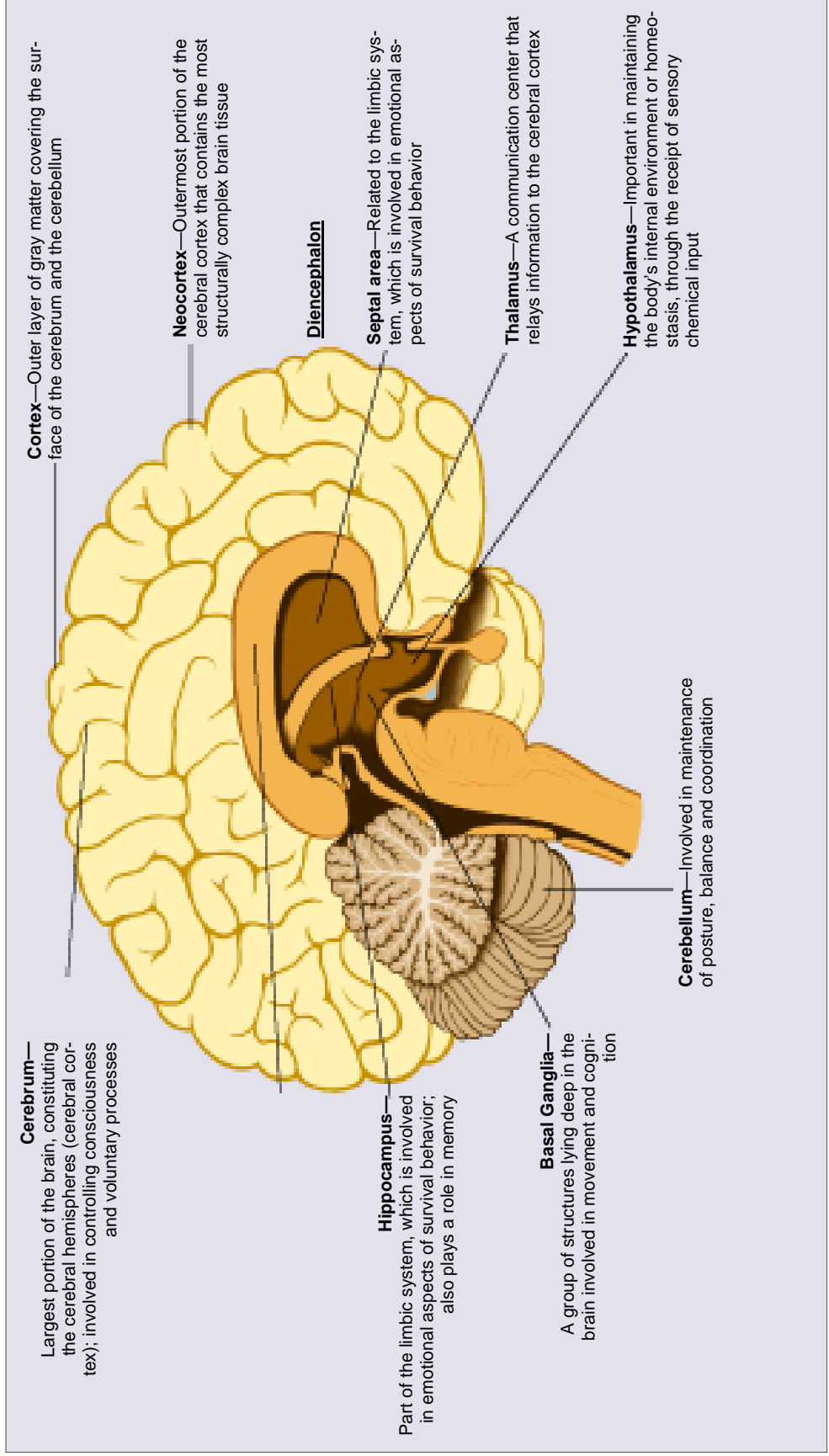


## **VII. Appendices**

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**

© Indian Country Today June 07, 2000. *All Rights Reserved*

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

© Indian Country Today May 23, 2001. All Rights Reserved

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

© Indian Country Today February 07, 2003. All Rights Reserved

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.

