

It's a Matter of Justice

*5th National Biennial Conference on
Adolescents and Adults with Fetal Alcohol Spectrum Disorder*

April 18th to April 21st, 2012 | Hyatt Regency Hotel | Vancouver, BC



a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA

Interprofessional
Continuing
Education



In collaboration with:



general information

This conference will provide a forum to share research, experience, and practice on how to sustain and enhance the lives of adolescents and adults with FASD, their families, service providers, and communities. Are we adequately addressing and supporting the needs and rights of adolescents and adults with FASD within our society? Do individuals with FASD have timely and appropriate access to health care, housing, social services, legal and civil justice and employment? How can we build on the strengths of existing systems to identify and address barriers and move forward to provide effective ethical support? How do we provide focused and targeted approaches across services, and systems to create an integrated and collaborative approach to supporting individuals with FASD? These are the essential elements for social justice and we are just starting to explore and understand what will be required to put these into action.

objectives

Participants can expect to:

- Expand our understanding of FASD as it presents in adolescence and adulthood
- Explore FASD within the context of the intersection of multiple systems (education & vocational training, civil and criminal justice, disability services, child and youth welfare, and other health and human services)
- Discuss new findings and innovative programs, projects, and practices that are making a difference as well as evidence from scientific, clinical, and community researchers in the field
- Discuss ethical issues about service delivery and support for individuals with FASD
- Network, interact and engage in discussion with others in the field and to hear from individuals most directly affected by FASD

who should attend

This conference will be essential for those living or working with adults with FASD. It will also be of critical interest for those supporting adolescents with FASD and planning for their futures. It will be of particular interest to the following professionals/individuals:

- | | | |
|--|---------------------------------|--------------------------------------|
| - administrators/managers | - immediate and extended family | - private/public funders |
| - alcohol & drug workers | - individuals with FASD | - program providers |
| - corrections workers | - judges | - psychiatrists |
| - counselors | - lawyers | - psychologists |
| - dentists | - members of faith communities | - researchers |
| - educators/administrators | - mental health specialists | - social service providers |
| - elected officials/hereditary officials | - nurses | - social workers |
| - employment services | - occupational therapists | - speech language pathologists |
| - financial planners | - peers | - spouses/partners |
| - First Nations, Metis and Inuit communities | - physicians | - vocational rehab service providers |
| - government ministries and departments | - police officers | |
| - housing officials/providers | - policymakers | |

location

Conference Hotel - The Hyatt Regency, 655 Burrard Street, Vancouver, BC, Canada

Reserve today to avoid disappointment by calling toll free: 1-888-421-1442. Let hotel reservations know that you are booking under the Adults w/ FASD 2012 Conference room block to receive the reduced rate of \$159 (single/double occupancy). The rooms can be shared at only \$80 per person; however, it is your responsibility to find a roommate.

The Hyatt Regency is conveniently located a couple of blocks from the "Vancouver City Center" Canada Line Skytrain stop. The Canada Line travels directly from the YVR Airport, and it takes roughly 25 minutes to get to "Vancouver City Center." The hotel is also only one block from the Burrard Skytrain Station stop. Alternatively, for those taking buses, many buses stop on Burrard Street across from the hotel.

We encourage you to take easy and affordable public transportation, as parking rates at the hotel are very expensive. Below are the parking fees for the Hyatt (all rates are subject to change):

Hotel Guest Rates - Full in & out Privileges

*Guests must register at the front desk and indicate parking type upon arrival/check in.

Self-Park: \$28 + 21% Parking tax + 12% HST = \$37.95

Valet Parking: \$36 + 21% Parking tax + 12% HST = \$48.79

Self-Park - Non-Registered Guests (No in/out Privileges)

Weekday Rates:

Hourly Rate: \$9.00

Daily rate: \$25.00 max. between 6:00am - 6:00pm

Evening Rate: \$11.00 max. between 6:00pm - 6:00am

Exhibit space is available for community and health organizations only. Space is limited and is provided on a first-come, first-served basis. Please contact conference organizers at +1-604-822-7708 or by email: yolande.ipce@ubc.ca.

public transportation, parking

exhibiting

new call for submissions

NEW Call for Submissions from Adults and Adolescents with FASD

An area always in the forefront when developing this conference is the importance of the unique and diverse experiences of individuals who have FASD. This year we are looking for pictures, photo collages, poetry, artwork, written personal stories, etc. produced by adults or adolescents with FASD in a poster format. There will be a dedicated time and place for viewing these posters.

Theme for 2012 - This is What I Think: What you need to understand about my life and about me. For further information and submission guidelines please visit our website at: www.interprofessional.ubc.ca.

vancouver tourism

Vancouver provides many opportunities to experience the West Coast lifestyle. If you would like more information on travelling in the area or other accommodations, please call these numbers or go online: Tourism BC: 1-800-HELLO-BC (435-5622) www.hellobc.com or Tourism Vancouver Tel: +1-604-683-2000 www.tourism-vancouver.org.

"Our lives begin to end the day we become silent about things that matter." - Martin Luther King Jr.

registration

Please see registration form (on back of brochure) for details. The pre-conference fee includes conference material, refreshment breaks and a certificate of attendance. The main registration fee includes conference material, Friday and Saturday lunches, refreshment breaks, and a certificate of attendance. Pre-registration prior to April 4, 2012 is strongly recommended to ensure you receive all conference materials.

methods of payment

Payment by Credit Card

1. Complete the full registration online with your Visa or Mastercard at interprofessional.ubc.ca
2. Fax the registration form to +1 604-822-4835 and indicate that you would like to pay with Visa or MasterCard. We will send you the secure on-line link to enter your credit card information
PLEASE DO NOT FAX CREDIT CARD INFORMATION
3. Register and pay over the phone: Local/International: +1 604-827-3112 or toll free within Canada/USA: 1-855-827-3112 (VISA or MasterCard)

Participants paying by credit card outside of North America

Please inform your credit card company of the transaction as some banks put a block on credit card payments made outside your country.

Payment by Cheque

Please make your cheque payable to the University of British Columbia and send it along with complete registration form to:

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

Alternative Payment Methods

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

1. Signed purchase order (PO)
2. Letter of Authorization (LOA) from the manager on the organization's letterhead stating that they will be paying the registration fees. The letter should include the amount of registration fees, name and contact information of the manager
3. Signed cheque requisition form (ChReq)

refund, transfer, and cancellation policy

Refunds will be made (less a \$50.00 + 12% HST processing fee) if written notice of withdrawal is received by March 18, 2012. No refunds will be granted for withdrawal after that date. There is a \$25 replacement charge in case of a registration transfer. Please contact us prior to March 18, 2012 if you cannot attend and would like another person to come in your place. UBC Interprofessional Continuing Education reserves the right to cancel or move this program if registration is insufficient. In the event of cancellation, a refund less a \$50 + 12% HST handling charge will be returned.

certificate of attendance, credits

A certificate of attendance will be prepared for all registrants including pre-approved continuing education credits where appropriate. This program meets the accreditation criteria of the Canadian Counselling and Psychotherapy Association (CCPA), and has been accredited for up to 24 CEU hours.

This event is an Accredited Group Learning Activity as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada and approved by the Canadian Paediatric Society. Please check our website: www.interprofessional.ubc.ca for updates on credits as well as for credit information for legal professions.

program-at-a-glance

	Wednesday, April 18	Thursday, April 19	Friday, April 20	Saturday, April 21
		Registration		
8:30am		Welcoming & Opening Remarks	Plenary	Plenary
		Plenary	Break	Break
AM1 or AM2	FD1 Full-day session	Break	Concurrent Session C (C1-C7)	Concurrent Session E (E1-E7)
		Plenary		
Lunch	Lunch	Lunch (on your own)	Lunch Poster Session #1	Lunch Poster Session #2
12:00pm		Concurrent Session A (A1-A7)	Panel	Concurrent Session F (F1-F7)
		Break	Break	Break
PM1 or PM2	FD1 Full-day session continued	Concurrent Session B (B1-B7)	Concurrent Session D (D1-D7)	Closing Plenary Closing Ceremonies
4:30pm		Optional free public evening session (TH1 or TH2)	Optional free public evening session (FR1 or FR2)	

8:00am Registration

Exhibits Open

Morning Sessions (8:30am - 12:00pm)

AM1 The Link Between Immune Deficits, Depression and Addiction Following Prenatal Alcohol Exposure: Could it be Stress?

Katzaryna A Stepien, BSc, MSc Candidate, Department of Medical Genetics, The University of British Columbia, Vancouver, BC

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

Vivian Lam, BSc, PhD Candidate, Department of Cellular and Physiological Sciences, The University of British Columbia, Vancouver, BC

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

Kristina Uban, MA Clinical Psychology, PhD Candidate, Department of Psychology, The University of British Columbia, Vancouver, BC

INTERMEDIATE /ADVANCED Individuals with FASD show an increased incidence of depression, addiction, and immune dysfunction compared with those in the general population. A common denominator often found in these disorders is a dysregulation of the stress-response system, which has been shown to be susceptible to programming by prenatal alcohol exposure. This session will focus on the underlying links among immune dysfunction, depression, and addiction, and illustrate potential mechanisms through which prenatal alcohol exposure increases the propensity for the development of these disorders.

Learning Objectives

1. Develop an understanding of how negative, early life experiences can have long-lasting impacts on physiological systems, a concept known as developmental programming
2. Acquire an understanding of how a dysregulated stress system could contribute to an increased incidence of addiction, depression and immune disorders, in an FASD population
3. Gain an understanding of epigenetics, one of the mechanisms by which prenatal alcohol exposure may exert long lasting physiological and behavioural effects

AM2 The Hope is in the Interventions

Susan L Doctor, BS, MEd, PhD, FASD Consultant; FASD Trainer and Intervention Specialist, University of Nevada, Reno, NV USA

INTERMEDIATE /ADVANCED This session will explore a tri-levelled model of FASD intervention strategies. Because those with FASD will ALWAYS need an EXTERNAL executive function, participants will have the opportunity to assess the meaning of "always" and "external" as applied to the model. Experiential activities will reinforce and strengthen participants' integration of the information.

