

Welcome!

We are so glad you are here!

We will get started shortly.
In the meantime, we invite you to intentionally enter this space.



Silence your cell phone



Stretch



Close the door



Take a few deep breaths



Close browser windows



Emotionally release your to-do list



Check your audio and video



Take a bio break

Prenatal Alcohol Exposure and Preventing FASD Series Webinar #2

Meeting 2

Tuesday, February 1, 2022

2 pm to 3:30 pm ET

The Healthy Start TA & Support Center is operated by the National Institute for Children's Health Quality (NICHQ). This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number 1 UF5MC327500100 titled Supporting Healthy Start Performance Project.

NICHQ
National Institute for
Children's Health Quality

HEALTHY
start
TA & SUPPORT CENTER



Agenda

Housekeeping

Lisa Hong
Healthy Start TA &
Support Center
(TASC)

Introduction

Danisha Charles
TASC

**Creating a Circle of Hope for
Women and Families Living with
Substance Use Disorders and
FASDs**

Kathy Mitchell
NOFAS

Q&A

All

Closing & Evaluation

Danisha Charles





This session is being recorded.



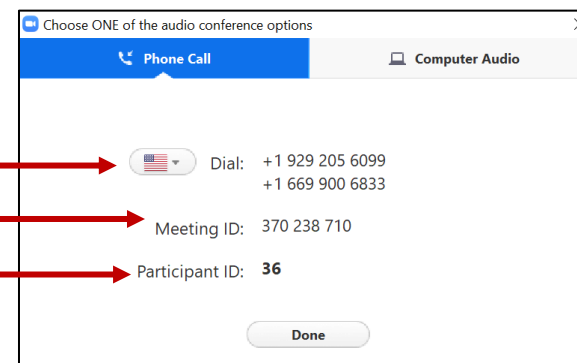
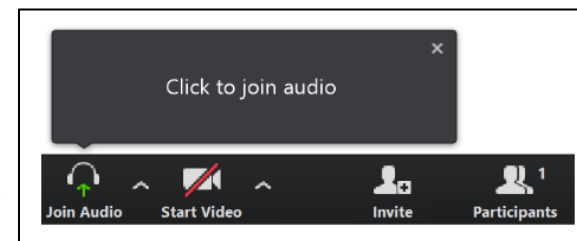
All participants are muted upon entry. We ask that you remain muted to limit background noise.



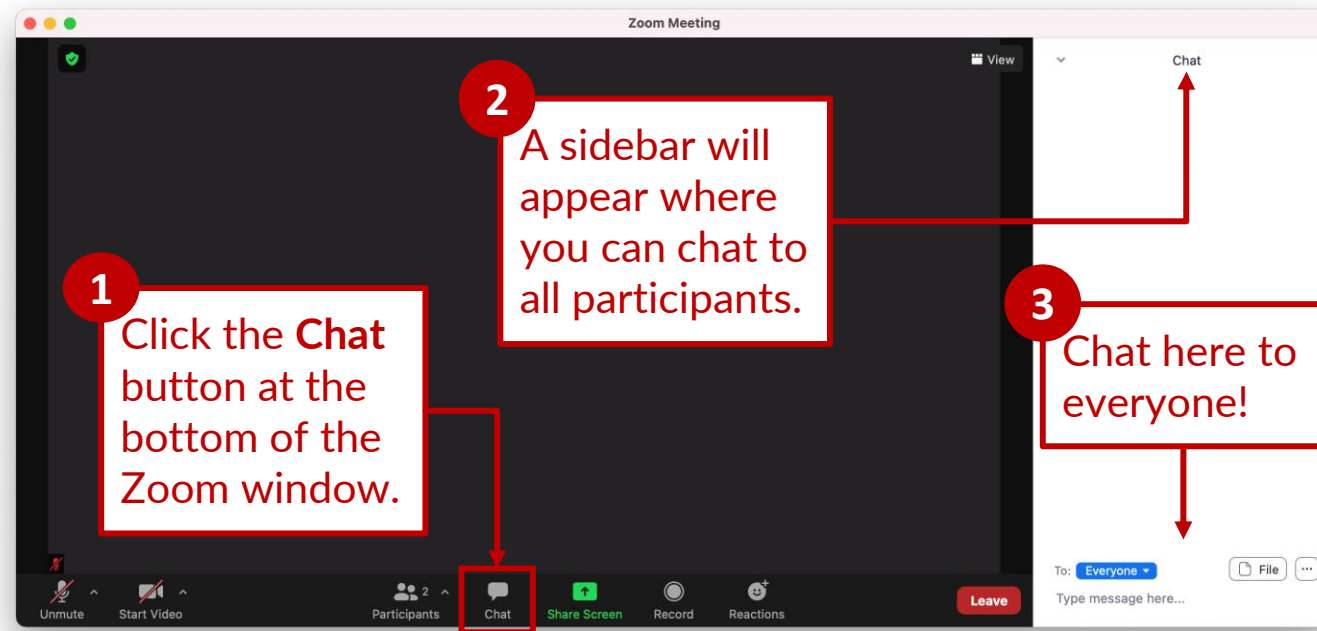
Participants are encouraged to share comments and ask questions using the chat box.

Audio

- After you join the Zoom session, an audio conference box may appear.
 - If you do not see the box, click **'Join Audio'**
- From the audio conference box, select **'Phone Call'** or **'Computer Audio'**
 - If accessing the session audio via phone:
 - Dial one of the given numbers next to **'Dial'**
 - You will be prompted to enter the **Meeting ID**
 - Then you will be prompted to enter the **Participant ID**



Chat





Welcome

Danisha Charles

Healthy Start TA & Support Center

*Prenatal Alcohol Exposure & Preventing FASD Series
Hosted by the Healthy Start TA & Support Center at NICHQ*

NICHQ
National Institute for
Children's Health Quality

HEALTHY
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Prenatal Alcohol Exposure & Preventing FASD Series

Schedule

Meeting 1

September 16, 2021

2 pm to 3:30pm ET

Meeting 2

February 1, 2022

2 pm to 3:30pm ET

Meeting 3

May 17, 2022

2 pm to 3:30pm ET



Today's Speaker




Kathleen Tavenner Mitchell, MHS, LCADC
Vice President and National Spokesperson
National Organization on Fetal Alcohol Syndrome

**Creating a Circle of Hope for Women and Families
Living with
Substance Use Disorders and FASDs
Session 2
February 1, 2022**



Kathleen Tavenner Mitchell, MHS, LCADC
Vice President and Spokesperson



“Never doubt that a small group of
thoughtful, committed citizens
can change the world; indeed it’s
the only thing that ever has”
Margaret Mead

A photograph of a woman with long dark hair, wearing a white top, holding a baby. The image is overlaid with a semi-transparent blue filter. The text is written in a red, cursive font with a white outline. The background features blue decorative elements: a horizontal bar at the top and wavy lines on the right side.