**F**or 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.

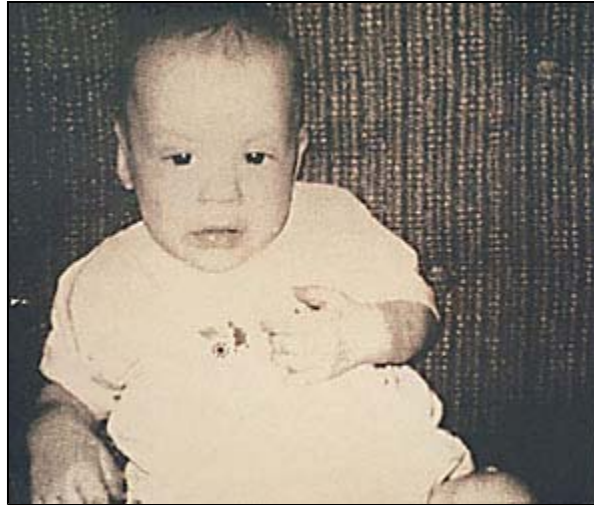
Many are repeatedly in the criminal justice system.

"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.

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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."

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## 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.

**H**e 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.

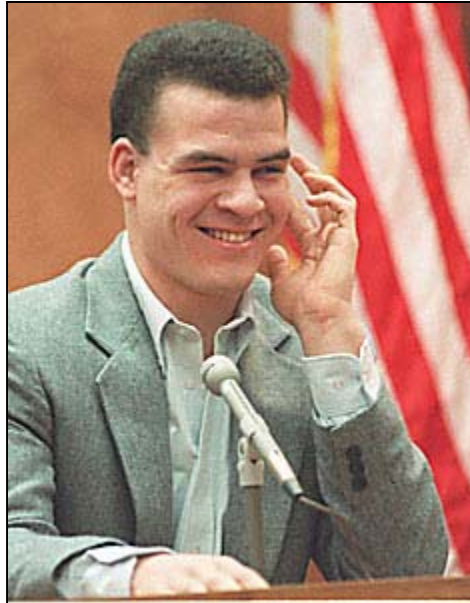
Early on, John was a stress on the family. Looking back, the grin he always wore on his face was more eerie than charming. The smile came at inappropriate times - often when he knew he was in trouble.

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.

**H**e 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**.

**S**tructure, **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](http://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](http://www.fasstar.com)

Fasalaska Project FACTS  
Fetal Alcohol Consultation  
and Training Services

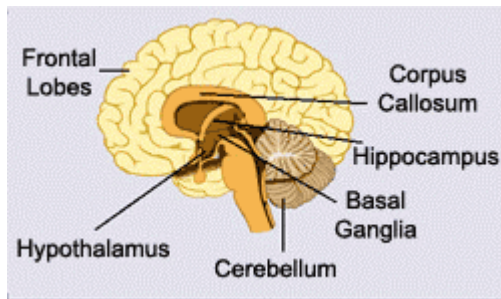
Call (907) 235-2544

[www.fasalaska.com](http://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.

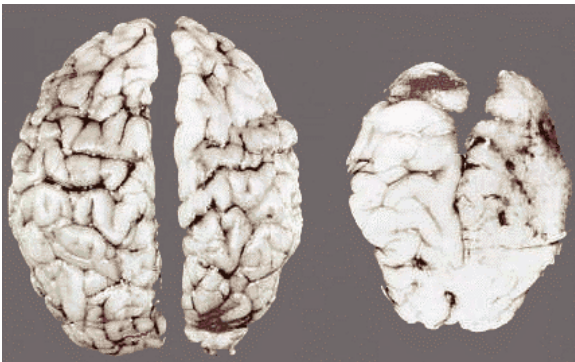
Another part of the brain that affects one's ability to control impulses and inhibitions is the prefrontal cortex, or the frontal lobes.

### 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



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

Fetal Alcohol Syndrome  
Fasstar Information Series Brochure B071202  
Produced by Fasstar Enterprises  
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## FAS and the Brain

### How Prenatal Alcohol Exposure Affects Development of the Brain

By Teresa Kellerman  
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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!

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\* Taken from FAS and Inappropriate Sexual Behavior by Teresa Kellerman, 2002 at [www.comeover.to/FAS/InappropriateSexualBehavior.html](http://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:

<b>What Helps?</b>	<b>What Hurts?</b>
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.

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\* 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](mailto:balsaitis@juno.com)

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**Debra McFarren, Parent and Professional**  
CA  
Contact: Debra McFarren  
[kidzmom3@aol.com](mailto:kidzmom3@aol.com)

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

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**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](mailto: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.

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

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

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

Contact: Linda Hargreaves  
[hargrin@aol.com](mailto:hargrin@aol.com)

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**Margaret Ruby, Parent**  
CA  
Contact: Margaret Ruby  
[ruby706@earthlink.net](mailto:ruby706@earthlink.net)  
In Monterey County, California.

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

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**Paul and Melissa Hradecky, Parents**  
CA  
Phone: 909-687-5082  
Contact: Paul and Melissa Hradecky  
[killawave@earthlink.net](mailto:killawave@earthlink.net)

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**Paulette Benson, Teacher and Parent**  
CA  
Phone: 626-836-8680  
Contact: Paulette Benson  
[la.townhall@verizon.com](mailto:la.townhall@verizon.com)

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

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## 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](mailto:john.graham@cshs.org)

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**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

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**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**

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**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.