Learning Objectives

1. Understand the complexities involved in the provision of appropriate intervention strategies for those with FASD
2. Investigate appropriate strategies when in a face-to-face setting with those with FASD
3. Understand the benefits of dynamic case management to the coordination of services for those with FASD
4. Understand how policies and procedures can be an asset and/or a detriment to the provision of services for those with FASD

12:00pm Lunch (on your own) Exhibits

Breaks: There will be a morning break from 10:00am - 10:30am and an afternoon break from 2:30pm - 3:00pm.

Tea and coffee will be provided during both breaks.

4:30pm Adjourn

Afternoon Sessions (1:00pm - 4:30pm)

PM1 De-Medicalizing Sleep: Sleep Assessment Tools in the Community Setting

Osman S Ipsiroglu, MD, PhD, MBA, MAS, Clinical Associate Professor, Department of Paediatrics, Division of Developmental Paediatrics, The University of British Columbia; Sunny Hill Health Center for Children, Vancouver, BC

Diane K Fast, Clinical Professor, Psychiatry; Associate, Pediatrics, BC's Children's Hospital and The University of British Columbia, Vancouver, BC

Jen Garden, MSc, MOA, Research Associate, Occupational Therapist, Sunny Hill Health Center for Children, Vancouver, BC

Joe Lucyshyn, PhD, Associate Professor, Department of Education, Faculty of Education, The University of British Columbia, Vancouver, BC

Manisha Witmans, MD, FRCPC, B.ABSM, Director, Paediatric Sleep Medicine, Stollery Children's Hospital; Associate Professor, University of Alberta, Stollery Children's Hospital, Edmonton, AB

ALL LEVELS Research in adolescents with FASD has shown that sleep problem related symptoms and behaviours are often not recognized, and that caregivers' reports are not given appropriate attention. Based on the recommendations of the 1st Canadian FASD&SLEEP Consensus Meeting (March 2010), we will present custom-made sleep problem screening techniques.

Learning Objectives

1. Clinical: to improve sleep and quality of life of adolescents with FASD and to reduce the widespread use of SSRIs or antipsychotics; to improve sleep and quality of life of parents/caregivers
2. Structural: to close gaps between different tier services in collaborating with parent support groups and community based health care teams
3. Educational: to enable health care professionals to perform paediatric sleep assessments at different tier service levels
4. Cultural: to empower parents/caregivers to be proactive partners in the medical home setting, and actively participate in research

PM2 Assessment and Treatment of Mental Health Issues in Individuals and Families Living with FASD

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

INTERMEDIATE /ADVANCED A large percentage of individuals diagnosed with FASD live with complex mental health issues. In order to maximize quality of life for each unique individual and their caregivers, a specific and systematic approach to assessment and treatment is essential. A review of prenatal, genetic, environmental, socioeconomic, medical factors will be presented with recommendations for treatment over their lifetime. Reference to case reviews based on treatment over decades will accentuate how effective care is essential and very productive when resources are readily provided throughout the lifetime of the individual.

Learning Objectives

1. Learn how you can adjust your current practices to meet the mental health needs of individuals living with FASD
2. Contribute to a conceptual and practical framework for responding to the rights of the individuals with FASD's with regard to diagnosis, assessment, treatment and subsequent policies
3. Further your understanding of the factors that contribute to the emotional, behavioral, physical and cognitive development of an individual with FASD
4. Reflect on your own skills and experiences with caring for individuals with FASD
5. Expand your knowledge of specific psychological issues which affect outcome
6. Support you in defining, appropriate, realistic and attainable goals
7. Gain perspective on how to cope with stressors while maintaining a sense of hope
8. Inform and enlighten your perspective on long term issues by reviewing real life cases

FD1 Understanding and Accommodating Individuals Living with FASD within the Canadian Legal System

Audience: The primary target audience are judges, lawyers and other justice professionals, but the session is open to include anyone interested.
Credits: Credit information pertaining specifically to this day can be found online at: <http://www.interprofessional.ubc.ca/AdultsWithFASD/credits.asp>

8:00am Registration - Exhibits Open

8:30am **Welcome Address**
Alan Markwart, BA, BEd, MA, Senior Executive Director, Provincial Services, BC Ministry of Children and Family Development, Victoria, BC
Opening Prayer
Maureen Kennedy

8:45am **Opening Keynote - An Update on FASD and the Law: Rethinking the Criminal Justice System**
Rod Snow, BA, LLB, LLM, Partner, Davis LLP; Past - President, Canadian Bar Association, Whitehorse, YK, Canada

Keynote Panel - Access to Justice: Understanding and Accommodating Individuals with FASD within the Canadian Legal System

Facilitator: Alan Markwart, BA, BEd, MA, Senior Executive Director, Provincial Services, BC Ministry of Children and Family Development, Victoria, BC
Panel Members: Corey La Berge, BA, MA, LLB, Barrister & Solicitor, Onashowewin Justice Circle, Winnipeg, MB
Jenny Reid, Barrister & Solicitor, Prince Rupert, BC
Jonathan Rudin, LLB, LLM, Program Director, Aboriginal Legal Services of Toronto, Toronto, ON

The Honourable Judge Sheila P Whelan, Judge, Provincial Court of Saskatchewan; President of the Canadian Association of Provincial Court Judges, Saskatoon, SK
(TBC) Krista Rey, Probation Officer, Community and Youth Corrections, Winnipeg, MB

- Learning Objectives**
1. Become familiar with the Canadian Bar Association Resolution (10-02-A) on FASD and the Criminal Justice System and recent developments since its adoption
 2. Develop an understanding of the practical implications and challenges faced by the legal profession in accessing justice for those living with FASD and their families

10:15am Break - Exhibits Open

10:30am **Understanding FASD and Neurobehaviour within the Context of Youth Justice**
Julianne Conry, PhD, Registered Psychologist, The Asante Centre for Fetal Alcohol Syndrome and The University of British Columbia

Having a diagnosis of FASD means that the developing brain has been affected by prenatal exposure to alcohol. When there has been significant prenatal exposure to alcohol, multiple areas of brain function are impacted. These deficits are the pathway to the behaviour we see when a youth with FASD is in trouble with the law. The behaviour has a neurological basis, but is also influenced by postnatal experiences. This session will demonstrate the connections between screening, assessment, and implications for the justice system based on our years experience with the Asante Centre Youth Justice Program.

- Learning Objectives**
1. Describe the brain domains that are assessed when a diagnosis of an FASD is made
 2. Describe the implications of the neurological deficits associated with FASD for involvement in the justice system
 3. Describe important environmental factors that interact with the neurological deficits caused by prenatal alcohol exposure in understanding the individual with FASD

11:30am **Communication Deficits and FASD, Implications for the Justice System**
Kristal Bodaly, MSc, RSLP, Speech Language Pathologist, Asante Center, Maple Ridge, BC

This session will provide an overview of the communication deficits and delays often present in individuals with FASD. It will include a general overview of the aspects of communication which may be affected by prenatal alcohol exposure and the implications these deficits have on an individual's ability to engage and participate in the legal process. Suggestions regarding communication supports for individuals with FASD will be highlighted.

- Learning Objectives**
1. Gain a basic understanding of the communication impairments often associated with FASD and how that affects participation in the legal process
 2. Gain a general understanding of appropriate supports and accommodations to support individuals with FASD

12:30pm Lunch (on your own) - Exhibits

1:30pm **FASD: What Legal Professionals Need to Know**
Fia Jampolsky, LLB, Lawyer, Cabott & Cabott, Whitehorse, YK
Corey La Berge, BA, MA, LLB, Barrister & Solicitor, Onashowewin Justice Circle, Winnipeg, MB

This session provides practical implications for lawyers/legal professionals in understanding FASD, neurobehaviour and its impact on the criminal/legal system, from obtaining counsel, to determining disposition/sentencing, to identifying appropriate support/resources.

- Learning Objectives**
1. Explore practical considerations for effectively representing individuals living with FASD within the legal process
 2. Discuss how the Youth Criminal Justice Act (YCJA) and other legislative framework can be applied and amended to more effectively address the unique needs of those living with FASD
 3. Describe helpful strategies for accommodating clients with FASD and explore legal and systemic challenges to accessing justice

2:30pm **FASD and the Charter: A Time For Action**
Jonathan Rudin, LLB, LLM, Program Director, Aboriginal Legal Services of Toronto, Toronto, ON

This session will provide a discussion of past challenges and current issues related to the Canadian Charter of Right and Freedoms and its application to understanding and accommodating those living with FASD involved in the legal system.

- Learning Objectives**
1. Determine when and how to use the Charter to challenge discriminatory aspects in criminal law and in the allocation of benefits and resources
 2. Plan the Charter challenge: including identification of the right case, the right experts and the costs
 3. Develop a network to assist in challenges in different jurisdictions

3:30pm Break - Exhibits Open

3:45pm **Intersectoral Collaboration - A Model for Understanding and Accommodating Youth Living with FASD Involved in the Canadian Legal System: The Manitoba Youth Justice Program**
Garry W Fisher, PhD, CPsych, Psychologist, Manitoba Adolescent Treatment Centre; Assistant Professor, Department of Clinical Health Psychology, Faculty of Medicine, University of Manitoba, Winnipeg, MB

The Honourable Judge Mary Kate Harvie, Judge, Provincial Court of Manitoba, Winnipeg, MB
Corey La Berge, BA, MA, LLB, Barrister & Solicitor, Onashowewin Justice Circle, Winnipeg, MB
Dan Neault, Program Coordinator, FASD Youth Justice Program, Winnipeg, MB
(TBC) Krista Rey, Probation Officer, Community and Youth Corrections, Winnipeg, MB

This panel will provide an example of how one jurisdiction has been attempting to make headway in the intersectoral accommodation of individuals living with FASD who are involved in the Canadian legal system.