*no woman drinks
because she wants
to hurt her baby.*

Objectives

By the end of this webinar participants should be able to:

1. Describe an overview of session one including fetal alcohol spectrum disorders (FASD) research, diagnostic criteria, prevalence and effects.
2. Discuss the impact of substance use disorders on individuals and families.
3. Describe the importance of providing strength-based messages and resources for families.

FASDs: *FACTS*

No Safe Amount

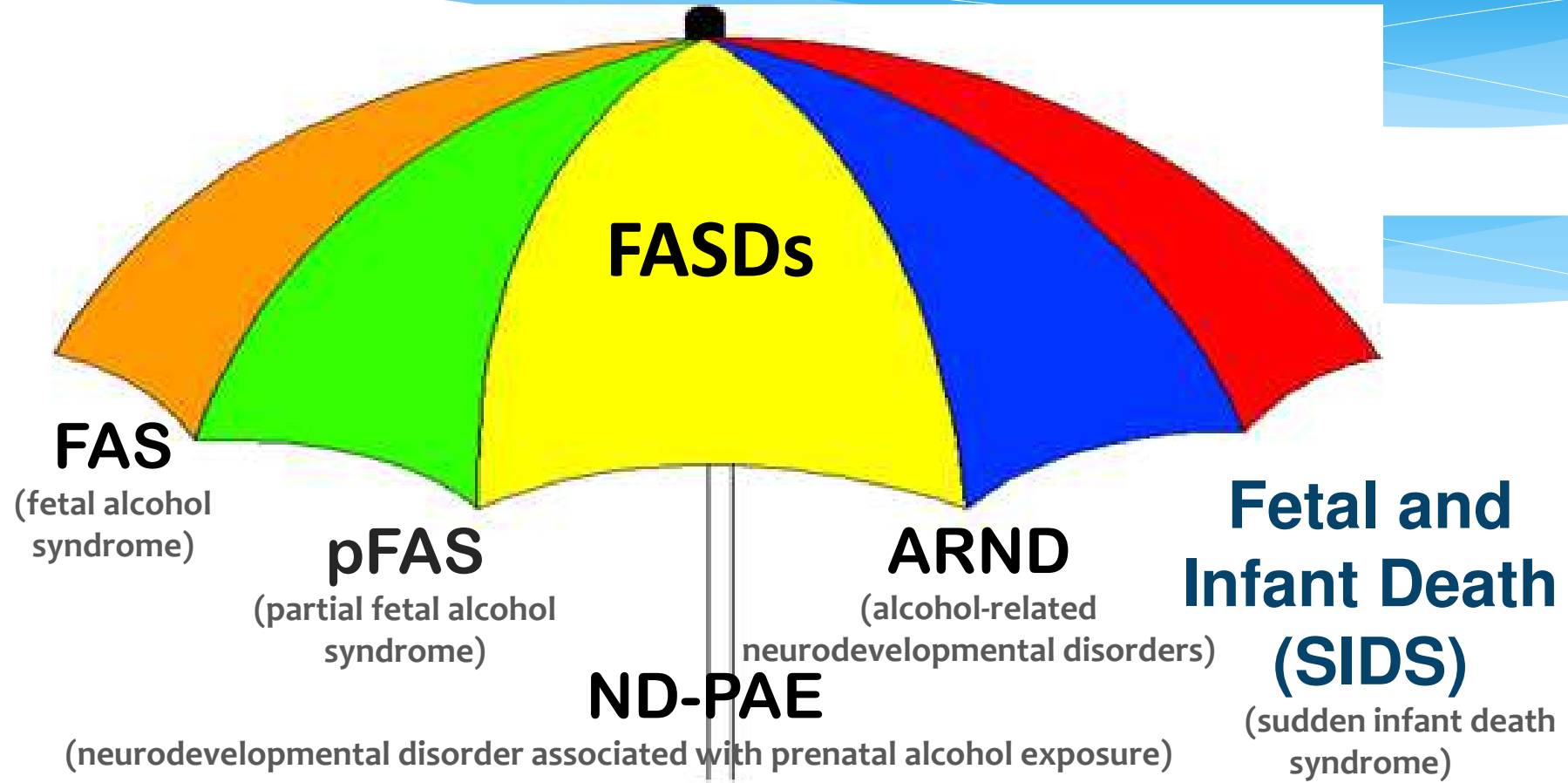


No Safe Time



No Safe Type

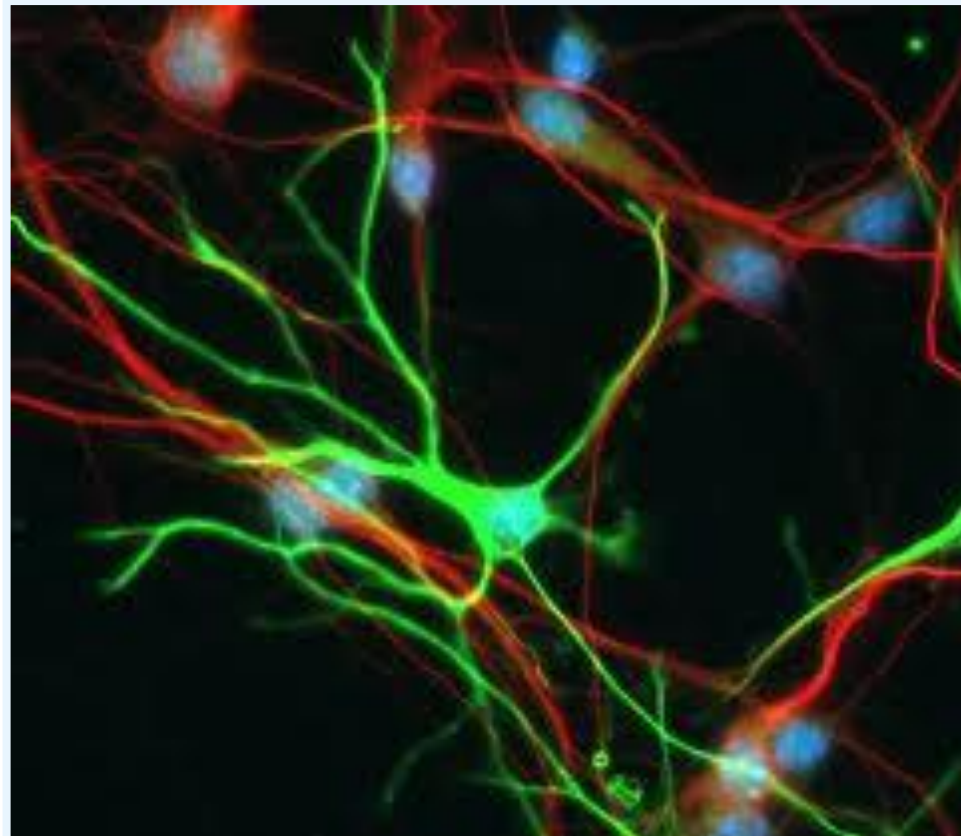





Not all prenatal alcohol-related conditions show the *identifying physical characteristics*

(NOFAS, 2005)

*Prenatal exposure to alcohol
causes the brain to actually
be “built” differently ...*





The recent U.S. prevalence study estimates that 3% to 10% of school children have FASDs.

Autism Spectrum Disorders is estimated to be 1.5% of children.

FASD: The Facts

- * Most common *preventable* cause of intellectual disability and behavior problems.
- * Effects can be *lifelong*.
- * Effect development and function more so than other drugs or teratogens.

“Of all the substances of abuse, including cocaine, heroin, and marijuana, alcohol produces by far the most serious neurobehavioral effects in the fetus.”

Institute of Medicine, 1996

- * Can an contribute to a range of growth deficits and structural anomalies (FASD)

***AAP Webinar, 2017**

LONG-TERM EFFECTS

Up to **1 in 20** US school children may have FASDs.



People with FASDs can experience a mix of the following problems:

Physical issues

- low birth weight and growth
- problems with heart, kidneys, and other organs
- damage to parts of the brain



Which leads to...

Behavioral and intellectual disabilities

- learning disabilities and low IQ
- hyperactivity
- difficulty with attention
- poor ability to communicate in social situations
- poor reasoning and judgment skills



These can lead to...

Lifelong issues with

- school and social skills
- living independently
- mental health
- substance use
- keeping a job
- trouble with the law



Drinking while pregnant costs the US **\$5.5 billion** (2010).



SOURCES: CDC Vital Signs, February 2016. American Journal of Preventive Medicine, November 2015.

© American College of Obstetricians and Gynecologists

Source: <http://www.cdc.gov/vitalsigns/fasd/index.html>



VARIABILITY OF OUTCOMES

- **Not every woman who drinks heavily during pregnancy will give birth to a child with an FASD**
- **Not all children with an FASD have exactly the same defects or deficits**
 - A twin study found that nearly identical alcohol exposure in utero, such as between fraternal twins, can result in immensely different child outcomes (genetic influences).