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**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.

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**Santa Clara Valley Medical Center - Neurodevelopmental Clinic**

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

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**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>**

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**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**

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**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](mailto: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.

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**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](mailto:pack@itsa.ucsf.edu)**

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**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.

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## Other

**California Birth Defects Monitoring Program**

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

**[info@cbdmp.org](mailto: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?

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**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.

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**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](mailto:legalmail@pai-ca.org)**

**[www.pai-ca.org/](http://www.pai-ca.org/)**

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

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## 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

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**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.

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**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](mailto: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.

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## 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.

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**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](http://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.

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**Native American Health Center**

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

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**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.

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**Patricia Wilbarger, O.T.**

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

[pwilbar@aol.com](mailto:pwilbar@aol.com)

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

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## 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](mailto:akesterson@calfas.org)

[www.calfas.org](http://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.

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**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.

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### 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](http://www.boysandgirlsaid.org)  
Offers preparation classes for prospective adoptive families.

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#### **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](http://www.fascets.org)  
Nonprofit group started by parents and a grandparent, which consults with families and trains professionals.

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#### **FASCETS Oregon Neurodevelopmental Diagnostic and Training Center**

OR  
See FASCETS, Inc. contact information above

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#### **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](mailto:dmalbin@fascets.org)  
[www.fascets.org](http://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.

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#### **Janet Mertens, Aunt and Guardian**

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

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#### **Tawnya Chose, Parent**

OR  
[Tmchose@aol.com](mailto:Tmchose@aol.com)  
Home-schools her child, and is familiar with school system problems.

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#### **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](mailto: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).

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## 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](http://www.kaiser-permanente.org)

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## 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](http://www.oradvocacy.org)

Protection and advocacy agency for persons with developmental disabilities.

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## 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).

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## 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](http://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.

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### **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.

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### **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.

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**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.

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### 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](mailto: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.

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#### **Center for Children with Special Needs**

Children's Hospital & Regional Medical Center

Seattle, WA

Phone: (206) 987-5735

[info@cshcn.org](mailto: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.

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#### **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](mailto:antonra@bdsn.com)

Special Needs Adoption Support Program Manager

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#### **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](mailto:luvsmozart2@yahoo.com)

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#### **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.

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#### **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](mailto: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.

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#### **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.

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#### **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.

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#### **NOFAS Washington**

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

[FASDSupport@aol.com](mailto: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.

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#### **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.

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#### **Washington State FAS Interagency Workgroup**

WA  
[www.fasdwa.org](http://www.fasdwa.org)  
check this website for more information

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## **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](mailto: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.

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**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

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**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](mailto:jorgenh@shmc.org)

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**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

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**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](mailto:christy.halvorson@yvmh.org)

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## 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](mailto:wpas@wpas.org)  
[www.wpas-rights.org](http://www.wpas-rights.org)  
Statewide agency for persons with disabilities. TTY: 800-905-0209 or 206-957-0728

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## 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

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**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.

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**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).

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## 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.

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**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.

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**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.

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**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.

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## 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.

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# FAS Resources List

# (Quick View)

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

## **Resource Type:**    **Agency**

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### **Source:**

<b>Title:</b>	<b>Web Address:</b>
<i>A Manual on Adolescent and Adults with FAS Special Reference to American Indians</i>	
<i>AI-Anon/Alateen</i>	<a href="http://www.ai-anon-alateen.org">www.ai-anon-alateen.org</a>
<i>Adoptive &amp; Foster Parents of Fetal Alcohol and Drug Affected Children</i>	
<i>Alcoholics Anonymous</i>	<a href="http://www.alcoholics-anonymous.org">www.alcoholics-anonymous.org</a>
<i>American Academy of Child &amp; 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>	<a href="http://www.ctispregnancy.org/ctis.html">www.ctispregnancy.org/ctis.html</a>
<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>	<a href="http://www.kidscanlearn.net">www.kidscanlearn.net</a>
<i>Canadian Center on Substance Abuse</i>	<a href="http://www.ccsa.ca">www.ccsa.ca</a>
<i>Ceders Sinai Medical Center - Medical Genetics/Birth Defects Center</i>	
<i>Center for Disabilities, Department of Pediatrics</i>	<a href="http://www.usd.edu/cd">www.usd.edu/cd</a>
<i>Centers for Disease Control and Prevention (CDC)</i>	<a href="http://www.cdc.gov/">www.cdc.gov/</a>
<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>	

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*Depression and Related Affective Disorders Association (DRADA)*

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*Diagnose of FAS, FAE and ARND*