- Learning Objectives**
1. Identify key elements of an effective, integrative collaboration among health, social and legal systems in supporting individuals and families living with FASD
 2. Understand the challenges of those living with FASD through an interdisciplinary /multi-systemic perspective
 3. Describe promising practices in accommodating and supporting youth living with FASD involved in the youth justice system

4:45pm **Closing Remarks**
Alan Markwart, BA, BEd, MA, Senior Executive Director, Provincial Services, BC Ministry of Children and Family Development, Victoria, BC

5:00pm Adjourn

"There is no such thing as a single-issue struggle because we do not live single-issue lives." - Audre Lorde

8:00am	Registration	Exhibits and Posters Open
8:30am	Welcoming Remarks	Jan Lutke , Conference Chair, Clinical Research Manager, Canada FASD Research Network, Developmental Neurosciences & Child Health, University of British Columbia, Vancouver, BC, Canada
	Opening Remarks	
	Remarks	This is What I Think Matthew
	Morning Keynote	A Retrospective Look at 40 Years of FASD: How Did We Get Here from Where We Started? Kenneth Lyons Jones , MD, Chief, Division of Dysmorphology/Teratology, Department of Pediatrics, University of California, San Diego, San Diego, CA USA
		Learning Objectives 1. Appreciate the changes that have occurred in our knowledge about FAS since 1973 2. Provide suggestions as to why society has failed to support the needs and rights of adolescents and adults with FAS 3. Provide suggestions as to what can be done to change the system such that individuals with FAS can receive the social justice that they deserve
10:00am	Break	Exhibits and Poster Viewing
10:30am	Plenary	How Did the Corrections System Become our Primary Method of Providing Care: Is this Social Justice? Dan Dubovsky , MSW, FASD Specialist, SAMHSA FASD Center for Excellence, Philadelphia, PA USA
		Learning Objectives 1. Examine how we use the corrections system as our method of providing care to people with FASD 2. Describe why we use the corrections system in this way 3. Discuss what we can do as families and providers to provide true social justice for individuals with FASD
11:30am	Lunch (on your own)	Exhibits and Poster Viewing
1:00pm	Concurrent Session A	

A1 **4 Oral Papers (15 min. & 5 min. Q&A each)**
The Intersection Between Victim and Offender in the Criminal Justice System
Fia Jampolsky, LLB, Lawyer, Cabott & Cabott, Whitehorse, YK
Brooke Alsbury, BA, MA, Former Executive Director, Fetal Alcohol Syndrome Society Yukon (FASSY), Whitehorse, YK

Early Intervention with Developmentally and Cognitively Impaired Adolescents in a Juvenile Justice Setting
Vicki Russell, M. Police Studies, Community Development, Drug Education Network Inc., Hobart, Tasmania, Australia

Criminal & Youth Justice on FASD : A View from Quebec
Sophie Hein, LLM, Lawyer, LLD Candidate, Université Laval, Quebec, QC

Adults with FASD: Improving Community Outcomes After Incarceration (3C - Corrections and Connections into the Community)
Sharon Brintnell, Dip PT & OT, BScOT, MSc, Senior Professor, University of Alberta, Edmonton, AB

A2 **Changing Public Policy with the Juvenile Courts: What Works?**
Anthony P Wartnik, JD, Lawyer, Retired Judge, APW Consultants and FASD Experts, Mercer Island, WA USA
Natalie Novick Brown, PhD, Forensic Psychologist, FASD Experts, Arlington, WA USA
William J Edwards, JD, Lawyer, Los Angeles County Public Defender's Office, Alhambra, CA USA
Rene A Denfeld, Mitigation Specialist, Invest. Journalist, Author, Death Penalty Unit, Metropolitan Public Defender, Portland, OR USA

INTERMEDIATE FASD conditions exist in a large percentage of juvenile offenders, mostly undiagnosed at the time of arrest. FASD detection and subsequent therapeutic intervention would make a substantial contribution to crime prevention. This session will discuss and recommend a 3-step process to achieve the necessary policy change.

Learning Objectives

1. To understand that early FASD assessment is necessary to obtain supportive community services and that screening should be at all juvenile justice system entry points
2. To understand that judges, lawyers, probation officers, clinicians and other professionals involved in the court system such as corrections officers and social welfare case workers must be trained
3. To understand that success stories should focus on finding talents with the individual with FASD and ongoing and informed appropriate support is needed for the the individual with FASD to succeed

A3 **Supporting Marginalized Youth Who have FASD Behaviours/ Characteristics - Lessons for Policy and Practice**
Deborah Rutman, PhD, Adjunct Associate Professor/Consultant, Nota Bene Consulting Group, Victoria, BC
Melanie Hennig, BA, Support/Advocacy Services Coordinator, College of New Caledonia, Burns Lake, BC
Carol Hubberstey, Nota Bene Consulting Group, Victoria, BC
Sharon Hume, Nota Bene Consulting Group, Victoria, BC

INTERMEDIATE Presenters will share frontline lessons and findings from an external evaluation of a three-year youth outreach program in a small rural community. This session will highlight the complexity of life experiences of marginalized adolescents who may have FASD, and the policy and ethical issues resulting from the intersection of multiple systems (social services, justice, child welfare, health, and education).

Learning Objectives

1. Explore the intersection of multiple systems through the experiences of youth and the advocates who assisted them in navigating these systems including social services, criminal justice, child and youth welfare/ protection, health and education.
2. Gain an understanding of the life experiences of adolescents who are marginalized and may have FASD

A4 **FASD Prevention for Women Living with FASD**
Jill Isbister, Policy and Program Consultant, FASD Prevention, Healthy Child Manitoba, Winnipeg, MB

BEGINNER This session will focus on strategies for working with adult women who have FASD and substance use problems to prevent FASD. We will profile the InSight Mentor Program, the women served, what works and continued challenges.

Learning Objectives

1. Further the understanding of the population served and what their service needs are
2. Learn policies and practices that make programs accessible and effective for women with FASD
3. Learn strategies that could be employed in a variety of settings to support women who have FASD substance use problems, are at risk of becoming pregnant, and are pregnant and or parenting

A5 Transition Planning and FASD: It's About More Than Service Eligibility

Allison Mounsey, MSW, RSW, Social Worker, Sunny Hill Health Centre for Children, Vancouver, BC

Veena Birring Hayer, MSW, RSW, Social Worker, Sunny Hill Health Centre for Children, Vancouver, BC

Stacey Walsh, MSW, RSW, Social Worker, Sunny Hill Health Centre for Children, Vancouver, BC

BEGINNER

This session will provide a brief overview of relevant transition planning research as well as an in-depth look at the components of a holistic, person-centred transition plan. A transition planning workbook, co-written by the presenters, will be shared. The unique challenges of transition planning in the context FASD will be discussed.

Learning Objectives

1. Gain an understanding of relevant transition planning research
2. Understand the components of a holistic transition plan
3. Understand some of the unique challenges of planning in the context of FASD and that transition planning is about more than affirming service eligibility

A6 FASD and Suicidality: Prevention and Interventions

Kathryn A Kelly, BA, Project Director, Fetal Alcohol and Drug Unit, Psychiatry and Behavioral Science, U. of WA, Seattle, WA USA

Albert Allick, MD, Acting Director, Psychiatry, Red Lake Behavioral Health, Indian Health Service, Red Lake, MN USA

Morgan R Fawcett, Flute Player and Life-long FASD Advocate, One Heart Creations, Ft. Jones, CA USA

Michael L Harris, MA, Psychologist, Director of Counseling and Support Clinic, Indian Health Board of Minneapolis, Minneapolis, MN USA

Suzie Kuerschner, MEd, FASD Consultant and Child Development Specialist, Northwest Portland Area Indian Health Board, Rhododendron, OR USA

INTERMEDIATE

Research from the University of Washington reveals that those diagnosed with FASD across population groups have five times the risk of attempting or committing suicide than the general US population. The panel will discuss this research, and ways to reduce suicide risk by using prevention strategies and by modifying interventions to be more effective for these individuals.

Learning Objectives

1. Understand what the research tells us about the link between FASD and suicide
2. Understand how diagnosis can be a suicide prevention strategy
3. Risk evaluation and interventions effective for those with FASD

2:30pm Break Exhibits and Poster Viewing

3:00pm Concurrent Session B

B1 4 Oral Papers (15 min. & 5 min. Q&A each) Replacing the Negatives with the Positives: FASD - Positive Practice Project in the United Kingdom

Susan Diane Fleisher, BSc, Executive Director, Charity Director, NOFAS-UK (National Organisation for Fetal Alcohol Syndrome), London, Barnet, England

Best Practices for Mentoring Adolescents and Adults with FASD

Carrie Ann Schemenauer, MEd in Special Education, Special Educator, Saskatchewan Rivers School Division No. 119, Saskatchewan, BC

Effectively Meeting the Complex Needs of FASD-Affected Adolescents in Care Through an Interagency Collaborative Initiative

Valerie McGinn, PhD, Child and Adolescent Neuropsychologist, Private Practice; Alcohol Healthwatch, Auckland, New Zealand

Creating a Collaboration Between Justice, Community, Clinical Practice, and Research in FASD

Teresa L O'Riordan, BSc, Executive Director, NWC Alberta FASD Services Network, Barrhead, AB

Katherine R Wyper, MEd, Graduate Student, Educational Psychology, University of Alberta, Edmonton, AB

A7 (3-hour session; Part II will be B7) Issues in Conducting Effective and Appropriate Research on Human Subjects with FASD

Sterling K Clarren, MD, FAAP, CEO and Scientific Director, Canada FASD Research Network, Developmental Neuroscience & Child Health; Clinical Professor of Pediatrics, University of Washington School of Medicine; Clinical Professor of Pediatrics, Faculty of Medicine, University of British Columbia, Vancouver, BC

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

Corey La Berge, BA, MA, LLB, Barrister & Solicitor, Onashowewin Justice Circle, Winnipeg, MB

Lori d'Agincourt-Canning, MSc, MA, PhD, Clinical Assistant Professor, Department of Pediatrics, The University of British Columbia; Adjunct Professor, School of Nursing, Vancouver, BC

INTERMEDIATE

Human research on the effectiveness of interventions and prevention in FASD depends on recruitment of subjects into appropriate research studies. Even if these studies are well designed methodologically, they may raise ethical, legal, emotional and medical questions. Without clear and appropriate answers to these questions, important research may not be accomplished or may go badly and the field suffers for it. Questions that will be explored by this panel of a psychologist, a lawyer, an ethicist and a physician will include: How can assent for a study be truly given by a patient with brain damage as seen in FASD? How can a parent fully consent on behalf of a patient with FASD? How should social services systems that are often the patient's legal guardian consider research participation? What does consent/assent mean when the subjects are in the criminal justice system? How far should a study go to help the participants feel positively about participation and not feel "used" especially when the subject is not directly helped by the study? Audience participation in the discussion will be a component of the session. The focus will be largely on research within the broad general population of Canada.

