Fetal Alcohol Spectrum Disorder (FASD) is a diagnostic term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. FASD has implications for the affected individual, the mother, the family, and the community. While FASD is, in theory, preventable, the life circumstances leading to this outcome are challenging and often involve the complexities of many intersecting social determinants of health.

FASD frequently co-occurs with substance abuse and mental health issues and traditional treatment approaches are not generally successful. Treatment modifications for addressing substance abuse and mental health are usually required to support successful outcomes for individuals with FASD.

The Canada FASD Research Network (CanFASD) Research Network received support from the Government of Alberta through the FASD-Cross Ministry Committee to develop a Treatment Improvement Protocol (TIP) for FASD based on Canadian research and practice and to pilot the TIP in Alberta. The goal of the TIP was to identify those at risk for having FASD, or having a child with FASD, from substance abuse and mental health centres, with the ultimate goal of improving outcomes through education, screening and better matched interventions. Service providers participating in this pilot were the Métis Child and Family Services Society (Edmonton), CASA Child, Adolescent and Family Mental Health (Edmonton), and Aventa Addiction Treatment for Women (Calgary).

The TIP consists of a training component, tools and a resource component. A total of 121 caseworkers participated in the 3-hour TIP training program, which included the introduction of screening tools for clients suspected of having FASD (or at-risk drinking while pregnant) as well as discussions about the implications of FASD in their work environment. Case consultation was included as part of the follow-up for TIP trainees, to support caseworkers using the screen, or who may be unsure whether or not to refer their client for a diagnostic assessment. The goal of the training was to help front-line workers identify when prenatal alcohol exposure may be an issue, what to do about it, and how to optimize their interactions with clients, programs and the environment to improve outcomes.

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As part of the pilot project, a research study was conducted to determine the efficacy and feasibility of the TIP before it is implemented in other sectors and in other jurisdictions. Results indicated that workers felt the TIP program was useful, influenced their practice and improved their understanding of FASD and its implications. Cases of FASD were identified through the screening process and refereed to assessment centers.

CanFASD is working to develop an online training program for TIP, targeted toward other sectors including justice, social work, child welfare and education as well as a virtual community of practice for front-line workers to share knowledge and experience of successful programs and approaches related to FASD.

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