[depts.washington.edu/fasdpn](http://depts.washington.edu/fasdpn)

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*Early Start - California Department of Developmental Services*

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*Emmanuel Children's Hospital - Department of Pediatric Development*

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*Exceptional Family Resource Center*

[ww.edweb.sdsu.edu/efrc](http://ww.edweb.sdsu.edu/efrc)

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*FAS Diagnostic / Prevention Network Pacific Treatment Alternatives*

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*FAS Diagnostic and Prevention Network*

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*FAS Diagnostic and Prevention Network University of Washington*

[www.depts.washington.edu/fasdpn](http://www.depts.washington.edu/fasdpn)

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

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*FAS Family Resource Institute (FAS\*FRI)*

[www.fetalalcoholsyndrome.org](http://www.fetalalcoholsyndrome.org)

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*FAS Information Packet South Dakota UAP Interdisciplinary Center for Disabilities*

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*FAS Support Group*

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*FAS\*FRI: FAS Resources Institute*

[www.assessone.com/~delindam/service.html](http://www.assessone.com/~delindam/service.html)

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*FAS/FAE Parent Support*

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*FASCETS, Inc. Consulting Education and Training Services*

[www.fascets.org](http://www.fascets.org)

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*Fatal Alcohol Education Program (FAEP)*

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*Fatal Alcohol Support Network of Toronto and Peel*

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*Fetal Alcohol and Drug Unit, University of Washington*

[depts.washington.edu/fadu/](http://depts.washington.edu/fadu/)

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*Fetal Alcohol Education Program*

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

[www.fetalalcoholsyndrome.org](http://www.fetalalcoholsyndrome.org)

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*Fetal Alcohol Syndrome Prevention Program*

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*Fetal Diagnostic Center*

[www.usd.edu/fourstatefasconsortium/southdakot](http://www.usd.edu/fourstatefasconsortium/southdakot)

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*Florida Alcohol and Drug Abuse*

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*Florida Department of Education Prevention Center*

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*Healthy Infant Program*

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*Idaho FAS Support Group*

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*Join Together*

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*Kaiser Permanente Hospital- Department of Pediatrics Neurology*

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*Kaiser Santa Teresa Hospital - Genetics Services*

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*Kinship House, Inc.*

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*Lucile Packard Children's Hospital- Division of Medical Genetics*

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*March of Dimes National Office Birth Defects Foundation*

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*Multnomah County Community/Family Services Division of Behavioral Health*

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*National Alliance for the Mentally ILL*

<i>National Association for Children of Alcoholics (NACoA)</i>	
<i>National Association for Perinatal Addiction Research &amp; 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>	<a href="http://www.nofas.org">www.nofas.org</a>
<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>	<a href="http://depts.washington.edu/fadu/">depts.washington.edu/fadu/</a>
<i>Preventing FAS and Other Alcohol- Related-Birth-Defects: Teachers and Student Man</i>	
<i>San Benito County Substance Abuse Program</i>	<a href="http://sbcsap.HollisterOnline.com">sbcsap.HollisterOnline.com</a>
<i>San Diego State University-Center for Behavioral Teratology</i>	<a href="http://www.psychology.sdsu.edu/faculty/rily.html">www.psychology.sdsu.edu/faculty/rily.html</a>
<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>	<a href="http://www.state.sd.us/dhs/ada/index.htm">www.state.sd.us/dhs/ada/index.htm</a>
<i>South Dakota Office of Special Education</i>	<a href="http://www.state.sd.us/deca/SPECIAL/spapecial.htm">www.state.sd.us/deca/SPECIAL/spapecial.htm</a>
<i>St. Luke's Hospital, Department of Pediatrics</i>	
<i>The Arc</i>	<a href="http://www.thearc.org">www.thearc.org</a>
<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>	<a href="mailto:www.moconnor@npih.medsch.ucla.edu">www.moconnor@npih.medsch.ucla.edu</a>
<i>University of California-Department of Medical Genetics</i>	
<i>University of Washington - Experimental Education Unit</i>	

University of Washington Fetal Alcohol Clinic

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Valley Children's Hospital. Neuropsychology Services

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When the Bough Breaks; Pregnancy and the Legacy of Addictions

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

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## **Resource Type: Articles**

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### **Source:**

Title:

Web Address:

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*Alcohol Control Policies and Violent Crime*

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*Alcohol Screening Questionnaires in Woman*

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*Binge Drinking in the Northern Plains Tribe*

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

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

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*Drug Use*

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*FANN - Fetal Alcohol Network Newsletter*

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*Fetal Alcohol Spectrum Disorders in the Corrections System*

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*Fetal Alcohol Syndrome Awareness and Education Project*