Learning Objectives

1. How to improve the writing of an ethics application for human studies in FASD
2. How to consider the emotional/legal issues in recruitment of subjects
3. How to improve the recruitment of subjects who are wards of the governments

B2 The FASD and Communication Disability: Strategies for Youth in Legal System Curriculum

Kristal Bodaly, MSc, RSLP, Speech Language Pathologist, Asante Center, Maple Ridge, BC

John Gotowiec, FASD Trainer, Pacific Community Resources, Vancouver, BC

INTERMEDIATE

This session will provide an overview of the contents of the curriculum "The FASD and Communication Disability: Strategies for Youth in Legal System Curriculum" to better understand its goals to determine if the information would be an asset to their communities. Although there is not enough time to address the entire curriculum in detail, participants will gain a sense of the usefulness of the materials, and be able to more appropriately speak to the communication issues of the youth with FASD in the justice system. The process of curriculum development will also be briefly mentioned, so that others might be able to use what has been learned through the process in their own settings.

Learning Objectives

1. Better understand the goals of the curriculum and deliver the curriculum in their communities
2. Use what has been learned through the process of curriculum development in their own settings

B3 The Strengths and Limitations of Applied Behaviour Analysis in Treating Behavioural Symptoms in Children and Youth with FASD

Rosemary A Condillac, PhD, CPsych, Assistant Professor, Brock University, St. Catharines, ON

Sally A Seabrook, MSc(c), Coordinator, Behaviour Management Services of York and Simcoe, Barrie, ON

INTERMEDIATE This session will provide an overview of an evidence-based comprehensive bio-psycho-social model using Applied Behaviour Analysis (ABA) to treat challenging behaviour for children and youth with FASD. We will address facts, beliefs, and misconceptions about behavioural interventions, and their potential uses for ABA in supporting people with FASD, using illustrative case examples.

Learning Objectives

1. Provide an overview of ABA and its strengths and limitations with respect to treating children and youth with FASD
2. Describe an evidence-based bio-psycho-social model for using positive behavioural interventions to treat complex challenging behaviour in community settings
3. Provide illustrative case examples using this model to treat challenging behaviour in children and youth with FASD in our community

B4 Lessons Learned in Supporting Youth with FASD into Adulthood

Odette Dantzer, Policy Director, Ministry of Social Development, Victoria, BC

Tamara Kulusic, Manager, Policy and Program Development, Community Living BC, Vancouver, BC

Anne Fuller, RN, MSN, Provincial FASD Policy Consultant, Ministry of Children & Family Development, Victoria, BC

INTERMEDIATE Using a person-centred approach, planning should start when a youth is 14 to prepare youth and their families for adulthood. While government services can change at age 19, a plan started early allows for the development of what is needed by the time the youth turns 19. Coordinating existing community supports along with formalized services to help individuals maintain or increase their independence is paramount to a successful transition. The Cross Ministry Youth Transition Planning and the Personalized Support Initiative offered through Community Living BC will be reviewed along with other elements such as employment and personal networks. Collaboration is emphasized as this is imperative to support successful transition.

Learning Objectives

1. Understand the role of CLBC supports and the Personalized Support Initiative for young adults with FASD
2. Understand current services in BC for young adults with FASD
3. Understand lessons learned from the Cross-Ministry Youth Transition Planning Protocol for Youth with Special Needs in relation to youth with FASD transitioning into adulthood

B5 Ten Years of FASD Diagnosis and Assessment: What Have We Learned?

Audrey A McFarlane, BCR, MBA (CED), Executive Director, Lakeland Fetal Alcohol Spectrum Disorder Society, Cold Lake, AB

Hasu Rajani, Pediatrician, Lakeland Centre for FASD, Edmonton, AB

Monty Nelson, PhD, Neuropsychologist, Lakeland Centre for FASD, Edmonton, AB

Brent Symes, PhD, Neuropsychologist, Lakeland Centre for FASD, Edmonton, AB

INTERMEDIATE This session will focus on the 10 years of doing FASD diagnosis in northern rural Alberta using a community-based model. What are the things we have learned about community capacity; changes in the way we do complete assessments such as an adolescent specific team; what has become of the first 100 patients who are now older adolescents or adults and has the diagnosis made a difference; is there a difference in the outcomes of the first 100 patients and adolescents diagnosed today; has there been any changes in the post-diagnostic service delivery model in the communities? This rural, community-based model will describe the wrap around services to the entire family including the parents, and/or mothers still in the cycle of addiction and pregnancy, and ongoing case management support.

Learning Objectives

1. Gain a better understanding of the community based model for FASD diagnosis/assessment
2. Determine the service system shifts in 10 years
3. Gain an appreciation of the outcomes of individuals with FASD 10 years after diagnosis

B6 Identification and Utilization of Strengths and Abilities: Key to Successful Outcomes

Dan Dubovsky, MSW, FASD Specialist, SAMHSA FASD Center for Excellence, Philadelphia, PA, USA

INTERMEDIATE We frequently focus on difficulties in individuals with FASD. Although many play lip service to strengths, we often do not use a true strengths-based approach. In this session, together we identify strengths often seen in those with FASD and their families and discuss how strengths can be maximized in various settings.

Learning Objectives

1. Examine the difference between paying lip service to strengths and a true strengths-based approach
2. Identify strengths that are often seen in individuals with FASD
3. Describe methods to incorporate a true strengths-based approach in every setting

B7 Session A7 Continued

4:30pm Adjourn

7:00pm Optional Free Public Evening Sessions (please refer to Page 14 for a description of these sessions)

"Once social change begins it cannot be reversed. You cannot un-educate the person that has learned to read. You cannot humiliate the person who feels pride. You cannot oppress the people who are not afraid anymore." - Cesar Chavez

"The probability that we may fail in the struggle ought not deter us from the support of a cause we believed to be just" - Abraham Lincoln

8:00am	Registration	Exhibits and Posters Open
8:30am	Remarks	This is What I Think Erin
	Plenary	Broadening Eligibility for Supportive Services for Adults with FASD: The Continued Reliance on IQ Ceiling Scores is Antiquated and Unjust Stephen Greenspan, PhD, Emeritus Professor, Educational Psychology, University of Connecticut; Clinical Professor of Psychiatry, University of Colorado, Littleton, CO USA Learning Objectives 1. To understand limitations of full-scale IQ scores in determining service eligibility, especially with adults with FASD 2. To learn the history of governmental efforts to develop "ID equivalent" formulas for adults with FASD, with a loosening or elimination of IQ ceiling 3. To learn that test scores reflect a bureaucratic need for objective and fair criteria, but how the outcome often is non-objective and unfair 4. To think about how a more "whole person" approach might be developed, that is simple, practical and fair
9:40am	Break	Exhibits and Posters Viewing
10:10am	Concurrent Session C	

C1 **4 Oral Papers (15 min. & 5 min. Q&A each)**
Building FASD Diagnostic Capacity from the Outside In
Christine Ann Rogan, BA (Soc), Health Promotion, Alcohol Healthwatch Trust, Newmarket, Auckland, New Zealand

Prenatal Alcohol Exposure: Changes in Face and Growth Over Time
Kimberly S Brodeur, PsyD, RPsych, Neuropsychologist, Glenrose Rehabilitation Hospital, Edmonton, AB
Lindsay Aguilon-Piojo, RN, Glenrose Rehabilitation Hospital, Edmonton, AB

Prevalence of FASD in the Yukon Corrections Population: Adult Diagnosis, Assessment and Case Management Challenges
Bob Walker, BSc, FASD Project Manager, Yukon Department of Health and Social Services, Whitehorse, YK
Loree Stewart, BA, Policy Development Officer, Yukon Department of Justice, Whitehorse, YK

Diagnosing Adolescents and Young Adults with FAS is Ethically Challenging
Ilona Autti-Rämö, MD, Chief of Health Research; Research Professor, The Social Insurance Institution, Helsinki, Finland

C2 **PLEA Community Services - See What's Possible**
Sara Dewar, Program Manager, PLEA Community Services, U-Turn-Specialized Residential Program, Vancouver, BC
Paul Gordon, Program Manager PLEA Community Services, Youth Justice Services and FASD Programs, Vancouver, BC

BEGINNER PLEA has a long history of providing service that is specific to a certain client group. Very often this emphasis comes from recognizing gaps in existing service. As FASD has come to the forefront of many programs, PLEA has designed specific programs to meet this need. For example, U-Turn provides specialized family care homes with extensive support not only to the youth but to their caregivers. The services are designed to support youth suspected or diagnosed with FASD. This may include a diagnosis, dedicated school program, 1-1 support in the community and specialized caregivers. Similarly, the FASD Programs at PLEA are designed to support young people who are involved in the Justice System. This is a longstanding partnership with the Asante Centre and funded by MCFD. Throughout both programs the objective is a better quality of life for our clients.

Learning Objectives

1. Share information on supported family care homes, individual community supports and how advocacy for our clients lead to successful outcomes
2. Learn that upon intake for each client the focus throughout is a successful transition to adult services and supports
3. Build an acute awareness that our young people living with FASD need forgiving, compassionate and supported homes and caregivers
4. Describe how we empower our clients to have a deeper understanding of what FASD means for them

C3 **The Voices of Youth with FASD Transitioning from Care: What Child Welfare Agencies and Youth Practitioners Need to Know**
Don Fuchs, PhD, Professor, Faculty of Social Work, University of Manitoba, Winnipeg, MB

BEGINNER This session provides a rare opportunity to hear directly from youth with FASD about their needs. It reports on a study where youth with FASD shared poignant information about their lives, their hopes and fears for the future, and what they need to transition to adulthood successfully. Their perspectives hold compelling insights for child welfare agencies who work with youth with FASD as they emancipate from care.

Learning Objectives

1. Increase participants' knowledge and understanding of the unique lived experiences, challenges and needs, faced by youth with FASD as they age out of care of child welfare agencies
2. Increase participants' awareness of the implications of this knowledge for child welfare agencies, and demonstrate the need to develop unique transitional services to facilitate emancipation for these vulnerable youth, including a reformation of traditional child welfare services
3. Provide specific recommendations for the reformation of the existing transition services suggest models for service delivery for youth with FASD as they transition out of care, and identify some important directions for further research

C4 **Treatment with Medication and Supportive Strategies for Psychiatric Disorder with Adolescents and Adults Diagnosed with FASD**
Brenda Knight, Registered Psychologist, Private Practice, Vancouver, BC
Diane Fast, MD, PhD, FRCP(C), Clinical Professor, Department of Psychiatry, Associate, Department of Paediatrics, BC Children's Hospital and The University of British Columbia, Vancouver, BC

INTERMEDIATE / ADVANCED Diane Fast and Brenda Knight have been working as a team in treating adolescents and adults with FASD who have been diagnosed with psychiatric disorders. who are living in a variety of settings in their communities. This session will contribute to an understanding of the needs of individuals with diagnoses of FASD and psychiatric disorders in order to access effective and consistent psychiatric and supportive care within their homes and communities.

