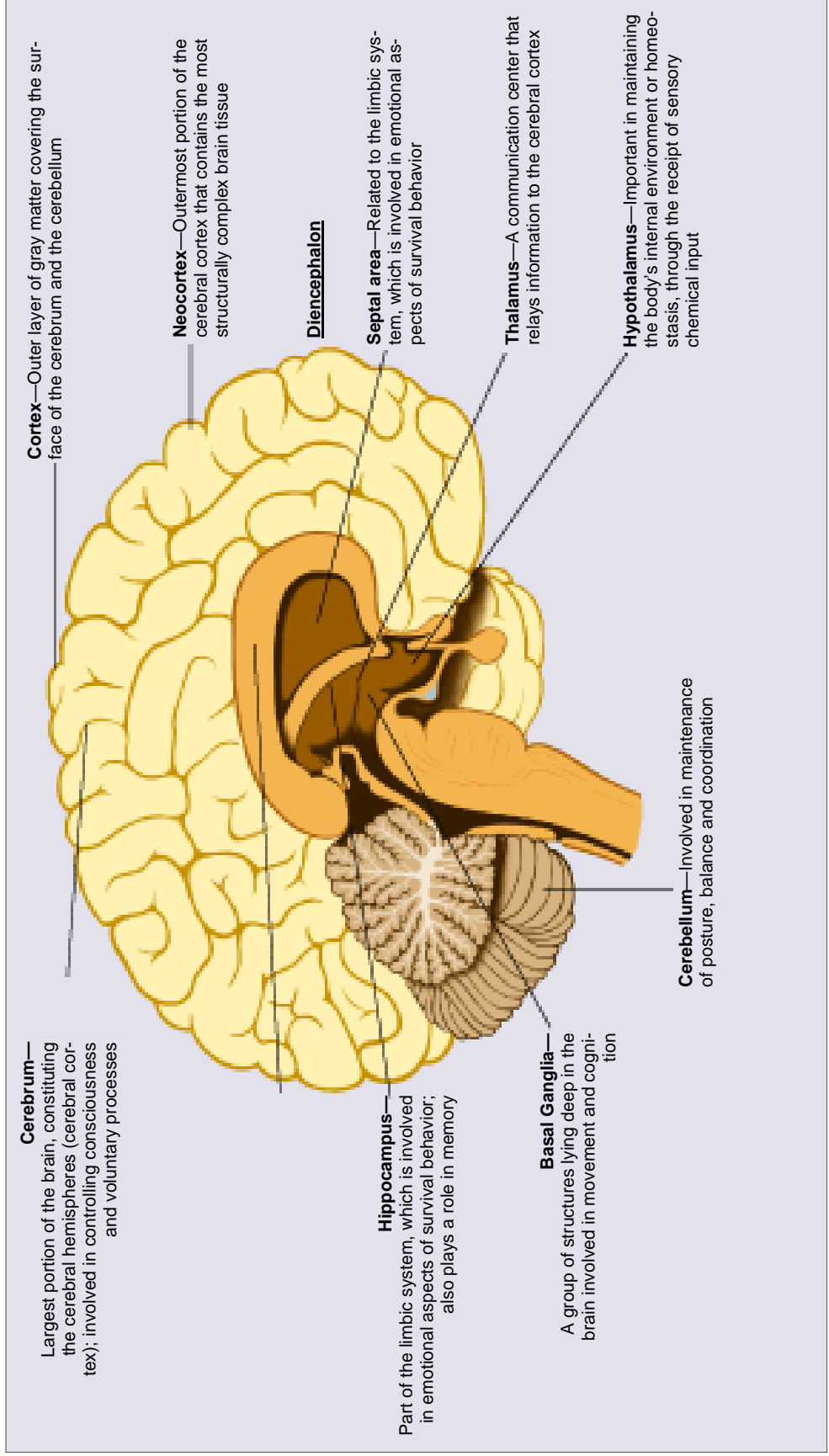


VII. Appendices

The appendices contain a variety of support materials concerning FAS/ARND including resource lists, pamphlets, tips and strategies for caregivers and teachers. These materials will assist the reader in obtaining further information about FAS/ARND and developing local awareness programs and materials.

FAS/ARND TERMINOLOGY

- **Fetal Alcohol Syndrome (FAS)** is a birth defect caused by “prenatal alcohol exposure, which produces a spectrum of lifelong effects on offspring depending on the dose, timing and conditions of exposure.” It is a “preventable form of mental retardation and developmental disabilities” that appear in children who were exposed to alcohol within their mother’s womb. Children with FAS have one or more recognizable facial features associated with FAS.
- **Fetal Alcohol Effect (FAE)** is a term that refers to a range of cognitive and behavioral disorders resulting from exposure to alcohol within the womb. Generally, a person who suffers from FAE appears and behaves within a socially normal range although they may also be suffering from forms of brain damage or mental retardation.
- **Alcohol Related Neurodevelopmental Disorder (ARND)** is diagnosed when a child meets the criteria for brain damage but does not have all of the facial features or growth retardation of FAS. Evidence of prenatal alcohol exposure is necessary for a diagnosis of ARND.
- **Alcohol Related Birth Defects (ARBD)** refers to any physical abnormalities associated with prenatal exposure to alcohol.
- **Fetal Alcohol Spectrum Disorder (FASD)** refers to the range of lifelong physical, mental and neurobehavioral birth defects associated with prenatal exposure to alcohol.



Parts of the human brain and their functions

SECTION: II. What is FAS/ARND?

ACTIVITY: Myth v. Fact Quiz

Pop Quiz!

Can you separate the myths from the facts? Please check either True or False for each of the statements below. An answer sheet will be provided for self-scoring.

- | | | | | |
|--------------------------|------|--------------------------|-------|---|
| <input type="checkbox"/> | True | <input type="checkbox"/> | False | 1. If a pregnant woman drinks alcohol it will always pass from her bloodstream to the bloodstream of the fetus. |
| <input type="checkbox"/> | True | <input type="checkbox"/> | False | 2. You can tell whether a person suffers from FAS by just looking at their facial features. |
| <input type="checkbox"/> | True | <input type="checkbox"/> | False | 3. FAS/ARND often goes undetected for many years. |
| <input type="checkbox"/> | True | <input type="checkbox"/> | False | 4. Children with FAS will grow out of the condition by twelve years of age. |
| <input type="checkbox"/> | True | <input type="checkbox"/> | False | 5. A person who suffers from FAS/ARND may have a normal IQ score. |
| <input type="checkbox"/> | True | <input type="checkbox"/> | False | 6. A person who suffers from FAS may have poor reasoning skills. |
| <input type="checkbox"/> | True | <input type="checkbox"/> | False | 7. People with FAS cannot have jobs. |
| <input type="checkbox"/> | True | <input type="checkbox"/> | False | 8. People with FAS/ARND can lead productive lives. |

SECTION: III. Prevention

ACTIVITY: Screening Questions

Should You Say Anything? If So, What??

Read the following scenarios. Develop two FAS/ARND screening questions that could be asked by any of the people who may come into contact with the woman in the scenario to determine if the woman is at risk for drinking while pregnant.

Janet has two children who frequently get into trouble with the police. Ryan, 10 years old, ditches classes and returns home in the middle of the day. Alex, 8 years old, will not pay attention in class. Alex is often sent to the principal for punishment. Janet works full-time to support her family. Her husband has a disability and cannot work. Janet drinks on the weekends with her friends. This weekend Janet is pulled over and arrested for driving under the influence of alcohol. When the officer puts her into the back of the squad car, she screams “Be careful, I am pregnant, you know!”

Arresting Officer:

Judge:

Probation Officer:

Substance Abuse Counselor:

Children’s principal:

Children’s teacher:

Genevieve is 22 years old. Her new boyfriend stopped calling her after she revealed that she thought she might be pregnant with his child. They had been dating for about two months. Today, Genevieve stopped by a grocery store to buy a pregnancy testing kit. She also buys some groceries including a six-pack of beer. On her way home, she is pulled over for speeding. When she hits the brakes, her groceries tip over. The pregnancy test tumbles into plain view on the backseat next to the six-pack of beer.

Detaining officer:

SECTION: III. PREVENTION
ACTIVITY: IDENTIFY LOCAL EFFORTS

I. Are you aware of any local efforts at increasing FAS awareness in your community?

If so, please describe the type of effort (public education, posters, training, etc.) and the location where the effort took place or where the item may be found (within tribal community, community college, medical brochures available in lobby).

#	Type of FAS Awareness Effort or Event	Location
1.		
2.		
3.		

Case Study: Charles Gaston

Charles Gaston was adopted and raised by a middle class family in Sacramento, California. At the time of adoption the social worker informed Charles' new parents that his birth mother was drunk on the evening she went into labor with her child. His baby pictures exhibit some physical characteristics of FAS, small eyes, a flatened philtrum, and a thin upper lip. Charles experienced social problems as a child and adolescent. He was often alienated by other kids. He fell into the "wrong" crowd and was easily manipulated by his friends. Charles' adoptive mother describes him as having average intelligence, but the inability to rationalize like everyone else. During his youth Charles was arrested and sentenced to jail twice for unarmed robbery.

At the age of 29 Charles spent a lot of his time with transients in a Sacramento city park. One evening he held up a convenience store. Charles positioned his fingers in the shape of a revolver and shoved his hand in his jacket pocket. Then, pretending to have a gun he attempted to rob the store. The store clerk brought out a gun he kept for protection. The men struggled for control of the gun. During the scuffle Charles shot the clerk in the head. Charles did not attempt to run away, but merely stood over the body until the police arrived.

Charles admits to the murder and is serving a sentence of life without the possibility of parole.

Before the attempted robbery and murder of a Sacramento city resident, Charles Gaston was involved with the criminal justice system for unarmed robbery twice before.

1. Apply the FAS/ARND screening checklist and make a recommendation to the judge regarding Charles' sentence.
2. Looking at Charles's case history, what FAS indicators were present?
3. Would a justice system screening protocol have changed his fate?

FBI probe ends

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Posted: June 07, 2000

by: [David Melmer](#) / Indian Country Today

RAPID CITY, S.D. - There will be no charges against anyone in the death of Robert "Boo" Many Horses.

After an investigation by the Justice Department's Civil Rights Division, in cooperation with the FBI, it was determined that no charges would be filed against four individuals, said U.S. Attorney Ted McBride. In fact, there will be no charges coming from the state either. Dan Todd, Walworth County states attorney, said the state would not pursue any further charges against four teen-agers involved in the incident.

"The state has no intentions of pursuing the matter further," Todd said. He added that the federal investigation turned up no new evidence or information that would warrant any charges.

The teen-agers were initially charged by the state for manslaughter and aggravated assault in connection with Many Horses' death. A Circuit judge dropped the charges because of the lack of evidence. Todd said to pursue the case further would have the same result.

The recent investigation was opened because of some allegations that Many Horses may have been the victim of a hate crime. At a U.S. Civil Rights Commission forum held in Rapid City in December 1999, Commission Chairwoman Frances Berry asked States Attorney Todd if something could be proven against the four. At the time, Todd said a few misdemeanors could be proved, but added the state took its best shot.

"The federal investigation into this incident was careful, thorough and independent," McBride said in a prepared statement. "All known avenues of the investigation were explored."

He said the FBI obtained statements from the four who were charged, explored medical records and opinions and reviewed allegations the four had previously been hostile toward American Indians.

To prove a hate crime occurred, the government had to prove Many Horses' death was the result of racial animosity. It would also have to prove Many Horses was deprived of his right to attend public school, be employed, serve as a juror or use a public facility, such as a movie theatre or restaurant.

Many Horses' body was found in a garbage container in a alley in Mobridge June 30, 1999. The autopsy indicated he died of alcohol poisoning. Blood toxin levels were listed as .446, considered to be lethal. It takes .10 to be legally intoxicated in South Dakota.

Magistrate Judge Tony Portra of Aberdeen dismissed the state's charges against the four teen-agers in October 1999. He said the evidence against Layne Gisi, 19, Jody Larson, 19, Ryan Goehring, 16, and Joy Lynn Hahne, 17, was insufficient to prove the charges brought against them.

"The court wishes to make it clear that it does not decide at this time that no offense has been committed by these defendants, only that the elements of the offenses charged have not been met," Portra said.

Many Horses, who suffered from Fetal Alcohol Syndrome, was drinking with the four the night he died. Statements to investigators indicated they had been drinking in a field outside of town where they drank and listened to music. Many Horses is said to have passed out, the group drove back to town where they put him in the garbage can, more as a joke, they told the investigators.

The Many Horses case is one of those used as evidence by the state Advisory Committee on Civil Rights to ask the U.S. Commission to conduct a forum in the state. The forum gathered information that would provide a link to inequality in the justice system in South Dakota for American Indians.

McBride said the federal investigation is over. The U.S. Justice Department investigations covered civil rights statutes, the only areas where the federal government had jurisdiction in the case.

Agency helps keep Detroit's American Indians alive

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Posted: May 23, 2001

by: **Mark Fogarty** / Today correspondent

LINCOLN PARK, Mich. - Without agencies like American Indian Services Inc. here, some Detroit-area Native people would face starvation, its director believes.

Fay Givens, the agency's executive director, sees hunger "all the time" here, just south of Detroit.

It feeds as many as 60 to 70 American Indians a month in the winter and she says there's never enough money.

The agency participates in a group called the Hunger Action Coalition, giving out gift certificates to be cashed in local grocery stores, but Givens says that money is gone in three days. Then she must use money from an emergency needs program, and finally refer them to other food pantries.

But Givens says her clients are reluctant to go to mainstream groups for food, fearing their children will be taken from them and placed in foster homes.

"What hurts the most is if we can't help them." Workers will even pass the hat to collect money for needy clients.

The agency serves Wayne County which includes the city of Detroit. Givens estimates there are at least 40,000 American Indians in the area, which includes those from Canada who freely cross the border because of provisions of the 18th century Jay Treaty.

She estimated the American Indians in Wayne County have a poverty level two and a half times any other ethnic population, and said "there's very little in the way of programs to help people." Some receive food stamps, but safety net programs like welfare are mostly a thing of the past.

Givens sees American Indian mothers suffering from Fetal Alcohol Syndrome or depression who just can't keep jobs under welfare-to-work programs. They can qualify for Social Security disability which comes to \$529 a month, and "you can't live anywhere, much less Detroit, on \$529 a month."

She said the money goes to rent and the client has to scrounge for food.

Without agencies like hers and others, "People would literally starve."

The federal government gives assistance to a large number of Natives, but there's clear evidence of a significant dropoff in American Indians receiving food stamps and welfare, and a small decrease in the number of women, infants and children getting help through the WIC program - even as the American Indian population of the country went up by a large percentage during the 1990s.

During fiscal 1997, government figures show, 95,000 American Indian households received food stamp assistance. Those families had a total household population of 313,000. By FY 1999, those numbers shrank to 88,000 households and 281,000 people. The pro-rated dollar amount of assistance also shrank, from an aggregate of \$22,740,000 to \$20,546,000.

Welfare numbers show an even bigger drop. In fiscal 1996, the last full year of the old welfare program (Aid to Families with Dependent Children) 1.4 percent of 4.5 million total welfare families were American Indian. That number, approximately 63,000 families, shrank to 47,000 families in FY 1998 under the welfare reform program (Temporary Assistance to Needy Families) and for fiscal 1999 even farther, to about 40,000 families.

Doing similar calculations on the WIC program indicates a small dropoff, from about 123,000 American Indians getting assistance in FY 1996 to 120,000 in FY 1998. This has happened even as overall participation in the program rose 4 percent.

American Indian and Alaska Native populations increased by almost 20 percent in the last decade, to 2.475 million, the 2000 Census noted. (Another 400,000 are Native Hawaiians or Pacific Islanders, the Census Bureau reported. And if those who classify themselves as partly Native are included, the number rises to an even 5 million.

South Dakota wrongful death case changes venue

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Posted: February 07, 2003

by: [David Melmer](#) / Indian Country Today

RAPID CITY, S.D. - Three non-Indian young people face a wrongful death civil lawsuit in the death of Robert "Boo" Many Horses that occurred almost four years ago.

A civil suit was filed in Walworth County on July 19, 2000 on behalf of Many Horses' foster mother and his estate, but because of pre-trial publicity a change of venue was requested and granted.

Legal documents state that a group of young people had been drinking and listening to music in a field on the outskirts of Mobridge. Many Horses was said to have passed out. The group drove back to town where Layne Gisi put him upside down in a garbage container. Those involved said it was a joke.

Many Horses, a physically challenged person who suffered from Fetal Alcohol Syndrome, was found dead the next morning in a Mobridge garbage can.

"The four knew where he lived, yet they decided to put him upside down in a trash can in an alley just two blocks from his home," said Charles Abourezk, Rapid City attorney for the Many Horses Estate.

None of the defendants faced criminal charges in the June 30, 1999 death of Many Horses. The American Indian community was very upset over the dismissal of charges and race relations in Mobridge, where the incident took place, and in the surrounding areas. The case has become a symbol of the lack of equity of justice in the American Indian community, said Abourezk.

The summer of 1999 was an especially heated time. In addition to Many Horses' death, American Indian homeless were found dead along a creek in Rapid City, two men were found bludgeoned to death on the southern boundary of the Pine Ridge Reservation, and a young woman was killed by a car near the Sisseton-Wahpeton Reservation.

American Indians across the state were stymied about what action to take when none of the deaths were resolved with arrests that stuck. Still today, no one has been criminally charged in any of the cases.

The U.S. Civil Rights Commission was called to South Dakota to listen to the concerns of American Indians and also to federal and state law enforcement and judicial representatives about why there is a perception of non-equality of justice for American Indians in the state.

In the Many Horses case, criminal charges against Layne Gisi, Jody Larson, Ryan Goehring and Joy Lynne Hahne were dismissed at the preliminary hearing when Magistrate Judge Tony Portra found there was not enough evidence to prove the charges against them. All defendants are now over the legal age.

When Judge Portra dismissed the charges in the Many Horses case he made it clear that there was an offense committed, but that the elements of the offenses had not been met.

The preliminary news released about the case indicated a hate crime. The FBI was called in late to investigate a hate crime, but had to prove it was the result of racial animosity, which it did not do.

States Attorney Dan Todd of Walworth County told the Civil Rights Commission that a few misdemeanors could be proven and then said the state had taken its best shot at prosecuting the case.

Goehring is no longer named in the civil wrongful death suit. Those charges were dismissed because he has agreed to cooperate, Abourezk said.

"We are pleased that the court recognized the difficulty in obtaining a fair trial in Walworth County with all of the pretrial publicity that has already occurred.

"The family is looking forward to a jury trial on the allegations of wrongful death and civil assault and battery arising from Robert's death," said Abourezk.

A jury trial is set to begin on May 5 in Aberdeen, S.D.

If any justice is to be accomplished, the civil trial will have to be resolved. Most of Indian country in the region still talks about this and many other cases that have not come to proper resolution.

Agreement reached in wrongful death lawsuit

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Posted: May 01, 2003

by: **Staff Reports** / Indian Country Today

ABERDEEN, S.D. - An out-of-court settlement has been reached in a civil lawsuit over the death of Robert Many Horses, 22, an American Indian found dead in a garbage can in Mobridge in June 1999.

Many Horses' foster mother, Lila Martel of Mobridge, was named court-appointed representative of his estate and filed the suit against three people: Layne Gisi and Jody Larson of Mobridge and Joy Hahne of Trail City. Gisi and Larson were 19 years old when Many Horses died. Hahne was 17.

Martel's attorney, Charles Abourezk of Rapid City, said the family planned to ask for \$1 million when the case went to trial in May.

Abourezk said all parties had agreed to keep terms of the settlement confidential. He said the settlement states that the three defendants must meet "face to face" with Martel.

"My client was pleased with the outcome of the case," Abourezk said. Martel "feels that the value of Robert's life was recognized by the terms of the settlement, which was the most important thing to her in the case," the attorney said.

In 1999, a circuit court judge dismissed criminal charges against Gisi, Larson and Hahne in connection with Many Horses' death, citing insufficient evidence. An autopsy concluded Many Horses died of alcohol poisoning.

Many Horses' death touched off accusations of racial inequity in the state's justice system. The three defendants and one more person never faced criminal charges for the incident. Many Horse's body was discovered the morning after a night of drinking. He was found upside down in an alley garbage can in Mobridge. Many Horses was a physically challenge person who suffered from fetal alcohol syndrome.

The American Indian population in the state expressed emotions ranging from bewilderment to rage over the fact than none of the four involved were charged in the case.

The FBI and local investigators nor state DCI investigators found enough evidence to satisfy the judge to conduct a trial.

State's Attorney Dan Todd of Walworth County, where the crime was committed said that a few misdemeanors could be proven and then said the state had taken its best shot at prosecuting the case.

(Staff and Associated Press reports.)

- Part 1
- Part 2
- Part 3
- Part 4
- Part 5
- Part 6

FAS and FAE sufferers 'consciously do the wrong thing'

Alcohol-related brain damage prevents some from forming well-developed consciences.



John Eastlack's grin at his murder trial may have been indicative of his fetal alcohol syndrome.

For some who start life drunk, the only future is a prison cell.

Among the problems associated with fetal alcohol syndrome, the most costly may be the impact on the criminal justice system.

Seventy-five percent of men with fetal alcohol effects get in trouble with the law, as do 55 percent of men with FAS, according to a study released last year.

For women, the rates are nearly as high.

For some, the crime is shoplifting.

For others, it is murder.

In what appears to be the first ruling of its kind, the death

ARTICLES

[A ticking bomb](#)

[Fetal alcohol legacy: mayhem and murder](#)

SIDEBARS

[FAS called common on death row](#)

VOICES

"What really surprised us was that the people with the higher IQs actually have more problems. Sometimes they look normal, so they don't fit into any of the traditional categories. They sometimes aren't diagnosed easily, and people call them lazy. They get into a lot of trouble."

- Pam Phipps, research manager of Fetal Alcohol and Drug Unit at the University of Washington, which has followed hundreds of people with FAS and FAE for as long as 25

years.

"These kids hit adolescence and begin to have conduct problems. They may become oppositional or defiant. They're treated differently by teachers, parents and police. We need to educate the police and other professionals on how they need to be handled."

- Kris Kaemingk,

clinical

neuropsychologist who

works with children

with FAS and FAE.

"As a child I lived in an apartment building in Poland. The apartment building's concierge lived in the basement with his two children. You couldn't play with them. They'd grab toys and throw them. They would throw my doll against a wall and break the furniture in my doll house. I would get pushed around. They had horrible tempers and were out of control. When I saw the article in the paper in the early '70s about FAS and saw the faces of victims, I thought, 'This is them.'"

- Dr. Anna Binkiewicz,

University Medical

sentence of convicted Tucson killer John Patrick Eastlack was reversed by a Tucson judge this year, based in part on Eastlack's FAS. Eastlack, whose FAS wasn't diagnosed until this spring, will spend the rest of his life in prison.

Debbie Cohen, director of the New Jersey Office for Prevention of Mental Retardation and Developmental Disabilities, said alcohol-related brain damage prevents some people from forming well-developed consciences.

"There's a real, real difference in ethical issues with kids with FAS and FAE," Cohen said. "In my experience, people with FAS and FAE consciously do the wrong thing."

Cohen is a guardian for a child with FAE who has lived with her for two years.

"They are unable to really assess the consequences of their actions," she said.

People with FAS and FAE often cannot control their impulses, and have poor judgment. Mixed with poor self-esteem, the combination can mean trouble.

Patricia Tanner Halverson, a Tucson psychologist who evaluates delinquent children at Pima County Juvenile Court, believes as many as half of all delinquent children may have been exposed to alcohol prenatally.

And she believes an even higher percentage of adult criminals have prenatal alcohol damage.

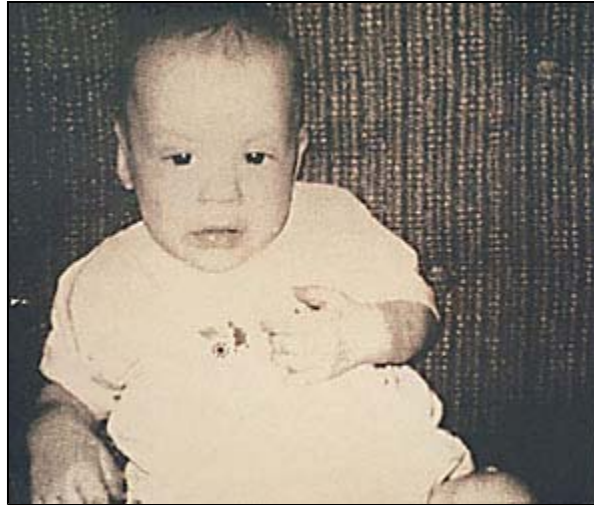
Many are repeatedly in the criminal justice system.

"Their brain damage prevents them from learning from their past experiences," Tanner Halverson said. "They simply don't learn from their mistakes."

"Judges ask me, 'Why does this kid keep doing this over and over again?' Parents ask me, 'What's wrong with my child?' What this child has is the behavior of a person who's had too much to drink. And they don't ever have a chance to sober up."

Tanner Halverson said the lack of judgment and impulse control caused by prenatal alcohol damage also makes many of these children and adults easy victims.

"They have a very hard time making friends, so they tend to fall in with a crowd that accepts them and uses them," she said. "In a crime, they are often the fall guy, the patsy. When a group wants to steal a six-pack of beer, he's the guy they send in. He runs in, gets caught, and the others get away."



John Eastlack was a quiet baby and his FAS symptoms went undiagnosed until after his double murder.

Another problem she sees is a lack of remorse. "I see some FAS kids who are very unsympathetic. It just escapes them."

Tanner Halverson said those who work in the criminal justice system must educate themselves on the impact of alcohol-related birth defects.

But, she added, in cases involving violence, perpetrators must be held accountable.

"If you're going to hurt or kill or maim or rape, we have a duty to protect society, even if it's not the fault of the person that has FAS," Tanner Halverson said.

She is opposed to executing murderers with FAS.



Halverson

Tanner Halverson said many of the alcohol-damaged children she evaluates have sexual problems. They often victimize, or are victimized.

"They don't understand what is an appropriate touch," Tanner Halverson said. "They're full of all this sexual energy and don't comprehend their boundaries."

About 45 percent of people with FAS and FAE engage in inappropriate sexual behavior, according to a study released last year by the University of Washington.

Tucsonan John Kellerman, 20, has fetal alcohol syndrome.

His sexual urges have gotten him in trouble at school and elsewhere in the community.

"Sometimes he makes phone calls and says things he shouldn't," said his mother, Theresa Kellerman. "He makes inappropriate sexual remarks. I worry about what's going to happen to him when I'm not around to take care of him. My biggest fear is that he'll do something that will get him locked up. He'd be lost in the corrections system. Even an overnight stay in jail would be devastating."