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

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*Incidence of FAS and Economic Impact of FAS- Related Anomalies*

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*Living with FAS*

[www.come-over.to/FAS/ZakLife.htm](http://www.come-over.to/FAS/ZakLife.htm)

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*New FAS & Law Resources*

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

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*NOFAS Newsletter*

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*Surveillance for Health Behaviors of American Indians and Alaska Natives*

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*The Frightening Irony of Fetal Alcohol Syndrome*

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

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### **Source: Alcohol Related Birth Injury Resource Site**

Title:

Web Address:

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*Neurodevelopmental Defects - Secondary Disabilities*

[www.arbi.org/prevention/neuro\\_second.html](http://www.arbi.org/prevention/neuro_second.html)

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### **Source: CDC**

Title:

Web Address:

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*Risk Factors for Adverse Life Outcomes in FAS and FAE*

[www.cdc.oov/ncbddd](http://www.cdc.oov/ncbddd)

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### **Source: National Institute on Alcohol Abuse and Alcoholism**

Title:

Web Address:

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*Helping Patients With Alcohol Problems*

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**Source: National Library of Medicine**

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

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**Source: National Organization on Fetal Alcohol Syndrome**

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

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**Source: NCPAD**

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

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**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>	

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**Source: Wiley-Liss,Inc**

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

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**Resource Type: Book**

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**Source:**

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

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*Assessment and The Early Years*

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

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*Challenges and Opportunities*

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*Cheers, Here's to Baby*

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*Children with Fetal Alcohol Syndrome: A Handbook for Caregivers*

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

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*Does the Owl Still Call Your Name?*

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*Fantastic Antone Grows UP: Adolescents and Adults with FAS*

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*Fantastic Antone Succeeds! Experience in Educating Children FAS*

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

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*FAS/FAE Strategies for Professionals*

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*FAS: Diagnosis, Epidemiology Prevention, and Treatment*

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*FAS: Parent and Child*

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*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*

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*Fetal Alcohol Syndrome (Revised) (Drug Prevention)*

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*Fetal Alcohol Syndrome and Fetal Alcohol Effects*

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*Fetal Alcohol Syndrome and Other Alcohol-Related Birth Defects*

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*Fetal Alcohol Syndrome and the Criminal Justice System*

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*Fetal Alcohol Syndrome, Fetal Alcohol Effects: Strategies for professionals*

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

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*Fetal Alcohol Syndrome: From Mechanism to Prevention*

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*How to Fight with your FASer*

[www.come-over.to/FASCR/](http://www.come-over.to/FASCR/)

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*I Would be Loved*

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

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*Layman's Guide to FAS/FAE*

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

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

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

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

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

[www.cwla.org](http://www.cwla.org)

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

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*The ABC's of FAS/FAE*

[www.lcsc.edu/education/fas/FAS.html](http://www.lcsc.edu/education/fas/FAS.html)

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

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*The Blood Runs Like a River Through My Dreams*

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*The Broken Cord*

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*The Challenges of FAS: Overcoming Secondary Disabilities*

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

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

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*Trying Differently Not Harder*

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*Understanding Fetal Alcohol Syndrome*

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**Source: Department of Health and Human Services**

Title:

Web Address:

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

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**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:

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*Reaching Out to Children with FAS and FAE*

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**Resource Type: Video**

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**Source:**

Title:

Web Address:

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*A Challenge to Care*

---

*A Nation's Challenge: Educating Substance - Expose Children*

---

*A Pregnant Woman Never Drinks Alone*

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*Adolescence and Feature*

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*Alcohol , Pregnancy, and the FAS*

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*Alcohol and Pregnancy: FAS and FAE*

---

*Assessment and the Early Years*

---

*Clinical Diagnosis of Fetal Alcohol Syndrome*

---

*David with FAS*

---

*Faces Yet to Come*

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*FAS / FAE Series*

---

*FAS and FAE Stories of Help and Hope*

---

*FAS Everybody's Baby*

---

*Fetal Alcohol Syndrome*

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

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

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

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*Journey Through the Healing Circle*

[www.come-over.toFASCRC/](http://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/](http://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:

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*A Mother's Choice*

**Resource Type: Website**

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**Source:**

Title:

Web Address:

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*Al-Anon/Alateen*

[www.al-anon-alateen.org](http://www.al-anon-alateen.org)

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*Alcohol Addiction and Abuse, Black Women's Health*

[www.blackwomenshealth.com](http://www.blackwomenshealth.com)

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*Alcohol Related Birth Injury (FAS/FAE) Resource Site*

[www.arbi.org/](http://www.arbi.org/)

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

[www.niaaa.hip.gov/publications/arh25-3/toc25-3](http://www.niaaa.hip.gov/publications/arh25-3/toc25-3)

