual (and a safe person, where appropriate) to co-create an information sharing document that includes information about what they liked, found helpful and unhelpful, and what supports or accommodations were in place during treatment. This document is shared with their health provider (with consent).

Throughout the Treatment Cycle: Access to Support Services

REFLECTING ON YOUR LEARNING AND PRACTICE

WHO?	1	2	3	4
Service Providers	Individuals are responsible for meeting their own needs that are outside of their substance use and no support is offered as to how to meet those needs.	Individuals are supported to meet additional needs through services that are directly offered at the treatment program.	Only individuals with severe additional needs are supported to have those needs met through services directly offered at the treatment program or through appropriate referrals.	Each individual's needs are considered, and a plan is made for how to meet that individual's needs through services directly offered at the treatment program or through appropriate referrals.
Organization/ Program Management	No additional services are provided to individuals in treatment outside of treatment services.	Additional services targeting 1-2 domains are provided to individuals in treatment if applicable.	Additional services targeting 2-4 domains are provided to individuals in treatment if applicable.	Additional services targeting the following domains are provided to individuals in treatment if applicable: 1) physical health, 2) mental health, 3) social needs, 4) housing needs, 5) legal needs, 6) childcare services, 7) transportation support, 8) cultural and/or spiritual needs.

WHO?	1	2	3	4
Organization/ Program Management	No integrated support services are provided to individuals. No collaboration exists with external services. Clients are responsible for finding suitable services to meet their unique needs.	Most additional support services are met through collaboration with external services. A lot of client needs are not able to be met.	Some additional support services are integrated into treatment. Some referrals to external support services are possible, but some client needs are not able to be met.	Additional support services are largely integrated into treatment. Other required services have external collaborative relationships in place that allow for easy referrals.
Organization/ Program Management	No protocol/procedure exists to facilitate the determination of which services are required to meet client needs. Individual clients are responsible for finding suitable services to meet their unique needs.	Some individuals (e.g., service providers, support workers) may provide support to determine how individual clients' needs may be met through integrated services or through referrals to community services.	A protocol/procedure is in place to facilitate the process of evaluating individual clients' needs and determining which needs can be met through services in the treatment program. Additional needs are the responsibility of the client.	A protocol/procedure is in place to facilitate the process of evaluating individual clients' needs and determining which needs can be met through services in the treatment program and which needs require referrals to community services.

Integrating FASD Prevention and Treatment

REFLECTING ON YOUR LEARNING AND PRACTICE

WHO?	1	2	3	4
Service Providers	The program does not adequately address education and support in preventing FASD.	Education and support is acknowledged, but the program's approach is somewhat generic or lacks specific strategies.	The program recognizes education and support in preventing FASD, with well-defined initiatives in place. There may be minor areas for improvement in terms of expanding or refining existing efforts.	The program emphasizes education and prevention of FASD. There is a comprehensive strategy in place that includes evidence-based educational initiatives and robust support systems for individuals at risk.
Organization/ Program Management and Service Providers	The program inadequately addresses the impact of stigma on substance use during pregnancy.	Consideration of stigma is present, but the program's approach may lack specificity or fail to fully encompass the complexities of reducing stigma.	The program acknowledges the impact of stigma and takes steps to discuss it with program participants, though there may be minor areas for improvement in terms of the breadth and depth of anti-stigma efforts.	The program demonstrates a comprehensive understanding of the impact of stigma on substance use during pregnancy and actively works to educate program participants about its impact and promote self-compassion, as well as to take action with other organizations to reduce stigma through public awareness campaigns, community education, and destigmatizing language.
Organization/ Program Management	At the organizational level, training, policy, and procedures inadequately address or introduce FASD-informed practices in treatment programming.	Considerations of equitable access in training, policy, and procedures are present but the program's approach may lack specificity or fail to address the potential for adaptations and accommodations in treatment.	The organization acknowledges the importance of FASD-informed practices in treatment programming during training as well as at a policy and procedure level, though there may be areas of improvement in terms of breadth and depth.	The organization demonstrates a comprehensive understanding of the importance of creating and maintaining equitable access to programming. Specifically, the organization has reserved beds for individuals with FASD seeking treatment, have an FASD support worker available to support entry to treatment with administrative demands, transition to treatment, etc.