Seventy-five percent of men with FAE have a history of confinement - either in prison, a mental health institution or drug and alcohol inpatient treatment. Most often, they end up behind bars.



Undated family photo of John Eastlack.

Pima County Juvenile Court Judge Nanette Warner believes some of the children she sees may have prenatal alcohol damage, but their handicaps are hidden.

"The undiagnosed are a big problem," she said. "We're missing a lot of these kids, the ones without the dramatic physical characteristics. I think it's a huge problem."

She said being placed in a healthy adoptive or foster family isn't always enough to overcome the overwhelming disabilities.

"They have a real dysfunctional way of approaching life that has a biological basis," Warner said. "Environment can overcome that to a certain degree. You can take a child with problems, and a real good environment can affect biology. But this is definite brain damage. They're not wired the same."

Warner doesn't believe prison is the best alternative for people with prenatal alcohol damage.

"But you have to balance societal protection and rehabilitation," she said. "To the victim, it doesn't make a difference if someone died because of a psychopath or because of FAS."



Warner said people who work in the criminal justice system are not trained to look for FAS or FAE.

"It's not a standard screening question here," Warner said. "It should be part of every psychological and physical evaluation. It should be part of the family history that

probation officers take."

Some end up in the criminal justice system after years of floundering through life.

"Their self-esteem is so damaged," she said. "When you have bad self-esteem, you tend to make bad choices."

Warner said when she sees pregnant girls in court, she warns them of the dangers of drinking.

She told of a pregnant 16-year-old who had been a passenger in a car that was stopped. The girl, who was six months pregnant, had a blood alcohol level of 0.089. In adults, a level of 0.10 is considered legally drunk.

"Part of her probation was to learn about FAS and FAE," Warner said.

She believes society is just beginning to understand the impact of FAS and FAE on the criminal justice system.

"It may be like ADHD (attention deficit hyperactivity disorder) was 10 years ago," she said. "We're just starting to see what kind of an impact it has."

FOR HELP

Families affected by alcohol-related birth defects can get information and support from these

organizations:

Fasstar

Enterprises:

<http://fasstar.com>

National Organization on Fetal Alcohol Syndrome (NOFAS), (800) 66-NOFAS.

<http://nofas.org>

Family Empowerment Network: Support for Families Affected by FAS/FAE. (800) 462-5254.

The Arc, (800) 252-9054.

<http://thearc.org>

A ticking-bomb baby



John Patrick Eastlack is returned to Tucson after his 1989 arrest in El Paso.

He was their dream baby, the child they chose to make their own.

The young couple first saw him at an adoption agency as a Minnesota snowstorm raged.

"He was a little blue bundle, wearing a blue snowsuit and white snow boots," said the woman who would later adopt him. "Perry was his name. We held him and played with him. And then the social worker took him away and said, 'Now you have to decide if you want the child.' We desperately wanted to have more children, but we could not. Of course we wanted him."

And so Perry, after bouncing around the foster care system for 16 months, became John Patrick Eastlack. He was taken home by his parents and sister. They were eager to share their love with this beaming 16-month-old boy.

But all the love in the world couldn't fix the brain damage his family was unaware of. They didn't know mental illness had plagued his birth family for generations. They didn't know his mother had gotten so drunk during her pregnancy that she had to be rushed to a hospital after passing out.

It would be nearly 30 years before they finally had a name

for what caused the child's erratic and criminal behavior - fetal alcohol syndrome.

And before they could diagnose the disorder, Eastlack would become a killer.

In what appears to be the first ruling of its kind in the nation, a Pima County judge decided last April that because of Eastlack's FAS, his death sentence for the brutal 1989 murders of Tucsonans Kathryn and Leicester Sherrill should be reduced to life in prison.

Judge Pro Tempore John Lindberg ruled that because of Eastlack's FAS and genetic history, he has a "limited ability to comprehend cause and effect."

Because of the ruling, Eastlack's adoptive mother, Katherine Norgard, knows that although her 30-year-old son will spend the rest of his life behind bars, he will not be executed.

A diagnosis of FAS does not change the facts.

"Because John has FAS doesn't make it any easier," Norgard said. "It's still horrible. It's horrible what happened to the Sherrills and their family, and it's horrible what happened to John's life and our life."

But the FAS diagnosis helps her to understand her son's frustrating behavior.

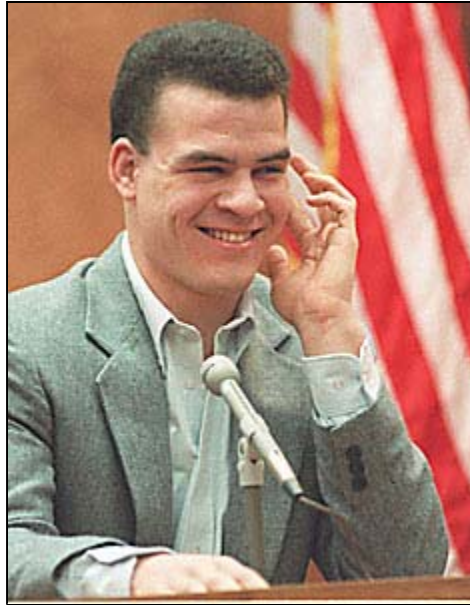
Early on, John was a stress on the family. Looking back, the grin he always wore on his face was more eerie than charming. The smile came at inappropriate times - often when he knew he was in trouble.

The grin has followed him through life. At his trial, he was nicknamed "Smiling John" for his bizarre behavior in the courtroom.

In an almost boastful manner, Eastlack shared with anyone who would listen the gruesome details of the day he murdered the Sherrills.



Workshops on
FAS can be
arranged through
Fasstar
Enterprises:
<http://fasstar.com>



John Eastlack smiles on the stand.

He grinned throughout his trial, sometimes chuckling at inappropriate moments as he testified about killing the kindly philanthropists, who were in their 80s.

And when he was sentenced to die, Eastlack seemed to shrug off execution, saying it was better to "burn out than fade away."

But the image of the grinning killer is not the Eastlack that Norgard knows.

"He's a real loving person," she said. "John was very cuddly. Even as a teen, he'd sit on my lap."

Not knowing how damaged his brain was, Norgard believed she and her family could make up for the heartbreak Eastlack experienced as a baby.

He was taken from his parents at birth and moved from home to home. One foster family returned him because they were going on vacation and didn't want the hassle of taking a baby along.

He was unable to form a loving relationship with any adult.



But Norgard believed her family could provide everything the child needed to be a success.

There were problems early on.

For as long as she can remember, Eastlack stole things and lied.

"He stole from my purse his whole life, and from his dad, his sister, his playmates," Norgard said. The stealing started in preschool, with anything Eastlack saw that he wanted.

His adoptive parents noticed odd behavior early on.

Norgard said he would entertain himself for hours with a pebble he found on the floor.

On his tricycle, he would struggle through potholes. His brain just didn't get the message that it would be better to ride around them.

By first grade, his parents were so concerned that they took him to a counselor.

"We were told he was irresponsible and made bad choices. That's all we had to go on. I had heard about fetal alcohol syndrome, but it never hit me. I never made the connection with John. Nobody guessed his brain didn't have all the parts he needed."

Eastlack was much like his birth father, a man who Norgard believes also had FAS. "Like John, he was sociable, likable. But he always did dumb things."

Not long after John was born, his birth father was shot dead by police as he ran after stealing from a pinball machine, Norgard said.

His mother, a young girl from Minnesota, had been taught by her mother to shoplift. She passed that knowledge on to her own daughter, Eastlack's sister, whom she raised.

Like his father, Eastlack did not do well in school. The family moved from Minnesota to Tucson in 1972, and John attended preschool at Second Street School.

"The teachers liked him, but it was always like he was in the wrong place," Norgard said. "He wasn't a mean kid. He wasn't a violent kid. But he was always on the edge."

She said he had trouble learning. "He didn't learn to read until much later, and he had major trouble learning to spell. He'd get it, and then five minutes later it would be gone. It was so frustrating."





Eastlack shared with anyone who would listen the gruesome details of the day he murdered the Sherrills. He grinned throughout his trial, and when he was sentenced to die, Eastlack seemed to shrug off execution, saying it was better to "burn out than fade away."

Eastlack attended a number of schools, doing well in the classrooms with intense structure and falling apart in the classes that offered more choices.

"He just got lost," Norgard said. "It was like he couldn't navigate."

The stress involved in raising her troubled son was devastating to her marriage, Norgard said.

"You can't do right by the child, and you get into blaming each other," Norgard said. The couple divorced in 1975.

In junior high, Eastlack attended Tucson Christian School, where he did well. But when it was time for high school, Eastlack, who was athletic, desperately wanted to attend Rincon High so he could play football. It was a disaster.

"John couldn't manage it. He just got lost." He ended up getting his GED at the state's Department of Juvenile Corrections' Catalina Mountain School, when he was locked up for stealing.

After high school, Eastlack continued to commit crimes and continued to get caught. "John was not a good criminal," his mother says. "There was nothing I know of that John did that he didn't get caught for."

He also spun wild tales, creating new identities. He would tell people he was a secret agent from a faraway land, or that he was in the CIA.

At the time of the 1989 murders, Eastlack was on the run after escaping from the Arizona State Prison Complex-Tucson. He was serving a nine-year sentence for credit card fraud.

Norgard won't ever forget the moment she heard her son was suspected of murder.

"I was at Speedway and Swan in my car, and I heard it on the radio. They said escaped convict John Patrick Eastlack was charged in a double homicide. It was just preposterous to me. I couldn't believe it. But I also knew they couldn't report something on the radio that was a lie. I went into shock."

Eastlack, it turned out, was running through the desert on Tucson's East Side, looking for a car to steal. He knocked on the Sherrills' door and asked to use the telephone.

While inside the home, a news bulletin about his escape, including his photo, flashed on the television. Claiming that petite, frail Kathryn Sherrill came after him with a fireplace poker, Eastlack beat the couple to death and stole their car.



Publications

Here are publications concerning fetal alcohol syndrome and fetal alcohol effects that offer strategies for working with affected children and adults:

"Fantastic Antone Succeeds!" J.M. Kleinfeld and S. Wescott. Call University of Alaska Press, (907) 474-6389.

"Fetal Alcohol Syndrome/Fetal Alcohol Effects: Strategies for Professionals," by Diane Malbin. Call (800) 328-9000.

"Fetal Alcohol Syndrome: A Guide for Families and Communities," by Ann Streissguth. Call (206) 543-7144.

"Preventing Fetal Alcohol Syndrome and Other Alcohol-Related Birth Defects: Teacher's Manual." Order #20-4, (817) 261-6003.

"Understanding the Occurrence of Secondary Disabilities in Clients with Fetal Alcohol Syndrome and Fetal Alcohol Effects." Call (206) 543-7155.

All these books can be purchased online at the [FAS Store](#)



In spite of being a difficult child, John Patrick Eastlack always wore a grin.

He was captured in El Paso after a story about the murders appeared on "America's Most Wanted."

In her fight to keep her son from dying in the gas chamber, Norgard flew to St. Paul to visit the adoption agency. "I had to make some sense of it," she said. After much insistence, the agency shared information with her about Eastlack, and Norgard met his birth mother.

"This was all a horrendous shock to the birth mother," she said.

And that is when Norgard learned that her son had been damaged in the womb by alcohol.

Norgard has lived with guilt, wondering whether she could have set Eastlack on a different path.

"But I think I tried everything I could, and it was just John."

The mother and son have frequently talked about the murders.

"He can't believe he did it," she said. "He's told me, 'Mom, I knew it was me. I can see myself doing it. But it was like I wasn't there.'"

Had Norgard known about FAS, she would have structured Eastlack's life differently.

"I would have kept him in a very structured school environment and limited his choices. I would have held his hand through life as much as I could."

Now, Norgard's only son will spend the rest of his life behind bars.

"I got permission for a contact visit in 1991, and that's the last time I hugged my son," she said. "It was a good hug, but it wasn't a seven-year hug."

You Can Take Action!

- Stop drinking now if you are pregnant or nursing.
- Stop drinking now if you are planning to become pregnant or there is a possibility you might be pregnant.
- If you know someone who is pregnant and drinking alcohol, encourage her to stop.

Cutting down on alcohol consumption is not enough.

Even moderate alcohol consumption during pregnancy can have serious, long-term adverse effects on the fetus and child.

Find Support!

- *Friends/Family*
- *Community*
- *Indian Health Service Hospitals and Clinics*
- *Health Representatives and Wellness Workers*
- *Safe homes and shelters*
- *Native or Culturally Relevant Alcohol and Drug Rehabilitation Programs*
- *Teachers*
- *Elders*
- *Spiritual or Religious Leaders*

For more information about Alcohol Abuse please contact your local Indian Health Services Provider:

Portland Area Office

Services states of WA, OR & ID
Phone: (503) 326-2020

California Area Office

Services all California Tribes and locations
Phone: (916) 930-3927

For more information about Fetal Alcohol Syndrome and alcohol-related disorders contact:

The Centers for Disease Control and Prevention

National Center on Birth Defects and Developmental Disabilities

Phone: (404) 498-3947

This pamphlet was produced by the
National Indian Justice Center
For More Information on
Fetal Alcohol Syndrome Awareness and Education
Materials Contact:

5250 Aero Drive, Santa Rosa, CA 95403
Phone: (707) 579-5507
Fax: (707) 579-9019
Email: nijc@aol.com

Choosing a Path of Prevention

Against Fetal Alcohol Syndrome and Alcohol Related Neurodevelopmental Disorders



**When you are pregnant,
drinking alcohol can
hurt your baby!**

**Any amount of alcohol
consumption during
pregnancy has the
potential to cause your
unborn child a lifetime
of mental disability.**



FAS/ARND

Fetal Alcohol Syndrome/
Alcohol Related Neurodevelopmental
Disorders

- Drinking alcohol during pregnancy is the leading cause of **preventable** birth defects.
- FAS/ ARND and other alcohol related disorders are entirely preventable by abstaining from alcohol during pregnancy.
- The rates of FAS among the American Indian population varies from tribe to tribe. The Centers for Disease Control and Prevention reports the rate to be 29.9 incidences of FAS per 10,000 births. In some Indian communities rates are much higher. Southwest plains Indians report 1 incidence of FAS per 102 births.
- Everything you eat and drink while you are pregnant affects your baby. Drinking alcohol can affect your baby's growth. It can cause your baby physical and behavioral problems that will last a lifetime. It can harm your baby's brain even though he or she looks normal.

- ***FAS/ARND is a challenge that lasts a lifetime.***
- ***If you drink alcohol during your pregnancy your baby may be born with birth defects that will never go away.***
- ***FAS/ARND threatens the health and vitality of our children, communities and culture.***



Children whose mothers drink during pregnancy may be born with:

- Permanent brain damage
- Heart and other organ defects
- Height and weight deficiencies
- Problems eating and sleeping
- Problems hearing and seeing
- Learning disabilities
- Behavioral problems
- The need for special medical care throughout their lives
- The need for special teachers and schools
- Trouble getting along with others and controlling their behavior

Common questions about drinking alcohol during your pregnancy:

Can I drink alcohol while I am pregnant?

No, you cannot drink alcohol while you are pregnant. If you are drinking alcohol, so is your baby.

Is there any amount or type of alcohol that is safe to drink?

Since everyone metabolizes alcohol differently, alcohol in any amount and of any kind has the potential to harm your baby.

I drank during my last pregnancy and my baby seems fine.

Every pregnancy is different. The impact of alcohol will affect each baby differently. Alcohol may cause visible defects in one baby, while another is born without visible defects. There is no way to predict the outcome. Not drinking is the only way to protect your children.

Will these problems go away?

No, the effects of alcohol exposure will last throughout the lifetime of the child. Children with FAS/ARND will require special care and treatment, and may not be able to care for themselves when they become adults.

What if I am pregnant and have been drinking?

Stop drinking now. Your baby will have a better chance of being born healthy. If you are planning a pregnancy, do not drink alcohol. You could become pregnant and not know it. Alcohol can harm a baby even if you are only one or two months pregnant when you drink.

How can I stop drinking?

If you need help, consult a doctor, nurse, spiritual advisor, or find a local clinic or program. Meanwhile don't let people pressure you into drinking. Try to stay away from people or places that tempt you to drink alcohol.

Friends and family can show support through encouragement or joining the expectant mother in choosing to be alcohol-free!

How SCREAMS Began

I'll never forget the day that I first realized the success I had achieved as a mother of a young adult with FAS. When the light of awareness went on in my mind, it was bright in contrast to the darkness I had been carrying for years. I had been somewhat depressed over the hopelessness of the idea that FAS is permanent brain damage for which there is no cure. What made this concept so devastating is that it is 100% preventable - theoretically speaking anyway.

My son John had just turned 18, that magical age when a person legally becomes an adult. But I knew that he really was and always would be a boy in a man's body, never able to function independently in the true sense of the word. He would always need supervision and supports. I had tried so hard all his life, worked so diligently, to help him achieve his potential, and it was hard for me to accept that, in spite of all my efforts, he would always need to be in the care of others to stay safe and well and living with a decent quality of life.

When I started my journey as John's mother, I was a foster parent for special needs babies, and John came to me a scrawny little thing a few weeks after his birth, only 4 pounds, with a diagnosis of FAS. As delighted as I was to have a diagnosis, it was not long until I learned that there was almost no information available regarding prognosis or intervention. His future was a big question mark, and I realized I might have to rely on my "whatever works" philosophy of intervention. After I adopted John, I followed Ann Streissguth's continuing studies on children and adolescents with FAS, and that helped me to know what behaviors to expect and what problems to try to prevent. As other parents know, day to day life was challenging, sometimes joyful, sometimes frustrating. And as John reached adulthood without the abilities to live as an adult, I felt discouraged that nothing I could do for him would reverse the physiological damage of FAS. Until my "awakening" to a new reality.

It was that September day in 1996 that Dr. Ann Streissguth revealed the results of her long-term

studies on secondary disabilities associated with FAS disorders. I was sitting in the auditorium in Seattle with other conference attendees. Streissguth noted the primary disabilities associated with FAS - the delayed growth, the facial characteristics, the physiological anomalies, and the dysfunction of the central nervous system. I recognized that John had just about every primary disability that was mentioned. Then Streissguth talked about the secondary disabilities that the individuals in her study developed: mental health issues such as clinical depression that in 23% of adults led to suicide attempts; dropping out or getting kicked out of school, getting in trouble with the law, sexual assault, abuse of alcohol and other drugs. These are among the secondary disabilities that can result from having FAS disorders, more devastating than the primary disabilities, and all preventable! It was at that moment that I realized that John had reached the legal adult age of 18 without having incurred any of the secondary disabilities! Streissguth reported that the protective factors include early diagnosis, stable home environment, and appropriate support services. John came to me with the first, and I provided the others. The joy I felt, the pride that I must have done something right in raising John to have helped him get at least this far in his life with absolute success!

The strategies I had been using all the years John was growing up were not just haphazard ideas applied blindly, they were carefully thought out strategies based on what I had learned from Streissguth and other FAS experts. There was a method to my madness, and that method was something I decided to record and distribute for other parents to use as guidelines in helping their children achieve success as well. My model for intervention has been used by many other families with great success, according to the feedback I have received.

There are seven basic components that I apply, and they happen to form the acronym **SCREAMS**.

Structure, **C**ues, **R**ole Models, **E**nvironment, **A**ttitude, **M**edications/Diet, and **S**upervision.

Structure: Most people who know about FAS disorders are aware of the need for structure, but sometimes this is confused with control. While providing structure as a foundation, we need to offer choices they can handle, remain flexible, and remember KISS - Keep It Simple Sweetie!

Cues: Giving cues can be tricky, as we tend to only give verbal reminders. I call it cueing; John calls it nagging. Kids with FAS respond well to visual cues, to symbols and signs, to music and rhythm.

Role Models: Children with FAS disorders learn behavior primarily by mimicking the behavior of others. This makes healthy role models extremely important. I am reminded of this saying: "Children learn by example; unfortunately they can't tell a good example from a bad one." We need to provide positive examples for dealing with frustration and anger, for appropriate social interactions, and for life styles that are healthy. Our kids need to be shown how to act in ways that will keep them out of trouble. John learned to walk away from being shoved or hit. He learned to express his anger with words that explain what he is feeling rather than words or actions that might hurt others. When we have observed unhealthy behavior, like inebriation or violence or disrespect, we talk about it and we play act healthy reactions to difficult situations that are likely to occur.

Environment: Behavior modification is not on my list, because it has not been reported to be very effective when dealing with FAS behaviors. Our kids might understand consequences, but they usually aren't able to learn from them. Time-out may not teach them to change their behavior either, but quiet time can be used when they are overwhelmed or over-stimulated as an opportunity to self-calm before rejoining a group. Behavior mod implies changing the child. What works better for our kids is to change the environment. Avoid noisy, crowded places; reduce the chaos; and prepare in advance some coping strategies for unavoidable situations that might be too stimulating. One overlooked factor in environment is diet - avoid all artificial additives (preservatives, coloring agents, aspartame, etc.), which may increase behavior issues.

Attitude: Understanding the nature of FAS as a neurological disability helps to minimize unrealistic expectations. Dr. Calvin Sumner stated that the greatest obstacle our kids must overcome is chronic frustration from unreasonable expectations of others. I believe this attitude of understanding by all who are in the individual's life could reduce the risk of depression and suicide tendencies later. The parents whose children experience the most success are those who have achieved an attitude of acceptance that their child may not fulfill their dream of "normalcy." Again, unrealistic expectations for full independence might set the teen up to fail. The teens and young adults who enjoy the most success are those who have accepted the limitations of their disability and the need for protective restrictions.

Meds/Diet: The right combination of medications can normalize the balance of brain chemicals, and can somewhat restore function and give the individual more control over behavior, increase memory and learning, and enable the individual to function more appropriately in social interactions. The individual can also function better with daily vitamin, extra B vitamins, Lecithin, and a diet that is free of artificial additives/preservatives.

Supervision: Close monitoring is difficult to impose, especially as the child reaches the teen years and wants the same independence as they think their peers are given. Unfortunately, giving privileges due to an 18-year-old to a person with the judgment, conscience, and impulse control of a 6-year-old could result in total loss of freedom, if they end up in the hospital, on the streets, in jail, or in the morgue.

I have overcome criticisms of being overprotective and of not letting go. But my son is healthy and happy and productive, and I am proud of the success he has achieved. His quality of life is better than that of most non-disabled people. The only screams in our family are screams of excitement and joy. Especially now that John is pursuing a romantic relationship with a new female friend. But that's another story!

Once you get the hang of these **SCREAMS** strategies, you will be more likely to think of them as the SMILES!

SCREAMS

Seven Secrets to Success

© 1998-2002 Teresa Kellerman
(revised March 2006)

- **Structure:** a regular routine with simple rules and concrete, one-step instructions
- **Cues:** verbal, visual, or symbolic reminders can counter the memory deficits
- **Role models:** family, friends, TV shows, movies that show healthy behavior and life styles
- **Environment:** minimized chaos, low sensory stimulation, modified to meet individual needs
- **Attitude:** understanding that behavior problems are primarily due to brain dysfunction
- **Meds & Diet:** most individuals can increase control over behavior with the right meds and good diet
- **Supervision:** 24/7 monitoring may be needed for life due to poor judgment, impulse control

SCREAMS

Seven Secrets to Success

In preventing secondary conditions associated with Fetal Alcohol Syndrome Disorders

© 1998-2002 Teresa Kellerman
(revised March 2006)



Structure
Cues
Role Models
Environment
Attitude
Meds/Diet
Supervision

Learn why these strategies are important, how they work, and tips on how to implement them.

www.fasstar.com

Characteristics and Symptoms of Fetal Alcohol Syndrome

By Teresa Kellerman



A diagnosis of Fetal Alcohol Syndrome (FAS) is based on certain criteria: facial features, small birth weight, central nervous system dysfunction, and history of prenatal exposure to alcohol. Babies who do not have all the physiological symptoms may be given a diagnosis of Fetal Alcohol Effects (FAE).

Facial Features

Babies with FAS have many (but not always all) of the following characteristics:

- Epicanthal folds
- Small, widely spaced eyes
- Flat midface
- Short, upturned nose
- Smooth, wide philtrum
- Thin upper lip
- Underdeveloped jaw

One or two of these facial features can occur in a healthy child as a matter of genetics, features that are inherited from a birth parent. Only when several of these features are present along with central nervous system symptoms together with prenatal alcohol exposure can FAS be considered for diagnosis.

Note: Facial characteristics may not be as apparent immediately after birth or during adolescence or adulthood as they are between the ages of two and ten.

Physiological Anomalies

Babies with FAS may have low birth weight, and may have trouble gaining weight. The head circumference may be smaller than normal. Some infants may have heart defects or suffer anomalies to the ears, eyes, liver, or joints.

Developmental Delays

Most children with FAS have developmental delays and some have lower than normal IQ. The degree of physiological characteristics usually correspond with the degree of developmental delays. Most children with FAS have IQs that are legally considered in the "normal" range.

Central Nervous System

Most infants with FAS are irritable, don't eat well, don't sleep well, are extra sensitive to sensory stimulation, and have a strong startle reflex. They may hyperextend their heads or limbs, and can exhibit hypertonia (too much muscle tone) or hypotonia (too little muscle tone) or both.

Invisible but Serious

The most serious characteristics of FAS are the invisible symptoms of neurological damage that results from prenatal exposure to alcohol. These symptoms can occur in FAS or FAE:

- Attention deficits
- Memory deficits
- Hyperactivity
- Difficulty with abstract concepts (math, time, money)
- Poor problem solving skills
- Difficulty learning from consequences
- Poor judgment
- Immature behavior
- Poor impulse control

Note: These symptoms are not "behavior problems" but are a result of permanent, unchanging damage to the brain (static encephalopathy) and are not always within the child's control.

Adults with FAS have difficulty maintaining successful independence. They have trouble staying in school, keeping jobs, or sustaining healthy relationships. Children and adults with FAS are also quite vulnerable to physical, sexual, and emotional abuse.

Without early intervention services, these individuals have a high risk of developing secondary conditions such as mental illness, trouble with the law, trouble with school, abusing alcohol and other drugs, and unwanted pregnancies.

Fetal Alcohol Syndrome

FAS is a set of mental and physical disorders that can include mental retardation, brain dysfunction, physical abnormalities, learning disabilities, and psychological disorders. FAS occurs as a result of prenatal exposure to alcohol.

Alcohol causes more damage to the developing fetus than any other substance, including marijuana, heroin, and cocaine. (Institute of Medicine, 1996)

The effects can be severe or mild, ranging from loss of IQ points, attention deficit disorder and learning disabilities to heart defects, cerebral palsy, brain dysfunction, and death. Many children experience serious behavior and social problems that last a lifetime.