- **Many biological and environmental factors influence the effects of alcohol on the developing fetus**
 - There is currently no way to predict which fetuses are more or less vulnerable.
 - In order to protect all fetuses, there is no known safe amount of alcohol during pregnancy.

5

types of concerns that may lead to an assessment for an FASD

1. **Developmental or behavioral concerns**
2. **Dysmorphic facial features associated with prenatal alcohol exposure (PAE)**
3. **Growth deficiency at or below 10th percentile for head circumference, height, weight at any time, including prenatally**
4. **History of confirmed or suspected PAE**
5. **Self-reported or family concern about possible FASD**

Why I do what I do:

Meet Karli



The background features a light blue color with several white question marks of varying sizes scattered across it. On the left and right sides, there are vertical blue bars with wavy, ribbon-like shapes extending from the top and bottom edges.

Questions?

**Any specific case history you
want to discuss?**

Families with an individual with an FASD face many challenges

- Most cases of FASD are never diagnosed. Symptoms of FASD are identified and addressed. But rarely is alcohol identified as the causal factor.
- Few physicians, healthcare professionals, disability professionals, psychologists, therapists, etc. are trained in how to identify FASD.
- * Family members must become content experts.
- * Birth families are blamed and discriminated against for causing FASD.
- * Adoptive families are told they are poor parents and may be blamed for causing the child's "behaviors."
- * Families can experience isolation, depression and grief.

FASD; AN UNEXAMINED CAUSE OF RELAPSE IN WOMEN

- Women that have used during pregnancy have severe guilt and shame that needs to be addressed in order to prevent relapse
- Women that have children with unidentified FASD are at high risk for relapse due to the behaviors of their children and the belief that they are poor parents
- Women that were exposed to alcohol prenatally may have FASD putting them at high risk for relapse

U.S. women's alcohol consumption

3 in 4

women who want to
get pregnant as soon
as possible report
drinking alcohol

Non-pregnant, reproductive age

- **53.6%** any alcohol past month
- **18.2%** binge drinking

Pregnant

- **1 in 9** (11.5%) any alcohol past month
- **3.9%** binge drinking

Pregnant drinkers are likely to underreport their actual alcohol consumption with up to 40% of pregnant underreporting their actual alcohol use

Women reporting consumption of as few as 1.3 drinks/week are, in reality, probably consuming greater quantities, placing them at risk for having a baby born with an FASD.