Learning Objectives

1. Determine suitability for referral
2. Determine the course of treatment with reference to genetics, environment, trauma, attachment, multiple diagnoses, economic, location and accessibility to resources
3. Balance benefits, side effects, risks and costs
4. Assess a potential crisis (suicide risk, risk of violence) and the need for medication and/or other supports for intervention
5. Consider protective factors which minimize the need for medication and maximize outcome
6. Increase the effectiveness of medication treatment through specific strategies and communications skills which are tailored to meet the needs of individuals with FASD through teamwork

C5 FASD - A Legacy of the Residential School System
Murray Sinclair, LLD, LLB, DU, DCL, Judge and Chair Commissioner, Truth and Reconciliation Commission (TRC) of Canada, Winnipeg, MB

INTERMEDIATE TRC Chair, the Honourable Justice Murray Sinclair will speak about the work of the Commission a part of which is the truth-gathering process where testimonies are received from Survivors and their families on the Residential School System's role in the inter-generational abuse of alcohol among Aboriginal peoples including women of child-bearing age.

Learning Objectives

1. Be able to identify the links between residential school and FASD
2. Be able to critique the appropriateness of their own delivery methods when working with Aboriginal peoples with FASD in the context of the impact of residential schools
3. Gain an understanding of FASD and how it intersects with a myriad of socio-economic issues facing Aboriginal peoples

C6 FASD as a Mitigating Factor in Litigation and Sentencing
Ira Chasnoff, MD, Physician, Researcher, Children's Research Triangle, Chicago, IL USA

INTERMEDIATE This session will address brain-based behavioral and neurocognitive functioning in youth and young adults with FASD within the context of the criminal justice system. Two main questions will be addressed: 1) Should juveniles with FASD be tried as a juvenile or an adult? and 2) Is FASD a mitigating factor in sentencing, especially in cases eligible for the death penalty?

Learning Objectives

1. Analyze how the structural and functional changes induced by prenatal alcohol exposure affect executive functioning, especially as related to understanding cause and effect, consequences of behavior, and decision -making
2. Develop a strategy for addressing the needs of youth and young adults charged with criminal behavior

11:40am Lunch (provided)

Exhibits

12:10pm Poser Session #1

Poster presenters will be at their posters to answer questions.

1:10pm Panel

Panel of Individuals with FASD: This is What We Think
CJ, Justin, Myles, Sarah, and Tracy

2:40pm Break

Exhibits and Poster Viewing

3:10pm Concurrent Session D

D1 3 Oral Papers (25 min. & 5 min. Q&A each)
How Prenatal Alcohol Exposure Affects Immune Function Into Adulthood – The Link Between the Immune and Stress Systems
Tamara S Bodnar, BSc, BA, PhD Candidate, The University of British Columbia, Vancouver, BC

Programming of Gene Expression by Prenatal Alcohol Exposure in the Rat Brain

Katzaryna A Stepien, BSc, MSc Candidate, Department of Medical Genetics, The University of British Columbia, Vancouver, BC

Social Behaviour and Early Life Status: Can They Help Us Predict Vulnerability in FASD Individuals

Wendy L Comeau, PhD, Research Associate, University of British Columbia, Vancouver, BC

D2 Exploring a Collaborative Response to FASD and Criminal Justice Issues

Heather Caughey, Team Lead, Public Health Agency of Canada, Ottawa, ON
Marilou Reeve, Counsel, Justice Canada, Ottawa, ON

Sheila Burns, Community Leadership in Justice Fellow, Law Foundation of Ontario/Georgian College, ON

Kaitlyn McLachlan, MA, PhD Candidate, Simon Fraser University, Burnaby, BC

Bob Walker, FASD Project Manager, Yukon Health and Social Services, Whitehorse, YK

INTERMEDIATE It is recognized that there is an over-representation of individuals with FASD involved in the criminal justice system. As FASD is a multi-level, multi-sectoral issue, a collaborative approach is necessary to address it. This is already seen at the federal level through the Interdepartmental Working Group on FASD and at the provincial/territorial level with coalitions that work together on FASD. This session will present models that demonstrate the necessity of collaboration with respect to assessments of individuals involved in the criminal justice system and who may have FASD.

Learning Objectives

1. Consider approaches being used to bring information to the justice system about an individuals disability
2. Reflect upon the strengths of these practices in different settings
3. Discuss and consider involvement in further collaboration

C7 Towards an Evaluation Framework for Community-Based FASD Prevention and FASD Support Programs

Nancy Poole, MA, Researcher, BC Centre of Excellence for Women's Health, Vancouver, BC

Deborah Rutman, PhD, Adjunct Associate Professor/Consultant, Note Bene Consulting Group, Victoria, BC

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

Carol Hubberstey, Nota Bene Consulting Group, Victoria, BC

INTERMEDIATE This session will describe the results of a recent project related to principles and practices for evaluation of multi-system FASD prevention and intervention programs serving pregnant women and mothers, and for multi-disciplinary programs serving diagnosed and undiagnosed youth and adults living with FASD.

Learning Objectives

1. Learn about evaluation practices and frameworks
2. Reflect upon the 'fit' of these practices and frameworks with their current programming
3. Discuss and consider involvement in further action on evaluation practice

D3 Crossing Health Provider Barriers to Address FASD
Carolyn (Carey) Szetela, PhD, Associate Professor, Meharry Medical College, Nashville, TN USA

Roger Zoorob, MD, MPH, FAAFP, Professor, Meharry Medical College, Nashville, TN USA

INTERMEDIATE This session presents teaching strategies to engage health professionals' motivations to identify, and care for persons with FASD. We consider health provider barriers and demonstrate methods to overcome them: including in-person accounts of people affected by FASD, using role-plays, and raising ethical issues to clarify appropriate professional responses.

Learning Objectives

1. Recognize health provider barriers to addressing FASD
2. Identify three training strategies to overcome these barriers
3. Engage health professionals' motivations to address FASD

D4 Towards Developing a Manual for Residential Treatment Centers to Support Individuals with FASD and Their Families
Pamela Gillen, RN, ND, CAC III, Director, COFAS Prevention Project, University of Colorado Denver, Aurora, CO, USA
Dan Dubovsky, MSW, FASD Specialist, SAMHSA FASD Center for Excellence, Philadelphia, PA, USA

INTERMEDIATE This session examines reasons typical approaches utilized in residential treatment are not effective for most individuals with FASD and why programs are reluctant to change their approach. We will highlight methods to modify interventions, discussing initial stages of development of a manual to help residential centers improve treatment outcomes.

Learning Objectives

1. Examine the importance of effective residential treatment in the continuum of services for individuals with FASD
2. Discuss why typical programming in residential treatment is not often effective for individuals with FASD
3. Describe modifications to treatment approaches that can improve outcomes for individuals, their families, and the agencies that provide services

D5 FASD - Considerations For Serving Chronic, Complex-Needs Clients on Social Assistance

Rochelle Michaud, MEd, Training Co-ordinator, Regional Municipality of Durham, Oshawa, ON
Lawrene Settle, BA, Employment Supervisor, Regional Municipality of Durham, Oshawa, ON
Mary-Lynn Tumey, BA, Income Support Supervisor, Regional Municipality of Durham, Uxbridge, ON

INTERMEDIATE This session will discuss research findings from a unique community-based study focusing on adults in receipt of social assistance who do not have a formal FASD diagnosis. Job aids, case planning techniques, service delivery methods and the impact of identifying complex-needs clients will be highlighted.

Learning Objectives

1. Learn how Durham Region identifies client needs and creates solutions to address barriers and behaviours associated with FASD, in the absence of a formal FASD diagnosis
2. Learn how to create a community-based research approach and awareness that can impact policy and procedure development and implementation

D6 Neuroinflammation: Can this Potential Cause of Cognitive Decline be Reversed in Individuals with FASD?

Rod J Densmore, MD, Primary Care Physician, Author, Department of Family Practice, University of British Columbia, Salmon Arm, BC

INTERMEDIATE Recently, Edmonton neuropsychologists (Drs. Pei and Massey) have found a number of young adults with FASD suffer progressive cognitive deterioration (not a “static” or stable pattern) in their psychology test results. (Massey D, et al. 2009.) What causes neurological deterioration in these patients? Neuroinflammation is, at least, a partial explanation. Most importantly, what can we as caregivers and supporting professionals do to halt or lessen such deterioration? Recently published evidence-based, comprehensive interventions to treat excessive neuroinflammation are a timely, “hot topic” in medicine and will be reviewed.

Learning Objectives

1. Review a basic primer on how the immune system regulates inflammation
2. Recognize how appropriate levels of inflammation help us and excessive inflammation harms us
3. Understand how sleep interventions and optimal use of omega 3 and other supplements reduce neuroinflammation

4:40pm Adjourn

7:00pm Optional Free Public Evening Sessions (please refer to Page 14 for a description of these sessions)

D7 Psychiatric Diagnostic Assessment and Treatment of FASD in the Forensic Outpatient Clinic (FOC)

Mansfield Mela, MBBS, FWACP, MRC, MSc, FRCPC, Associate Professor, Department of Psychiatry, University of Saskatchewan, Saskatoon, SK
Carla Leuschen, BA (hon), MPA Candidate, Research Assistant/Coordinator, Department of Psychiatry, University of Saskatchewan, Saskatoon, SK

ADVANCED This session will report the findings of our study. Covered topics include: FASD prevalence, psychiatric co-morbidities among offenders with FASD, as well as what treatments these patients and their caregivers consider most effective.

Learning Objectives

1. To discuss psychometric and neurocognitive testing: Using the Functional Screening Tool (FST), the Asante screening tool among adults and the Brief Index Scale (BIS) among a forensic psychiatric population, which tool is more consistent with the clinical judgment of diagnosticians using Canadian guidelines for FASD diagnosis?
2. To discuss clinical diagnosis of FASD: What is the prevalence of FASD patients in the forensic outpatient clinic and what are its physical and behavioural manifestations?
3. To examine the diagnosis of co-morbidities: What are the psychiatric DSM co-morbidities found in FASD patients?
4. To examine program evaluation: What resources or treatments are judged by FASD patients and their caregivers as effective in managing their disabilities?