More children are born with FAS than with Down Syndrome or Spina Bifida. (1991, Journal of American Medical Association)

Over 5,000 babies each year in the U.S. are born with FAS. Between 35,000 and 50,000 are born with related disorders. However, most cases go undiagnosed or misdiagnosed.

FAS at a Glance



- FAS is the leading known cause of mental retardation.
- Most individuals with FAS have normal intelligence.
- FAS causes serious social and behavior problems.
- Each year in the US 5,000 babies are born with FAS.
- Ten times as many are born with alcohol related disorders.
- No amount of alcohol is known to be safe during pregnancy.
- Alcohol causes more damage to baby than any other drug.
- FAS and related conditions are 100% preventable.

Funded by a grant from the
Alaska Department of Health and Social
Services

Fetal Alcohol Syndrome
Fasstar Information Series Brochure CS071202

Fetal Alcohol Syndrome



Characteristics and Symptoms

by Teresa Kellerman
www.fasstar.com

Fasalaska Project FACTS
Fetal Alcohol Consultation
and Training Services

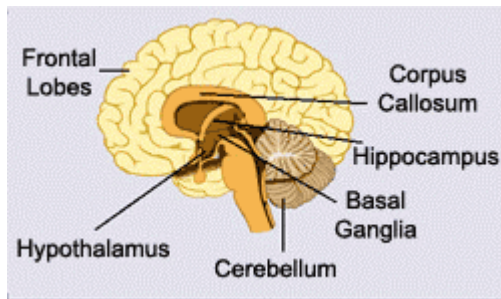
Call (907) 235-2544

www.fasalaska.com

How Alcohol Affects the Baby's Brain:

The most common effect is permanent brain damage which leads to learning disabilities, behavior problems, memory deficits, attention deficits, hyperactivity, or mental retardation. This is "static encephalopathy" meaning brain damage that doesn't get any better and doesn't get any worse. There is no way to reverse the damage to the brain.

More subtle damage from occasional binge drinking can cause damage that is like buck shot - scattered holes in the brain that affect whatever area that was developing at the time, causing brain cells death, migration of cells to the wrong place, or tangles in the neurons with inaccurate connections.



Regions of the brain most affected:

- Corpus Callosum - processes information between right brain and left brain
- Cerebellum - motor control
- Basal Ganglia - processes memory
- Hippocampus - learning and memory
- Frontal lobes - executive functions, impulse control, judgment

The corpus callosum and the frontal lobes are affected by alcohol exposure in ways that are manifested in behavior that is perceived to be inappropriate and immature.

The corpus callosum separates the right brain from the left brain and passes information from one brain to the other. The left brain controls rules, consequences, concrete ideas, practical details, and orderly sequences. The right brain controls abstract thinking, emotions and feelings, creativity, and intuition. The corpus callosum helps both sides of the brain work together to make everyday decisions.

In persons with FAS, the corpus callosum is damaged and does not function adequately. There are not as many pathways between the two sides of the brain, and so information is passed slowly or ineffectively. This may account in part for why a person with FAS/FAE has an impulse to do something, and the action may happen first, and the realization of the consequences may occur later, after the fact. They know the rules and understand the consequences, but are not able to think before they act.

"Impulsivity is when the space between the thought and the action is missing, where the frontal lobes monitor the intentions of the rest of the brain. There is a gap in the thought process and the person goes directly from thought to action."

-FAS expert Susan Doctor, University of Nevada, Reno.

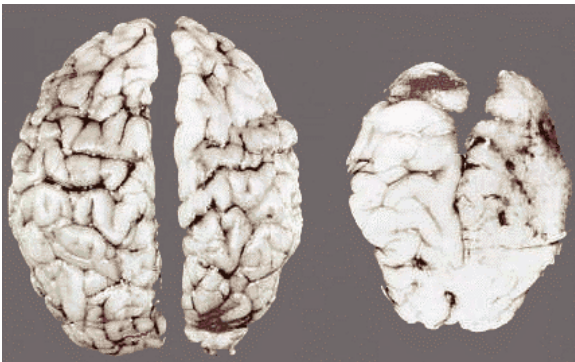
Another part of the brain that affects one's ability to control impulses and inhibitions is the prefrontal cortex, or the frontal lobes.

The frontal lobes control "Executive Functions" (EFs) (prefrontal cortex):

Executive Functions and Alcohol Effects:

- inhibitions: socially inappropriate behavior, as if inebriated
- problem solving: inability to figure out solutions spontaneously
- sexual urges: inability to control sexual impulses, especially in social situations
- planning: inability to apply consequences from past actions, lives in the moment
- time perception: difficulty with abstract concepts or time and money
- internal ordering: like files out of order, difficulty processing information
- working memory: storing and/or retrieving information
- self-monitoring: needs frequent cues, requires "policing" by others
- verbal self-regulation: needs to talk to self out loud, needs feedback
- motor control: fine motor skills more affected than gross motor
- regulation of emotion: moody "roller coaster" emotions, exaggerated feelings
- motivation: apparent lack of remorse, need external motivators

How Prenatal Alcohol Exposure Affects Development of the Brain



Brain of healthy baby

Brain of baby with FAS

Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE) are disorders that occur as a result of the consumption of alcohol during pregnancy. The alcohol molecule is very tiny and passes easily across the placenta from mother to baby, as early as 2 weeks after conception until birth. Although the alcohol can affect the development of all cells and organs, the brain is particularly vulnerable to the effects of alcohol exposure, and damage can occur throughout pregnancy.

Alcohol causes more damage to the developing fetus than any other substance, including marijuana, heroin, and cocaine.
(Institute of Medicine, 1996)

FAS at a Glance



- FAS is the leading known cause of mental retardation.
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Fetal Alcohol Syndrome
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www.fasstar.com

FAS and the Brain

How Prenatal Alcohol Exposure Affects Development of the Brain

By Teresa Kellerman
www.fasstar.com

Fasalaska Project FACTS
Fetal Alcohol Consultation
and Training Services

Call (907) 235-2544

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RED FLAGS THAT MAY INDICATE FAS/ARND

Early Childhood (1-5 years old)

- Speech, fine and/or gross motor delays
- Extreme tactile sensitivity or insensitivity
- Poor habituation
- Erratic sleeping and/or eating patterns
- Limited abstracting ability
- Lacking action/consequences connection
- Poor judgment and reasoning skills
- Little or no sequential learning
- Rage
- Lack of “stranger anxiety”
- Concern expressed by parent, pre-school staff, etc.

Elementary Years (6-11 years old)

- Normal I.Q. (or borderline or high) but immature
- Volatile and impulsive, impaired reasoning
- Socially isolated and emotionally disconnected
- Blames others for all problems
- Vivid fantasies and preservation problems
- High need for stimulation
- Possible fascination with knives and/or fire
- School becoming increasingly difficult
- May have behavior and/or emotional disorder

Adolescent Years (13-18 years old)

- No personal or property boundaries
- High risk behavior, possible gang or criminal activity
- Naïve, suggestible, a follower
- Poor judgment, reasoning and memory
- Isolated, sometimes depressed and/or suicidal
- Family in crisis
- Poor social skills
- Unable to link action and consequence, won't accept responsibility
- Unable to handle typical teenage freedom
- Doesn't learn from mistakes

Adulthood (18 and up)

- Unpredictable and impulsive
- Highly volatile (poor problem solving, violent, co-dependent relationships, etc.)
- Unable to read environment, lacking social communication
- Doesn't understand laws, rules, codes of conduct, etc.
- Poor abstracting ability (lacks understanding of safe sex/birth control)
- Pathological liar
- Spotty employment record
- Substance abuse
- Limited life skills and unrealistic goals
- Possible mental health diagnosis (depression, obsessive/compulsive, conduct disorder, etc.)

Handout copied from The Arc Northland, Duluth, MN.

8 Magic Keys

Developing Successful Interventions for Individuals with FAS

While there is no recommended cookbook approach to working with children and adults with FAS, there are strategies that work, based on the following guidelines:

1. Concrete

Individuals with FAS do well when parents and teachers talk in concrete terms, don't use words with double meanings, idioms, etc. Because their social-emotional understanding is far below their chronological age, it helps to "think younger" when providing assistance, giving instructions, etc.

2. Consistency

Because of the difficulty individuals with FAS experience trying to generalize learning from one situation to another, they do best in an environment with few changes. This includes language. Teachers and parents can coordinate with each other to use the same words for key phrases and oral directions.

3. Repetition

Individuals with FAS have chronic short-term memory problems; they forget things they want to remember as well as information that has been learned and retained for a period of time. In order for something to make it to long-term memory, it may simply need to be re-taught and re-taught.

4. Routine

Stable routines that don't change from day to day will make it easier for individuals with FAS to know what to expect next and decrease their anxiety, enabling them to learn.

5. Simplicity

Remember to *Keep it Short and Sweet* (KISS method). Individuals with FAS are easily over-stimulated, leading to a "shut-down" at which point no more information can be assimilated. Therefore, a simple environment is the foundation for an effective school program, home or work environment.

6. Specific

Say **exactly** what you mean. Remember that individuals with FAS have difficulty with abstractions, generalizations, and not being able to "fill in the blanks" when given a direction. Tell them step by step what to do, developing appropriate habit patterns.

7. Structure

Structure is the "glue" that makes the world make sense for a person with FAS. If this glue is taken away, the walls fall down. A person with FAS achieves and is successful because his or her world provides the appropriate structure.

8. Supervision

Because of their cognitive challenges, individuals with FAS bring a naivete to daily live situations. They need constant supervision, as with much younger children, to develop habit patterns of appropriate behavior.

In general, use the following strategy— When a situation with a child or student with FAS is confusing and the intervention is not working then:

- Stop action!
- Observe.
- Listen carefully to find out where he or she is stuck.
- Ask - What is hard? What would help?

Specific Tips for Parents*

- Understand the realities of the disability and do not place blame on yourself. Learn as much as you can about FAS/ARND and what you can do as a parent to become an effective advocate for your child.
- Prepare for possible negative situations or outcomes. It would be good to find a support group of parents who have children with FAS/ARND in order to prepare yourself for difficult times of raising a child with FAS/ARND. It will also help you learn how other families use different strategies to interact with their child with FAS/ARND.
- Realize this person may not fulfill your dreams for them. Try not to have preconceived or too high expectations, but take one day at a time and celebrate small victories and accomplishments made along the way.
- Understand that this may be a life long commitment. The effects of FAS/ARND are permanent, but the outcome can be good depending on the amount of effort parents are willing to invest.
- Recognize the importance of routine, consistency and family. Have a specific, easy-to-follow routine set up for your child and be as consistent as possible in little areas of life. Also, be consistent yourself by demonstrating consistency in your own life.
- From the start, establish a family operating system. Everyone is entitled to safety, privacy and respect. Have regular family meetings, distribute responsibilities and tasks fairly, the rules should apply to everyone though consequences may vary.
- Help siblings and others in the family understand that FAS/ARND is brain damage, not willfulness. Siblings without FAS/ARND need one-on-one time with parents and may resent time and energy devoted to the child with FAS/ARND.
- Take Care of the Care-Taker! You will need support as you learn how to work with your child with FAS/ARND. One resource that has been especially helpful to many parents of children with disabilities is obtaining “family support services,” such as respite care (discussed in previous section).
- Certain coping skills parents have used include:
 - Acknowledge and validate your feelings about the situation
 - Network with others
 - Find healthy releases
 - Make personal time a priority
 - Find new interests to keep your mind off of your child 100% of the time
 - Have some fun!

* Taken from FAS and Inappropriate Sexual Behavior by Teresa Kellerman, 2002 at www.comeover.to/FAS/InappropriateSexualBehavior.html.

- Many parents are concerned that their child with FAS/ARND has or will exhibit inappropriate sexual behaviors. Such behaviors include: sexual advances, sexual touching, promiscuity, exposure, compulsions, voyeurism, masturbation in public, incest and obscene phone calls. This is often due not to an inability to learn right from wrong, but due to a lack of impulse control. Monitor the situation closely and be prepared to explain to others or law enforcement what FAS/ARND is and how it affects your child. Explain the disability to your child so he or she can understand the difficulty with impulse control and to not put blame on themselves. Provide role-modeling of healthy/appropriate behavior (explain to your child why you didn't hug a certain person, etc.). Role play situations that may be problematic, such as learning to hug sideways instead of frontal. Discuss with the psychiatrist about prescribing medicines that could decrease sexual desire. Provide education and training to all staff who work with your child to understand how FAS/ARND impacts your child's inability to have control in this area and how to create more appropriate reactions.

Tips for Parents

Some family interventions include:

Find a specialist or specialized clinic where doctors will give an FAS/ARND diagnosis if the family doctor does not feel comfortable diagnosing FAS/ARND.

Contact university professors and other FAS/ARND research centers (see list of this under resources section) and ask for help to obtain services, find support in your area, etc. They are often a good source of information for families affected by FAS/ARND.

Find a support group for families affected by FAS/ARND. These can be found by contacting national organizations on FAS/ARND and asking for referrals to support groups in your area.

Access family support services (such as respite care) as needed. Some families find it necessary for one parent to reduce hours at work or give up employment to care for the child with FAS/ARND. Find public and community resources through programs such as Adoption Support, Social Security Income (SSI B a federal disability benefit), and the Division of Developmental Disabilities (DDD). You may also be able to request extra supervision (if needed for the child in the classroom or daycare) in the form of a Medicaid "personal care provider" through the DDD or SSI. Submitting applications to obtain services takes time and energy. Some families are able to do this themselves while others hire an attorney who specialize in SSI and other applications, still other families seek help from non-profit organizations who help people with disabilities (such as a local chapter of The Arc.)

Appeal all denials for appropriate services. Persistence pays off according to many families who have requested assistance.

Receive case management services for your child through the local county agency that provides services to individuals with developmental disabilities (DDD).

Access special services for your child by providing data to prove that there is a medical disability or mental disorder that is interfering with the child's sleep and consequently, their physical health. This can be done through either a medical doctor or psychologist. If the family cannot afford these evaluations, other places that may be able to fund this include: 1) school district (you can request testing by a school psychologist B test results can identify and document some of the areas where the child is having difficulty), 2) SSI federal benefits, 3) state developmental disability benefits, Adoption Support or other state child care systems (such as Early Periodic Screening & Diagnostic Testing B EPSDT).

Enlist a doctor to closely monitor children with attention/concentration problems since the child can have FAS/ARND plus other mental health conditions such as ADHD and/or bipolar disorder. Try different medications that can help with the symptoms of FAS/ARND.

Advocate with the school staff in the form of the child's IEP (Individual Education Plan) to allow the child to: 1) arrive late or 2) leave early for a shorter day or 3) take a nap at school when needed. Make sure the child's IEP plan target specific interventions such as: 1) a quiet room where Legos, a walkman, cartoons, etc. are available so the child can choose to retreat and unwind when needed, 2) Occupational therapy, 3) Sensory integration treatment, 4) Speech therapy, 5) Special education transportation, 6) Special supervision during sports or recess. Consider taking a well-trained advocate to staff or IEP meetings.

Other forms of advocacy include educating others about FAS/ARND. Educate all school staff: playground staff, teacher, principal, school counselor, bus driver, etc. with specific information about how this disability presents itself in your child. This may need to be repeated every school year due to confidentiality issues. Advocate for a full day of FAS/ARND training for school personnel.

Consider attending a training to learn how to advocate for people with disabilities, and specifically those with FAS/ARND. You can learn much more about how to obtain services through advocacy in seminars that focus on this topic only.

Seek appropriate mental health counseling from a psychologist or psychiatrist who understands FAS/ARND and who can help guide the child safely through the antisocial adolescent years

into adulthood. (See more about mental health counseling for people with FAS/ARND in the section immediately following this list).

Include documentation of genetic medical and mental health conditions in all medical records in order to be able to verify the person's diagnosis of FAS/ARND should he or she become involved in the criminal justice system. The legal community and court system are more likely to consider FAS/ARND a mitigating factor if the disability has already been established that if it is brought up after the fact and used as an excuse for criminal behavior. Provide an interpretive advocate (which can be a parent) for all legal proceedings.

Offer to provide education on the core disability issues of FAS/ARND for attorneys, judges, jail and prison personnel, victim service personnel, etc.

Check with local school districts to get their truancy regulations. Some regulations help parents keep unruly children in school by having a team of parents, school staff and judges determine how to help teens stay in school.

Find or help create a peer support group for adolescents with FAS/ARND, whether they have official meeting times or casual meetings. These relationships have been a very positive intervention for building self-esteem and self-respect because the teens identify with each other and communicate on a very clear, concrete level.

In school, arrange for a peer aide or tutor at school to help the student with FAS/ARND to transition into middle school with multiple classes, buildings and teachers.

As the child grows into adulthood, find organizations that provide fun for people with disabilities in order to ensure the person has a supportive community of friends in his or her life. One example is the local chapter of The Arc which often provides such services and supports to people with varying levels of developmental disabilities. (See resource list for more information).

If you child with FAS/ARND has a chemical dependency, request court-ordered treatment for the addiction through a criminal justice diversion program. This can be an effective method for getting individuals with FAS/ARND into treatment. They will need on-going support services to maintain a clean and sober lifestyle.

HOME ENVIRONMENT TIPS

Consider the environment and how it can be changed to better accommodate your child at home:

What Helps?	What Hurts?
Same routine daily	Manic environment
Uncluttered/simplified	Little or no structure
Less stimulation	Redecorating
Transitioning (day to night or task to task)	Having dangerous items too available
Consistency	Lack of supervision
Safety for all	Too much free time
Posted rules	Unclear rules
Generally quite with self-calming area	Unrealistic expectations

More About Self-Calming

Self-calming techniques are important to teach to those with FAS/ARND. Examples of techniques include listening to serene music, holding soothing objects, dimming the lights, purposefully avoiding high stress situations, taking breaks, receiving a firm massage and/or hug, finding a quiet space (this should not be used for punishment too), staying away from unpleasant odors and providing a pleasant tactile environment since some have strong tactile sensitivity. As a parent or teacher, it's important to respect the person's self-calming areas and strategies and to encourage the person to explore what works best. Encourage the person to try different things, not try harder and provide supervision as needed while they explore.

Tips for Teachers

Some school interventions include:

- Working with multi-disciplinary teams to create a functional skills curriculum.

Learning Coping Strategies

- Once FAS/ARND is identified and better understood teachers, family members and others can learn useful ways to interact effectively with the individual. There are a number of different coping and teaching strategies or techniques that can increase the positive outcome of interacting, living with and teaching individuals affected by FAS/ARND.
- Go over handout titled “8 Magic Keys: Developing Successful Interventions for Students with FAS.” This is a general handout for both parents and teachers that discuss simple guidelines to following when with a person with FAS.
- As you go through the 8 keys, ask if anyone has ever used some of these guidelines with their own children or students and how using these with children or adults with FAS/ARND would be similar.

Specific Tips for Teachers*

Consider these tips for a better classroom environment:

- Limit long and wide open spaces by using furniture or placing visual boundaries.
- Limit the number of students in a certain area to prevent fighting.
- Use visuals to help students recognize when an area is “full.”
- Close play areas during learning time.
- Mark circle on the floor and indicate where each student should sit.
- Keep noisy areas separated from quiet areas.
- Limit visual distractions and reduce problems caused by lighting.
- Stick to a rigid schedule and alter only when absolutely necessary.
- Try to find the best time of day for each activity.
- Plan for transitions and become creative.
- Use songs, animal noises, picture boards, etc.
- Make the passage of time as concrete as possible. Try egg timer or hourglass.
- Pair children for better behavior.
- Teach sharing through role plays or use of puppets.
- When children have trouble staying on task, they may be bored or lack necessary skills to do the task at hand.
- Keep activities at appropriate level and be creative.
- Limit responses to inappropriate behavior and make a big deal out of good behavior.
- Constantly remind students of the rules.

* Adapted from article by Judy Lawry, M.S.Ed., Cassandra D. Danko, M.S.Ed. & Phillip S. Strain, Ph.D., University of Colorado at Denver.

CLASSROOM ENVIRONMENT TIPS

Consider the environment and how it can be changed to better accommodate the student with FAS in the classroom:

What Helps?	What Hurts?
Natural light and/or soft lighting	Florescent lighting
Well defined areas	Rearranging
Limited noise	Constant distractions
Posted rules	Lack of supervision
No clutter	Poor transitioning
Limited interruptions and distractions	Crowded areas
Neutral or muted colors	Poor planning
Clean visual field	Lack of structure
Self-calming area	Any type of change

FOCUS ON RAISING SELF-ESTEEM OVER GRADES

In general, try to check for confusion rather than disobedience when a student is not behaving. It's also important to focus on his or her self-esteem or confidence level and help raise that more than focusing on raising grades and asking the student to give more effort. Improved confidence can occur by modeling the behavior you are requesting, providing positive rather than negative incentives, providing second chances, not asking "why" questions about behavior, pointing out the student's strengths and knowledge and celebrating successes.

Community Resources and Family Support Groups

Damienne Bell, Parent
CA
Contact: Damienne Bell
balsaitis@juno.com

Debra McFarren, Parent and Professional
CA
Contact: Debra McFarren
kidzmom3@aol.com

Diane Kerchner, Educational Therapist and Parent
1525 Avenida Loma Vista
San Dimas, CA 91773
Contact: Diane Kerchner
dkerchner@earthlink.com
FAS-CA@yahoo.com
Moderator for online support group of California

Exceptional Family Resource Center
9245 Sky Park Court
Suite 130
San Diego, CA 92123
Phone: 619-594-7416 Fax: 858-268-4275 Toll Free: 800-281-8252
Contact: Sherry Torok
storok@projects.sdsu.edu
<http://www.efrconline.org/>

The Exceptional Family Resource Center (EFRC) is a community-based collaborative agency, staffed by parents and professionals. It is designed to serve families of individuals with special needs by providing a broad continuum of information, education, and support. Services and supports are offered in English and Spanish.

FAS Support Group
Palo Alto, CA
Phone: 650-365-0490 Fax: 650-365-0163
Contact: Kathy Page
kpage99999@aol.com
Consults on training and diagnosis

Juan and DeeDee Ortiz, Parents
2536 North Avenue
Chico, CA 95973
Phone: 530-893-1255
Contact: Juan and DeeDee Ortiz

Linda Hargreaves, Parent
CA
Phone: 510-733-5376

Contact: Linda Hargreaves
hargrin@aol.com

Margaret Ruby, Parent
CA
Contact: Margaret Ruby
ruby706@earthlink.net
In Monterey County, California.

Parent to Parent Group
4761 Jessie Avenue
LaMesa, CA 91941
Contact: Lynn Belke

Paul and Melissa Hradecky, Parents
CA
Phone: 909-687-5082
Contact: Paul and Melissa Hradecky
killawave@earthlink.net

Paulette Benson, Teacher and Parent
CA
Phone: 626-836-8680
Contact: Paulette Benson
la.townhall@verizon.com

Rialto Support Group
1607 West Townsend St.
Rialto, CA 92377-3857
Phone: 909.429.7539
Contact: Tammy DeHesa, Organizer
DeHesaEight@HotMail.com

A support group for foster and adoptive parents of drug-and alcohol-exposed children, regardless of lack of current diagnosis. Come connect with others who share your experience. Learn more effective ways to help your children and obtain information in the community. We meet the third Tuesday of each month from 7 - 8:30 pm. Please call for more information.

Diagnosis of FAS

Cedars Sinai Medical Center - Medical Genetics/Birth Defects Center
444 South San Vincente Boulevard
Suite 1001
Los Angeles, CA 90048
Phone: (310) 423 - 9914 Toll Free: 800-233-2771
Contact: John Graham
john.graham@cshs.org

Children's Hospital - Department of Neurology
747 52nd Street
Oakland, CA 94609
Phone: 510-428-3590 Fax: 510-601-3974
Contact: Daniel Birnbaum, MD

dbirnbaum@mail.cho.org

Children's Hospital - Division of Dysmorphology and Genetics

3020 Childrens Way
Mail Code 5031
San Diego, CA 92123
Phone: 858-576-1700 Fax: 858-966-8500
Contact: Marilyn Jones
m5jones@ucsd.edu
www.childrensspecialists.com

Lucile Packard Children's Hospital

300 Pasteur Dr
Rm. H315, MC: 5208
Stanford, CA 94305
Phone: (650) 723-6858 Fax: 650-498-4555
Contact: Eugene Hoyme, MD

gene.hoyme@stanford.edu

Comprehensive services, including diagnostic evaluation, recommendations for treatment and genetic counseling for children and adults with single or multiple birth defects, mental retardation and/or genetic diseases.

San Diego State University - Center for Behavioral Teratology

6363 Alvarado Court
Suite 209
San Diego, CA 92120
Phone: 619-594-7228 Fax: 619-594-1895
Contact: Sarah Mattson

smattson@sunstroke.sdsu.edu

www.psychology.sdsu.edu/faculty/riley.html

Researching the hyperactivity and poor impulse control of children who have alcohol related neurodevelopmental disorders.

Santa Clara Valley Medical Center - Neurodevelopmental Clinic

751 S Bascom Avenue
San Jose, CA 95218
Phone: 408-793-5959
Contact: Kathryn Page

Santa Teresa Medical Center, Department of Genetics

5755 Cottle Road, Building 1
San Jose, CA 95119
Phone: 408-972-3300 Fax: 408-972-3298
Contact: David Witt, MD

<http://www.permanente.net/homepage/kaiser/pages/c6139-top.html>

UCLA Fetal Alcohol Syndrome and Related Disorders Clinic

Los Angeles, CA
Phone: 310-206-6528 Fax: 310-206-4446 Toll Free: 800-825-9989
Contact: Mary O'Connor, Ph.D.

moconnor@npih.medsch.ucla.edu

UCSD Department of Pediatrics

Division of Dysmorphology

200 W Arbor Drive
San Diego, CA 92103
Phone: 619-543-2040 Fax: 619-543-2066
Contact: Kenneth Lyons Jones, MD

klyons@ucsd.edu

The medical service program of the Division of Dysmorphology, University of California, San Diego, is a multifaceted program aimed at evaluation of children with birth defects; follow-up with respect to their chronic care; genetic and teratogenetic counseling for parents; and community education programs regarding birth defects.

UCSF Biochemical Genetics Service

P O Box 0706
533 Parnassus Ave. Rm 4108A
San Francisco, CA 94143-0706
Phone: 415-476 2871 Fax: 415-476 9976
Contact: Seymour Packman, MD

pack@itsa.ucsf.edu

Valley Children's Hospital

Department of Medical Genetics/Metabolism
9300 Valley Children's Place
Madera, CA 93638
Phone: (559) 353-6400
Contact: Susan Winter

<http://childrenscentralcal.org/Specialties.asp?id=488>

The Department of Genetic Medicine and Metabolism offers both diagnostic and follow-up services.