Harm Reduction

REFLECTING ON YOUR LEARNING AND PRACTICE

WHO?	1	2	3	4
Organization/ Program Management	No training on harm reduction is provided to staff and it is not an expectation that staff are familiar with the harm reduction approach.	Variable numbers of staff are familiar with the harm reduction approach. Training on harm reduction is up to individual staff.	Most staff are familiar with the harm reduction approach. Consistent training opportunities on implementing harm reduction approaches are provided to staff.	All treatment staff are familiar with the harm reduction approach and have completed multiple training opportunities on implementing harm reduction approaches. Harm reduction training is mandatory for new staff.
Service Providers	Harm reduction practices are static over time. No additional harm reduction training is sought out and completed.	Harm reduction practices are reflected upon periodically when required to do so by management. Additional harm reduction training is completed when required to do so by management.	Harm reduction practices are semi-regularly reflected on (e.g., every few years or so). Additional harm reduction is independently sought out periodically.	Engagement in regular reflection on current harm reduction practices and knowledge. Additional harm reduction training is sought out to enhance current practices.
Service Providers	No harm reduction is implemented into treatment approaches with any individuals.	Harm reduction is implemented with some individuals on an as-needed basis.	A harm reduction approach is generally implemented but it is deprioritized compared to other approaches.	A harm reduction approach is implemented into treatment with all clients on an individualized basis.

Fostering Overall Wellbeing

REFLECTING ON YOUR LEARNING AND PRACTICE

WHO?	1	2	3	4
Service Providers	Only direct, heavily language based, treatment activities are offered.	A handful of additional activities without heavy verbal components are offered but they are limited in scope and availability.	Some additional activities without heavy verbal components are offered, but they may not span across all aspects of wellbeing (i.e., physical, emotional, mental, spiritual).	A variety of activities targeting physical, emotional, mental, and spiritual aspects of wellbeing are offered to all individuals throughout treatment.
Service Providers	All activities and materials involve verbal or written skills.	A handful of activities are offered that do not require verbal or written skills (e.g., art, music, sports).	Some multimodal activities are offered but they are largely restricted to physical activities.	A large variety of multimodal activities are offered. Activities vary in their extent to which they involve verbal, written, physical, cognitive, and creative skills.
Organization/ Program Management	At the organizational level, training opportunities are solely focused on verbal approaches to treatment. Policy and guidelines dictate that the verbal approach to treatment must be followed.	At the organizational level, there are a few training opportunities outside of verbal approaches to treatment. Policy and guidelines allow for some flexibility outside of verbal approaches to treatment in rare circumstances.	At the organizational level, employees are encouraged to engage in verbal and non-verbal therapeutic training opportunities. These diverse practices are incorporated with some regularity into general programming, as indicated in the policy and guidelines.	At the organizational level, employees are required to engage in verbal and non-verbal therapeutic training opportunities. These diverse practices are consistently incorporated as integral parts of general programming, as indicated in the policy and guidelines.

Evaluation

REFLECTING ON YOUR LEARNING AND PRACTICE

WHO?	1	2	3	4
Organization/ Program Management	No program level evaluation has been completed.	Some form of program evaluation has been planned or completed in the past, but is not ongoing	Data is collected for the purposes of program evaluation on an ongoing basis, but not regularly reviewed to inform treatment.	Structured, ongoing program-level evaluation occurs on an ongoing basis and is continually used to inform treatment.
Organization/ Program Management and Service Providers	Individuals do not have the opportunity to provide feedback.	Individuals have the opportunity to provide feedback at the end of treatment and there is only one modality to provide that feedback (e.g. written feedback or exit interview).	There are diverse, accessible options for feedback at the end of treatment OR feedback is provided throughout but only through limited modalities.	There are diverse, accessible options for individuals to provide ongoing feedback on the program throughout the treatment process.

Cultural Safety

REFLECTING ON YOUR LEARNING AND PRACTICE

WHO?	1	2	3	4
Service Providers	You have never thought about how your own assumptions, beliefs, and values might impact your work.	You have thought about the power dynamics and impacts of your assumptions, beliefs, and attitudes on your work once before.	You have engaged a few times in self-reflection about the power dynamics you bring to your work, and how your assumptions, beliefs, and values impact the services you provide. Although you have engaged in self-reflection more than once this is not on a regular basis.	You have engaged in extensive self-reflection about the power dynamics you bring to your work, how your assumptions, beliefs, and values impact the services you provide, and how you can address inequities in access to services. You engage in this self-reflection on a regular basis and consider it an ongoing process.
Service Providers	You have never learned about Canada's colonial history and its impact on Indigenous communities.	You learned about Canada's colonial history in your schooling but have not engaged in further learning about it since then. You have a basic understanding of colonialism and its impact on Indigenous communities.	You have engaged in a few learning opportunities to deepen your understanding of Canada's colonial history. You have a basic understanding of the impact of colonialism on Indigenous communities, but your understanding is not thorough or comprehensive.	You are very familiar with Canada's colonial history and understand the historical and ongoing impacts of colonialism on Canada's Indigenous communities.