Birth Mothers report why they drank during pregnancy

IGNORANCE 40.5%:

- I am a social drinker, drank before I knew I was pregnant and stopped when I found out. 6.1%
- Thought it was ok to drink, just not excessively. 3.1%
- Doctor said I should drink. 9.4%
- Doctor never said I should not drink. 21.9%

ADDICTION 59.5%:

- I knew I should not drink but I could not stop. 21.9%
- I was an addict in active addiction. 18.8%
- I was too ashamed to admit I was drinking. 9.4%
- I am an alcoholic, drank before I knew I was pregnant, and stopped when I found out. 6.3%
- I was an addict and could not get into treatment. 3.1%

Don't Ask ~ Don't Tell

Physicians aren't routinely screening or asking.
Believe there is no treatment.
Once an addict always an addict.

Why bother? **STIGMA**

Women are afraid of losing their children, and prosecution.

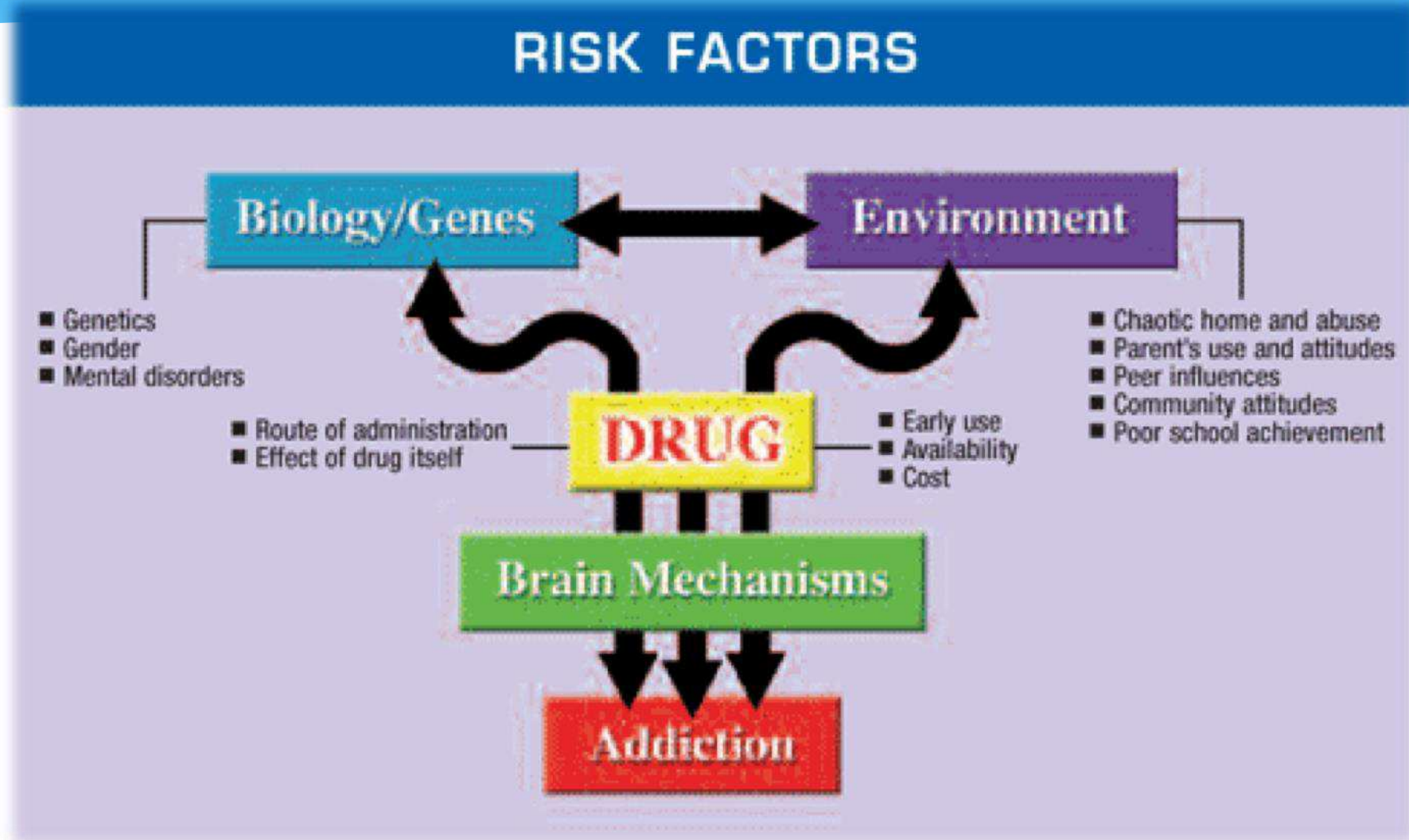
Women are confused-

Social, cultural and media messages vary

Women are ashamed ~and besides they don't deserve recovery.



Why do some people become addicted to alcohol & drugs, while others do not?