Other

California Birth Defects Monitoring Program

1917 Fifth Street
Berkeley, CA 94710
Phone: (510) 549-4155

info@cbdmp.org

<http://www.cbdmp.org/>

The California Birth Defects Monitoring Program rigorously collects and analyzes scientific data to answer questions about birth defects including the ultimate question: what causes them?

CTIS Pregnancy Risk Information Line

Dysmorphology and Teratology Division
UCSD Department of Pediatrics
CA

Toll Free: 800 532-3749

The Hotline offers free information over the telephone to pregnant women, their partners and health care providers in California. Callers can receive written information and appropriate referrals for potentially "at risk" pregnancies.

Protection and Advocacy, Inc.

100 Howe Avenue
Suite 235N; 449 15th
Sacramento, CA 95825-8202
Phone: 916-488-9950 Fax: 916-488-9960 Toll Free: 800-776-5746

legalmail@pai-ca.org

www.pai-ca.org/

Protection and advocacy agency for persons with developmental disabilities. Offices are located in every region of the state.

Prevention Programs, including Treatment for Women

Alameda County Medical Center

1411 East 31st Street
Oakland, CA 94602
Phone: 517-437-5192

The Center offers an intensive program serving substance using pregnant women and women up to 60 days postpartum

BabyCal

California Department of Health
714 P Street, Room 1650
Sacramento, CA 95814
Phone: 916-657-3719 Fax: 916-657-3224 Toll Free: 800-222-9999

<http://www.dhs.ca.gov/babycal/default.htm>

BabyCal is a statewide education and outreach program to encourage women to seek early prenatal care. The number listed above is available 24 hours a day, 7 days a week.

California Health and Welfare Agency - Office of Perinatal Substance Abuse

1700 K Street
Sacramento, CA 95814
Phone: 916-323-4445 Fax: 916-445-0846
Contact: Mardel Rodriguez, Branch Chief

perinatal@adp.state.ca.us

<http://www.adp.ca.gov/perinatal/perinatal.shtml>

The Office of Perinatal Substance Abuse (OPSA) oversees a statewide network of approximately 288 publicly funded perinatal alcohol and drug treatment programs that annually serve over 37,600 pregnant and parenting women accompanied by approximately 56,400 children.

Treatment Services for Affected Individuals

California Early Start

1600 9th Street
Room 330
Sacramento, CA 94244-2020
Phone: 916-654-1593 Fax: 916-654-3255 Toll Free: 800-515-BABY
Contact: Mary Lou Hickman

<http://www.dds.ca.gov/EarlyStart/ESHome.cfm>

Early Start is Californias system of early intervention services provided to infants and toddlers with disabilities and their families. It is a multiagency effort by the Department of Developmental Services and the California Department of Education that encourages partnerships between families and professionals, family support, and coordination of services. The statewide system of early intervention services is available throughout California and can be accessed through regional centers for developmental disabilities, county offices of education, local school districts, health or social service agencies, and family resource centers/networks in your community.

Children's Hospital of Central California - Neuropsychology Services

9300 Valley Childrens Place
Madera, CA 93638
Phone: 559- 353-6130 Fax: 559-353-8225
Contact: Paul Lebby

www.childrenscentralcal.org

The Neuropsychology Department provides neuropsychological evaluation and consultation services for children and young adults reflecting alteration in the normal functioning of the central nervous system.

Native American Health Center

3424 E 14th Street
Oakland, CA 94601
Phone: 510-261-1962 Fax: 510-261-6438

Pasadena Child Development Associates

<http://www.nofas.org/>

620 North Lake Avenue
Pasadena, CA 91101
Phone: 626-793-7350 Fax: 626-793-7341

<http://www.pasadenachilddevelopment.com>

Pasadena Child Development Associates is a private child development group practice serving children from birth to 12 years of age, and families, when there is any concern regarding development or behavior. This comprehensive group of child specialists provide evaluation, consultation and intervention services, as a multi-disciplinary team.

Patricia Wilbarger, O.T.

642 Island View Drive
Santa Barbara, CA 93109
Phone: 805-962-8233
Contact: Patricia Wilbarger

pwilbar@aol.com

Occupational therapist and clinical psychologist who is an expert on sensory integration.

Community Support

California Fetal Alcohol Syndrome Organization

542 Fremont St
PO Box 156
Colusa, CA 95932
Phone: (530)458-2782
Contact: Amber Kesterson, President

akesterson@calfas.org

www.calfas.org

CalFAS, The California Fetal Alcohol Spectrum Organization was born from the desire of a group of parents of children with FASD to reach out to their local, state and national community. The CalFAS Mission is dedicated to two simple goals, to prevent FASD and eliminate it for the children of tomorrow and to intervene and provide assistance to those who are living with FASD today.

UCLA Ties for Adoption

1100 Glendon Avenue
Suite 850
Los Angeles, CA 90095-6939
Phone: 310-825-9527 Fax: 310-794-4996
Contact: Dorli Burge, Susan Edelstein

TIES for Adoption promotes the successful adoption, growth, and development of children with special needs - including those with prenatal substance exposure who are in foster care. TIES for Adoption significantly reduces the barriers to the adoption of these children, and helps to support their successful transition into their new permanent homes. Services are available to adoptive families of children under nine years of age who are placed and referred by the Los Angeles County Department of Children and Family Services.

Community Resources and Family Support Groups

Boys and Girls Aid Society of Oregon - Special Needs Adoption Program (SNAP)

018 S W Boundary Court
Portland, OR 97201
Phone: 503-222-9661 Fax: 503-224-5960 Toll Free: 800-342-6688
Contact: Lynn Strand, Adoption Recruiter
www.boysandgirlsaid.org
Offers preparation classes for prospective adoptive families.

FASCETS

15500-L N W Ferry Road
Portland, OR 97231-1331
Phone: 503-621-1271 Fax: 503-621-1271
Contact: Diane Malbin, Director
503-621-1271
www.fascets.org
Nonprofit group started by parents and a grandparent, which consults with families and trains professionals.

FASCETS Oregon Neurodevelopmental Diagnostic and Training Center

OR
See FASCETS, Inc. contact information above

FASCETS, Inc.

P.O. Box 83175
Portland, OR 97283
Phone: 503-621-1271 Fax: 503-621-1271
Contact: Diane Malbin, Executive Director
dmalbin@fascets.org
www.fascets.org
FASCETS provides services for parents, caregivers and professionals in the community: Direct individual, couple, family and group services, consultation, parent and professional information, program development and training for social services, education, mental health, addictions, medicine and law.

Janet Mertens, Aunt and Guardian

2070 Popcorn Court N W
Salem, OR 97304
Phone: 503-371-8422
Mertclan@aol.com

Tawnya Chose, Parent

OR
Tmchose@aol.com
Home-schools her child, and is familiar with school system problems.

The Children's Center

P.O. Box 484
Vancouver, OR 98666
Phone: 360-699-2244 Fax: 360-699-1900

Contact: Antonia Rathbun, M.A. - Adoption Support Program Manager

antoniarr@thechildrenscenter.org

Clinical intervention program for FAS adoptive families, at this agency near Portland, Oregon. She also directs the Starchild Quilt Project, an intervention and advocacy project for communities (to contact, call 800-462-5254 at FEN, University of Wisconsin).

Diagnosis of FAS

Kaiser-Permanente Hospital - Department of Pediatric Neurology

Mt. Scott 9800 - S E Sunnyside

Clackamas, OR 97015

Phone: 503-652-2880 Fax: 503-571-3494

Contact: Richard Konkol, M.D.

www.kaiser-permanente.org

Other

Oregon Advocacy Center

620 S W Fifth Avenue, 5th Floor

Portland, OR 97204-1428

Phone: 503-243-2081 Fax: 503-243-1738 Toll Free: 800-452-1694

www.oradvocacy.org

Protection and advocacy agency for persons with developmental disabilities.

Prevention Programs, including Treatment for Women

University of Washington - CARE/ Northwest

Box 357920, CHDD South Building

Seattle, OR 98195

Phone: 900-225-2273

Contact: Janine Polifka, Ph.D.

CARE provides information on teratogens for patients and health professionals in Oregon, Idaho, Washington, and Alaska. All calls are billed (\$8 each call).

Treatment Services for Affected Individuals

Chehelum Youth and Family Services

P O Box 636

Newberg, OR 97132

Phone: 503-538-4874 Fax: 503-538-1271

www.cyfs.net

Long-term residential community for children and youth with behavioral problems. Clients must be referred through Children's Services, State of Oregon.

Confederated Tribes of Warm Springs - Health and Wellness Center

P O Box 1209

Warm Springs, OR 97761

Phone: 541-553-1196

Health and wellness center for people on the Warm Springs Reservation.

Kinship House, Inc.

1823 N E 8th Avenue

Portland, OR 97212

Phone: 97212 Fax: 503-460-3750

Provides outpatient counseling for children in foster care who are awaiting adoption, with a strong focus on helping families dealing with FAS and ADHD.

Multnomah County Community and Family Services - Division of Behavioral Health

421 S W 6th Street 6th floor

Portland, OR 97204

Phone: 503-988-3999

Contact: Floyd Martinez, Manager

Case management and substance abuse services for children or adults with developmental disabilities.

Community Resources and Family Support Groups

"ICEBERG" - FASIS newsletter (Fetal Alcohol Syndrome Information Service)

P O Box 95597

Seattle, WA 98145-2597

Phone: 425-827-1773 Toll Free: 206-543-7155

Contact: Marceil Ten Eyck, Katy Jo Fox

iceberg_fas@yahoo.com

<http://fasiceberg.org>

Newsletter for and by parents and professionals. Topics have ranged from secondary disabilities related to FAS, to early intervention, diagnostic systems, educational strategies, legislative efforts, and advocacy.

Center for Children with Special Needs

Children's Hospital & Regional Medical Center

Seattle, WA

Phone: (206) 987-5735

info@cshcn.org

<http://www.cshcn.org/>

The Center focuses on improving care for children with special needs by providing information to families and health care professionals throughout Washington State. The Center does not provide direct care or coordinate care. However, the Center collaborates with a variety of health care organizations, state agencies, families, and health care providers to plan and implement demonstration grants and contract projects that improve care and increase access to health education materials and community resources.

Children's Center

415 S W 11th Street

or PO Box 484

Vancouver, WA 98666

Phone: 360-699-2244 Fax: 360-699-1900

Contact: Antonia Rathbun, M.A., A.T.R., NCMHC

antonra@bdsn.com

Special Needs Adoption Support Program Manager

Eastern Washington Biological Mothers' Support Group

P O Box 164

Waitsburg, WA 99361

Phone: 509-758-3341

Contact: Kathy Wikman, Parent and Coordinator

luvsmozart2@yahoo.com

FAS Support Group - Neurological Center

712 Swift Blvd.

Suite 1

Richland, WA 99352

Phone: 509-943-8455

Contact through The Neurological Center, at telephone number above. Group meets upon request.

FAS/FAE Parent Support Group

11416 Slater Avenue N E

Suite 100

Kirkland, WA 98033

Phone: 425-827-1773
Contact: Marceil Ten Eyck, M.C., Parent and Coordinator
marcyjlm@gte.net

Ms. Ten Eyck is an addictions counselor, psychotherapist, and the mother of two alcohol-affected children. Does trainings on FAS/FAE around the U.S. and Canada.

Fetal Alcohol and Drug Unit, University of Washington - Department of Psychiatry

Box 359112
Seattle, WA 98195
Phone: 206-543-7155 Fax: 206-685-2903
Contact: Ann Streissguth, Ph.D., Director

<http://depts.washington.edu/fadu/>

Prevention; and research on FAS across the life span; consults with persons of any age thought to be affected by FAS; provides training in human behavioral teratology. Provides courses on FAS/FAE at the regional, national and international level.

Fetal Alcohol Syndrome Family Resource Institute (FAS*FRI)

P O Box 2525
Lynnwood, WA 98036
Phone: 253-531-2878 Fax: 253-531-2668 Toll Free: 800-999-3429
Contact: Jocie DeVries, Executive Director; Vicky McKinney, Co-Director
FAS*FRI provides information packets, a statewide hotline for information, crisis and referral and a newsletter. Parents are available to give talks in Washington and elsewhere in the U.S. and Canada.

NOFAS Washington

P.O. Box 13182
Mill Creek, WA 98082
Phone: 206-940-2832
Contact: Julie Gelo, Executive Director

FASDSupport@aol.com

<http://www.nofaswa.org>

Provides monthly support group for caregivers and community members, monthly support/social skills group for affected teenagers, listserve support group, annual FASD Family Summer Camp, quarterly family activities, parent retreats, trainings for parents and professionals, consultation and advocacy services.

Washington State Department of Health - Family Resource Institute

1511 Third Avenue
Suite 808
Seattle, WA 98101
Phone: 253-531-2878 Fax: 206-389-2812
Contact: George Zimmerman, Disability Coordinator
Washington has an extensive FAS/FAE prevention, diagnosis and support system. The Fetal Alcohol Resource GUIDE-1996 is available through this program.

Washington State FAS Interagency Workgroup

WA
www.fasdwa.org
check this website for more information

Diagnosis of FAS

FAS Diagnostic and Prevention Network

University of Washington Center on Human Development and Disability
Box 357920
Seattle, WA 98195-7920
Phone: 206-685-9888 Fax: 206-598-7815
Contact: Deborah Raymond, Clinic Coordinator
dlr@u.washington.edu

<http://depts.washington.edu/fasdpn/>

The Washington State Fetal Alcohol Syndrome Diagnostic & Prevention Network (FAS DPN) is a network of five WA State community-based clinics linked by the core clinical/research/training clinic at the Center on Human Development and Disability at the University of Washington in Seattle, WA.

FAS Diagnostic and Prevention Network - Everett Satellite Clinic Little Red School House/Children's Village

14 E. Casino Rd. Bldg A
Everett, WA 98208
Phone: 425-870-4749 Fax: 425-513-0917
Contact: Christie Connors

FAS Diagnostic and Prevention Network - Spokane Regional Health District Substance Misuse Clinic

Sacred Heart Children's Hospital
PO Box 2555
Spokane, WA 99220-2555
Phone: 509-474-3748 Fax: 509-474-6171
Contact: Helle Jorgensen, RN/MSW
jorgenh@shmc.org

FAS Diagnostic and Prevention Network - Wilson Psychological Services

1240 S E Bishop Boulevard
Suite Q
Pullman, WA 99163
Phone: 509-334-0782 Fax: 509-334-0361
Contact: Ruth Emerson

FAS Diagnostic and Prevention Network - Yakima, Children's Village

3801 Kern Road
Yakima, WA 98902
Phone: 509-574-3260 Fax: 509-574-3210
Contact: Christy Halvorson, Clinic Coordinator
christy.halvorson@yvmh.org

Other

Washington Protection and Advocacy System

315 - 5th Avenue
Suite 850
Seattle, WA 98104
Phone: 206-324-1521 Toll Free: 800-562-2702
wpas@wpas.org
www.wpas-rights.org
Statewide agency for persons with disabilities. TTY: 800-905-0209 or 206-957-0728

Prevention Programs, including Treatment for Women

Pend Orielle Company: Counseling services and Prevention Office

105 S. Garden Ave
P.O. Box 5055
Newport, WA 99156
Phone: 509-447-5651 Fax: 509-447-2671

emilielydon@povn.com

State of Washington Division of Alcohol and Substance Abuse - Prevention and Treatment Programs

P O Box 45330

Olympia, WA 98504-5330

Phone: 360-438-8087

Contact: Sue Green, FAS Services

greensr@dshs.wa.gov

Substance abuse treatment services are available for pregnant and/or parenting women patients.

University of Washington - CARE Northwest

Box 357920, CHDD South Building

Seattle, WA 98195

Phone: 206-543-2465

Contact: Janine Polifka, Ph.D.

CARE provides information on teratogens for patients and health professionals in Oregon, Idaho, Washington, and Alaska. All calls are billed (\$8 each call).

Treatment Services for Affected Individuals

Childrens Village

3801 Kern Road

Yakima, WA 98902

Phone: 509-574-3260 Fax: 509-574-3210

www.yakimamemorialhospital.org/childrensvillage

Specialty clinics for children with various needs.

Robin LaDue, Ph.D.

1500 Benson Road

South Suite 202

Renton, WA 98055

Phone: 425-277-5616

Psychologist who is an expert on the justice system and FAS/FAE. She does community training, particularly on FAS issues related to Native American communities.

University of Washington - Experimental Education Unit - Department of Psychiatry and Behavioral Sciences

Box 357925

Seattle, WA 98195-7925

Phone: 206-543-8480

Contact: Heather Carmichael Olson, Ph.D., Psychologist

quiddity@u.washington.edu

Evaluates and treats clients with FAS/FAE. This unit is part of the Center on Human Development and Disability.

University of Washington Fetal Alcohol and Drug Unit Adult Neuropsychological Evaluation Unit

Department of Psychiatry and Behavioral Sciences

180 Nickerson Street, Suite 309

Seattle, WA 98109

Phone: 206-543-7155 Fax: 206-685-2903

Contact: Paul Connor, Ph.D. and Janet Huggins, Ph.D

Neuropsychological evaluations of adults suspected or known exposed to alcohol prenatally for a realistic assessment of their functional capacity, strengths and weaknesses.

Research and Advocacy

Fetal Alcohol and Drug Unit - University of Washington School of Medicine

<http://www.nofas.org/>

180 Nickerson St.
Seattle, WA 98109-9112
Phone: 206-543-7155 Fax: 206-685-2903
Contact: Ann Streissguth, Ph.D., Director, Dept of Psychiatry and Behavioral Sciences
<http://www.depts.washington.edu/fadu/>
Training, treatment, conferences, publications.

FAS Resources List

(Quick View)

For complete contact information, see the Resource Directory. Quick View is sorted by resource category with website information as available.

Resource Type: **Agency**

Source:

Title:	Web Address:
<i>A Manual on Adolescent and Adults with FAS Special Reference to American Indians</i>	
<i>AI-Anon/Alateen</i>	www.ai-anon-alateen.org
<i>Adoptive & Foster Parents of Fetal Alcohol and Drug Affected Children</i>	
<i>Alcoholics Anonymous</i>	www.alcoholics-anonymous.org
<i>American Academy of Child & Adolescent Psychiatry (AACAP)</i>	
<i>American Psychiatric Association (APA)</i>	
<i>American Psychological Association (APA)</i>	
<i>Cal. Teratogen Information Service UC San Diego Med. Center</i>	www.ctispregnancy.org/ctis.html
<i>California Birth Defects Monitoring Program March of Dimes</i>	
<i>California Department of Health BabyCal - 800-222-9999</i>	
<i>California Health and Welfare Agency- Alcohol and Drug Programs- Perinatal Substa</i>	
<i>Can Learn</i>	www.kidscanlearn.net
<i>Canadian Center on Substance Abuse</i>	www.ccsa.ca
<i>Ceders Sinai Medical Center - Medical Genetics/Birth Defects Center</i>	
<i>Center for Disabilities, Department of Pediatrics</i>	www.usd.edu/cd
<i>Centers for Disease Control and Prevention (CDC)</i>	www.cdc.gov/
<i>Chehelum Youth and Family Services</i>	
<i>Children Center</i>	
<i>Children's Hospital - Department of Neurology</i>	
<i>Children's Hospital - Division of Dysmorphology and Genetics</i>	
<i>Children's Hospital and Medical Center- FAS Diagnostic /Prevention Network</i>	
<i>Coalition on Alcohol and Drug Dependent Women and their Children</i>	
<i>Confederated Tribes of Warm Springs-Health Center</i>	
<i>Convent House Toronto</i>	
<i>CSP National Resources Center for prevention of Perinatal Abuse of Alcohol and Othe</i>	
<i>David Pettis, M.D., Pediatric Neurologist</i>	

Depression and Related Affective Disorders Association (DRADA)

Diagnose of FAS, FAE and ARND

depts.washington.edu/fasdpn

Early Start - California Department of Developmental Services

Emmanuel Children's Hospital - Department of Pediatric Development

Exceptional Family Resource Center

ww.edweb.sdsu.edu/efrc

FAS Diagnostic / Prevention Network Pacific Treatment Alternatives

FAS Diagnostic and Prevention Network

FAS Diagnostic and Prevention Network University of Washington

www.depts.washington.edu/fasdpn

FAS Diagnostic/Prevention Network-Mary Bridge Children's Health Center

*FAS Family Resource Institute (FAS*FRI)*

www.fetalalcoholsyndrome.org

FAS Information Packet South Dakota UAP Interdisciplinary Center for Disabilities

FAS Support Group

*FAS*FRI: FAS Resources Institute*

www.assessone.com/~delindam/service.html

FAS/FAE Parent Support

FASCETS, Inc. Consulting Education and Training Services

www.fascets.org

Fatal Alcohol Education Program (FAEP)

Fatal Alcohol Support Network of Toronto and Peel

Fetal Alcohol and Drug Unit, University of Washington

depts.washington.edu/fadu/

Fetal Alcohol Education Program

*Fetal Alcohol Syndrome Family Resource Institute (FAS*FRI)*

www.fetalalcoholsyndrome.org

Fetal Alcohol Syndrome Prevention Program

Fetal Diagnostic Center

www.usd.edu/fourstatefasconsortium/southdakot

Florida Alcohol and Drug Abuse

Florida Department of Education Prevention Center

Healthy Infant Program

Idaho FAS Support Group

Join Together

Kaiser Permanente Hospital- Department of Pediatrics Neurology

Kaiser Santa Teresa Hospital - Genetics Services

Kinship House, Inc.

Lucile Packard Children's Hospital- Division of Medical Genetics

March of Dimes National Office Birth Defects Foundation

Multnomah County Community/Family Services Division of Behavioral Health

National Alliance for the Mentally ILL

<i>National Association for Children of Alcoholics (NACoA)</i>	
<i>National Association for Perinatal Addiction Research & Education (NAPARE)</i>	
<i>National Depressive and Manic - Depressive Association</i>	
<i>National Indian Health Service Fetal Alcohol Syndrome Project</i>	
<i>National Institute of Mental Health</i>	
<i>National Mental Health Association (NMHA)</i>	
<i>National Organization on Fetal Alcohol Syndrome (NOFAS)</i>	www.nofas.org
<i>Native American Health Center</i>	
<i>Native American Women's Health Education Resource Center</i>	
<i>Neurology Office</i>	
<i>Nez Perce Tribe Maternal - Child Health Program</i>	
<i>Norconon Southern California Inc.</i>	
<i>Office of Minority Health Resource Center</i>	
<i>Pasadena Child Development Associates</i>	
<i>Patrica Wilbarger, O.T.</i>	
<i>Pediatrics of Neurologist</i>	
<i>Postpartum Support International</i>	
<i>Pregnancy and Health Studies</i>	depts.washington.edu/fadu/
<i>Preventing FAS and Other Alcohol- Related-Birth-Defects: Teachers and Student Man</i>	
<i>San Benito County Substance Abuse Program</i>	sbcsap.HollisterOnline.com
<i>San Diego State University-Center for Behavioral Teratology</i>	www.psychology.sdsu.edu/faculty/rily.html
<i>Santa Clara Valley Med. Center -Fetal Alcohol Spectrum Diagnostic</i>	
<i>South Dakota Department for Disabilities</i>	
<i>South Dakota Division of Alcohol and Drug Abuse</i>	www.state.sd.us/dhs/ada/index.htm
<i>South Dakota Office of Special Education</i>	www.state.sd.us/deca/SPECIAL/spapecial.htm
<i>St. Luke's Hospital, Department of Pediatrics</i>	
<i>The Arc</i>	www.thearc.org
<i>The Arc National Headquarters</i>	
<i>The Native American Women's Health Education Resource Center</i>	
<i>Training of Trainers Manual on FAS American Indian Family Healing Center</i>	
<i>Treatment Services for Affected Individuals</i>	
<i>University Of CA /Los Angeles -FAS and Related Disorders Clinic</i>	www.moconnor@npih.medsch.ucla.edu
<i>University of California-Department of Medical Genetics</i>	
<i>University of Washington - Experimental Education Unit</i>	

University of Washington Fetal Alcohol Clinic

Valley Children's Hospital. Neuropsychology Services

When the Bough Breaks; Pregnancy and the Legacy of Addictions

Working with FAS Children: A Handbook for Caregivers of FAS/FAE Children

Resource Type: Articles

Source:

Title:

Web Address:

Alcohol Control Policies and Violent Crime

Alcohol Screening Questionnaires in Woman

Binge Drinking in the Northern Plains Tribe

Characteristic of Mothers Who Have Children with FAS or Some Characteristics of F

Differences In Detection of Alcohol use in a Prenatal Population (On a Northern Plain

Drug Use

FANN - Fetal Alcohol Network Newsletter

Fetal Alcohol Spectrum Disorders in the Corrections System

Fetal Alcohol Syndrome Awareness and Education Project

Historic Agreement Heralds New Era for Prevention and Treatment of FAS Spectrum

Incidence of FAS and Economic Impact of FAS- Related Anomalies

Living with FAS

www.come-over.to/FAS/ZakLife.htm

New FAS & Law Resources

<http://depts.washington.edu/fadu/legalissues/>

NOFAS Newsletter

Surveillance for Health Behaviors of American Indians and Alaska Natives

The Frightening Irony of Fetal Alcohol Syndrome

Validation of a Self-Administered Questionnaire to Screen for Prenatal Alcohol Use in

Source: Alcohol Related Birth Injury Resource Site

Title:

Web Address:

Neurodevelopmental Defects - Secondary Disabilities

www.arbi.org/prevention/neuro_second.html

Source: CDC

Title:

Web Address:

Risk Factors for Adverse Life Outcomes in FAS and FAE

www.cdc.oov/ncbddd

Source: National Institute on Alcohol Abuse and Alcoholism

Title:

Web Address:

Helping Patients With Alcohol Problems

Source: National Library of Medicine

Title:	Web Address:
<i>The Health of American Indians and Alaska Natives</i>	http://americanindianhealth.nlm.nih.gov

Source: National Organization on Fetal Alcohol Syndrome

Title:	Web Address:
<i>What is Fetal Alcohol Syndrome</i>	www.nofas.org/main/what_is_FAS.htm

Source: NCPAD

Title:	Web Address:
<i>Program Considerations for Integrating Children with Disabilities into Community Spo</i>	http://www.ncpad.org/whtpprs/childrenWithDisa

Source: The American College of Obstetricians and Gynecolo

Title:	Web Address:
<i>At-Risk Drinking and Illicit Drug Use: Ethical Issues in Obstetric and Gynecologic Pr</i>	

Source: Wiley-Liss,Inc

Title:	Web Address:
<i>Monitoring Prenatal Alcohol Exposure</i>	

Resource Type: Book

Source:

Title:	Web Address:
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Alcohol and the Fetus: A Clinical Perspective

Assessment and The Early Years

Bruised Before Birth: (Parenting Children Exposed to Prenatal Substance Abuse

Challenges and Opportunities

Cheers, Here's to Baby

Children with Fetal Alcohol Syndrome: A Handbook for Caregivers

Children With Fetal Alcohol Syndrome: A Handbook for Parents and Teachers

Does the Owl Still Call Your Name?