“Injustice anywhere is a threat to justice everywhere.” - Martin Luther King Jr.

8:00am Registration Exhibits and Posters Open

8:30am Remarks

This is What I Think
Thomas

Plenary

Victimization Among Individuals with FASD: Implications for Families, Educators, Social Service, Law Enforcement and the Judicial System

Karen Smith Thiel, PhD, JD, Of Counsel, Patton Boggs LLP, Washington, DC, USA

Learning Objectives

1. To understand that “victimization” among individuals with FASD should be conceptualized broadly to encompass families, educators, social service, law enforcement and the judicial system
2. To appreciate that education is essential to the development of systems to protect the rights of individuals with FASD
3. To understand the implications of Atkins v. Virginia (2002) for the public momentum i.e. increased understanding of FASD must generate before the judicial system will accommodate the needs of individuals with FASD

9:40am Break

Exhibits and Posters Viewing

10:10am Concurrent Session E

E1 **Session C1 Repeated - 4 Oral Papers (15 min. & 5 min. Q&A each)**
Building FASD Diagnostic Capacity from the Outside In

Christine Ann Rogan, BA Sociology, Health Promotion, Alcohol Healthwatch Trust, Newmarket, Auckland, New Zealand

Prenatal Alcohol Exposure: Changes in Face and Growth Over Time

Kimberly S Brodeur, PsyD, RPsych, Neuropsychologist, Glenrose Rehabilitation Hospital, Edmonton, AB

Lindsay Aguilon-Piojo, RN, Glenrose Rehabilitation Hospital, Edmonton, AB

Prevalence of FASD in the Yukon Corrections Population: Adult Diagnosis, Assessment and Case Management Challenges

Bob Walker, BSc, FASD Project Manager, Yukon Department of Health and Social Services, Whitehorse, YK

Loree Stewart, BA, Policy Development Officer, Yukon Department of Justice, Whitehorse, YK

Diagnosing Adolescents and Young Adults with FAS is Ethically Challenging

Ilona Autti-Rämö, MD, Chief of Health Research; Research Professor, The Social Insurance Institution, Helsinki, Finland

E2 **“This is Me - My Life Book”: Understanding Youth with FASD and Making Accommodations Project**

Dee Bissonnette, Social Sciences, Justice, Manitoba FASD Youth Justice Program, Winnipeg, MB

Teresa Brown, BA, Social Work, Justice, Manitoba FASD Youth Justice Program, Winnipeg, MB

INTERMEDIATE “This is Me-My Life Book” is an innovative strength and ability-based communication tool created by the FASD Youth Justice program along with the youth who has FASD. The Life Book is visual, tactile, creative, person-specific, transferrable, and designed to continually grow with the youth. Youth have successfully used their books with parents, corrections staff, community supports, teachers, social workers, among others.

Learning Objectives

1. Learn about this visual, strength and ability-based communication tool, that assists youth living with FASD gain a better understanding of themselves and facilitate positive communication with their supports
2. Review the process of creating the book
3. Explore the successes and benefits of the “This is Me – My Life Book” from the perspective of the youth and their supports

E3 **Innovative Legislation that Provides for the Care and Rehabilitation Rather than Punishment and Incarceration of FASD Affected Offenders with an Intellectual Disability**

Valerie A McGinn, PhD, Child and Adolescent Neuropsychologist, Private Practice; Alcohol Healthwatch, Auckland, New Zealand

INTERMEDIATE The IDCCR Act is legislation that can provide a model internationally for law makers to take action to ensure that offenders with FASD are appropriately cared for, and effectively treated rather than criminalized for their disability. The Act, its workings and its implications are presented from a legal and clinical perspective.

Learning Objectives

1. Learn how disability needs of youth offenders with FASD can be better met through legislative changes
2. Consider care and rehabilitation needs of offenders with FASD
3. Understand ethical issues for the current practice of incarcerating those with a disability

E4 **Ethical and Legal Implications of Missing, Misdiagnosing, and Failing to Evaluate for Neurobehavioral Competence**

Karen Steele, Esq, JD, Attorney, Salem, OR USA

Diane Malbin, MSW, Executive Director, FASCETS, Inc., Portland, OR USA

Kathy Hotelling, PhD, Psychologist, Pittsboro, NC USA

INTERMEDIATE What are the ethical and legal implications of failure to diagnose FASD, a primarily neurobehavioral disability? How does identification inform legal practice and “justice”? This multidisciplinary session explores issues and opportunities from diverse perspectives and includes case examples.

Learning Objectives

1. Define the concept of justice as it relates those exposed to alcohol in utero but not diagnosed
2. List ways in which misdiagnosis affects an individual over his/her lifespan
3. List three neuro-behaviorally informed accommodations

E5 **Two-Eyed Seeing: Creating a Culturally Safe Space for Aboriginal Youth and Families in the Screening, Diagnosis, Intervention and Prevention of FASD**

Lori Vitale Cox, PhD, Clinical Coordinator, Eastern Door Diagnostic Team, Elsipogtog, NB, Rexton, NB

INTERMEDIATE /ADVANCED The Eastern Door Center for diagnosis, intervention and prevention of FASD, uses tools and processes to provide an effective FASD service delivery model, based in community culture. This session will focus on the Two-Eyed Seeing diagnostic wheel used by the team. A 30-minute DVD will be shown that shows the team process from the perspective of the professionals on the team including the traditional healer, as well as the perspective of a birth mother who is an active participant in the process.

Learning Objectives

1. Promote awareness of the need to create models of screening, diagnosis, intervention and prevention that are culturally safe
2. Present a model of Two-Eyed Seeing—the best practices of science and tradition—that embeds screening, diagnosis, intervention and prevention within the context of community ‘ways of knowing’ that allows youth and their families a safe space to begin understanding condition by building on strengths and engaging them as collaborators in the process of healing
3. Invite discussion on how this model might be disseminated and adapted to other communities and cultures within Canadian context

E6 **It is a Matter of Justice: The Legal Aid Manitoba Accommodation Counsel for Youth with FASD Project, Promising New Practices**

Don Fuchs, PhD, Professor, Faculty of Social Work, University of Manitoba, Winnipeg, MB

Corey La Berge, MA, LLB, Barrister & Solicitor, Onashowewin Justice Circle, Winnipeg, MB

BEGINNER The session will provide participants with an opportunity to increase their understanding of the needs and issues faced by youth with FASD who are involved with the criminal justice system. It will introduce the participants to an innovative, alternative approach to working with these youth, and increase their awareness for alternative programs and services for youth FASD in the criminal justice system.

Learning Objectives

1. Familiarize participants with the types of unique needs and experiences that youth with FASD have as they become involved with the criminal justice system, and their need for appropriate legal representation
2. Increase participants’ knowledge of effective intervention strategies for appropriate legal representation for youth with FASD involved with the judicial system
3. Provide participants with quantitative and qualitative evidence of the effectiveness of the Manitoba Youth with FASD Accommodation Counsel Project and identify some important directions for further research

E7 **Strategies for Success**

Lindsay Delaney, BSC, Program Manager, FASD Life’s Journey Inc., Winnipeg, MB

Chris Culleton-Koebel, BA, Clinical Case Manager, FASD Life’s Journey Inc., Winnipeg, MB

BEGINNER Individuals impacted by FASD often face incredible challenges in having their basic needs met through various systems. You are invited to join the Spectrum Connections FASD Program on the journey that we experience with the consumers we support, including: multiple systems involvement, the review of common behaviors experienced in the lives of those impacted, the discovery of the root causation of behaviors, and strategies that the individuals in our program have benefitted from in relation to systems access.

Learning Objectives

1. Explore common systems and learn strategies which may support system access and advocacy training as a way of modifying the environment
2. Be challenged to identify behaviors and determine the root cause of behaviors which may cause challenges to accessing systems
3. Identify and acquire new strategies to reduce environmental stressors and promote success in accessing systems

11:40am Lunch (provided)

Exhibits

12:10pm Poser Session #2

Poster presenters will be at their posters to answer questions.

1:00pm Concurrent Session F

F1 4 Oral Papers (15 min. & 5 min. Q&A each)
Prenatal Alcohol Exposure: Changes in Cognitive Performance Over Time

Kimberly S Brodeur, PsyD, RPsych, Neuropsychologist, Glenrose Rehabilitation Hospital, Edmonton, AB

Ryan Kasper, BA, Glenrose Rehabilitation Hospital, Edmonton, AB

Profile of Neuropsychological Deficits in Adolescents with FASD

Sukhpreet Tamana, MSc, PhD Student, Psychology, University of Alberta, Edmonton, AB

Metacognitive Strategies for Adolescents with FASD

Marnie Hutchison, MEd, PhD Student, University of Alberta, Edmonton, AB

Social Inequality in the Health Outcome of Children and Adolescents with Prenatal Alcohol Exposure

Manuela Pfänder, MA, PhD Student, FAS-Ambulance Munster, University Bielefeld/University Hospital, Münster, Germany

F2 Expanding the Role of Occupational Therapy to Support Families and Clients

Mary Culshaw, MSc, BSc(OT), Occupational Therapist, Central Alberta FASD Network, Sedgewick, AB

Trina Kennedy, RSW, Social Worker, Central Alberta FASD Network, Red Deer, AB

Rose Plett, BScOT, Occupational Therapist, Central Alberta FASD Network, Red Deer, AB

INTERMEDIATE The daily struggles of individuals with FASD are well known. A new assessment team for adults has included occupational therapy (OT) to help address these issues. This session will describe development of the OT role and its positive effect on the team and their clients. The team will describe changes in diagnosis and support of their clients using an occupational therapist.

Learning Objectives

1. Describe the role and advantages of including OT in an adults-focused FASD assessment team
2. Describe the development of the role of OT within the team
3. List common assessment tools and strategies used by the team

F3 Education Success Builds Future Social Justice for People with FASD

Mary K Cunningham, BEd, PHEc, FASD Educator and Consultant, KWC FASD Consulting, Kitchener, ON

INTERMEDIATE Real success at school builds the foundation for a socially just, supported future where the adult with FASD proudly plays a meaningful social role. But how can YOU make this happen? Learn what you can say and do to help educators make the paradigm shift necessary for real school success with students with FASD.