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*Alcoholics Anonymous*

[www.alcoholics-anonymous.org](http://www.alcoholics-anonymous.org)

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*BC Ministry of Education - Fetal Alcohol Syndrome*

[www.bced.gov.bc.ca/specialed/fas/](http://www.bced.gov.bc.ca/specialed/fas/)

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*Canadian Center on Substance Abuse*

[www.ccsa.ca/fasgen.htm](http://www.ccsa.ca/fasgen.htm)

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*Center for Substance Abuse Prevention*

[www.prevention.samhsa.gov](http://www.prevention.samhsa.gov)

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*Centers for Disease Control and Prevention, NCBDDD*

[www.cdc.gov/ncbddd/fas/](http://www.cdc.gov/ncbddd/fas/)

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*Family Empowerment Network*

[www.dcs.wisc.edu/pda/hhi/fen/index.html](http://www.dcs.wisc.edu/pda/hhi/fen/index.html)

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*Family Village*

[.familyvillage.wisc.edu](http://.familyvillage.wisc.edu)

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*FAS Alaska Project - Fetal Alcohol Syndrome*

[www.fasalaska.com/](http://www.fasalaska.com/)

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

**Source: Centers for Disease Control and Prevention**

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

**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](http://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](http://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**

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**Source:**

Title:	Web Address:
<i>7th Generation Fetal Alcohol Syndrome Prevention Project (Video)</i>	<a href="http://www.occe.ou.edu/aii/7thvid.html">www.occe.ou.edu/aii/7thvid.html</a>
<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>	<a href="http://griefnet.org/library/review/p/prentalR.html">griefnet.org/library/review/p/prentalR.html</a>
<i>Community Action Training Guide: "Working Together for Prevention of FAS"</i>	<a href="http://www.mcf.gov.bc.ca/child_protection/fas/index.ht">www.mcf.gov.bc.ca/child_protection/fas/index.ht</a>
<i>Drinking Alcohol During Pregnant</i>	<a href="http://www.noah-health.org/english/pregnancy/marcho">www.noah-health.org/english/pregnancy/marcho</a>
<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>	<a href="http://ericae.net/ericdc/ED434789.htm">ericae.net/ericdc/ED434789.htm</a>
<i>Fetal Alcohol Syndrome / Effects: Parenting Children Affected by FAS (Guide)</i>	<a href="http://health.hss.atate.ak.us/fas.resource.html">health.hss.atate.ak.us/fas.resource.html</a>
<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>	<a href="http://w3.ouhsc.edu/fas/">w3.ouhsc.edu/fas/</a>
<i>Fetal Alcohol Syndrome Training for American Indian communities</i>	
<i>Fetal Alcohol Syndrome: Implications for Educators ( Document)</i>	<a href="http://ericae.net/ericdd/ED426560.htm">ericae.net/ericdd/ED426560.htm</a>
<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>	<a href="http://www.bced.gov.bc.ca/specialed/fas/contents.htm">www.bced.gov.bc.ca/specialed/fas/contents.htm</a>
<i>The Fabulous FAS Quiz Show (Teacher's Guide, (Video)</i>	
<i>The TRIUMF Project on Fetal Alcohol Syndrome</i>	<a href="http://www.acbr.com/fas">www.acbr.com/fas</a>
<i>What is Fetal Alcohol Syndrome and How Does It Affect A Community?</i>	

# FAS Resource Directory

<b>Resource Type:</b> Agency
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**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