Fantastic Antone Grows UP: Adolescents and Adults with FAS

Fantastic Antone Succeeds! Experience in Educating Children FAS

FAS and FAE and Education: The Art of Making a Difference

FAS/FAE Strategies for Professionals

FAS: Diagnosis, Epidemiology Prevention, and Treatment

FAS: Parent and Child

FAS: Parenting Children Affected by FAS: A Guide for Daily Living

FAS: Training Manual to Aid in Vocational Rehabilitation/ Other Non-medical Servic

Fetal Alcohol Exposure and Effects

Fetal Alcohol Syndrome

Fetal Alcohol Syndrome (Revised) (Drug Prevention)

Fetal Alcohol Syndrome and Fetal Alcohol Effects

Fetal Alcohol Syndrome and Other Alcohol-Related Birth Defects

Fetal Alcohol Syndrome and the Criminal Justice System

Fetal Alcohol Syndrome, Fetal Alcohol Effects: Strategies for professionals

Fetal Alcohol Syndrome: Diagnosis, Epidemiology, Prevention, and Treatment

Fetal Alcohol Syndrome: From Mechanism to Prevention

How to Fight with your FASer

www.come-over.to/FASCR/

I Would be Loved

Just So It's Healthy: Drinking and Drugs Can Harm Your Unborn Baby

Layman's Guide to FAS/FAE

Love is a Start.. The Real Challenges of Raising Children with Emotional Disorders

Our FAScinating Journey: The Best We Can Be, Keys to Brain Potential Along the Pat

Prenatal Exposure to Drugs/Alcohol: Characteristic & Educational Implications of FA

Preventing FAS: A Practical Guide for OB/GYN Physicians and Nurses

Recognizing and Managing Children with FAS/ FAE : A Guide Book

www.cwla.org

So Your Child has FAS and FAE- What You Need to Know

The ABC's of FAS/FAE

www.lcsc.edu/education/fas/FAS.html

The Best I Can Be: Living with Fetal Alcohol Syndrome - Effects:

The Blood Runs Like a River Through My Dreams

The Broken Cord

The Challenges of FAS: Overcoming Secondary Disabilities

The Influence of Ethyl Alcohol on the Develop. Of the Chondrocranium of Gallus Gall

The Mother's Survival Guide to Recovery: All About Alcohol, Drugs and Babies

Trying Differently Not Harder

Understanding Fetal Alcohol Syndrome

Source: Department of Health and Human Services

Title:

Web Address:

A Manual on Adolescents and Adults with FAS with Special Reference to American Ind

Source: NIAAA Pulication Distribution Center

Title:

Web Address:

Source: Paul Brookes Publishing Company

Title:

Web Address:

Fetal Alcohol Syndrome: A Guide for Families and Communities

Source: Slinn

Title:

Web Address:

FAS/FAE: A Practical Guide for Parents

Source: The Center for Applied Research in Education

Title:

Web Address:

Reaching Out to Children with FAS and FAE

Resource Type: Video

Source:

Title:

Web Address:

A Challenge to Care

A Nation's Challenge: Educating Substance - Expose Children

A Pregnant Woman Never Drinks Alone

Adolescence and Feature

Alcohol , Pregnancy, and the FAS

Alcohol and Pregnancy: FAS and FAE

Assessment and the Early Years

Clinical Diagnosis of Fetal Alcohol Syndrome

David with FAS

Faces Yet to Come

FAS / FAE Series

FAS and FAE Stories of Help and Hope

FAS Everybody's Baby

Fetal Alcohol Syndrome

Fetal Alcohol Syndrome and Effects: What's the Difference?

Fetal Alcohol Syndrome and Effects: What's the Difference?

Florida's Challenge: A Guide to Educating Substance-Exposed Children

Journey Through the Healing Circle

www.come-over.toFASCRC/

Living with FAS/FAE: The Early Years to 12

Minnesota Video Library

Parents' Perspective: Living with a Child who has FAS

Preventing FAS

Students Like Me: Teaching Children with Fetal Alcohol Syndrome

Teaching Children Affected by Substance Abuse

The Broken Cord

The Clinical Diagnosis of Fetal Alcohol Syndrome

The Early Years

The Fabulous F.A.S. Quiz Show

The Little Fox

www.come-over.to/FASCRC/

The School Years

Training Tapes for Living with FAS/FAE. The Early Years, Birth through Age 12

What is FAS?

Women of Substance

Worth the Trip

Worth The Trip: Raising Children with Fetal Alcohol Syndrome

Source: Gryphon Productions Ltd.

Title:

Web Address:

A Mother's Choice

Resource Type: Website

Source:

Title:

Web Address:

Al-Anon/Alateen

www.al-anon-alateen.org

Alcohol Addiction and Abuse, Black Women's Health

www.blackwomenshealth.com

Alcohol Related Birth Injury (FAS/FAE) Resource Site

www.arbi.org/

Alcohol Research and Health, "Alcohol - Related Birth Defects)

www.niaaa.hip.gov/publications/arh25-3/toc25-3

Alcoholics Anonymous

www.alcoholics-anonymous.org

BC Ministry of Education - Fetal Alcohol Syndrome

www.bced.gov.bc.ca/specialed/fas/

Canadian Center on Substance Abuse

www.ccsa.ca/fasgen.htm

Center for Substance Abuse Prevention

www.prevention.samhsa.gov

Centers for Disease Control and Prevention, NCBDDD

www.cdc.gov/ncbddd/fas/

Family Empowerment Network

www.dcs.wisc.edu/pda/hhi/fen/index.html

Family Village

.familyvillage.wisc.edu

FAS Alaska Project - Fetal Alcohol Syndrome

www.fasalaska.com/

<i>FAS Community Resource Center Homepage</i>	www.come-over.to/FASCRC/
<i>FAS DPN</i>	depts.washington.edu/fasdpn/
<i>FAS in Native American Communities</i>	www.come-over.to/FAS/NAFAS.htm
<i>FAS Surveillance Network (FASSNet)</i>	www.cdc.gov/ncbddd/fas/
<i>FAS World</i>	www.fasworld.com
<i>FASlink</i>	www.acbr.com/fas/index.htm
<i>Fetal Alcohol and Drug Unit, UW</i>	http://depts.washington.edu/fadu
<i>Fetal Alcohol Syndrome</i>	www.taconic.net/seminars/fas01.html
<i>Fetal Alcohol Syndrome and Adoption Implications</i>	www.adopting.org/rwfas.html
<i>Fetal Alcohol Syndrome And Fetal Alcohol Effects</i>	www.worldprofit.com/mafas.htm
<i>Fetal Alcohol Syndrome Community Resource Center</i>	www.come-over.to/FASCRC
<i>Fetal Alcohol Syndrome. What are the Implications for adoptive Parents?</i>	www.adopting.org/rwfas.html
<i>Four-State Consortium on Studies in the Prevention of FAS/FAE</i>	www.usd.edu/fourstatefasconsortium
<i>How is FAS/FAE diagnosed?</i>	www.mofas.org/guidelines/diagnosg.html
<i>Link to FAS</i>	www.familyvillage.wisc.edu/lib_fas.htm#organiz
<i>Mayo Clinic</i>	www.mayoclinic.com
<i>Ministry of Children and Family Development/Gov. of British Columbia</i>	www.mcf.gov.bc.ca/child_protection/fas/fas3b.h
<i>Minnesota Organization on Fetal Alcohol Syndrome</i>	www.mofas.org
<i>National Institute of Health - NIAAA</i>	www.nih.gov/medlineplus/
<i>National Institutes of Health -National Institute on Alcoholism and Alcohol Abuse</i>	www.niaaa.nih.gov/
<i>National Organization on FAS Homepage</i>	www.nofas.org
<i>NIH News Advisory</i>	www.nih.gov/news/pr/mar2002/niaaa-05.html
<i>Prevention of FAS and FAE in Canada</i>	www.cps.ca/english/statements/FN/cps96-01.ht
<i>SAMHSA National Clearinghouse on Alcohol and Drug Database</i>	www.health.org/dbase/index.htm
<i>Tabacco, Alcohol, and Other Drug Use Among High School Students in Bureau of Indi</i>	http://www.cdc.gov/mmwr/preview/mmwrhtml/
<i>The ABC's of FAS/FAE</i>	www.lcsc.edu/education/fas/
<i>The Arc of the United States</i>	thearc.org
<i>The Arc's Fetal Alcohol Syndrome Resource Guide</i>	www.thearc.org/misc/faslist.html
<i>The Facts About Alcohol Use During Pregnancy</i>	www.bvcriarc.org/fas.htm

Source: Centers for Disease Control and Prevention

Title:	Web Address:
<i>Centers for Disease Control and Prevention FAS Prevention Team</i>	www.cdc.gov/ncbddd/fas/

Source: FAS*FRI Publications

Title:	Web Address:
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Source: National Institute on Alcohol Abuse and Alcoholism

Title:

Web Address:

Alcohol-Screening Instruments for Pregnant Woman

<http://www.niaaa.nih.gov/publications/arih25-3/2>

Source: The Arc

Title:

Web Address:

Facts About Alcohol Use During Pregnancy

thearc.org/faqs/fas.html

Resource Type: Brochures, Pamphlets

Source:

Title:

Web Address:

A Practical Native American Guide for Caregivers, Adolescent and Adults with FAS

Do It Now (DIN) Publications

F.A.S. Times

FAS and Other drugs Update

FAS Family Resource Institute - FAS/FRI

Fetal Alcohol Syndrome Information Packet

Growing with FAS

Iceberg Newsletter

Minnesota Prevention Resource Center

National Association for Perinatal Addiction Research and Education

National Council on Alcoholism and Drug Dependence, Inc.

Perinatal Research and Education Management Information System

SAMPSA Clearing House

The FEN Pen Newsletter from Family Empowerment Network (PEN)

Understanding The Occurrence of Secondary Disabilities in Clients with FAS and FAE

What is Fetal Alcohol Syndrome?

www.preventchildabuse.com/fas.htm

Wisconsin Clearinghouse University of Wisconsin -Madison

Source: FAS/E Support Network of BC

Title:

Web Address:

My Name is Amanda and I have - A Book for Young Children with FAS/FAE

Resource Type: Curricula

Source:

Title:	Web Address:
<i>7th Generation Fetal Alcohol Syndrome Prevention Project (Video)</i>	www.occe.ou.edu/aii/7thvid.html
<i>Alcohol Use and Its Medical Consequences (Slides)</i>	
<i>Alcohol, Pregnancy, and Fetal Alcohol Syndrome (Slide)</i>	
<i>Children of Prenatal Substance Abuse (Website)</i>	griefnet.org/library/review/p/prentalR.html
<i>Community Action Training Guide: "Working Together for Prevention of FAS"</i>	www.mcf.gov.bc.ca/child_protection/fas/index.ht
<i>Drinking Alcohol During Pregnant</i>	www.noah-health.org/english/pregnancy/marcho
<i>Educating Children / Students Who Have FAS: Challenges and Opportunities: (Book)</i>	
<i>Educating Self-Advocates about FAS Prevention (Package)</i>	
<i>Everyone Should Know About FAS (Video and Package)</i>	
<i>FAS: A Training Manual to Aid in Vocational Rehabilitation and other Non-Medical S</i>	ericae.net/ericdc/ED434789.htm
<i>Fetal Alcohol Syndrome / Effects: Parenting Children Affected by FAS (Guide)</i>	health.hss.atate.ak.us/fas.resource.html
<i>Fetal Alcohol Syndrome Awareness Curriculum</i>	
<i>Fetal Alcohol Syndrome Facts and Choices: A Guide for Teachers</i>	
<i>Fetal Alcohol Syndrome Lasts A Lifetime</i>	w3.ouhsc.edu/fas/
<i>Fetal Alcohol Syndrome Training for American Indian communities</i>	
<i>Fetal Alcohol Syndrome: Implications for Educators (Document)</i>	ericae.net/ericdd/ED426560.htm
<i>NOFAS Curriculum for Graduate Nursing, Nurse Midwifery and Physician Assistant S</i>	
<i>Preventing Fetal Alcohol Syndrome and Other Alcohol Related Birth Defects</i>	
<i>Reaching Out to Children with FAS/FAE (Book)</i>	
<i>Students Like Me, Teaching Children With FAS (Video)</i>	
<i>Teaching Students with Fetal Alcohol Syndrome</i>	www.bced.gov.bc.ca/specialed/fas/contents.htm
<i>The Fabulous FAS Quiz Show (Teacher's Guide, (Video)</i>	
<i>The TRIUMF Project on Fetal Alcohol Syndrome</i>	www.acbr.com/fas
<i>What is Fetal Alcohol Syndrome and How Does It Affect A Community?</i>	

FAS Resource Directory

Resource Type: Agency

Title: A Manual on Adolescent and Adults with FAS Special Reference to American Indians

Web:

Author:

Publisher:

Price:

Contact:

Address: Indian Health Service FAS Project
Albuquerque NM 87109 US

Phone: (505) 837-4228

Fax:

Email:

Title: A1-Anon/Alateen

Web: www.al-anon-alateen.org

Author:

Publisher:

Price:

Contact:

Address: 1200 Corporate Landing Parkway
Virginia Beach VA 234545617 USA

Phone: (888) 425-2666

Fax:

Email:

Title: Adoptive & Foster Parents of Fetal Alcohol and Drug Affected Children

Web:

Author:

Publisher:

Price:

Contact:

Address: P.O. Box 626
Paramus NJ 076530626 US

Phone: (201) 261-1450

Fax:

Email:

Title: Alcoholics Anonymous

Web: www.alcoholics-anonymous.org

Author:

Publisher:

Price:

Contact:

Address: Grand Central Stations
New York NY 10163 USA

Phone: (212) 870-3400

Fax:

Email:

Title: American Academy of Child & Adolescent Psychiatry (AACAP)

Web:

Author:

Publisher:

Price:

Contact:

Address: 3615 Wisconsin Avenue N. W.
Washington DC 200163007 US

Phone: (202) 966-7300

Fax:

Email: publications@aacap.org

Title: American Psychiatric Association (APA)

Web:

Author:

Publisher:

Price:

Contact:

Address: 1400 K Street N.W.
Washington DC 20005 US

Phone: (202) 682-6325

Fax:

Email: apa@psych.org

Title: American Psychological Association (APA)

Web:

Author:

Publisher:

Price:

Contact:

Address: 750 First Street N.E.
Washington DC 200024242 US

Phone: (202) 336-5700

Fax:

Email: public.affairs@apa.org

Title:	Cal. Teratogen Information Service UC San Diego Med. Center		
Web:	www.ctispregnancy.org/ctis.html		
Author:		Publisher:	Price:
Contact:	Kenneth Lyons Jones, M.D.		
Address:	200 W Arbor Drive San Diego CA 92103 US		
Phone:	(800) 532-3749	Fax:	(619) 543-2066 Email:
Title:	California Birth Defects Monitoring Program March of Dimes		
Web:			
Author:		Publisher:	Price:
Contact:	Ms. Feloniz Homdus		
Address:	3031 F Street, Suite 200 Sacramento CA 95816 US		
Phone:	(916) 443-0816	Fax:	(916) 443-4946 Email:
Title:	California Department of Health BabyCal - 800-222-9999		
Web:			
Author:		Publisher:	Price:
Contact:	Lisa Jackson, Coordinator		
Address:	714 P Street, Room 1650 Sacramento CA 95814 US		
Phone:	(800) 222-9999	Fax:	(916) 657-3224 Email:
Title:	California Health and Welfare Agency- Alcohol and Drug Programs- Perinatal Substance		
Web:			
Author:		Publisher:	Price:
Contact:	Karen Murray		
Address:	1700 K Street Sacramento CA 95814 US		
Phone:	(916) 323-4445	Fax:	(916) 445-0846 Email:
Title:	Can Learn		
Web:	www.kidscanlearn.net		
Author:		Publisher:	Price:
Contact:	Toni Hager,NDS		
Address:	918 South Monroe Street Spokane WA 99204 US		
Phone:	(509) 624-3109	Fax:	(509) 325-1344 Email: toni@kidscanlearn.net
Title:	Canadian Center on Substance Abuse		
Web:	www.ccsa.ca		
Author:		Publisher:	Price:
Contact:			
Address:	75 Albert Street, Suite 300 Ottawa Ontario K1P 5E7 Canada		
Phone:	(613) 235-4048	Fax:	Email:
Title:	Ceders Sinai Medical Center - Medical Genetics/Birth Defects Center		
Web:			
Author:		Publisher:	Price:
Contact:	John Graham, M.D.		
Address:	444 San Vicente Blvd, Suite 1001 Los Angeles CA 90048 US		
Phone:	(310) 423-9993	Fax:	(323) 651-5381 Email:

Title:	Center for Disabilities, Department of Pediatrics		
Web:	www.usd.edu/cd		
Author:	Publisher:	Price:	
Contact:			
Address:	The University of South Dakota School of Medicine , 1400West 22nd Street Sioux Falls SD 57105 US		
Phone:	(605) 357-1439	Fax:	Email:
Title:	Centers for Disease Control and Prevention (CDC)		
Web:	www.cdc.gov/		
Author:	Publisher:	Price:	
Contact:			
Address:	4770 Buford Hwy., NE (MSF15) Atlanta GA 303413724 US		
Phone:	(404) 488-7370	Fax:	Email:
Title:	Chehelum Youth and Family Services		
Web:			
Author:	Publisher:	Price:	
Contact:			
Address:	P.O. Box 636 Newberg OR 97123 US		
Phone:	(503) 538-4874	Fax:	(503) 538-1271 Email:
Title:	Children Center		
Web:			
Author:	Publisher:	Price:	
Contact:	Antonia Rathbun, M.A		
Address:	P.O Box 484 Vancouver OR 98666 US		
Phone:	(360) 699-2244	Fax:	(360) 699-1900 Email: antonra@bdsn.com
Title:	Children's Hospital - Department of Neurology		
Web:			
Author:	Publisher:	Price:	
Contact:	Daniel Birnbaum, M.D.		
Address:	747 52nd Street Oakland CA 94609 US		
Phone:	(510) 428-3590	Fax:	(510) 601-3974 Email:
Title:	Children's Hospital - Division of Dysmorphology and Genetics		
Web:			
Author:	Publisher:	Price:	
Contact:	Marilyn Jones, M.D.		
Address:	3020 Children. s Way , Mail Code 5031 San Diego CA 92123 US		
Phone:	(858) 576-5840	Fax:	(619) 495-8550 Email:
Title:	Children's Hospital and Medical Center- FAS Diagnostic /Prevention Network		
Web:			
Author:	Publisher:	Price:	
Contact:			
Address:	4800 Sand Point Way NE CH-47 Seattle WA 98105 US		
Phone:	(206) 987-2100	Fax:	Email:

Title:	Coalition on Alcohol and Drug Dependent Women and their Children		
Web:			
Author:	Publisher:	Price:	
Contact:			
Address:	National Council on Alcoholism and Drug Dependence, 1511 K Street, N.W. Washington D.C. 20005 US		
Phone:	(202) 737-8122	Fax:	Email:
Title:	Confederated Tribes of Warm Springs-Health Center		
Web:			
Author:	Publisher:	Price:	
Contact:			
Address:	P.O. Box 1188 Warm Spring OR 97761 US		
Phone:	(541) 553-1196	Fax:	Email:
Title:	Convent House Toronto		
Web:			
Author:	Publisher:	Price:	
Contact:			
Address:	20 Gerrard Street East Toronto ON M5B 2p3 Canada		
Phone:		Fax:	Email:
Title:	CSP National Resources Center for prevention of Perinatal Abuse of Alcohol and Others		
Web:			
Author:	Publisher:	Price:	
Contact:			
Address:	9302 Lee Highway Fairfax VA 22301 US		
Phone:	(800) 354-8824	Fax:	Email:
Title:	David Pettis, M.D., Pediatric Neurologist		
Web:			
Author:	Publisher:	Price:	
Contact:			
Address:	333 N First Street Boise ID 83702 US		
Phone:	(208) 344-2525	Fax:	Email:
Title:	Depression and Related Affective Disorders Association (DRADA)		
Web:			
Author:	Publisher:	Price:	
Contact:			
Address:	600 N. Wolfe Street Baltimore MD 212877381 US		
Phone:	(410) 955-4647	Fax:	Email: drada@welchlink.welch.jhu.edu
Title:	Diagnose of FAS, FAE and ARND		
Web:	depts.washington.edu/fasdpn		
Author:	Publisher:	Price:	
Contact:			
Address:	4800 Sand Point Way NE CH-47 Seattle WA 98105 US		
Phone:	(206) 526-2100	Fax: (206) 527-3959	Email:

Title:	Early Start - California Department of Developmental Services		
Web:			
Author:	Publisher:	Price:	
Contact:	Mary Lou Hickman, M.D.		
Address:	1600 9th Street, Room 310 Sacramento CA 942442020 US		
Phone:	Fax:	Email:	
	(916) 654-1766	(916) 654-2271	
Title:	Emmanuel Children's Hospital - Department of Pediatric Development		
Web:			
Author:	Publisher:	Price:	
Contact:	Sarojini Budden, M.D.		
Address:	2801 N Gantenbein Portland OR 97227 US		
Phone:	Fax:	Email:	
	(503) 413-4505	(503) 413-4719	
Title:	Exceptional Family Resource Center		
Web:	ww.edweb.sdsu.edu/efrc		
Author:	Publisher:	Price:	
Contact:	Christine Jackson		
Address:	9245 Sky Park Court, Suite 130 San Diego CA 92123 US		
Phone:	Fax:	Email:	
	(858) 268-8252	(858) 268-4275	
Title:	FAS Diagnostic / Prevention Network Pacific Treatment Alternatives		
Web:			
Author:	Publisher:	Price:	
Contact:	Karen Canida, Pregnancy Outreach Director		
Address:	1114 Pacific Avenue Everett WA 98201		
Phone:	Fax:	Email:	
	(425) 259-7142	(425) 258-4782	
Title:	FAS Diagnostic and Prevention Network		
Web:			
Author:	Publisher:	Price:	
Contact:	Nancy Echelbarger, Clinic Coordinator		
Address:	1101 W College Avenue Spokane WA 992012095 US		
Phone:	Fax:	Email:	
	(509) 324-1413	(509) 324-3622	echelbarger@spokanecounty.o
Title:	FAS Diagnostic and Prevention Network University of Washington		
Web:	www.depts.washington.edu/fasdpn		
Author:	Publisher:	Price:	
Contact:	Deborah Raymond, Clinic Coordinator		
Address:	University of Washington, Box 357920, Room 256 Seattle WA 98195 US		
Phone:	Fax:	Email:	
	(206) 385-9888	(206) 643-5771	
Title:	FAS Diagnostic/Prevention Network-Mary Bridge Children's Health Center		
Web:			
Author:	Publisher:	Price:	
Contact:			
Address:	MS B1 - Neurodevelopmental program, P Tacoma WA 984150987 US		
Phone:	Fax:	Email:	
	(253) 552-1449		

Title:	FAS Family Resource Institute (FAS*FRI)		
Web:	www.fetalalcoholsyndrome.org		
Author:	Publisher:	Price:	
Contact:	Joice / Vicky DeVries, Executive Director/ MaKinney, Co-Director		
Address:	P.O. Box 2525 Lynnwood WA 98036 US		
Phone:	(253) 531-2878	Fax:	(253) 531-2668 Email:
Title:	FAS Information Packet South Dakota UAP Interdisciplinary Center for Disabilities		
Web:			
Author:	Publisher:	Price:	
Contact:			
Address:	414 E Clark Street Vermillion SD 570692390 US		
Phone:	(800) 658-3080	Fax:	Email:
Title:	FAS Support Group		
Web:			
Author:	Publisher:	Price:	
Contact:			
Address:	Neurological Center Richland WA US		
Phone:	(509) 943-8455	Fax:	Email:
Title:	FAS*FRI: FAS Resources Institute		
Web:	www.assessone.com/~delindam/service.html		
Author:	Publisher:	Price:	
Contact:	Jocie DeVries, Executive Director		
Address:	P.O. Box 2525 Lynnwood WA 98036 US		
Phone:	(253) 531-2878	Fax:	(253) 531-2668 Email:
Title:	FAS/FAE Parent Support		
Web:			
Author:	Publisher:	Price:	
Contact:	Marceil Ten Eyck, M.C.		
Address:	11416 Slater Avenue N E, Suite 100 Kirkland WA 98033 US		
Phone:	(425) 827-1773	Fax:	Email: marcyjlm@gte.net
Title:	FASCETS, Inc. Consulting Education and Training Services		
Web:	www.fascets.org		
Author:	Publisher:	Price:	
Contact:	Diane Malbin, Parent Director		
Address:	15500-L N W Ferry Road Portland OR 972311331 US		
Phone:	(503) 621-1271	Fax:	(503) 621-1271 Email:
Title:	Fatal Alcohol Education Program (FAEP)		
Web:			
Author:	Publisher:	Price:	
Contact:			
Address:	Boston School of Madicine, 1975 Main Street Concord MA 01742 US		
Phone:	(978) 369-7713	Fax:	(978) 287-4993 Email:

Title:	Fatal Alcohol Support Network of Toronto and Peel		
Web:			
Author:	Publisher:	Price:	
Contact:	Margaret Sprenger		
Address:	Fatal Alcohol Support Network of Toronto and Peel Mississauga ON Canada		
Phone:	(800) 235-0719	Fax:	Email:
Title:	Fetal Alcohol and Drug Unit, University of Washington		
Web:	depts.washington.edu/fadu/		
Author:	Publisher:	Price:	
Contact:	Ann / Wendy Streissguth, Ph.D. / Olsen, Intake Director		
Address:	Box 359112 Seattle WA 98195 US		
Phone:	(206) 543-7115	Fax:	(206) 685-2903 Email:
Title:	Fetal Alcohol Education Program		
Web:			
Author:	Publisher:	Price:	
Contact:			
Address:	Boston University School of Medicine Brookline MA 02146 US		
Phone:	(617) 739-1424	Fax:	Email:
Title:	Fetal Alcohol Syndrome Family Resource Institute (FAS*FRI)		
Web:	www.fetalalcoholsyndrome.org		
Author:	Publisher:	Price:	
Contact:			
Address:	P.O. Box 2525 Lynnwood WA 98036 US		
Phone:	(253) 531-2878	Fax:	Email:
Title:	Fetal Alcohol Syndrome Prevention Program		
Web:			
Author:	Publisher:	Price:	
Contact:			
Address:	California Urban Indian Health Council Sacramento CA 95818 US		
Phone:	(916) 848-4353	Fax:	Email:
Title:	Fetal Diagnostic Center		
Web:	www.usd.edu/fourstatefasconsortium/southdakota/minutes/jacjson.htm		
Author:	Publisher:	Price:	
Contact:			
Address:	2900 - 12th Avenue North, Ste 130 W Billings MT 59101 US		
Phone:		Fax:	Email:
Title:	Florida Alcohol and Drug Abuse		
Web:			
Author:	Publisher:	Price:	
Contact:			
Address:	Association Resource Center Tallahassee FL 32301 US		
Phone:	(904) 878-2196	Fax:	Email:

Title:	Florida Department of Education Prevention Center		
Web:			
Author:		Publisher:	Price:
Contact:			
Address:	414 Florida Education Center Tallahassee FL 323990400 US		
Phone:	(904) 488-7835	Fax:	Email:
Title:	Healthy Infant Program		
Web:			
Author:		Publisher:	Price:
Contact:			
Address:	3012 Summit Street Oakland CA 94605 US		
Phone:	(510) 208-1600	Fax: (510) 444-0340	Email:
Title:	Idaho FAS Support Group		
Web:			
Author:		Publisher:	Price:
Contact:	Hilary O'Loughlin, Parent		
Address:	Donnelly ID		
Phone:	(208) 325-3038	Fax:	Email:
Title:	Join Together		
Web:			
Author:		Publisher:	Price:
Contact:			
Address:	441 Stuart Street, Sixth Floor Boston MA 02116 US		
Phone:	(617) 437-1500	Fax:	Email:
Title:	Kaiser Permanente Hospital- Department of Pediatrics Neurology		
Web:			
Author:		Publisher:	Price:
Contact:	Richard Konkol		
Address:	Mt.Scott 9800 - S E Sunnyside Clackamas OR 97015 US		
Phone:	(503) 652-2880	Fax: (503) 571-3494	Email:
Title:	Kaiser Santa Teresa Hospital - Genetics Services		
Web:			
Author:		Publisher:	Price:
Contact:	David Witt, M.D.		
Address:	5755 Cottle Road, Building 1 San Jose CA 95119 US		
Phone:	(408) 972-3300	Fax: (408) 972-3298	Email:
Title:	Kinship House, Inc.		
Web:			
Author:		Publisher:	Price:
Contact:	Renee Daniel Hershey, L.C.S.W Director		
Address:	1823 N E 8th Avenue Portland OR 97212 US		
Phone:	(503) 460-2796	Fax: (503) 460-3750	Email:

Title:	Lucile Packard Children's Hospital- Division of Medical Genetics		
Web:			
Author:		Publisher:	Price:
Contact:	Eugene Hoyme, M.D.		
Address:	Stanford University Stanford CA 94305 US		
Phone:	(650) 723-6858	Fax:	(650) 498-4555
		Email:	
Title:	March of Dimes National Office Birth Defects Foundation		
Web:			
Author:		Publisher:	Price:
Contact:			
Address:	1275 Mamaroneck Avenue White Plains NY 10605 US		
Phone:	(914) 997-4722	Fax:	
		Email:	
Title:	Multnomah County Community/Family Services Division of Behavioral Health		
Web:			
Author:		Publisher:	Price:
Contact:	Floyd Martinez		
Address:	421 S W 6th Street Suite 400 Portland OR 97204 US		
Phone:	(503) 988-5464	Fax:	(503) 248-3648
		Email:	
Title:	National Alliance for the Mentally ILL		
Web:			
Author:		Publisher:	Price:
Contact:			
Address:	200 N. Glebe Road, Suite 1015 Arlington VA 222033754 US		
Phone:	(800) 950-6264	Fax:	
		Email:	namiofc@aol.com
Title:	National Association for Children of Alcoholics (NACoA)		
Web:			
Author:		Publisher:	Price:
Contact:			
Address:	611 12Th Avenue South, Suite 200 Seattle WA 98144 US		
Phone:	(800) 322-5601	Fax:	
		Email:	
Title:	National Association for Perinatal Addiction Research & Education (NAPARE)		
Web:			
Author:		Publisher:	Price:
Contact:			
Address:	200 N. Michigan Ave., # 300 Chicago IL 60601 US		
Phone:	(312) 541-1272	Fax:	
		Email:	
Title:	National Depressive and Manic - Depressive Association		
Web:			
Author:		Publisher:	Price:
Contact:			
Address:	730 N. Franklin Street, Suite 501 Chicago IL 606103526 US		
Phone:	(800) 826-3632	Fax:	
		Email:	

Title:	National Indian Health Service Fetal Alcohol Syndrome Project		
Web:			
Author:		Publisher:	Price:
Contact:			
Address:	Headquarters West , 5300 Homestead Rd. NE Albuquerque NM 87110 US		
Phone:	(505) 837-4228	Fax:	Email:
Title:	National Institute of Mental Health		
Web:			
Author:		Publisher:	Price:
Contact:			
Address:	5600 Fishers Lane, Room 7C- 02 Rockville MD 20857 US		
Phone:	(301) 443-4513	Fax:	Email: nimhinfo@nih.gov
Title:	National Mental Health Association (NMHA)		
Web:			
Author:		Publisher:	Price:
Contact:			
Address:	1021 Prince Street Alexandria VA 223142971 US		
Phone:	(800) 969-6641	Fax:	Email: nmhainfo@aol.com
Title:	National Organization on Fetal Alcohol Syndrome (NOFAS)		
Web:	www.nofas.org		
Author:		Publisher:	Price:
Contact:			
Address:	1815 H Street NW, SU. Washington DC 20006 US		
Phone:	(202) 785-4585	Fax:	Email:
Title:	Native American Health Center		
Web:			
Author:		Publisher:	Price:
Contact:			
Address:	3424 E 14th Street Oakland CA 94601 US		
Phone:	(510) 261-1962	Fax: (510) 261-6438	Email:
Title:	Native American Women's Health Education Resource Center		
Web:			
Author:		Publisher:	Price:
Contact:			
Address:	P.O. Box 572 Lake Andes SD 57456 US		
Phone:	(605) 487-7072	Fax:	Email:
Title:	Neurology Office		
Web:			
Author:		Publisher:	Price:
Contact:	Isabela Artacho, MD		
Address:	Fresno CA 93710 US		
Phone:	(559) 227-7141	Fax: (559) 227-7130	Email:

Title:	Nez Perce Tribe Maternal - Child Health Program		
Web:			
Author:		Publisher:	Price:
Contact:	Diane Wetsit, R.N.		
Address:	P.O. Box 365 Lapwai ID 83540		
Phone:	(208) 843-7303	Fax:	(308) 843-7387
		Email:	
Title:	Norconon Southern California Inc.		
Web:			
Author:		Publisher:	Price:
Contact:			
Address:	1810 W. Oceanfront Newport Beach CA 92663 US		
Phone:	(800) 876-6378	Fax:	
		Email:	info@usnodrugs.com
Title:	Office of Minority Health Resource Center		
Web:			
Author:		Publisher:	Price:
Contact:			
Address:			
Phone:	(800) 444-6472	Fax:	
		Email:	
Title:	Pasadena Child Development Associates		
Web:			
Author:		Publisher:	Price:
Contact:	Diane Cullinane, M.D.		
Address:	925 Boston Court Pasadena CA 91106 US		
Phone:	(626) 793-7350	Fax:	(626) 793-7341
		Email:	
Title:	Patrica Wilbarger, O.T.		
Web:			
Author:		Publisher:	Price:
Contact:			
Address:	642 Island View Drive Santa Barbara CA 93109 US		
Phone:	(805) 962-8233	Fax:	
		Email:	pwilbar@aol.com
Title:	Pediatrics of Neurologist		
Web:			
Author:		Publisher:	Price:
Contact:	David Pettis		
Address:	333 N First Street Boise ID 83702 US		
Phone:	(208) 344-2525	Fax:	
		Email:	
Title:	Postpartum Support International		
Web:			
Author:		Publisher:	Price:
Contact:			
Address:	927 N. Kellogs Avenue Santa Barbara CA 93111 US		
Phone:	(805) 967-7636	Fax:	
		Email:	74442.3467@compuserve.com

Title:	Pregnancy and Health Studies		
Web:	depts.washington.edu/fadu/		
Author:	Publisher:	Price:	
Contact:	Ann Streissguth, Ph. D.		
Address:	University of Washington - Department of Psychiatry Seattle WA 98195 US		
Phone:	(206) 543-7155	Fax:	(206) 685-2903
		Email:	
Title:	Preventing FAS and Other Alcohol- Related-Birth-Defects: Teachers and Student Manual		
Web:			
Author:	Publisher:	Price:	
Contact:			
Address:	The Arc National Headquarters Arlington TX 76010 US		
Phone:	(817) 261-6003	Fax:	
		Email:	
Title:	San Benito County Substance Abuse Program		
Web:	sbcsap.HollisterOnline.com		
Author:	Publisher:	Price:	
Contact:			
Address:	1111 San Felipe Road, Suite 108 Hollister CA 95023 US		
Phone:	(831) 637-5594	Fax:	
		Email:	JPendry@garlic.com
Title:	San Diego State University-Center for Behavioral Teratology		
Web:	www.psychology.sdsu.edu/faculty/rily.html		
Author:	Publisher:	Price:	
Contact:	Edward Riley, Ph.D.		
Address:	6363 Alvarado Court, Suite 200K San Diego CA 92120 US		
Phone:	(619) 594-4566	Fax:	(619) 594-1895
		Email:	erily@mail.sdsu.edu
Title:	Santa Clara Valley Med. Center -Fetal Alcohol Spectrum Diagnostic		
Web:			
Author:	Publisher:	Price:	
Contact:	Kathryn Page, Ph. D.		
Address:	751 S Bascom Avenue San Jose CA 95218 US		
Phone:	(650) 365-0490	Fax:	(408) 885-7146
		Email:	
Title:	South Dakota Department for Disabilities		
Web:			
Author:	Publisher:	Price:	
Contact:			
Address:	The University of South Dakota School of Medicine Sioux Falls SD 57105 US		
Phone:	(800) 658-3080	Fax:	
		Email:	vicfas@hotmail.com
Title:	South Dakota Division of Alcohol and Drug Abuse		
Web:	www.state.sd.us/dhs/ada/index.htm		
Author:	Publisher:	Price:	
Contact:			
Address:	East Highway 34, Hillsvie Plaza c/o 500 East Capital Avenue Pierre SD 57501 US		
Phone:	(605) 773-3123	Fax:	
		Email:	

Title: South Dakota Office of Special Education
Web: www.state.sd.us/deca/SPECIAL/spapecial.htm
Author: **Publisher:** **Price:**
Contact:
Address: 700 Governors Drive
Pierre SD 575012291 US
Phone: (605) 773-3678 **Fax:** **Email:**

Title: St. Luke's Hospital, Department of Pediatrics
Web:
Author: **Publisher:** **Price:**
Contact: Jerry Hersheld, M.D.
Address: 190 E Bannock Street
Boise ID 83706 US
Phone: (208) 381-2804 **Fax:** (208) 381-2824 **Email:**

Title: The Arc
Web: www.thearc.org
Author: **Publisher:** **Price:**
Contact:
Address: 1010 Wayne Avenue, Suite 650
Silver Spring MD 20910 USA
Phone: (301) 565-3842 **Fax:** **Email:**

Title: The Arc National Headquarters
Web:
Author: **Publisher:** **Price:**
Contact:
Address: P.O Box 1047
Arlington TX 76004 US
Phone: (817) 261-6003 **Fax:** **Email:** thearc@metronet.com

Title: The Native American Women's Health Education Resource Center
Web:
Author: **Publisher:** **Price:**
Contact:
Address: P.O. Box 572
Lake Andes SD 573560572 US
Phone: (605) 487-7072 **Fax:** (605) 487-7964 **Email:**

Title: Training of Trainers Manual on FAS American Indian Family Healing Center
Web:
Author: **Publisher:** **Price:** \$20.00
Contact:
Address: 1815 39th Avenue
Oakland CA 94601 US
Phone: (510) 534-2737 **Fax:** **Email:**

Title: Treatment Services for Affected Individuals
Web:
Author: **Publisher:** **Price:**
Contact: Robin LaDue, Ph.D.
Address: 1500 Benson Road, South # 3
Renton WA 98055 US
Phone: (425) 277-5616 **Fax:** **Email:**

Title: University Of CA /Los Angeles -FAS and Related Disorders Clinic
Web: www.moconnor@npih.medsch.ucla.edu
Author: **Publisher:** **Price:**
Contact: Pegeen Cronin, PH.D.
Address: Neuropsychiatric Institute and Hospital
Los Angeles Ca 90024 US
Phone: (310) 825-0011 **Fax:** (310) 206-4446 **Email:**

Title: University of California-Department of Medical Genetics
Web:
Author: **Publisher:** **Price:**
Contact: Mahin Golabi, M.D.
Address: P.O. Box 0706
San Francisco CA 941430706 US
Phone: (415) 476-2757 **Fax:** (415) 476-9305 **Email:**

Title: University of Washington - Experimental Education Unit
Web:
Author: **Publisher:** **Price:**
Contact: Heather Carmicheal Olson, Ph.D
Address: Department of Psychiatry and Behavioral Services
Seattle WA 981957925 US
Phone: (206) 526-1995 **Fax:** **Email:** quiddity@u.washington.edu

Title: University of Washington Fetal Alcohol Clinic
Web:
Author: **Publisher:** **Price:**
Contact:
Address:
Phone: (206) 685-9888 **Fax:** **Email:**

Title: Valley Children's Hospital. Neuropsychology Services
Web:
Author: **Publisher:** **Price:**
Contact:
Address: 9300 Valley Children. s Place
Madera CA 93638 US
Phone: (559) 353-5235 **Fax:** (559) 353-8225 **Email:**

Title: When the Bough Breaks; Pregnancy and the Legacy of Addictions
Web:
Author: **Publisher:** **Price:**
Contact:
Address: New Sage Press
Portland OR 97232 US
Phone: (503) 323-6794 **Fax:** **Email:**

Title: Working with FAS Children: A Handbook for Caregivers of FAS/FAE Children
Web:
Author: **Publisher:** **Price:**
Contact: Jean Cornish
Address: Minnesota Services Association
Phone: (612) 645-0688 **Fax:** **Email:**

Resource Type: Articles

Title: Alcohol Control Policies and Violent Crime
Web:
Author: **Publisher:** **Price:**
Contact:
Address:

Phone: **Fax:** **Email:**

Title: Alcohol Screening Questionnaires in Woman
Web:
Author: Katharine A. Bradley, MD, MP **Publisher:** **Price:**
Contact:
Address:

Phone: **Fax:** **Email:**

Title: At-Risk Drinking and Illicit Drug Use: Ethical Issues in Obstetric and Gynecologic Pr
Web:
Author: **Publisher:** The American College **Price:**
Contact:
Address: 409 12th Street, SW
Wasshington DC 200906920 US

Phone: **Fax:** **Email:**

Title: Binge Drinking in the Northern Plains Tribe
Web:
Author: **Publisher:** **Price:**
Contact:
Address:

Phone: **Fax:** **Email:**

Title: Characteristic of Mothers Who Have Children with FAS or Some Characteristics of FAS
Web:
Author: Valborg L. Kvign,MBA, Gary R **Publisher:** **Price:**
Contact:
Address:

Phone: **Fax:** **Email:**

Title: Differences In Detection of Alcohol use in a Prenatal Population (On a Northern Plain
Web:
Author: Thomas C.E. Gale, B. Med. Sc **Publisher:** **Price:**
Contact:
Address:

Phone: **Fax:** **Email:**

Title: Drug Use
Web:
Author: **Publisher:** **Price:**
Contact:
Address:

Phone: **Fax:** **Email:**

Title: FANN - Fetal Alcohol Network Newsletter
Web:
Author: **Publisher:** **Price:**
Contact:
Address: 158 Rosemont Avenue
Coatstville PA 19320
Phone: **Fax:** **Email:**

Title: Fetal Alcohol Spectrum Disorders in the Corrections System
Web:
Author: Larry Burd, Ph.D., John T. Mar **Publisher:** **Price:**
Contact:
Address:
Phone: **Fax:** **Email:**

Title: Fetal Alcohol Syndrome Awareness and Education Project
Web:
Author: **Publisher:** **Price:**
Contact:
Address:
Phone: **Fax:** **Email:**

Title: Helping Patients With Alcohol Problems
Web:
Author: **Publisher:** National Institute on Alc **Price:**
Contact:
Address:
Phone: **Fax:** **Email:**

Title: Historic Agreement Heralds New Era for Prevention and Treatment of FAS Spectrum Disor
Web:
Author: **Publisher:** **Price:**
Contact:
Address:
Phone: **Fax:** **Email:**

Title: Incidence of FAS and Economic Impact of FAS- Related Anomalies
Web:
Author: **Publisher:** **Price:**
Contact:
Address:
Phone: **Fax:** **Email:**

Title: Living with FAS
Web: www.come-over.to/FAS/ZakLife.htm
Author: **Publisher:** **Price:**
Contact:
Address:
Phone: **Fax:** **Email:**

Title: Monitoring Prenatal Alcohol Exposure
Web:
Author: R. Louise Floyd and Jasjeet S. **Publisher:** Wiley-Liss, Inc **Price:**
Contact:
Address:

Phone: **Fax:** **Email:**

Title: Neurodevelopmental Defects - Secondary Disabilities
Web: www.arbi.org/prevention/neuro_second.html
Author: **Publisher:** Alcohol Related Birth In **Price:** \$0.00
Contact:
Address:

Phone: **Fax:** **Email:** info@arbi.org

Title: New FAS & Law Resources
Web: <http://depts.washington.edu/fadu/legalissues/>
Author: **Publisher:** **Price:**
Contact:
Address: University of Washington

Phone: **Fax:** **Email:**

Title: NOFAS Newsletter
Web:
Author: **Publisher:** **Price:**
Contact:
Address: 1819 H Street N W, Suite 750
Washington DC 20006 US

Phone: (202) 785-4585 **Fax:** **Email:**

Title: Program Cosiderations for Integrating Children with Disabilities into Community Sport
Web: <http://www.ncpad.org/whtpprs/childrenWithDisabilities.htm>
Author: Ingrid Berg **Publisher:** NCPAD **Price:**
Contact:
Address:

Phone: **Fax:** **Email:**

Title: Risk Factors for Adverse Life Outcomes in FAS and FAE
Web: www.cdc.oov/ncbddd
Author: Ann Streissguth, et al. **Publisher:** CDC **Price:**
Contact:
Address:

Phone: **Fax:** **Email:**

Title: Surveillance for Health Behaviors of American Indians and Alaska Natives
Web:
Author: **Publisher:** **Price:**
Contact:
Address: Department of Health and Human Services Center for Disease Control and Prevention
Atlanta GA 30333 US

Phone: **Fax:** **Email:**

Title: The Frightening Irony of Fetal Alcohol Syndrome
Web:
Author: **Publisher:** **Price:**
Contact:
Address:

Phone: **Fax:** **Email:**

Title: The Health of American Indians and Alaska Natives
Web: <http://americanindianhealth.nlm.nih.gov>
Author: **Publisher:** National Library of Medicine **Price:**
Contact:
Address:

Phone: **Fax:** **Email:**

Title: Validation of a Self-Administered Questionnaire to Screen for Prenatal Alcohol Use in
Web:
Author: Loretta Bad Heart Bull, RN, M **Publisher:** **Price:**
Contact:
Address:

Phone: **Fax:** **Email:**

Title: What is Fetal Alcohol Syndrome
Web: www.nofas.org/main/what_is_FAS.htm
Author: **Publisher:** National Organization on Fetal Alcohol Syndrome **Price:** \$0.00
Contact:
Address: National Organization on Fetal Alcohol Syndrome
Washington DC 20002 USA
Phone: (202) 785-4585 **Fax:** (202) 466-6456 **Email:** information@nofas.org

Resource Type: Book

Title: A Manual on Adolescents and Adults with FAS with Special Reference to American Indian
Web:
Author: **Publisher:** Department of Health and Human Services **Price:**
Contact:
Address:

Phone: (763) 531-9548 **Fax:** **Email:**

Title: Alcohol and Health - Ninth Special Report to the U.S Congress
Web: www.niaaa.nih.gov
Author: **Publisher:** NIAAA Publication Distribution Service **Price:** \$11.00
Contact:
Address: P.O. Box 10686
Rockville MD 20840
Phone: (301) 443-3860 **Fax:** **Email:**

Title: Alcohol and the Fetus: A Clinical Perspective
Web:
Author: Henry L. Rosett **Publisher:** **Price:** \$39.50
Contact:
Address:

Phone: **Fax:** **Email:**

Title: Assessment and The Early Years
Web:
Author: **Publisher:** **Price:**
Contact:
Address:

Phone: **Fax:** **Email:**

Title: Bruised Before Birth: (Parenting Children Exposed to Prenatal Substance Abuse
Web:
Author: Amy Bullock **Publisher:** **Price:**
Contact:
Address: Tapestry Books
Ringoos NJ 08551 US
Phone: (908) 806-6695 **Fax:** (908) 788-2999 **Email:**

Title: Challenges and Opportunities
Web:
Author: Peggy Lasser **Publisher:** **Price:**
Contact:
Address: Burnaby BC Canada
Phone: (604) 942-2024 **Fax:** (604) 942-2041 **Email:**

Title: Cheers, Here's to Baby
Web:
Author: **Publisher:** **Price:** \$15.00
Contact:
Address: FAS*FRI Publications
Lynnwood WA 98036 US
Phone: **Fax:** **Email:** vicky@fetalalcoholsyndrome.or

Title: Children with Fetal Alcohol Syndrome: A Handbook for Caregivers
Web:
Author: Lisa Gerring **Publisher:** **Price:**
Contact:
Address: Human Service Associates
St. Paul MN 551011507 US
Phone: (651) 224-8967 **Fax:** **Email:**

Title: Children With Fetal Alcohol Syndrome: A Handbook for Parents and Teachers
Web:
Author: **Publisher:** **Price:**
Contact: Larry Burd
Address: 1300 South Columbia Road
Grand Forks ND 58202
Phone: (701) 780-2477 **Fax:** **Email:**

Title: Does the Owl Still Call Your Name?
Web:
Author: **Publisher:** **Price:**
Contact: Bruce Brand
Address:
Phone: **Fax:** **Email:**

Title:	Fantastic Antone Grows UP: Adolescents and Adults with FAS		
Web:			
Author:		Publisher:	Price:
Contact:	Judith / Barbara / Siobham Kleinfeld / Morse / Wescott		
Address:			
Phone:		Fax:	Email:
Title:	Fantastic Antone Succeeds! Experience in Educating Children FAS		
Web:			
Author:		Publisher:	Price: \$20.00
Contact:	Judith / Siobhan S. Kleinfeld / Wescott		
Address:			
Phone:		Fax:	Email:
Title:	FAS and FAE and Education: The Art of Making a Difference		
Web:			
Author:		Publisher:	Price:
Contact:	Sandi Berg		
Address:	The FAS and FAE Support Network of British Columbia # 151-10090 Surrey BC V3R 8x8 BC		
Phone:	(604) 589-1854	Fax: (604) 589-8438	Email: fasnet@istar.ca
Title:	FAS/FAE Strategies for Professionals		
Web:			
Author:	Diane Malbin	Publisher:	Price:
Contact:	Hazelden.Educational Materials Center City MN 550120176 US		
Address:			
Phone:	(800) 328-9000	Fax:	Email:
Title:	FAS/FAE: A Practical Guide for Parents		
Web:			
Author:	Jim	Publisher: Slinn	Price:
Contact:	Parents Resource Network Anchorage AK 995181110		
Address:			
Phone:	(907) 564-7489	Fax:	Email:
Title:	FAS: Diagnosis, Epidemiology Prevention, and Treatment		
Web:			
Author:	Kathleen Stratton	Publisher:	Price: \$44.95
Contact:			
Address:			
Phone:		Fax:	Email:
Title:	FAS: Parent and Child		
Web:			
Author:		Publisher:	Price:
Contact:	Barbara / Lyn A. Morse / Weiner		
Address:	Fetal Alcohol Education Program, Boston University School of Medicine Concord MA 01742 US		
Phone:	(978) 369-7713	Fax:	Email:

Title: FAS: Parenting Children Affected by FAS: A Guide for Daily Living
Web:
Author: **Publisher:** **Price:**
Contact: Sara Gaefe
Address:

Phone: **Fax:** **Email:**

Title: FAS: Training Manual to Aid in Vocational Rehabilitation/ Other Non-medical Services
Web:
Author: Robin Ladue **Publisher:** **Price:**
Contact:
Address: Northern Arizona University
Flagstaff AZ 86011 5205234791

Phone: **Fax:** **Email:**

Title: Fetal Alcohol Exposure and Effects
Web:
Author: Ernest L. Abel **Publisher:** **Price:** \$82.50
Contact:
Address:

Phone: **Fax:** **Email:**

Title: Fetal Alcohol Syndrome
Web:
Author: **Publisher:** **Price:**
Contact: Ernest L. Abel
Address:

Phone: **Fax:** **Email:**

Title: Fetal Alcohol Syndrome (Revised) (Drug Prevention)
Web:
Author: Amy Nevitt **Publisher:** **Price:** \$23.95
Contact:
Address:

Phone: **Fax:** **Email:** amazon.com

Title: Fetal Alcohol Syndrome and Fetal Alcohol Effects
Web:
Author: Diane Malbin **Publisher:** **Price:**
Contact:
Address:

Phone: **Fax:** **Email:**

Title: Fetal Alcohol Syndrome and Other Alcohol-Related Birth Defects
Web:
Author: Kathy Huebert / Cindy Raftis **Publisher:** **Price:**
Contact:
Address:

Phone: **Fax:** **Email:**

Title: Fetal Alcohol Syndrome and the Criminal Justice System
Web:
Author: Julianne Corney / Diane K. Fa **Publisher:** **Price:**
Contact:
Address:

Phone: **Fax:** **Email:**

Title: Fetal Alcohol Syndrome, Fetal Alcohol Effects: Strategies for professionals
Web:
Author: Diane Malbin **Publisher:** **Price:** \$6.95
Contact:
Address:

Phone: **Fax:** **Email:**

Title: Fetal Alcohol Syndrome: A Guide for Families and Communities
Web:
Author: Ann Streissguth **Publisher:** Paul Brookes Publishin **Price:**
Contact:
Address: P.O. Box 10624
Baltimore MD 212850624 US
Phone: (800) 638-3775 **Fax:** (410) 337-8539 **Email:**

Title: Fetal Alcohol Syndrome: Diagnosis, Epidemiology, Prevention, and Treatment
Web:
Author: **Publisher:** **Price:**
Contact:
Address:

Phone: **Fax:** **Email:**

Title: Fetal Alcohol Syndrome: From Mechanism to Prevention
Web:
Author: Ernest L. Abel **Publisher:** **Price:** \$139.95
Contact:
Address:

Phone: **Fax:** **Email:**

Title: How to Fight with your FASer
Web: www.come-over.to/FASCR/
Author: **Publisher:** **Price:**
Contact:
Address:

Phone: **Fax:** **Email:**

Title: I Would be Loved
Web:
Author: Linda Falkner **Publisher:** **Price:**
Contact:
Address:

Phone: **Fax:** **Email:**

Title: Recognizing and Managing Children with FAS/ FAE : A Guide Book
Web: www.cwla.org
Author: Brenda McCreight **Publisher:** **Price:** \$16.95
Contact:
Address: CWLA
Edison NJ 088187816 US
Phone: (800) 407-6273 **Fax:** **Email:**

Title: So Your Child has FAS and FAE- What You Need to Know
Web:
Author: Sandi Burg **Publisher:** **Price:**
Contact:
Address: 152nd street, suite 187
Surrey BC BC
Phone: (604) 589-1854 **Fax:** (604) 589-8438 **Email:** fasnet@istar.ca

Title: The ABC's of FAS/FAE
Web: www.lcsc.edu/education/fas/FAS.html
Author: **Publisher:** **Price:**
Contact:
Address:
Phone: **Fax:** **Email:**

Title: The Best I Can Be: Living with Fetal Alcohol Syndrome - Effects:
Web:
Author: Jodee Kulp **Publisher:** **Price:** \$12.95
Contact:
Address:
Phone: **Fax:** **Email:**

Title: The Blood Runs Like a River Through My Dreams
Web:
Author: Nasdijj **Publisher:** **Price:** \$16.00
Contact:
Address:
Phone: **Fax:** **Email:**

Title: The Broken Cord
Web:
Author: **Publisher:** **Price:** \$18.95
Contact: Micheal Dorris
Address: 10 east 53rd St.
New York NY 10022 US
Phone: **Fax:** **Email:**

Title: The Challenges of FAS: Overcoming Secondary Disabilities
Web:
Author: **Publisher:** **Price:**
Contact: Ann / Jonathan Streissguth / Kanter
Address:
Phone: **Fax:** **Email:**

Title: The Influence of Ethyl Alcohol on the Develop. Of the Chondrocranium of Gallus Gallus
Web:
Author: **Publisher:** **Price:** \$84.95
Contact:
Address:

Phone: **Fax:** **Email:**

Title: The Mother's Survival Guide to Recovery: All About Alcohol, Drugs and Babies
Web:
Author: Laurie L. Tanner **Publisher:** **Price:** \$12.95
Contact:
Address:

Phone: **Fax:** **Email:**

Title: Trying Differently Not Harder
Web:
Author: Diane Malbin **Publisher:** **Price:**
Contact:
Address: FASCETS Marketplace

Phone: (503) 621-1271 **Fax:** **Email:**

Title: Understanding Fetal Alcohol Syndrome
Web:
Author: Barbara J.Seitz de Martinez **Publisher:** **Price:**
Contact:
Address:

Phone: **Fax:** **Email:**

Resource Type: Video

Title: A Challenge to Care
Web:
Author: **Publisher:** **Price:**
Contact:
Address:

Phone: (612) 676-5478 **Fax:** **Email:**

Title: A Mother's Choice
Web:
Author: **Publisher:** Gryphon Productions Lt **Price:** \$148.00
Contact:
Address:

Phone: (604) 921-7627 **Fax:** **Email:**

Title: A Nation's Challenge: Educating Substance - Expose Children
Web:
Author: **Publisher:** **Price:**
Contact:
Address: 414 Florida Education Center
Tallahassee FL 323990400 US

Phone: **Fax:** **Email:**

Title: A Pregnant Woman Never Drinks Alone
Web:
Author: **Publisher:** **Price:**
Contact:
Address:

Phone: **Fax:** **Email:**

Title: Adolescence and Feature
Web:
Author: **Publisher:** **Price:**
Contact:
Address:

Phone: **Fax:** **Email:**

Title: Alcohol , Pregnancy, and the FAS
Web:
Author: **Publisher:** **Price:**
Contact:
Address: Project Cork of the Dartmouth Medical School
Timonium MD 21093 US

Phone: (800) 432-8433 **Fax:** (410) 252-6316 **Email:**

Title: Alcohol and Pregnancy: FAS and FAE
Web:
Author: **Publisher:** **Price:** \$295.00
Contact:
Address: 9710 DeSoto Ave.
Chatsworth CA 913114409 US

Phone: (800) 367-2467 **Fax:** **Email:**

Title: Assessment and the Early Years
Web:
Author: **Publisher:** **Price:**
Contact:
Address:

Phone: (612) 676-5478 **Fax:** **Email:**

Title: Clinical Diagnosis of Fetal Alcohol Syndrome
Web:
Author: **Publisher:** **Price:** \$150.00
Contact:
Address: Flora & Company
Albuquerque NM 871988263 US

Phone: (505) 255-9988 **Fax:** **Email:**

Title: David with FAS
Web:
Author: **Publisher:** **Price:** \$26.95
Contact:
Address:

Phone: (800) 267-7710 **Fax:** **Email:**

Title: Faces Yet to Come
Web:
Author: **Publisher:** **Price:**
Contact:
Address:

Phone: **Fax:** **Email:**

Title: FAS / FAE Series
Web:
Author: **Publisher:** **Price:** \$249.00
Contact:
Address: Altschul Group
Evanston IL 60201 US
Phone: (800) 421-2363 **Fax:** **Email:**

Title: FAS and FAE Stories of Help and Hope
Web:
Author: **Publisher:** **Price:**
Contact:
Address:

Phone: (612) 676-5478 **Fax:** **Email:**

Title: FAS Everybody's Baby
Web:
Author: **Publisher:** **Price:** \$25.00
Contact:
Address: 7725 E 33 ST
Tucson AZ 85710 US
Phone: (520) 296-9172 **Fax:** **Email:**

Title: Fetal Alcohol Syndrome
Web:
Author: **Publisher:** **Price:**
Contact:
Address:

Phone: **Fax:** **Email:**

Title: Fetal Alcohol Syndrome and Effects: What's the Difference?
Web:
Author: **Publisher:** **Price:** \$249.00
Contact:
Address: Altschul Group
Evanstone IL 60201 US
Phone: (800) 421-2363 **Fax:** **Email:**

Title: Fetal Alcohol Syndrome and Effects: What's the Difference?
Web:
Author: **Publisher:** **Price:**
Contact:
Address:

Phone: **Fax:** **Email:**

Title: Florida's Challenge: A Guide to Educating Substance-Exposed Children
Web:
Author: **Publisher:** **Price:**
Contact:
Address:

Phone: (612) 676-5478 **Fax:** **Email:**

Title: Journey Through the Healing Circle
Web: www.come-over.toFASCRC/
Author: Robin LaDue/ Carolyn Hartnes **Publisher:** **Price:**
Contact:
Address: Washington State Alcohol/Drug Clearinghouse

Phone: (800) 662-9111 **Fax:** **Email:**

Title: Living with FAS/FAE: The Early Years to 12
Web:
Author: **Publisher:** **Price:**
Contact:
Address:

Phone: **Fax:** **Email:**

Title: Minnesota Video Library
Web:
Author: **Publisher:** **Price:**
Contact:
Address: Minnesota Department of Health Library

Phone: (612) 676-5478 **Fax:** **Email:**

Title: Parents' Perspective: Living with a Child who has FAS
Web:
Author: **Publisher:** **Price:**
Contact:
Address:

Phone: **Fax:** **Email:**

Title: Preventing FAS
Web:
Author: **Publisher:** **Price:**
Contact:
Address:

Phone: **Fax:** **Email:**

Title: Students Like Me: Teaching Children with Fetal Alcohol Syndrome
Web:
Author: **Publisher:** **Price:** \$195.00
Contact:
Address: Vida Health Communications
Cambridge MA 02139 US

Phone: (800) 550-7047 **Fax:** **Email:**

Title: Teaching Children Affected by Substance Abuse
Web:
Author: **Publisher:** **Price:**
Contact:
Address:

Phone: (612) 676-5478 **Fax:** **Email:**

Title: The Broken Cord
Web:
Author: **Publisher:** **Price:**
Contact:
Address:

Phone: **Fax:** **Email:**

Title: The Clinical Diagnosis of Fetal Alcohol Syndrome
Web:
Author: Jon M. Aase **Publisher:** **Price:** \$150.00
Contact:
Address: Flora & Company
Albuquerque NM 871988263 US

Phone: (505) 255-9988 **Fax:** **Email:**

Title: The Early Years
Web:
Author: **Publisher:** **Price:**
Contact:
Address:

Phone: (612) 676-5478 **Fax:** **Email:**

Title: The Fabulous F.A.S. Quiz Show
Web:
Author: Nancy White / Ruth Francis **Publisher:** **Price:**
Contact:
Address:

Phone: **Fax:** **Email:**

Title: The Little Fox
Web: www.come-over.to/FASCRC/
Author: **Publisher:** **Price:**
Contact:
Address:

Phone: **Fax:** **Email:**

Title: The School Years
Web:
Author: **Publisher:** **Price:**
Contact:
Address:

Phone: (612) 676-5478 **Fax:** **Email:**

Title: Training Tapes for Living with FAS/FAE. The Early Years, Birth through Age 12
Web:
Author: **Publisher:** **Price:**
Contact:
Address:

Phone: **Fax:** **Email:**

Title: What is FAS?
Web:
Author: **Publisher:** **Price:**
Contact:
Address:

Phone: **Fax:** **Email:**

Title: Women of Substance
Web:
Author: **Publisher:** **Price:**
Contact:
Address:

Phone: (202) 338-1094 **Fax:** **Email:**

Title: Worth the Trip
Web:
Author: **Publisher:** **Price:**
Contact:
Address:

Phone: (612) 676-5478 **Fax:** **Email:**

Title: Worth The Trip: Raising Children with Fetal Alcohol Syndrome
Web:
Author: **Publisher:** **Price:** \$150.00
Contact:
Address: Vida Health Communications
Cambridge MA 02139 US
Phone: (800) 550-7047 **Fax:** **Email:**

Resource Type: Website

Title: Al-Anon/Alateen
Web: www.al-anon-alateen.org
Author: **Publisher:** **Price:**
Contact:
Address: 1600 Corporate Landing Parkway
Virginia Beach VA 234545617
Phone: **Fax:** **Email:** WSO@al-anon.org

Title: Alcohol Addiction and Abuse, Black Women's Health
Web: www.blackwomenshealth.com
Author: **Publisher:** **Price:**
Contact:
Address:

Phone: **Fax:** **Email:**

Title: Alcohol Related Birth Injury (FAS/FAE) Resource Site
Web: www.arbi.org/
Author: **Publisher:** **Price:**
Contact:
Address: 611
Phone: **Fax:** **Email:**

Title: Alcohol Research and Health, "Alcohol - Related Birth Defects)
Web: www.niaaa.hip.gov/publications/arh25-3/toc25-3.htm
Author: **Publisher:** **Price:**
Contact:
Address:
Phone: **Fax:** **Email:**

Title: Alcoholics Anonymous
Web: www.alcoholics-anonymous.org
Author: **Publisher:** **Price:**
Contact:
Address: Grand Central Station
New York NY 10163
Phone: **Fax:** **Email:**

Title: Alcohol-Screening Instruments for Pregnant Woman
Web: <http://www.niaaa.nih.gov/publications/arh25-3/204-209.htm>
Author: Grace Chang, M.D., M. P.H **Publisher:** National Institute on Alc **Price:**
Contact:
Address:
Phone: **Fax:** **Email:**

Title: BC Ministry of Education - Fetal Alcohol Syndrome
Web: www.bced.gov.bc.ca/specialed/fas/
Author: **Publisher:** **Price:**
Contact:
Address:
Phone: **Fax:** **Email:**

Title: Canadian Center on Substance Abuse
Web: www.ccsa.ca/fasgen.htm
Author: **Publisher:** **Price:**
Contact:
Address:
Phone: **Fax:** **Email:**

Title: Center for Substance Abuse Prevention
Web: www.prevention.samhsa.gov
Author: **Publisher:** **Price:**
Contact:
Address:
Phone: **Fax:** **Email:**

Title:	Centers for Disease Control and Prevention FAS Prevention Team		
Web:	www.cdc.gov/ncbddd/fas/		
Author:	Publisher: Centers for Disease Co	Price:	\$0.00
Contact:			
Address:	National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control Atlanta GA USA		
Phone:	(404) 498-3947	Fax:	Email:
<hr/>			
Title:	Centers for Disease Control and Prevention, NCBDDD		
Web:	www.cdc.gov/ncbddd/fas/		
Author:	Publisher:	Price:	
Contact:			
Address:			
Phone:	Fax:	Email:	
<hr/>			
Title:	Cheers, Here's to the Baby		
Web:	www.fetalalcoholsyndrome.org		
Author:	Publisher: FAS*FRI Publications	Price:	\$15.00
Contact:	Vicky		
Address:	P.O. Box 2525 Lynnwood WA 98036 USA		
Phone:	Fax:	Email: vicky@fetalalcoholsyndrome.or	
<hr/>			
Title:	Facts About Alcohol Use During Pregnancy		
Web:	thearc.org/faqs/fas.html		
Author:	Publisher: The Arc	Price:	\$0.00
Contact:			
Address:	The Arc National Headquarters Silver Springs MD 20910 USA		
Phone:	(301) 565-3842	Fax: (301) 565-5342	Email: info@thearc.org
<hr/>			
Title:	Family Empowerment Network		
Web:	www.dcs.wisc.edu/pda/hhi/fen/index.html		
Author:	Publisher:	Price:	
Contact:			
Address:			
Phone:	Fax:	Email:	
<hr/>			
Title:	Family Village		
Web:	.familyvillage.wisc.edu.		
Author:	Publisher:	Price:	
Contact:			
Address:			
Phone:	Fax:	Email:	
<hr/>			
Title:	FAS Alaska Project - Fetal Alcohol Syndrome		
Web:	www.fasalaska.com/		
Author:	Publisher:	Price:	
Contact:			
Address:			
Phone:	Fax:	Email:	

Title:	FAS Community Resource Center Homepage		
Web:	www.come-over.to/FASCRC/		
Author:		Publisher:	Price:
Contact:			
Address:			
Phone:		Fax:	Email:
Title:	FAS DPN		
Web:	depts.washington.edu/fasdpn/		
Author:		Publisher:	Price:
Contact:			
Address:			
Phone:		Fax:	Email:
Title:	FAS in Native American Communities		
Web:	www.come-over.to/FAS/NAFAS.htm		
Author:		Publisher:	Price:
Contact:			
Address:			
Phone:		Fax:	Email:
Title:	FAS Surveillance Network (FASSNet)		
Web:	www.cdc.gov/ncbddd/fas/		
Author:		Publisher:	Price:
Contact:			
Address:			
Phone:		Fax:	Email:
Title:	FAS World		
Web:	www.fasworld.com		
Author:		Publisher:	Price:
Contact:			
Address:			
Phone:		Fax:	Email:
Title:	FASlink		
Web:	www.acbr.com/fas/index.htm		
Author:		Publisher:	Price:
Contact:			
Address:			
Phone:		Fax:	Email:
Title:	Fetal Alcohol and Drug Unit, UW		
Web:	http://depts.washington.edu/fadu		
Author:		Publisher:	Price:
Contact:			
Address:			
Phone:		Fax:	Email:

Title: Fetal Alcohol Syndrome
Web: www.taconic.net/seminars/fas01.html
Author: **Publisher:** **Price:**
Contact:
Address:

Phone: **Fax:** **Email:**

Title: Fetal Alcohol Syndrome and Adoption Implications
Web: www.adopting.org/rwfas.html
Author: **Publisher:** **Price:**
Contact:
Address:

Phone: **Fax:** **Email:**

Title: Fetal Alcohol Syndrome And Fetal Alcohol Effects
Web: www.worldprofit.com/mafas.htm
Author: **Publisher:** **Price:**
Contact:
Address:

Phone: **Fax:** **Email:**

Title: Fetal Alcohol Syndrome Community Resource Center
Web: www.come-over.to/FASCRC
Author: **Publisher:** **Price:**
Contact:
Address:

Phone: **Fax:** **Email:**

Title: Fetal Alcohol Syndrome. What are the Implications for adoptive Parents?
Web: www.adopting.org/rwfas.html
Author: **Publisher:** **Price:**
Contact:
Address:

Phone: **Fax:** **Email:**

Title: Four-State Consortium on Studies in the Prevention of FAS/FAE
Web: www.usd.edu/fourstatefasconsortium
Author: **Publisher:** **Price:**
Contact:
Address:

Phone: **Fax:** **Email:**

Title: How is FAS/FAE diagnosed?
Web: www.mofas.org/guidelines/diagnosg.html
Author: **Publisher:** **Price:**
Contact:
Address:

Phone: **Fax:** **Email:**

Title:	Link to FAS		
Web:	www.familyvillage.wisc.edu/lib_fas.htm#organizations		
Author:		Publisher:	Price:
Contact:			
Address:			
Phone:		Fax:	Email:
Title:	Mayo Clinic		
Web:	www.mayoclinic.com		
Author:		Publisher:	Price:
Contact:			
Address:			
Phone:		Fax:	Email:
Title:	Ministry of Children and Family Development/Gov. of British Columbia		
Web:	www.mcf.gov.bc.ca/child_protection/fas/fas3b.htm		
Author:		Publisher:	Price:
Contact:			
Address:			
Phone:		Fax:	Email:
Title:	Minnesota Organization on Fetal Alcohol Syndrome		
Web:	www.mofas.org		
Author:		Publisher:	Price:
Contact:			
Address:			
Phone:		Fax:	Email:
Title:	National Institute of Health - NIAAA		
Web:	www.nih.gov/medlineplus/		
Author:		Publisher:	Price:
Contact:			
Address:			
Phone:		Fax:	Email:
Title:	National Institutes of Health -National Institute on Alcoholism and Alcohol Abuse		
Web:	www.niaaa.nih.gov/		
Author:		Publisher:	Price:
Contact:			
Address:			
Phone:		Fax:	Email:
Title:	National Organization on FAS Homepage		
Web:	www.nofas.org		
Author:		Publisher:	Price:
Contact:			
Address:			
Phone:		Fax:	Email:

Title:	NIH News Advisory		
Web:	www.nih.gov/news/pr/mar2002/niaaa-05.html		
Author:	Publisher:	Price:	
Contact:			
Address:			
Phone:	Fax:	Email:	
Title:	Prevention of FAS and FAE in Canada		
Web:	www.cps.ca/english/statements/FN/cps96-01.htm		
Author:	Publisher:	Price:	
Contact:			
Address:			
Phone:	Fax:	Email:	
Title:	SAMHSA National Clearinghouse on Alcohol and Drug Database		
Web:	www.health.org/dbase/index.htm		
Author:	Publisher:	Price:	
Contact:			
Address:			
Phone:	Fax:	Email:	
Title:	Tabacco, Alcohol, and Other Drug Use Among High School Students in Bureau of Indian -		
Web:	http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5244a3.htm		
Author:	Publisher:	Price:	
Contact:			
Address:			
Phone:	Fax:	Email:	
Title:	The ABC's of FAS/FAE		
Web:	www.lcsc.edu/education/fas/		
Author:	Publisher:	Price:	
Contact:			
Address:			
Phone:	Fax:	Email:	
Title:	The Arc of the United States		
Web:	thearc.org		
Author:	Publisher:	Price:	
Contact:			
Address:	1010 Wayne Avenue, Suite 650 Silver Spring MD 20910		
Phone:	(301) 565-3842	Fax:	(301) 565-3843
		Email:	davis@thearc.org
Title:	The Arc's Fetal Alcohol Syndrome Resource Guide		
Web:	www.thearc.org/misc/faslist.html		
Author:	Publisher:	Price:	
Contact:			
Address:	1010 Wayne Avenue, Suite 650 Silver Spring MD 20910		
Phone:	(301) 565-3842	Fax:	(301) 565-3843
		Email:	davis@thearc.org

Title: The Facts About Alcohol Use During Pregnancy
Web: www.bvcriarc.org/fas.htm
Author: **Publisher:** **Price:**
Contact:
Address:

Phone: **Fax:** **Email:**

Resource Type: Brochures, Pamphlets
--

Title: A Practical Native American Guide for Caregivers, Adolescent and Adults with FAS
Web:
Author: **Publisher:** **Price:**
Contact:
Address: LaDue,R, Indians Health Services
Rockville MD US
Phone: **Fax:** **Email:** info@bcands.bc.ca

Title: Do It Now (DIN) Publications
Web:
Author: **Publisher:** **Price:**
Contact:
Address: P.O. Box 27568
Tempe AZ 85285 US
Phone: (602) 491-0393 **Fax:** **Email:**

Title: F.A.S. Times
Web:
Author: **Publisher:** **Price:**
Contact:
Address: Fetal Alcohol Syndrome Adolescent Task Force
Lynnwood WA 98036
Phone: (206) 778-4048 **Fax:** **Email:**

Title: FAS and Other drugs Update
Web:
Author: **Publisher:** **Price:**
Contact:
Address: Illinois Prevention Resource Center
Springfield IL 62704 US
Phone: **Fax:** **Email:**

Title: FAS Family Resource Institute - FAS/FRI
Web:
Author: **Publisher:** **Price:**
Contact:
Address: FAS Family Resource Institite
Phone: **Fax:** **Email:**

Title: Fetal Alcohol Syndrome Information Packet
Web:
Author: **Publisher:** **Price:**
Contact: Heather Stettmichs, Director
Address: Center of Disabilities
Phone: (800) 658-3080 **Fax:** **Email:**

Title:	Growing with FAS		
Web:			
Author:		Publisher:	Price:
Contact:	Pamela Groves, Editor		
Address:	Growing with FAS Portland OR 97215 US		
Phone:	Fax:	Email:	
Title:	Iceberg Newsletter		
Web:			
Author:		Publisher:	Price:
Contact:			
Address:	P.O. Box 95597 Seattle WA 981452597 US		
Phone:	Fax:	Email:	
Title:	Minnesota Prevention Resource Center		
Web:			
Author:		Publisher:	Price:
Contact:			
Address:	2829 Verndale Avenue Anoka MN 55303 US		
Phone:	(612) 427-5310	Fax:	Email:
Title:	My Name is Amanda and I have - A Book for Young Children with FAS/FAE		
Web:			
Author:		Publisher: FAS/E Support Network	Price:
Contact:			
Address:			
Phone:	(604) 589-1854	Fax:	Email: fasnet@istar.ca
Title:	National Association for Perinatal Addiction Research and Education		
Web:			
Author:		Publisher:	Price:
Contact:			
Address:	200 North Michigan Avenue, Suite 300 Chicago IL 60601 US		
Phone:	(312) 541-1272	Fax:	Email:
Title:	National Council on Alcoholism and Drug Dependence, Inc.		
Web:			
Author:		Publisher:	Price:
Contact:			
Address:	12 West 21st Street New York NY 10010 US		
Phone:	(212) 206-6770	Fax:	Email:
Title:	Perinatal Research and Education Management Information System		
Web:			
Author:		Publisher:	Price:
Contact:			
Address:	9300 Lee Highway Fairfax VA 22031 US		
Phone:	(703) 218-5600	Fax:	Email:

Title: SAMPSA Clearing House
Web:
Author: **Publisher:** **Price:**
Contact:
Address:

Phone: (800) 729-6686 **Fax:** **Email:**

Title: The FEN Pen Newsletter from Family Empowerment Network (PEN)
Web:
Author: **Publisher:** **Price:**
Contact:
Address:

Madison WI
Phone: (800) 462-5254 **Fax:** **Email:**

Title: Understanding The Occurrence of Secondary Disabilities in Clients with FAS and FAE
Web:
Author: **Publisher:** **Price:**
Contact:
Address: University of Washington School of Medicine
Seattle WA 98109 US

Phone: (206) 543-7155 **Fax:** **Email:** fadu@u.washington.edu

Title: What is Fetal Alcohol Syndrome?
Web: www.preventchildabuse.com/fas.htm
Author: **Publisher:** **Price:**
Contact:
Address:

Phone: **Fax:** **Email:**

Title: Wisconsin Clearinghouse University of Wisconsin -Madison
Web:
Author: **Publisher:** **Price:**
Contact:
Address: P.O. Box 1468
Madison WI 53701 US

Phone: (608) 263-2797 **Fax:** **Email:**

Resource Type: Curricula

Title: 7th Generation Fetal Alcohol Syndrome Prevention Project (Video)
Web: www.occe.ou.edu/aia/7thvid.html
Author: **Publisher:** **Price:**
Contact:
Address: Organization: Oklahoma University, Collage of Continuing Education

Phone: **Fax:** **Email:**

Title: Alcohol Use and Its Medical Consequences (Slides)
Web:
Author: **Publisher:** **Price:**
Contact:
Address: Organization: Project Cork Institute, Dartmouth Medical School

Phone: **Fax:** **Email:**

Title:	Alcohol, Pregnancy, and Fetal Alcohol Syndrome (Slide)		
Web:			
Author:	Publisher:	Price:	
Contact:			
Address:	Organization: Dartmouth Medical School		
Phone:	(800) 432-8433	Fax:	Email:
Title:	Children of Prenatal Substance Abuse (Website)		
Web:	griefnet.org/library/review/p/prenatalR.html		
Author:	Publisher:	Price:	
Contact:			
Address:	Organization: GRIEFNET		
Phone:		Fax:	Email:
Title:	Community Action Training Guide: "Working Together for Prevention of FAS"		
Web:	www.mcf.gov.bc.ca/child protection/fas/index.html		
Author:	Publisher:	Price:	
Contact:			
Address:	Organization: Ministry of Children and Family Development, Government of British Columbia		
Phone:		Fax:	Email:
Title:	Drinking Alcohol During Pregnant		
Web:	www.noah-health.org/english/pregnancy/marchof dimes/substance/drinking.html		
Author:	Publisher:	Price:	
Contact:			
Address:	Organization: NOAH in collaboration with the March of Dimes White Plains NY 10605 US		
Phone:	(888) 663-4632	Fax:	Email:
Title:	Educating Children / Students Who Have FAS: Challenges and Opportunities: (Book)		
Web:			
Author:	Publisher:	Price:	\$16.00
Contact:			
Address:	Organization: ARC Burnaby BC Canada V5B		
Phone:	(604) 942-2024	Fax:	Email: Plasser@netcom.ca
Title:	Educating Self-Advocates about FAS Prevention (Package)		
Web:			
Author:	Publisher:	Price:	\$6.28
Contact:			
Address:	Organization: ARC of the United States		
Phone:	(888) 368-8009	Fax:	Email:
Title:	Everyone Should Know About FAS (Video and Package)		
Web:			
Author:	Publisher:	Price:	
Contact:			
Address:	Organization: ARC of Atlantic County, New Jersey and the New Jersey Office for Prevention of		
Phone:	(609) 984-3351	Fax:	Email: hmitchell@dhs.state.nj.us