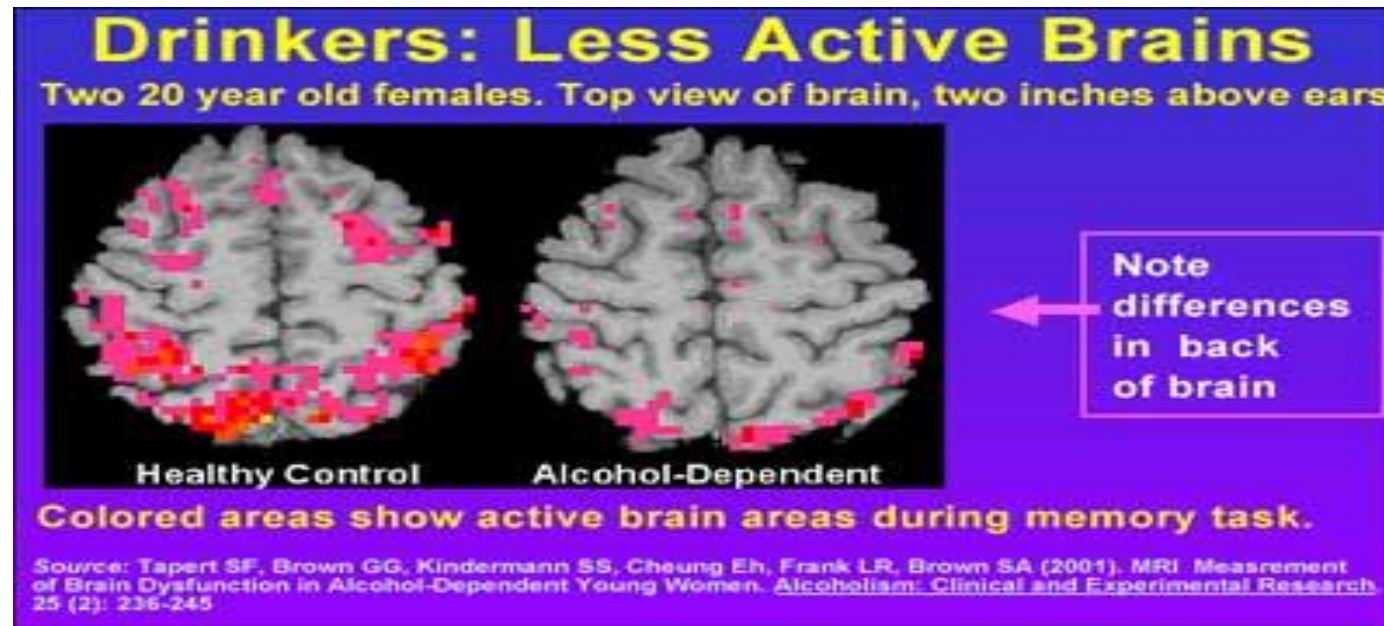


Factors that May Increase Risk for Substance Use, Misuse, and Addiction

- **Pre-existing neurobiological differences** in adolescents who progress from no or minimal drinking to heavy drinking
- **Genetic factors** account for 40-70 % of individual differences in addiction risk
- **Early life stressors** (abuse, neglect, household instability, and poverty) are risk factors
- **Adolescent substance use** increases risk of developing SUDs; the earlier the exposure, the greater the risk
- **SUDs frequently co-occur with other mental health conditions**—SUD may increase risk of mental illness and. mental illness may increase risk of SUD
- **Sex, race, and ethnicity** also affect risk for SUD
(Koob 2017)

Addiction causes brain changes

- * Addiction is a chronic disease of brain reward. It's symptoms manifest itself as dysfunction in biological, psychological, social, and spiritual characteristics.



Addiction Changes the Brain

- * Enables substance-associated cues to trigger substance seeking
- * Reduces functioning of brain executive control systems, which are involved decision-making and regulating actions, emotions, and impulses
- * Adolescence is a critical “at-risk period” for substance use and addiction
- * All addictive drugs have especially harmful effects on the adolescent brain, which is still undergoing significant development
- * Brain changes persist long after substance use stops; it is not known how much these changes may be reversed or how long it takes
- * (Koob 2017)

The Addiction Cycle

- **All addictive substances produce rewarding or pleasurable effects**
- These **rewarding effects** are largely mediated by dopamine and opioid neurotransmitter activity
- **Over time, these cues acquire the ability to motivate drug seeking in the absence of drugs**
- **Repeated activation of brain reward/incentive triggers habit systems leading to compulsive drug seeking**

(Koob 2017)

Understanding addiction:
NUGGET – a short video

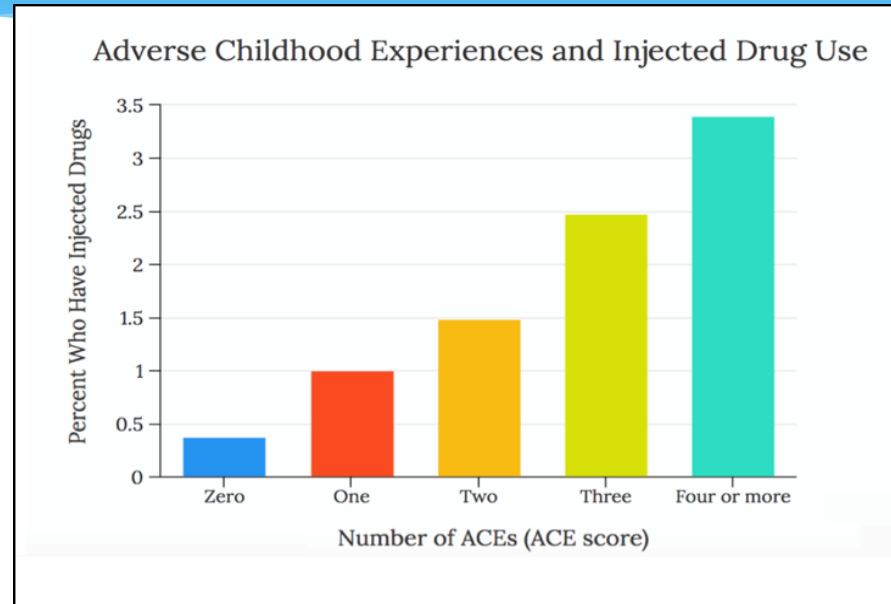


<https://video.search.yahoo.com/search/video?p=nugget+addiction+video&fr=yhs-ima-remarklist&fr2=p%3As%2Cv%3Av%2Cm%3Asb%2Crn%3Atop&ei=UTF-8#id=1&vid=424af90f0cb444fac732dfcf3ea15d96&action=view>

Why do people start to use alcohol or take drugs?

- * Right of passage
- * It's cool-to feel grown-up
- * To feel good-it's fun
- * Boredom
- * To feel better-reduce stress
- * To do better
- * Curiosity and “because others are doing it”
- * The doctor prescribes it
- * Trauma or. stress

Impact of Adverse Childhood Experiences (ACEs)



- ACEs are linked to numerous negative health outcomes including cardiovascular disease, liver disease, and mental health disorders.
- Those with unresolved or untreated childhood trauma may be more likely to become habitual opioid users.

Source: Feuerstein-Simon, Rachel. A Vital Tactic for Fighting the Opioid Epidemic: Make Sure Kids Are Safe and Healthy. Children's Hospital of Philadelphia PolicyLab Blog. <https://policylab.chop.edu/blog/vital-tactic-fighting-opioid-epidemic-make-sure-kids-are-safe-and-healthy>. Accessed January 6, 2021. Reprinted from (Fig 3) Felitti V. The Relation Between Adverse Childhood Experiences and Adult Health: *Turning Gold into Lead*, Perm J. 2002;6:44–47, with permission from The Permanente Press. <http://www.thepermanentejournal.org/files/Winter2002/goldtolead.pdf>.