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

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

<b>Title:</b>	<b>Coalition on Alcohol and Drug Dependent Women and their Children</b>		
<b>Web:</b>			
<b>Author:</b>	<b>Publisher:</b>	<b>Price:</b>	
<b>Contact:</b>			
<b>Address:</b>	National Council on Alcoholism and Drug Dependence, 1511 K Street, N.W. Washington D.C. 20005 US		
<b>Phone:</b>	(202) 737-8122	<b>Fax:</b>	<b>Email:</b>
<b>Title:</b>	<b>Confederated Tribes of Warm Springs-Health Center</b>		
<b>Web:</b>			
<b>Author:</b>	<b>Publisher:</b>	<b>Price:</b>	
<b>Contact:</b>			
<b>Address:</b>	P.O. Box 1188 Warm Spring OR 97761 US		
<b>Phone:</b>	(541) 553-1196	<b>Fax:</b>	<b>Email:</b>
<b>Title:</b>	<b>Convent House Toronto</b>		
<b>Web:</b>			
<b>Author:</b>	<b>Publisher:</b>	<b>Price:</b>	
<b>Contact:</b>			
<b>Address:</b>	20 Gerrard Street East Toronto ON M5B 2p3 Canada		
<b>Phone:</b>		<b>Fax:</b>	<b>Email:</b>
<b>Title:</b>	<b>CSP National Resources Center for prevention of Perinatal Abuse of Alcohol and Others</b>		
<b>Web:</b>			
<b>Author:</b>	<b>Publisher:</b>	<b>Price:</b>	
<b>Contact:</b>			
<b>Address:</b>	9302 Lee Highway Fairfax VA 22301 US		
<b>Phone:</b>	(800) 354-8824	<b>Fax:</b>	<b>Email:</b>
<b>Title:</b>	<b>David Pettis, M.D., Pediatric Neurologist</b>		
<b>Web:</b>			
<b>Author:</b>	<b>Publisher:</b>	<b>Price:</b>	
<b>Contact:</b>			
<b>Address:</b>	333 N First Street Boise ID 83702 US		
<b>Phone:</b>	(208) 344-2525	<b>Fax:</b>	<b>Email:</b>
<b>Title:</b>	<b>Depression and Related Affective Disorders Association (DRADA)</b>		
<b>Web:</b>			
<b>Author:</b>	<b>Publisher:</b>	<b>Price:</b>	
<b>Contact:</b>			
<b>Address:</b>	600 N. Wolfe Street Baltimore MD 212877381 US		
<b>Phone:</b>	(410) 955-4647	<b>Fax:</b>	<b>Email:</b> drada@welchlink.welch.jhu.edu
<b>Title:</b>	<b>Diagnose of FAS, FAE and ARND</b>		
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<b>Phone:</b>	(800) 658-3080	<b>Fax:</b>	
<b>Phone:</b>	(605) 773-3123	<b>Fax:</b>	
<b>Title:</b>	<b>South Dakota Division of Alcohol and Drug Abuse</b>		
<b>Web:</b>	www.state.sd.us/dhs/ada/index.htm		
<b>Author:</b>	<b>Publisher:</b>	<b>Price:</b>	
<b>Contact:</b>			
<b>Address:</b>	East Highway 34, Hillsvie Plaza c/o 500 East Capital Avenue Pierre SD 57501 US		
<b>Phone:</b>	(605) 773-3123	<b>Fax:</b>	

---

**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:**

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<b>Resource Type:</b> Articles
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---

**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](http://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](http://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](http://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](http://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](mailto:information@nofas.org)

---

<b>Resource Type:</b> <b>Book</b>
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---

**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](http://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:**

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

---

**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/](http://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:**

<b>Resource Type:</b> 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/](http://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:**

<b>Resource Type:</b> Website
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---

**Title:** Al-Anon/Alateen  
**Web:** [www.al-anon-alateen.org](http://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](http://www.blackwomenshealth.com)  
**Author:** **Publisher:** **Price:**  
**Contact:**  
**Address:**

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

---

**Title:** Alcohol Related Birth Injury (FAS/FAE) Resource Site  
**Web:** [www.arbi.org/](http://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](http://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](http://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/](http://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](http://www.ccsa.ca/fasgen.htm)  
**Author:** **Publisher:** **Price:**  
**Contact:**  
**Address:**  
  
**Phone:** **Fax:** **Email:**

---

**Title:** Center for Substance Abuse Prevention  
**Web:** [www.prevention.samhsa.gov](http://www.prevention.samhsa.gov)  
**Author:** **Publisher:** **Price:**  
**Contact:**  
**Address:**  
  
**Phone:** **Fax:** **Email:**

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

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

---

**Title:** Fetal Alcohol Syndrome  
**Web:** [www.taconic.net/seminars/fas01.html](http://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](http://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](http://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](http://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](http://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](http://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](http://www.mofas.org/guidelines/diagnosg.html)  
**Author:** **Publisher:** **Price:**  
**Contact:**  
**Address:**

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

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

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

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

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

<b>Resource Type:</b> 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 Stettnichs, Director  
**Address:** Center of Disabilities

**Phone:** (800) 658-3080 **Fax:** **Email:**

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

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

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

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

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

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**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

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

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

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**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:**

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

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

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

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

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

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

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

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**Title:** Fetal Alcohol Syndrome / Effects: Parenting Children Affected by FAS (Guide)  
**Web:** [health.hss.atate.ak.us/fas.resource.html](http://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:**

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**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:**

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**Title:** Fetal Alcohol Syndrome Lasts A Lifetime  
**Web:** [w3.ouhsc.edu/fas/](http://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:**

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**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](http://ericae.net/ericdd/ED426560.htm)  
**Author:** **Publisher:** **Price:**  
**Contact:**  
**Address:** Organization: ERIC  
**Phone:** (800) 443-3742 **Fax:** **Email:** Service@edrs.com

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**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:**

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

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

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**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:**

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

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

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**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:**

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

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

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**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**