Title: FAS: A Training Manual to Aid in Vocational Rehabilitation and other Non-Medical Serv
Web: ericae.net/ericdc/ED434789.htm
Author: **Publisher:** **Price:**
Contact:
Address: Organization: ERIC Document Reproduction Service

Phone: **Fax:** **Email:**

Title: Fetal Alcohol Syndrome / Effects: Parenting Children Affected by FAS (Guide)
Web: health.hss.atate.ak.us/fas.resource.html
Author: **Publisher:** **Price:**
Contact:
Address: Organization: DHSS / Office of FAS
Juneau AK 998110609
Phone: (907) 465-3033 **Fax:** **Email:**

Title: Fetal Alcohol Syndrome Awareness Curriculum
Web:
Author: **Publisher:** **Price:**
Contact:
Address: Organization: FAS Awareness Coalition, Meyer Children's Rehabilitation Institute,
Phone: **Fax:** **Email:**

Title: Fetal Alcohol Syndrome Facts and Choices: A Guide for Teachers
Web:
Author: **Publisher:** **Price:**
Contact:
Address: Organization: University of Wisconsin, Wisconsin Clearinghouse
Madison WI 57301 US
Phone: (800) 322-1468 **Fax:** **Email:**

Title: Fetal Alcohol Syndrome Lasts A Lifetime
Web: w3.ouhsc.edu/fas/
Author: **Publisher:** **Price:**
Contact:
Address: Organization: Oklahoma Dept. of Mental Health and Substance Abuse Services
Phone: (405) 844-9064 **Fax:** (405) 844-9084 **Email:**

Title: Fetal Alcohol Syndrome Training for American Indian communities
Web:
Author: **Publisher:** **Price:**
Contact:
Address: Organization: IHS and V W FADY
Phone: **Fax:** **Email:**

Title: Fetal Alcohol Syndrome: Implications for Educators (Document)
Web: ericae.net/ericdd/ED426560.htm
Author: **Publisher:** **Price:**
Contact:
Address: Organization: ERIC
Phone: (800) 443-3742 **Fax:** **Email:** Service@edrs.com

Title: NOFAS Curriculum for Graduate Nursing, Nurse Midwifery and Physician Assistant Studen
Web:
Author: **Publisher:** **Price:**
Contact:
Address: Organization: National Organization on Fetal Alcohol Syndrome

Phone: **Fax:** **Email:**

Title: Preventing Fetal Alcohol Syndrome and Other Alcohol Related Birth Defects
Web:
Author: **Publisher:** **Price:**
Contact:
Address:

Phone: (888) 368-8900 **Fax:** **Email:**

Title: Reaching Out to Children with FAS/FAE (Book)
Web:
Author: **Publisher:** **Price:** \$27.95
Contact:
Address: Organization: University of Wisconsin-Madison
Madison WI 53701 US

Phone: (800) 322-1468 **Fax:** **Email:**

Title: Students Like Me, Teaching Children With FAS (Video)
Web:
Author: **Publisher:** **Price:**
Contact:
Address: Organization: State of Alaska DHSS
Juneau AK 998110609

Phone: (907) 465-3033 **Fax:** **Email:**

Title: Teaching Students with Fetal Alcohol Syndrome
Web: www.bced.gov.bc.ca/specialed/fas/contents.htm
Author: **Publisher:** **Price:**
Contact:
Address: Organization: Ministry of Education, Victoria, British Columbia

Phone: **Fax:** **Email:**

Title: The Fabulous FAS Quiz Show (Teacher's Guide, (Video)
Web:
Author: **Publisher:** **Price:**
Contact:
Address: Organization: March of Dimes, Birth Defects Foundation, Western Washington Chapter,

Phone: (206) 624-1373 **Fax:** **Email:**

Title: The TRIUMF Project on Fetal Alcohol Syndrome
Web: www.acbr.com/fas
Author: **Publisher:** **Price:**
Contact:
Address: Organization: Fetal Alcohol Support Network

Phone: **Fax:** **Email:** FAS@acbr.com

Title: **What is Fetal Alcohol Syndrome and How Does It Affect A Community?**

Web:

Author:

Publisher:

Price:

Contact:

Address:

Phone:

Fax:

Email:

The following information was taken from the Faculty Development Handbook developed by the California Center for Judicial Education and Research (CJER) Summer 1999.

I. Adult Learning Principles

Historically, it was believed that an adult's cognitive development, or capacity to learn, reached a plateau by the age of 25, and then sharply declined. The current view is that while cognitive development is neither predictable, age-specific, nor linear in progression, adults retain the capacity to learn well into old age. Similarly, professional development was seen in the past as a brief process of acquiring, memorizing, and reciting information, most commonly during young adulthood. Professional development is now viewed as a life-long task, not separate from the rest of life's experience. Indeed, participation in stimulating intellectual activity may be the best way to maintain mental vitality.

If "good theory = good practice" and "good practice = good theory," why learn about adult learning principles? Because it explains the principles behind what works best and the reasons why CJER planning committees and staff ask faculty to do certain things. Offered below is a condensed version of various elements of adult learning theory. We suggest that the "best" teachers blend these theories in their practice.

A. Overview

1. There are currently two basic models for classroom learning—the traditional, instructor-centered, "pedagogical" learning model and the more recent learner-centered, "andragogical" model. Andragogy is a set of assumptions created by Malcolm Knowles (1970) that address the way adults learn. Pedagogy refers to the style most commonly used when educating children. These concepts may vary in their application depending on the learner, the topic, and the learning objectives.

Although there are numerous differences between the instructor- and learner-centered models (see chart, next page) there are also similarities, most notably:

Similarities Between Instructor- and Learner-Centered Models

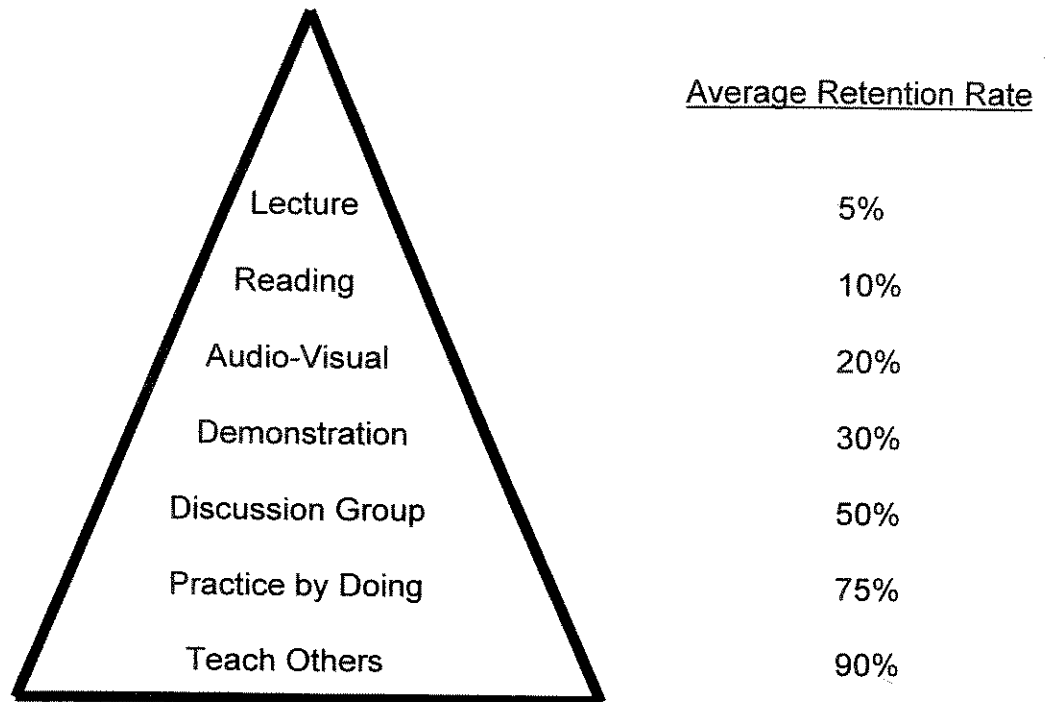
- Involvement of several senses (sight, sound, touch, etc.) reinforces learning and memory retention.
- Learning a skill is enhanced by doing it.
- Accuracy in completing tasks is increased by knowing what is expected.
- Learning is enhanced when the learner's relationship with the teacher is based on mutual respect and the learning environment is inclusive.

	Differences	
	Instructor-centered (pedagogy)	Learner-centered (andragogy)
Goals/content	Instructor directs content of learning activity	Set by learner needs, self-directed
Sequence	Uniform curriculum based on age of learner	Flexible
Methods	Instructor-centered → "What I think you need to know"	Varied → interactive → draws on participant resources and experiences
Motivation	Learning occurs when society states that it is time to learn (age of learner)	Readiness based on need to cope with life tasks, goal oriented, tends to engage in educational activities before, during, and after life transitions
Application	Future oriented, delayed use	Present/practical/concrete/use to solve real problems
Learner Contribution	Passive, receiver, dependent, acceptance	Active, contributor, independent, questioning, less acceptance of authority
Learner Attributes	More flexible, less distracted by physical discomfort, shorter attention span, life experience of little use in learning situation	More resistant to change, more distracted by physical discomfort, responds better to uninterrupted time periods (with stretch breaks), has well-established attitudes, habits, tastes, life experience forms foundation for understanding new information
Evaluation	Instructor evaluates	Joint evaluation

The key distinguishing characteristic of adult learners is experience. This explains why adult learners can contribute to the learning process, know what they need to know, and are often motivated to learn in order to solve real, concrete problems.

2. Research shows that there is a direct relationship between the teaching methods used and the level of information retained by adult learners. Instructor-centered approaches are more appropriate for foundation level learning while learner-centered approaches facilitate critical thinking and complex learning.

a. Learning Pyramid




National Training Laboratories, Bethel, Maine

- b. Tell me and I will hear
Show me and I will remember
Let me do and I will understand.
Chinese Proverb
- c. The best way to learn something is to teach it.
CJER motto

3. Bloom's Taxonomy

Bloom's taxonomy identifies six levels of learning, each of which requires a higher level of complex thinking than the one before it, and each of which corresponds to various learning styles, teaching methodologies, and course objectives, discussed elsewhere in this handbook. The higher levels require more time to accomplish and each level normally requires the foundation of the level(s) beneath it.

- 
- f. **EVALUATION:** Learners make judgments of right or wrong, good or bad, based on substantiating criteria or data; learners assess, compare, critique, judge, justify, verify.
 - e. **SYNTHESIS:** Learners bring together knowledge to develop new ideas; learners invent, problem-solve, create, categorize, compile, design, modify, plan, organize, propose.
 - d. **ANALYSIS:** Learners examine a complex whole by taking it apart and analyzing separate elements; learners categorize, arrange, develop, illustrate, outline, question, test, distinguish, and differentiate concepts.
 - c. **APPLICATION:** Learners practice transfer of learning by applying information to a new situation; learners apply, demonstrate, choose, illustrate, interpret, modify, solve, or use concepts.
 - b. **COMPREHENSION:** Learners can give information in their own words and discover relationships; learners discuss, explain, identify, restate, generalize, summarize.
 - a. **KNOWLEDGE:** Learners possess information and can repeat it back; learners define, describe, list, recognize, recall, repeat.

4. Education as Change

Education has been described as "a process of change." Whether concerned with changing thought, feeling, or behavior, two models describe basically the same process:

- uncover
- discover
- recover

- unfreeze
- change
- refreeze

"Unfreezing," or "uncovering" involves making the need for change, or the "need to know," so obvious that the learner accepts it. Unfreezing occurs naturally in sufficiently unsettling situations in which established modes of behavior no longer work. The second step involves the introduction of new information, methods, thoughts, or behavior, and the third involves "locking into place," or reinforcing the

new behavior—offering participants an opportunity to use and validate it. A learner's "need to know" has been likened to answering the question: "What's in it for me?".

5. Leadership Institute in Judicial Education

Currently held at Memphis State University, Tennessee, and replicated in California annually, the Leadership Institute in Judicial Education explores various theories of adult development (and their practical implications) with a special focus on education for personal and professional growth. Its main premise is that all persons have an innate tendency for continued growth and development and that throughout our lives we move toward greater complexity of thought, an increased capacity for caring, and greater integration of life experiences. It promotes learning environments that foster both challenge and support.

HOT TIPS

- * Adults know what they need to know (and won't learn what they don't think they need to know).
- * Adult professionals often learn best from one another.
- * Adults prefer to learn what they can use in immediate, practical ways.
- * Learning is enhanced by interactive teaching methods and involvement of several senses.
- * The best way to learn something is to do it.

B. Learning Styles

It has long been known that individuals, both children and adults, learn in different ways. Although adult professionals have succeeded in various learning environments by the time they achieve their positions (in this case, as judicial officer or court staff) and are capable of learning in many different ways, each person has a "preferred learning style." Many models describe the different ways that people learn, five of which follow:

1. Model #1: Three basic styles

People learn primarily in one of the following ways:

- Hearing - auditory
- Seeing - visual
- Touching - tactile

A presentation that appeals to all three learning styles improves retention and makes the education program more enjoyable.

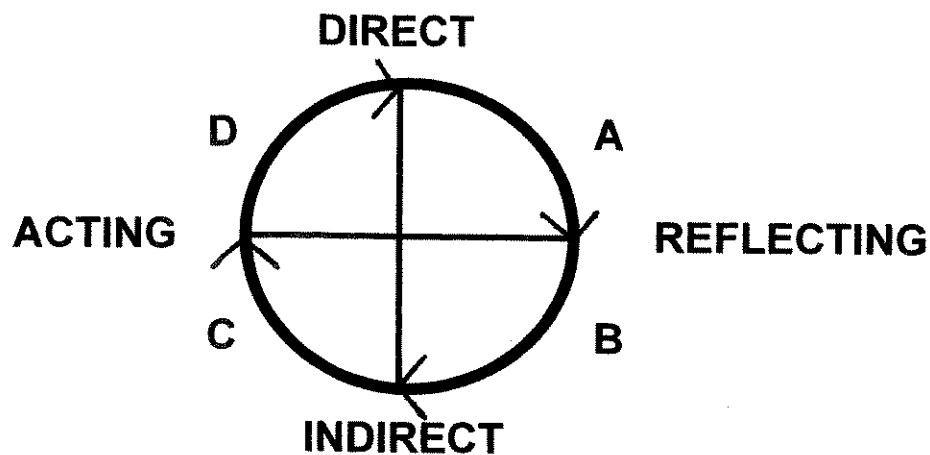
Auditory Learners remember spoken words/ideas well, express opinions verbally, and have poor visual memory. So, use lecture format, encourage participants to think out loud, and use audio equipment.

Visual Learners perform better when you show them (oral directions are frequently ineffective), like orderliness and organization, recall where they saw something some time ago, rarely talk, and use few words in class. So, use written materials, visual aids such as overhead transparencies, videotapes, and charts, and include frequent demonstrations.

Tactile Learners learn best by doing, prefer to write things down, and learn well using objects such as computers. So, use hands-on exercises, role-plays, and ask students to write their answers to your questions on paper before they are asked to discuss them.

2. Model #2: Four Learning Style Preferences (Kolb)

- Knowledge is the result of taking in and processing information.
- We take in information either directly (concrete experience) or indirectly (abstract conceptualization).
- We process information by reflecting on it or acting on it.
- Our preferred learning style combines our preferred ways of taking in and processing information. If the vertical line represents “taking in,” and the horizontal line represents “processing,” the space in between represents a specific learning style preference.



If we prefer to take in information directly (through concrete experience) and reflect upon it, our preferred learning style would be symbolized by A, above, and so forth. This model, suggested by David Kolb in 1984, assumes that although everyone has a preferred learning style, most adults learn by using all four styles, that in any group of adult learners all four preferences will be represented, that various teaching techniques or methodologies correlate to the preferences in each quadrant, and that the ability to use all four styles contributes to cognitive development. This model has implications not only for the types of teaching methods selected, but the sequence in which they are used (see page 26). It also supports team teaching, because we tend to teach the way we prefer to learn. The four styles follow:

- A** — Learners with this style prefer to take in information directly (through concrete experience) and process it by reflecting. They prefer learning activities that involve them directly, physically or emotionally, and those that require them to step back, look at the experience, get the perspectives of others, and make connections to other experiences.
- B** — Learners with this style prefer to take in information indirectly (through abstract conceptualization) and process it by reflecting. They prefer learning

activities that draw from authoritative sources, research, and specialized knowledge to develop principles, and those that require them to step back, look at the information, get the perspectives of others, and make connections with other information.

C — Learners with this style prefer to take in information indirectly (through abstract conceptualization) and process it by acting. They prefer learning activities that draw from authoritative sources (as Group B) and opportunities to try out the principles through problem solving.

D — Learners with this style prefer to take in information directly (through concrete experience) and process it by acting. They prefer learning activities that involve them directly (as Group A) and opportunities to try out the principles through problem solving.

3. Model #3: Herrmann Brain Model

Based upon the physiology of the human brain, this model devised by Ned Herrmann describes four basic thinking styles or mental processes that illustrate the way adults prefer to think, learn, communicate, and make decisions. Most adults use a combination of styles, yet their scores on the Herrmann Brain Dominance Instrument (HBDI) usually indicate a preference for two or three. Faculty must be licensed to administer the (HBDI).

4. Model #4: Myers-Briggs Type Indicator (MBTI)

The MBTI is a measure of personality type that provides faculty and seminar leaders with insight into eight different ways that students prefer to receive and process information and interact in a classroom setting. It has also proved effective in team-building courses and administrative education to address the connection between personality type and management style. The MBTI has answers for why many learners (most judges) prefer to think before they speak in class, do not like to “read meaning” into facts given in a vignette or hypothetical, and love checklists and scripts. The message for faculty is: vary your teaching methods, value and allow for differences among students, and value team teaching (otherwise you may teach only the way you prefer to learn and miss the other seven-eighths of the class). Faculty must be licensed to administer the MBTI.

Appendix G. Glossary

Terms:	Definition of Terms:
Abstract Concepts	An idea or an image of a situation, symbol or object that can be selected from any specific attributes in an environment.
Advocate	One who argues or pleads another's cause.
Alcohol Related Birth Defects (ARBD)	Clinical condition in which there is a history of maternal alcohol exposure and observed physical anomalies in the child. (IOM, 1996.)
Alcohol-Related Neurodevelopmental Disorder (ARND)	Clinical condition in which there is a history of maternal alcohol exposure and observed neuro-developmental abnormalities in the child and/or evidence of a complex pattern of behavior or cognitive abnormalities which cannot be explained by familial background or environment alone. (IOM, 1996.)
Anomalies	Differences from the normal standard, especially those resulting from birth defects.
Articulate	Able to speak, express oneself readily and effectively.
Assessment	Collecting information about a child's learning needs, which may include social, psychological, and educational evaluations used to determine assignment to special programs or services. Ongoing observation of progress by qualified personnel over a period of time.
Attention-Deficit Disorder (ADD)/ Attention-Deficit/Hyperactivity Disorder (ADHD)	A diagnosis based on symptoms and behaviors that may involve distractibility, hyperactivity, and difficulties with impulse control that are exhibited in a child generally by age 7. Medication may be prescribed to minimize symptoms so that a child can participate more fully in academic activities. Attention problems may occur without hyperactivity.
Basal Ganglia	A group of structures deep inside the brain that are involved in movement and cognition.
Benign	Of a gentle disposition, kind, good-hearted.
Broach	To introduce a topic of conversation.
Capacity	Ability to understand the nature and effects of one's acts.
Caregiver	Person who has input into the care of the child.
Central Nervous System (CNS)	The brain, spinal cord, and associated nerves.
Cerebellum	The largest portion of the brain; involved in controlling consciousness, voluntary processes, and cognition.

Cognitive	The process of knowing or the process that people use for remembering, reasoning, understanding, problemsolving, evaluating and judgment.
Cognitive Development	The development of skills necessary for understanding and organizing the world including perceptual and conceptual skills such as discrimination, memory, sequencing, concept formation, generalization, reasoning and problemsolving.
Colicky	Sharp, sudden abdominal pain.
Competency	In the law of evidence, the presence of those characteristics, or the absence of those disabilities, which render a witness legally fit and qualified to give testimony in a court of justice (also applies to evidentiary documents).
Concrete	Idea or image of a situation, symbol or object that can be perceived by the senses and derives from an experience that makes it familiar.
Confabulation	Attempt by person with FAS/ARND to fill in gaps within their memory or recall of events but there is not intent to deceive.
Congenital	Existing at or dating from birth.
Corpus Callosum	The central tract inside the brain that connects the right and left halves, or hemispheres, of the brain.
Croon	To sing or hum in a gentle murmuring voice.
Culturation	Developing by education and training.
Detention	A period off temporary custody prior to disposition by a court.
Detoxified	To free an alcoholic from an intoxicating substance or from dependence on it
Developmental Delay	A situation in which a child's skill in a given area is significantly below that of an average child of his or her chronological age. For example, the area could be speech/language, gross motor skills, academic achievement, cognitive ability etc.
Developmental Disability	A disability, which is present at birth or occurs before the age of 22, is likely to continue indefinitely, and affects one or more major life functions. Examples are mental retardation, autism, and cerebral palsy.
Developmental Milestones	Significant points related to steps or states in growth and development before the age of 18.
Diagnosis	Naming the cause of a disorder by looking at its symptoms. The process of identifying specific mental or physical disorders.
Discriminate	To distinguish, differentiate.

Dysmorphologist	Physician who evaluates physical malformations and identifies syndromes associated with birth defects.
Early Intervention Services	A set of coordinated services and supports to children birth through preschool and their families designed to meet the needs of the child and enhance the child's strengths and abilities.
Egocentric	Concerned or overly concerned with the self.
Embryo	The fertilized ovum that becomes the offspring during the period of most rapid development. In humans this period is from two weeks after fertilization until the end of the 7 th or 8 th week, after which the embryo becomes the fetus.
Encephalitis	Inflammation of the brain.
Epicanthal Folds	A vertical fold of skin on either side of the nose, sometimes covering the inner corner of the eye. It is present as a normal characteristic in certain races and occurs as a congenital anomaly in others.
Eradicate	To uproot, eliminate.
Evaluation	Collecting information about strengths, weaknesses, needs and accomplishments to determine qualifications or recommendations about treatment or placement.
Evidence	Testimony, writings, objects or other things presented to the senses that are offered to prove the existence or nonexistence of a fact.
Exacerbate	To make more bitter or severe.
Expressive Language	Communicating to others thoughts, needs, and desires.
Felony	A crime of a graver or more serious nature than those designated as misdemeanors. Generally include offenses punishable by death or imprisonment for a term exceeding one year.
Fetal Alcohol Effects (FAE)	Various detrimental effects caused by exposure to alcohol during gestation in individuals who cannot be diagnosed as having fetal alcohol syndrome.
Fetal Alcohol Syndrome (FAS)	A specific, although variable, constellation of abnormalities due to prenatal exposure to alcohol that includes abnormal facial features, growth retardation, and central nervous system abnormalities.
Fetal Alcohol Spectrum Disorders (FASD)	A term that refers to the range of lifelong physical, mental and neurobehavioral birth defects associated with prenatal exposure to alcohol.

Fetus	The period of development of offspring, occurring from the 7 th or 8 th month until birth, in which major structures are outlined and developed.
Generalization	A general statement, law, principal or proposition.
Gestation	The period of development from the time of fertilization until birth.
Gravitate	To move toward, or be attracted to as if by force.
Habeas Corpus, Writ of	A request for a court to review the legality of a detention. With respect to the Indian Civil Rights Act, a person may file a Writ of Habeas Corpus with the federal court to review detention ordered by a tribal government agency (police department, tribal court).
Ideation	The capacity for or process of forming ideas.
Impulsiveness	To act or prone to act on impulse, a natural tendency.
Incarcerate	Imprison, confine.
Interdependence	Dependent upon one another.
Intervention	To come in or between in order to stop, settle or modify.
Intrusive	To enter or force in or upon, encroach.
Jargon	Vocabulary used exclusively in a specific profession.
Latency Period	Present but not visible or active, dormant.
Manifestation	Displays or demonstrations.
Micrognathia	Smaller than anticipated chin.
Microcephaly	Abnormal smallness of the head, usually associated with mental retardation.
Microphthalmia	Abnormal smallness of the eyes.
Misdemeanor	Offense, lesser than felony, punishable by fine or less than one year imprisonment.
Monogamous	Marriage with but one person at a time.
Multidisciplinary	Two or more service providers who work together and share information in the evaluation, assessment and development of strategies and plans to resolve or address issues.
Occupational Therapist	A professional who helps people of all ages regain, develop or master everyday skills in order to live independent, productive and satisfying lives.

Orthodontic	Branch of dentistry dealing with faulty tooth occlusion and its correction.
Palpebral Fissures	Longitudinal openings between the eyelids.
Partial FAS	A term suggested by the Institute of Medicine (1996) that refers to the collective presence of some facial characteristics and physical or neurodevelopmental abnormalities.
Pathogen	Specific causative agent of the disease.
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Perinatal	Period shortly before and after birth, generally considered to begin with completion of 28 weeks of gestation and ending 1 to 4 weeks after birth.
Philtrum	Vertical groove which runs from under the nose to the upper lip.
Postnatal	Period after birth.
Precursor	One that precedes and indicate the approach of another.
Predisposition	To incline in advance, making susceptible.
Prenatal	Period of time between conception and birth.
Provocation	The act of provoking, to incite to anger.
Psychiatrist	A professional in the branch of medicine dealing with mental disorders.
Psychologist	A professional that deals with the science of the mind and behavior.
Psychotherapy	Treatment of the mental or emotional disorder.
Ptosis	Drooping of the upper eyelids.

Receptive Language	Listening to and understanding what someone else is saying.
Sanctions	Authoritative approval designed to enforce a law or standard.
Self-Regulate	To govern or direct oneself according to rule.
Sequential	Chronological order, progression.
Sobriety	The state of being sober or not drunk.
Socialization	To participate actively in a social gathering.
Speech-Language Pathologist	A professional who assesses speech and language development and treats speech and language disorders.
Static Encephalopathy	Abnormal brain function that remains consistent.
Syndrome	Group of characteristic features that characterize a disease or are caused by one underlying process; the features present allow identification of individuals as having a unique and specific disorder.
Syntactic	The way in which words are put together to form phrase or sentences.
Tactile	Relating to or perceptible through the sense of touch.
Temper Tantrums	Fits of bad temper or sudden outbursts.
Teratogen	An agent (for example, alcohol) or condition which may cause birth defects in the embryo.
Trauma	A bodily or mental injury caused by an external agent .
Trimester	One of the three month periods in which a nine month pregnancy is divided.
Truancy	One who stays out of school without permission.
Vulnerability	Capable of being taken advantage of, open to attack.