Progression of AUD

Stage 1 Tolerance	Stage 2 Physical Dependency	Stage 3 Major Organ Change
high tolerance with occasional use	increased tolerance/possible a.m. use	possible daily or maintenance use (reduced tolerance)
occasional hangovers	withdrawal: headaches/nausea (anorexia, high BP, loss of concentration, weakness)	migraines Vomiting rapid pulse, BP disorientation
disrupted sleep patterns	sleeplessness	insomnia
Colds/ infections	disease pathology developing	major organ damage
Irritability-mood swings-mild depression- isolation	MH diagnosis (depression, anxiety, panic) institutions and rx	suicidal ideation or attempts <div style="text-align: right;"> K. Mitchell, 2004 </div>

Stage 1 Tolerance	Stage 2 Physical Dependency	Stage 3 Major Organ Change
memories of how nice use was	preoccupation/ craving	use despite consequences
one-two gateway drugs	variety of drug use	multiple drug addictions
mild tremors	intentional tremors	seizures or D.Ts
sexual pleasure	sexual problems	impotence
family problems	school & work problems	loss of family, job & school
trouble with the law (close calls)	DWI-DUI / possession	incarcerations K. Mitchell, 2004

Victimization and Abuse

- **Women in treatment report alarming histories of abuse, most commonly related to repetitive childhood physical or sexual assault.**
- **70% of women in treatment were abused as children compared to 12% of men.**
- **Women are more likely than men to become victims of alcohol and drug-related accidents, violence and suicide.**

Post-traumatic Stress Disorder

- Nightmares; Flashbacks
- Estrangement
- Numbing of General Responsiveness
- Insomnia
- Exaggerated Startle Response

Women living with SUD or AUD

*Have lost their voice; have turned off their
“inner wisdom”:*

- * Majority have been physically, emotionally and/or sexually abused (trauma-PTSD)
- * May not be able to “see” their disease (denial is reflective of family and HC providers)
- * Have low self-esteem and little self-confidence
- * Feel powerless and scared
- * Are often codependent in unhealthy abusive relationships
- * Need safety, support, vocational, educational support

Mitchell, 1999

*Where did "I" go?
I've lost everything....*

Emotional Health-no Hope, thoughts of suicide

Physical Health-diseases, weak and tired

Family-shame based

Spiritual Beliefs-lost contact, no connection, no beliefs

Morality- loss of values

Having used while pregnant:

- * Ignoring issues of use during pregnancy is giving women a license to RELAPSE
 - * Darkest secret, fear and remorse lives in their core gut
 - * Low self esteem
 - * Failure to parent successfully, despite best efforts
 - * Difficult children to care for-need support



Secrets keep us sick

Ask Moms about their pregnancies

Red Flags:

- * **Two or more miscarriages?**
- * **Stillbirths?**
- * **Infant/child deaths (SIDS)?**
- * **Children with LD, ADHD, MH or behavioral disorders ?**
- * **Children diagnosed with FASD?**

Positive response to any of the above questions might suggest that children should be referred for possible FASD (where substance use is known or suspected)

3 Laws in an Addicted Family

- ☞ Don't talk
- ☞ Don't Trust
- ☞ Don't Feel

Enforced by “triangling”

1982, Claudia Black

Families are emotionally disconnected

- **Finger pointing and defensiveness**
- **Children acted as parents and parents acted as dependent children**
- **Isolation despite the appearance being close family**
- **Lack of intimacy or emotional connection (comparison, gossiping, no direct conversation, competition, envy)**
- **Feelings are not expressed openly or appropriately**
- **Pain, anger, sadness or hurt are discounted (weakness)**

They are not seeing it...

- Denial is present on every level
- Compulsive behaviors appear to defend against the stress
 - Overeating, oversleeping, overworking, spending, gambling, exercising, achieving
- The patterns will continue in new family system

children in addicted households

- * Worry about the health of parents
- * Upset about the unpredictable and inconsistent behavior of the addicted parent
- * Angry about the lack of support of the non-alcoholic
- * Worry about the fights
- * Scared and ashamed about the violence at home
- * Embarrassed by parent's inappropriate behavior
- * Experience trauma
- * Keep secrets

Profile of children:

- Have undiagnosed disorders (FASDs, mental health, eating disorders, learning disabilities, physical problems)
- Live in shame and fear; violence and trauma in home.
- Live life surviving and become the secret keepers.
- Attracted to friends from families like their own.
- Started smoking, drinking, using drugs young.
- Experience early black outs and used other drugs.
- Disappointed by broken promises.
- No goals, no dreams, no direction. Led down the wrong path....

The traits of the grown-up children (ACOA)

- Personalize everything
- Take themselves very seriously
- Overreact to changes over which they have no control
- Judgmental and gossip (Tri-angling behaviors)
- Talk-don't listen
- Extreme defense mechanisms (rationalize, blame, minimize, excuses) “I’m different, my life is harder”
- Super responsible or super irresponsible
- Extremely loyal, even in disloyal situations (abuse)
- Impulsive
- Capacity for strong DENIAL
- Co-Dependent/Enablers
- Have partners with SUD/AUD
- Adults with an undiagnosed FASD

The traits of the grown-up children (ACOA)

- Over developed sense of responsibility
- “Stuff” feelings from traumatic childhood
- No ability to express feelings
- Isolated/afraid people and authority figures
- Addicted to approval/excitement (crisis)
- Frightened by angry people or personal criticism
- See themselves as victims
- Judge themselves harshly

When a child has been effected from
prenatal exposure.