Learning Objectives

1. Understand that real success at school builds the foundation for a socially-just and supported future where adolescents and adults with FASD proudly play meaningful social roles and positively interact with the multiple social systems capable of supporting them
2. Expand their knowledge of how the spectrum of brain damage typical with FASD presents in adolescent and adult education and learn how to use this knowledge to help educators make the paradigm shifts necessary to meet individual student needs and create the school success necessary to a mainstream future
3. Learn what to say and do to help educators make the paradigm shift necessary for real school success with students with FASD

F4 FASD in the Juvenile Court - Screening, Diagnosis and Intervention

Eileen B Bisgard, JD, Attorney/FASD Project Director, 17th Judicial District, Colorado, Brighton, CO, USA

Susan S Carlson, JD, Attorney/Retired Judicial Officer, Minnesota Organization on Fetal Alcohol Syndrome, 4th Judicial District, Minnesota, Plymouth, MN USA

Meghan Louis, MS - Public Safety Admin, FASD Project Director, Hennepin County Human Services & Public Health Department, Minneapolis, MN USA

INTERMEDIATE Effects of FASD increase the risk of delinquency. Research-based methods to identify and intervene with these youth in juvenile systems have not been developed. This session will provide the results and experience of two US juvenile justice systems using a screening method recommended by an expert panel.

Learning Objectives

1. Discuss FASD screening criteria for children age 8-18
2. Discuss two approaches to integrating FASD screening, referral for diagnosis, and intervention services in two juvenile court systems
3. Discuss data on screening, diagnosis, and intervention for delinquent youth with diagnosis of FASD

F5 Differing Neurodevelopmental and Psychosocial Profiles of Incarcerated and Community Based Youth Diagnosed with FASD

Sally Longstaffe, MD, Pediatrician, Manitoba FASD Centre, University of Manitoba, Winnipeg, MB

Susan Opie, Adolescent Services, Manitoba FASD Centre, Winnipeg, MB

Teresa Brown, Program Manager, FASD Youth Justice Program, Winnipeg, MB

INTERMEDIATE This session will compare characteristics and presentations of youth diagnosed in a community-based FASD diagnostic clinic with youth diagnosed in a forensic-based clinic for youth involved in the criminal justice system. These learnings will help in understanding factors that lead to the youth's differing presentations and to help in planning best interventions.

Learning Objectives

1. Be able to describe neurodevelopmental impacts of FASD
2. Understand the differences between community-based youth with FASD and those who are incarcerated
3. Be able to list contributors that make it more likely that a youth with FASD maybe be incarcerated

F6 Understanding the Criminal Justice System Experiences, Risks, and Needs of Youth with FASD: The Implications for Intervention and Policy Development

Kaitlyn McLachlan, PhD, Clinical Psychology, Simon Fraser University, Vancouver, BC

INTERMEDIATE The following session summarizes findings from a prospective longitudinal study examining the trajectories, risks, and needs of youth and young adults with FASD in the justice system. Findings will highlight important similarities and differences between justice system involvement patterns of youth with and without alcohol-related diagnoses. Recommendations to inform development of future intervention and management approaches will be offered.

Learning Objectives

1. Review findings from a recently completed research study examining the risks and needs of youth with an FASD diagnosis in the justice system
2. Discuss key risk and protective factors associated with adverse outcomes, including criminal justice involvement
3. Discuss the implications of these issues in relation to diagnosis, intervention, and management planning

F7 FASD Action Hall (FAH): Teaching and Promoting Self-Advocacy

Karl G Bengtsson, BA, BEd, Extended FASD Support Project Coordinator, Calgary John Howard Society, Calgary, AB

Myles Himmelreich, Co-facilitator of FASD Action Hall, Calgary John Howard Society, Calgary, AB

BEGINNER FAH is a group which teaches and promotes self advocacy. This group is geared to individuals who are living with FASD and their support networks. After a year of running the program, its findings have increased the individual's self-esteem, self-awareness and self-advocacy by participating in such a group.

Learning Objectives

1. Teach how to self-advocate and enhance their self-confidence
2. Build equal relationships and work together with their allies and family members to raise issues and take action
3. Maintain a stable living environment
4. Gain knowledge about finding and accessing additional resources

2:30pm Break Exhibit and Poster Viewing

3:00pm Closing Plenary **It Is a Matter of Justice!**
Dan Dubovsky, MSW, FASD Specialist, SAMHSA FASD Center for Excellence, Philadelphia, PA, USA

Learning Objectives

1. Identify what social justice entails
2. Examine methods of maximizing social justice to optimize life outcomes for individuals with FASD
3. Discuss the implications of the conference theme and sessions for the participants' work and personal lives

4:00pm Closing Ceremonies Starfish Award & Closing Remarks

4:30pm Adjourn

There will be several free optional public evening sessions. If you wish to attend, please mark the session(s) code(s) (TH1 or TH2, FR1 or FR2) on your registration form.

Thursday, April 19 (7:00pm)

TH1 “It’s Not Fair!”: It Might be FASD if They Don’t Want to be Treated Differently, Except When They Want to be Treated Differently

Shiona Watson, FASD Consultant, Guelph Downtown FASD Caregiver Support Group, Acton, ON

From the advocates who brought you “It Might be FASD If They Won’t Live With You, But They Can’t Live Without You.” This new session is designed to explore strategies for success in the lives of youth with FASD, highlighting why equal treatment is often not fair treatment for this population.

TH2 Supporting Youth with FASD at Risk or Already Involved in the Youth Criminal Justice System: What Parents, Guardians and other Caregivers Need to Know

Corey La Berge, MA, LLB, Barrister & Solicitor, Onashowewin Justice Circle, Winnipeg, MB

This session is intended to provide parents and caregivers with an orientation to the youth criminal process. Discussion will include how children living with FASD are at risk in the youth criminal legal system, and what parents and caregivers need to know so as to better understand and support their children throughout this process. Topics will include vulnerabilities as accused and/or as victims/complainants; safe guarding children’s legal rights as accused; detention and arrest; release; trial; and sentencing. There will be an emphasis upon the significance of FASD at each stage of the process.

Friday, April 20 (7:00pm)

FR1 Conceptualizing FASD, The Internet, & Social Media Safety

Michael L Harris, MA, Licensed Psychologist, Indian Health Board of Minneapolis, Inc., Minneapolis, MN USA

Teens and young adults interact and communicate using incredible digital technologies, which many caregivers don’t fully understand. The internet and the digital “frontier” is exciting and important, but can also be dangerous, especially for those with FASD. Learn the social media basics and social media hazards, and how to develop internet safety plans that work.

FR2 Changes to BC’s Guardianship and Substitute Decision Making Laws

Kimberly Azyan, MSW, Director, Services to Adults, Public Guardian and Trustee of British Columbia, Vancouver, BC

Leanne Lange, Clinical Specialist - Adult Abuse & Neglect, Fraser Health, Coquitlam, BC

Adults living with FASD may be vulnerable in our society. BC laws allow adults to plan ahead for times when they need assistance with decisions or need someone to make decisions for them. The legislation enshrines the presumption of capability and the need to consult with adult before making decisions.

poster listing

Building Our Home Fires - A Women’s Health/FASD Prevention Project in the Northwest Territories

Dorothy E Badry, MSW, PhD, Professor, Social Work, University of Calgary, Calgary, AB
And Building Our Home Fires Team Members

Seventeenth Judicial District of Colorado - Screening, Diagnosis and Intervention

Eileen B. Bisgard, JD, FASD Project Director/ Attorney, Seventeenth Judicial District, Brighton, CO USA

Case Management Outcomes of South African Women at Baseline, 6, 12, and 18-Month Follow-Up

Jason Blankenship, PhD, Senior Research Scientist, Center on Alcoholism, Substance Abuse, and Addictions, University of New Mexico, Albuquerque, NM USA

Educating Health and Allied Health Care Providers in Alaska: The Arctic FASD Regional Training Center 2008-2011

Alexandra E Edwards, BA (Hons), Research Associate, Arctic FASD RTC; Center for Behavioral Health Research & Services, University of Alaska Anchorage, Anchorage, AK USA

Bridget Hanson, PhD, Research Assistant Professor, Arctic FASD RTC; Center for Behavioral Health Research & Services, University of Alaska Anchorage, Anchorage, AK USA

Rebecca R Porter, MS, Project Manager, Arctic FASD RTC; Center for Behavioral Health Research & Services, University of Alaska Anchorage, Anchorage, AK USA

Now You See Me, Now You Don’t

Bonny Gerger, MA - Justice Studies, Community Corrections Program Manager, Ministry of Corrections, Public Safety & Policing, Moose Jaw, SK

Determine the Pattern and Intensity of Cigarette Smoking and Alcohol Drinking on Adolescents

Hamideh Jahangiri, MSc, Psychologist, Payame Noor University, Tehran, Iran

Alireza Norouzi, BSc, Researcher, Azad University, Tehran, Iran

Respite for Child Welfare Involved Youth with FASD: An Essential Service or an Option?