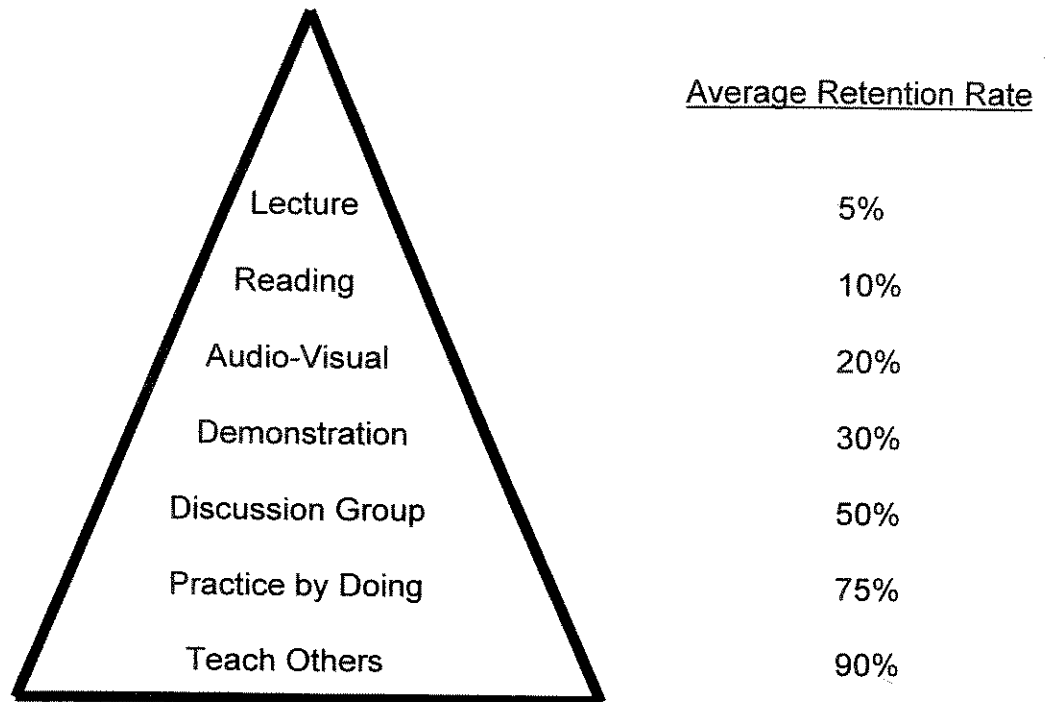
- Involvement of several senses (sight, sound, touch, etc.) reinforces learning and memory retention.
- Learning a skill is enhanced by doing it.
- Accuracy in completing tasks is increased by knowing what is expected.
- Learning is enhanced when the learner's relationship with the teacher is based on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

	<b>Differences</b>	
	<b>Instructor-centered (pedagogy)</b>	<b>Learner-centered (andragogy)</b>
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.

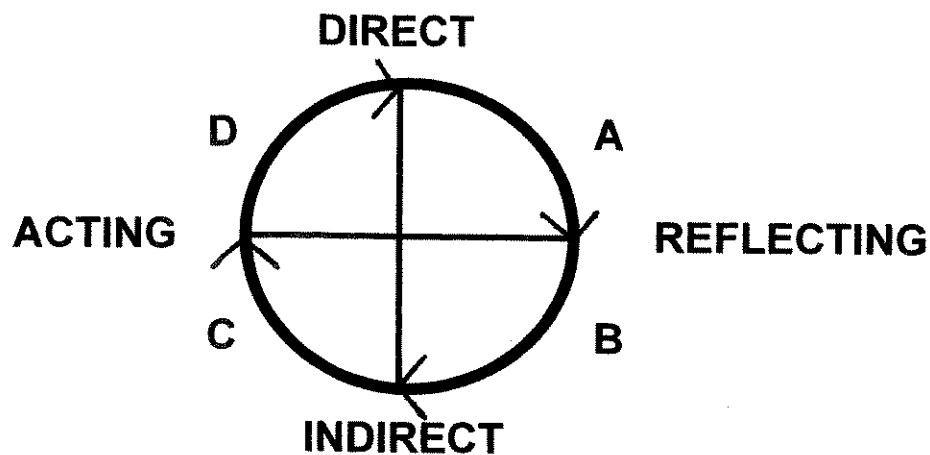
Auditory Learners remember spoken words/ideas well, express opinions verbally, and have poor visual memory. So, use lecture format, encourage participants to think out loud, and use audio equipment.

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

<b>Terms:</b>	<b>Definition of Terms:</b>
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 <sup>th</sup> or 8 <sup>th</sup> 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 <sup>th</sup> or 8 <sup>th</sup> 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.
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.
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.