Family Issues
(Blame, Shame, Denial)

- * Guilt and shame for not preventing FASD
- * Blame and anger towards birth mother
- * Blame towards birth father
- * Family ignorant or in denial about FASD diagnosis-blaming the person with FASD

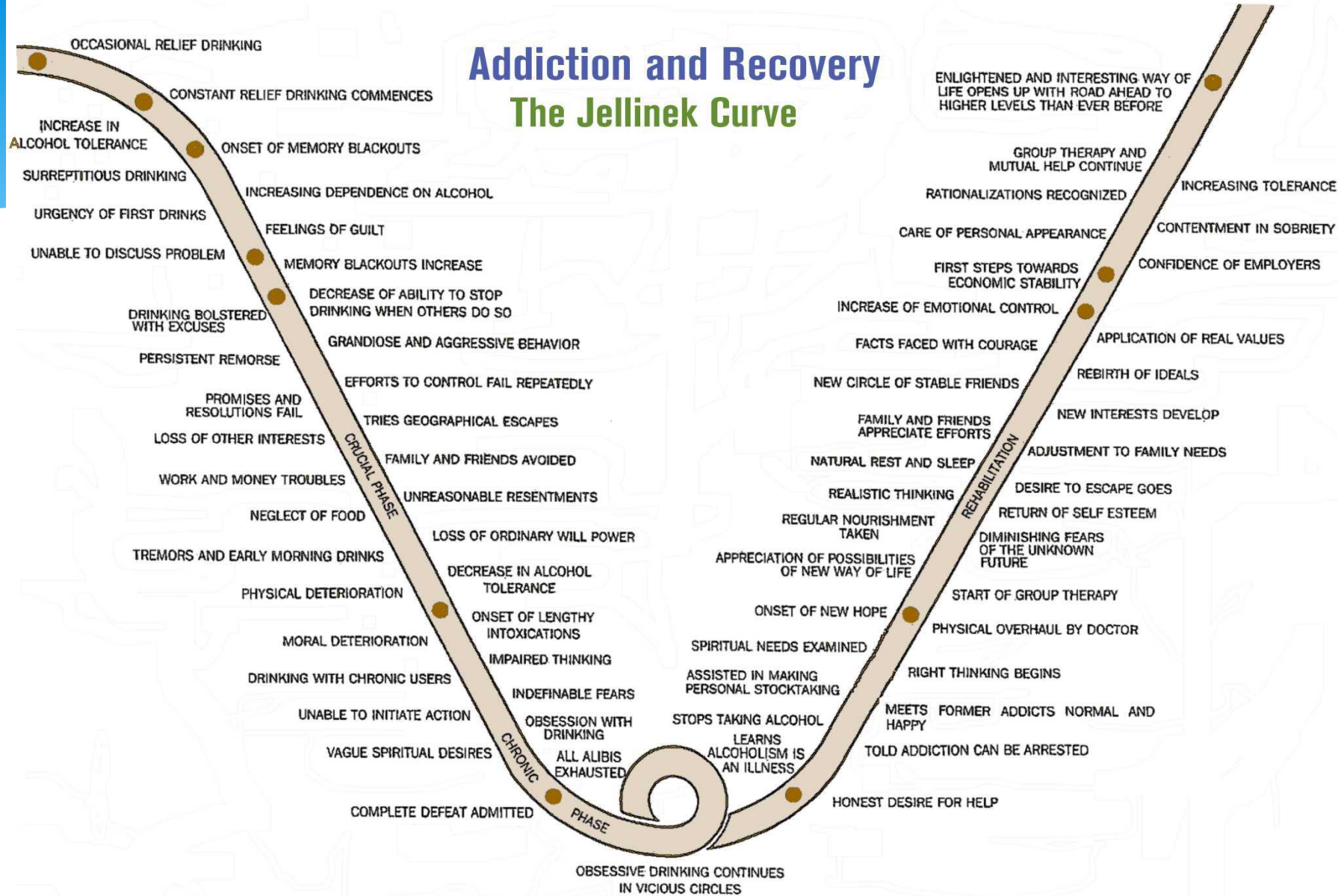
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Questions?

**Any specific case history you
want to discuss?**

Addiction and Recovery

The Jellinek Curve



*Provide HOPE for
women and their
families....*

Empowerment

The process of increasing the capacity of individuals to make choices into desired actions and outcomes.

Change Perception:

linear to
circular



One day at a time

Woman and their families are resilient

“Capacity to rebound from adversity strengthened and more resourceful”
(Walsh,1998)



Families are Resilient

Traits of Healthy Families

- Commitment
- Time Together
- Respect
- Spirituality
- Connectedness
- Adaptability
- Communication
- Cohesion



“Capacity to rebound from adversity strengthened and more resourceful” (Walsh,1998)

Strength-Based Support

“Strengths-based practice has been defined as seeing people as "having potential and power" rather than being "at risk." It emphasizes opportunities, hopes, and solutions, with the home visitor as a partner to the family (*Hammond, 2010*).”

* Key features include:

- Nurturing Protective Factors
- Supporting Families Navigating Multiple Challenges
- Connecting to the Stories of Families

Creating Resiliency

- Family connectedness
- Spiritual belief system
- Physical- sleep, health
- Social-friendships/community
- Emotional (counseling/support)
- Intellectual- informed about addiction
- Recreational/Arts/Hobbies/leisure
- Respite support
- Support and resources



Family in Recovery

- **Learns that SUD/AUD are diseases (not self inflicted).**
- **Discovers hope for self & user.**
- **Has peace of mind/serenity.**
- **Helps others (service).**
- **Can identify, discuss and work out problems.**
- **Can discuss feelings.**
- **May assume prior family roles.**
- **Learns not to blame for diagnosis of FASD in family member.**

For Treatment to be Successful, we must Support, Honor & Empower Women & Families

- Trauma Informed Care
- Strength Based and Gender Issues
- Family-Centered
- Visualization for a new future

Women are: intuitive, wise, motherhood, healers, caretakers, artisans, visionaries



Referral Considerations

(Insurance, Specialty Tracts, Location)

- * In-patient, residential or long term (pregnant women or mothers with children)
- * Sober housing (pregnant women or mothers with children)
 - * Oxford Houses/ ¼ Way Houses, ½ Way Houses
- * Out-patient services [Medication Assistance Treatment (MAT), Dual-Diagnosis]
 - * Partial day, intensive out-patient, weekly aftercare
 - * Psychiatry/therapy
 - * Family therapy/counseling
- * 12 step recovery meetings (daily schedule)
 - * 12 step sponsor [Alcoholics Anonymous (AA)/ Narcotics Anonymous (NA)]
 - * Mothers in Recovery Anonymous (RMA) www.recoveringmothers.org
 - * Zoom on-line or in-person
- * Circle of Hope Mentor/Sponsor
- * Connection with treatment center staff (go-to person)
 - * Alumni meetings