Kristen Lwin, BA (Hon), BSW, MSW (cand), Social Work, Child Welfare Institute Children’s Aid Society of Toronto, ON

Deborah Goodman, MSW, PhD, Social Work, Child Welfare Institute Children’s Aid Society of Toronto, ON

Cathy Masterson, Social Work, Child Welfare Institute Children’s Aid Society of Toronto, ON

Assessment and Diagnostic Model for Adults with Suspected FASD

Bernadene Mallon, MSW, RSW, Coordinator, Adult FASD Assessment Clinic, Alberta Health Services, Glenrose Rehabilitation Hospital, Edmonton

Differences Between the Brain Domains in Children in Three Age Groups Assessed at the Manitoba FASD Centre

Sandra Marles, MD, FRCPC, FCCMG, Clinical Geneticist and Assistant Professor, University of Manitoba, Departments of Pediatrics and Child Health, Biochemistry and Medical Genetics, Manitoba FASD Centre, Winnipeg, MB

Janice Blampy, BSc (Med), MD, FRCPC, Developmental Pediatrician and Lecturer, University of Manitoba, Department of Pediatrics and Child Health, Manitoba FASD Centre, Winnipeg, MB

How to Create Inclusive Social Groups for Youth with FASD

Sarah Phillips, Founder/Facilitator, Inclusive Social & Learning for FASD Society of BC

Survey of Youth Probation Officer Training on FASD

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

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

Kwadwo Ohene Asante, MSM, BSc, MBChB, FRCP, Pediatrician, The Asante Centre, Maple Ridge, BC

Putting a Neurobehavioural Accommodations Model in Practice Through Community Capacity Building and Collaboration

Sally A Seabrook, MSc(c), Coordinator, Behaviour Management Services of York and Simcoe, Barrie, ON

Tonya Millsap, Simcoe County FASD Project Manager, Catulpa Community Support Services, Barrie, ON

Rosemary A Condillac, PhD, CPsych, Assistant Professor, Brock University, St. Catharines, ON

conference committee listing

Planning Committee

Jan Lutke, Conference Chair, Clinical Research Manager, Canada FASD Research Network, Developmental Neurosciences & Child Health, University of British Columbia, Vancouver, BC

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

Odette Dantzer, Policy Director, Disability Services Branch, Ministry of Social Development, Victoria, BC

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

Kristina Hiemstra, BA, Director, Interprofessional Continuing Education, The University of British Columbia, Vancouver, BC

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

Corey La Berge, BA, MA, LLB, Barrister & Solicitor, Onashowewin Justice Circle, Winnipeg, MB

Christine Loock, MD, FRCP(C), Associate Professor, Department of Pediatrics, University of British Columbia, BC Children's Hospital & Sunny Hill Health Centre for Children, Vancouver, BC

Dan Neault, Program Coordinator, FASD Youth Justice Program, Winnipeg, MB

Jenny Reid, Barrister & Solicitor, Prince Rupert, BC

Michelle Sherbuck, Research Communications Manager, Canada FASD Research Network, Developmental Neurosciences & Child Health, The University of British Columbia, Vancouver, BC

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

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

Advisory Committee

Iiona Autti-Rämö, MD, Chief of Health Research; Research Professor, The Social Insurance Institution, Helsinki, Finland

Dorothy E Badry, PhD, RSW, Assistant Professor, Faculty of Social Work, University of Calgary, Calgary, AB

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

Brenda L Bennett, Executive Director, FASD Life's Journey Inc., Winnipeg, MB

Diane Black, PhD, Biochemist, FAS Foundation Netherlands; Chair, The European FASD Alliance, Uithuizen, Netherlands

Sterling Clarren, MD, FAAP, CEO and Scientific Director, Canada FASD Research Network; Clinical Professor of Pediatrics, University of British Columbia Faculty of Medicine; Clinical Professor of Pediatrics, University of Washington School of Medicine, Vancouver, BC

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

Lori Vitale Cox, PhD, Clinical Coordinator, Eastern Door Diagnostic Team for FASD and Related Conditions; Director, Nogemag Healing Lodge for Youth, Rexton, NB

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

Elizabeth Elliott, MD, FRACP, FRCPC, FRCP, Pediatrician, Paediatrics & Child Health, Sydney University and The Children's Hospital, Locked Bag, Westmead, Australia

Ronald G Friesen, Chief Executive Officer, The Continuing Legal Education Society of BC, Vancouver, BC

Mary Kate Harvie, Judge, Provincial Court of Manitoba, Winnipeg, MB

Lorian Hayes, Founder, National Indigenous Australian Fetal Alcohol Syndrome Education Network (NIAFASEN), Queensland; Lecturer, Indigenous Health Unit, Division of International & Indigenous Health, School of Population Health, Faculty of Health Sciences, The University of Queensland, Australia

Kathryn A Kelly, Project Director, FASD Legal Issues Resource Center, Fetal Alcohol and Drug Unit, Department of Psychiatry and Behavioral Sciences, School of Medicine, University of Washington, Seattle, WA USA

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

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

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

Philip A May, PhD, Professor of Sociology and Family and Community Medicine, University of New Mexico, Albuquerque, NM USA

Raja A S Mukherjee, MBBS, MRCPsych, PGDip EPP, Section 12 Approved, Consultant Psychiatrist for People with LD (Tandridge), Lead Clinician Specialist FASD Behaviour Clinic, Surrey and Borders Partnership NHS Foundation Trust, Surrey, UK

Kieran D O'Malley, MB.ChB, MD, Child & Adolescent Psychiatrist, Belfast Trust/TMR Health Professionals, Dublin, Ireland

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

Marilou Reeve, Counsel, Department of Justice Canada / Strategic Initiatives and Law Reform Unit, Ottawa, ON

Edward P Riley, PhD, Distinguished Professor and Director, Center for Behavioral Teratology, San Diego State University, San Diego, CA USA

Kent Roach, LLB, LL.M, FRSC, Professor, Faculty of Law, University of Toronto; Chair, Prichard Wilson in Law & Public Policy, Toronto, ON

Christine Rogan, Promotion Advisor, Alcohol Healthwatch Health; National Coordinator, Fetal Alcohol Network New Zealand, Auckland, New Zealand

Jonathan Rudin, LLB, LL.M, Program Director, Aboriginal Legal Services of Toronto, Toronto, ON

Rod Snow, BA, LLB, LL.M, Partner, Davis LLP; Past - President, Canadian Bar Association, Whitehorse, YK

Hans-Ludwig Spohr, Department of Pediatrics, DRK-Kliniken Westend and Head of FASD-Counseling Center, Charité, Humboldt-University, Berlin, Germany

Ann Streissguth, PhD, Professor Emerita, Department of Psychiatry & Behavioural Sciences, University of Washington, School of Medicine, Seattle, WA USA

Margaret Watts, Consultant in Public Health Medicine, Ayr, Scotland

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

Sheila P Whelan, Judge, Provincial Court of Saskatchewan, First Vice President of the Canadian Association of Provincial Court Judges, Saskatoon, SK

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

PLEASE WRITE IN BLOCK LETTERS:

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

Ms. Mrs. Miss Mr. Dr.

Last Name First Name Initials

Organization Name/Mailing Address

Mailing Address

City Prov/State Postal Code

() _____
Daytime Telephone Number / Local

E-Mail

Please inform us of any dietary requirements

PRE-CONFERENCE DAY - WEDNESDAY, APRIL 18, 2012

Morning Session
Please select only one session from the below options
 AM1 AM2

Afternoon Session
Please select only one session from the below options
 PM1 PM2

FD1: Legal Full Day Pre-Conference
 FD1 (Legal Full Day)

CONCURRENT SESSIONS

Please refer to the program for session descriptions.
Please specify the concurrent sessions you plan to attend so we may allocate appropriate rooms. Some sessions may fill up quickly, in this case you will be registered in your second choice.

	1ST CHOICE	2ND CHOICE
Example:	A1	A4
Session A:	_____	_____
Session B:	_____	_____
Session C:	_____	_____
Session D:	_____	_____
Session E:	_____	_____
Session F:	_____	_____

OPTIONAL EVENING SESSIONS

- TH1: Thursday, April 19** - 'It's Not Fair!': It Might be FASD if They Don't Want to be Treated Differently, Except When They Want to be Treated Differently
- TH2: Thursday, April 19** - Supporting Youth Living with FASD at Risk or Already Involved in the Youth Criminal Justice System: What Parents, Guardians, and other Caregivers Need to Know
- FR1: Friday, April 20** - Conceptualizing FASD, The Internet, & Social Media Safety
- FR1: Friday, April 20** - Changes to BC's Guardianship and Substitute Decision Making Laws

AFFILIATION/PROFESSION

- Please indicate which Affiliation/Profession best describes you:
- | | |
|---|--|
| <input type="checkbox"/> Administrator/Manager | <input type="checkbox"/> Registered Nurse |
| <input type="checkbox"/> Alcohol & Drug Worker | <input type="checkbox"/> Parents/Family Member |
| <input type="checkbox"/> Corrections Worker | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Educator (Adult) | <input type="checkbox"/> Policymaker |
| <input type="checkbox"/> Individual with FASD | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Judge | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Law Enforcement Officer | <input type="checkbox"/> Social Workers |
| <input type="checkbox"/> Lawyer | <input type="checkbox"/> Vocational Rehab Service Worker |
| <input type="checkbox"/> Mental Health Counsellor | <input type="checkbox"/> Other: _____ |

TUITION FEES

Pre-registration prior to March 18, 2012 is strongly recommended to ensure you receive all conference materials. All rates are quoted in \$CAD and the tuition fee includes 12% HST. Please use one registration form per person. The pre-conference fee includes conference material, refreshment breaks and a certificate of attendance. The main registration fee includes conference material, Friday and Saturday lunches, refreshment breaks, and a certificate of attendance.

- *EARLY BIRD RATE, BEFORE/ON MARCH 12, 2012**
- Pre-Conference Day on Wednesday, April 18 \$175 (\$156+HST)
 1/2 Day Pre-Conference on Wednesday, April 18 \$95 (\$86+HST)
(either AM or PM)
- Main Conference - Full Program (Thursday - Saturday)** \$525 (\$469+HST)
**The Early Bird Rate is available for the pre-conference day only and/or the main conference; it is not available for individual rates.*

- RATE AFTER MARCH 12, 2012**
- Pre-Conference Day**
- Pre-Conference Day on Wednesday, April 18 \$225 (\$201+HST)
 1/2 Day Pre-Conference on Wednesday, April 18 \$125 (\$112+HST)
(either AM or PM)
- Main Conference - Full Program (Thursday - Saturday)** \$625 (\$558+HST)
Main Conference - Individual Day Rates
- Thursday, April 19, 2012 only \$250 (\$223+HST)
 Friday, April 20, 2012 only \$250 (\$223+HST)
 Saturday, April 21, 2012 only \$250 (\$223+HST)

- Please select the format you would like to receive the syllabus in:
 Paper copy or Electronic
- Full-Time Student Rate**
- Full Program (Before April 4, 2012) \$275 (\$223+HST)
**Please note that the full program does NOT include the pre-conference sessions. A letter from your supervisor/department head stating that you are a full time student along with a valid student photo ID must be sent with student registrations. Please fax a copy if you register online.*

PAYMENT TOTAL & METHOD OF PAYMENT

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

- Please Indicate Below How You Would Like to Pay**
- Credit Card:** Please e-mail me a secure on-line link to enter credit card number
 - Cheque:** Payment is enclosed with mailed registration form
 - PO/LOA/ChReq:** Purchase order/letter of authorization/cheque requisition form is enclosed with faxed/mailed registration form
- For more detailed information on registration payment methods, please refer to the "Registration Information" on page 3.