WHO?	1	2	3	4
Service Providers	You believe that all clients from the same cultural background will share similar experiences and offer the same cultural supports to all clients.	You recognize there are individual differences among clients from the same cultural background. You offer the same cultural supports to all clients.	You appreciate and value the individual diversity within cultures and sometimes provide individualized opportunities to engage with cultural supports.	You have extensive awareness and value the individual diversity within cultures and recognize that each individual client presents with different experiences and desires to engage with cultural supports. You always provide individualized opportunities to engage with cultural supports.
Service Providers	No cultural practices are offered alongside treatment.	Individual requests for cultural practices may be accommodated depending on availability.	A few cultural practices are offered that can be accessed by individuals while they are completing treatment.	A large variety of cultural practices are regularly incorporated into treatment when appropriate.
Organization/ Program Management	At the organizational level, there are few meetings or training about cultural safety. Policy and guidelines do not mention cultural safety.	At the organizational level, there are a few meetings and training opportunities about cultural safety. Although cultural safety is mentioned in policy and guidelines, limited guidance is given as to how it might be enacted in the workplace.	At the organizational level, employees are encouraged to engage in meetings and training opportunities about cultural safety. Cultural safety is explicitly outlined in policy and guidelines, and some guidance is given as to how it might be enacted in the workplace.	At the organizational level, employees must engage in meetings and training opportunities about cultural safety. Cultural safety is explicitly outlined in policy and guidelines, and concrete guidance is given as to how it should be enacted in the workplace.

Trauma-Informed Practice

REFLECTING ON YOUR LEARNING AND PRACTICE

WHO?	1	2	3	4
Service Providers	Understanding of safety, trust, and choice is insufficient, hindering the implementation of trauma-informed care. It is important for service providers to seek out or advocate for trauma-informed training.	There is recognition of the importance of safety, trust, and choice, but the application in practice may lack specificity or depth. It may be important for service providers to seek out or advocate for trauma-informed training.	Service providers show a solid understanding of safety, trust, and choice as essential components of trauma-informed care. While effectively incorporating these principles, there may be minor areas for improvement in terms of consistency or depth of application.	Service providers demonstrate a profound understanding of the core elements of trauma-informed care, emphasizing safety, trust, and choice in their approach. Their knowledge is evident in the development and implementation of comprehensive strategies that prioritize these elements, creating a supportive and empowering environment.
Organization/ Program Management	The organization demonstrates minimal alignment with trauma-informed principles, limited access to training opportunities, little to no reflection incorporated into practice, and minimal effort in adapting or adopting trauma-informed practices.	The organization shows some alignment with trauma-informed principles, offers training opportunities with moderate accessibility, incorporates occasional reflection into practice, and displays some effort in adapting or adopting trauma-informed practices.	The organization demonstrates clear alignment with trauma-informed principles, provides accessible and well-structured training opportunities, integrates reflection regularly into practice, and actively seeks to adapt and adopt trauma-informed practices.	The organization exhibits exceptional alignment with trauma-informed principles, offers highly accessible and comprehensive training opportunities, systematically incorporates reflection into practice, and consistently demonstrates a proactive approach in adapting and adopting trauma-informed practices.

Sex & Gender-Informed Practice

REFLECTING ON YOUR LEARNING AND PRACTICE

WHO?	1	2	3	4
Service Providers	Program lacks clear examples of approaches specific to different populations, hindering the application of sex and gender-informed strategies. Substantial revisions are necessary to address this gap.	Program may lack detail or fail to fully address the distinct needs of each population served within your program. Significant improvements are needed to enhance the specificity and effectiveness of these approaches.	Examples of approaches are available for guidance and review, showcasing a commitment to tailoring interventions for different populations. Although effective, there may be minor areas for improvement in terms of specificity or diversity of approaches.	Program gives concrete examples of approaches specific to girls and women, boys and men, and individuals with diverse gender identities with FASD. These examples demonstrate a nuanced understanding of tailored interventions that consider the unique challenges and needs of each population.
Organization/ Program Management	The organization demonstrates minimal integration of affirmative practice models, lacks consideration for intersectionality in service provision, does not prioritize a strengths-based approach, and fails to promote culturally safe practice philosophies.	The organization shows some integration of affirmative practice models, acknowledges intersectionality to some extent, inconsistently applies a strengths-based approach, and inconsistently promotes culturally safe practice philosophies.	The organization demonstrates clear integration of affirmative practice models, considers intersectionality in service provision, consistently applies a strengths-based approach, and actively promotes culturally safe practice philosophies.	The organization exhibits exceptional integration of affirmative practice models, prioritizes intersectionality in service provision, consistently applies a strengths-based approach throughout all interactions, and consistently promotes culturally safe practice philosophies, fostering an environment of inclusivity and respect for diverse backgrounds and experiences.

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