In-SPIR-ration (IN SPIRIT) Feminine Energy

In-FORM-ation (IN Form)- Ego- Male energy

Feminine ~ Fluid, Open, Caring and Kind

Conscious-contact, inner voice, intuition, enlightened

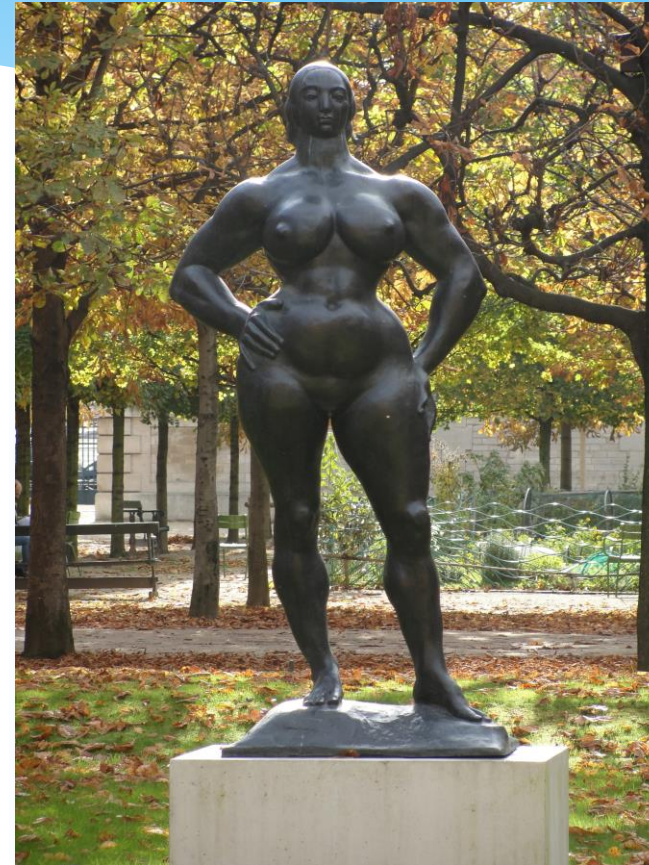
Re -cov-er-y

- A return to a normal condition
- Something gained or restored

Feminine Focused Recovery

Address the unthinkable:

- * Sexuality
- * Biological differences
- * Menstruation/ cycles
- * Trauma (historical, generational, familial)
- * Abuse (emotional, sexual, physical)-help client to define
- * Motherhood- Use during pregnancy and possible consequences
- * Parenting
- * Life Phases- Maiden – Mother – Crone
- * Secrets
- * Desires, dreams and fantasies
- * Authenticity and trust



Maslow's Self-Actualization

- Physical needs
- Safety and security
- LOVE and BELONGING-feeling connected
- Self-esteem
- Self: sense of purpose, morality, inner peace

Recovery is owning your your authentic self, your spirit self

- * Kill the critics: Whose voice is that?
- * Discover the rule makers: Whose rules are those?
- * Release the need to be RIGHT

Communication Skills:

Setting Boundaries

no

Assertiveness

not passive-not aggressive

Honesty

I can't to I won't

changing the path of your journey: Living & Breathing Recovery

Vocabulary Matters- We manifest our thoughts and words

- Change *I can't* to *I choose not to* or *I won't*

Perfectionism

- 3 P's (perfectionism, procrastination, paralysis)

Choices

- Every action is a **chosen** action

Passion-Divine

- We are what we think, we manifest what we put intention on
- Energy grows
- Insight, inspired, creative

Rising From Addiction:

You are not *your* past

Kill the victim

The Blessing of Conflict - Be Grateful for the Rocky Path

Strength

Empowerment

Respect

*Honor Thy B****!*

According to mythology all women have a dark goddess; she holds the power of the feminine!

The dark goddess is the **creator** and the **destroyer**. She is depicted as one who cuts off the heads of men. This is a symbolic representation of her challenging the **Ego**.

Embrace her **POWER**....She will lead you to **Healing**....**Recovery!**

Allow HER to appear... your true spirit self

- Investigate accomplishments:
 - Things I do really well
- Long term goals- Do not limit yourself in *reality*
- Short term goals- achievable, measurable, simple
- Lists of needs/wants/dreams/desires
- Affirmations

Embrace femininity!

- * Release the guilt ~ life is too short.
- * Dance like no-one is watching!
- * Play and create everyday!
- * Dress-up and enjoy decorating your body.
- * Own your artist self.
- * Spend time with your children, grandchildren and great-grandchildren...you are their teacher.
- * Spend time with your elders....gain wisdom..they are your teachers.
- * Immerse yourself in water, play in the snow, lay in the sunshine, and jump in the leaves.
- * Open your heart, help others...it is the way of the feminine.
- * Allow the tears come, so that the sun will shine brightly.
- * Meditate, listen...your inner wisdom is speaking to you.
- * Sing loudly, hug tree's, scream with the wind, and howl at the moon.
- * Fill your house with fresh flowers.
- * Paint your walls in bright colors.
- * Make love; scream and howl if you want to!

I AM ALREADY Experiencing Good Things in Life....

Discuss, meditate, write on abundance daily:

Believe ~ the universe is endless...unlimited possibilities for YOU...unlimited possibilities for me!

Hello Soul Self!

giggle, hug others, create, take risks, nurture yourself, care for others, actively think kind thoughts, dance, talk to the trees, listen to the wind & the sea....soon your *BEAUTIFUL SOUL WILL BLOOM!*



Love, acceptance, forgiveness and support: They Matter





Empathy not Judgement

They are doing the best that they can, with the tools they have been given.

Be Gentle * Listen to their story

Go the extra mile

Help them to find safe haven ~ treatment

Resiliency:



Life will continue to throw us curve balls. It's how we think about and process events that will make us resilient.

*When I get a flat tire and I am not in a good spiritual-emotional place, it's something that's happening **TO** me, when I am in a good spiritual-emotional place it's happening **FOR** me.*

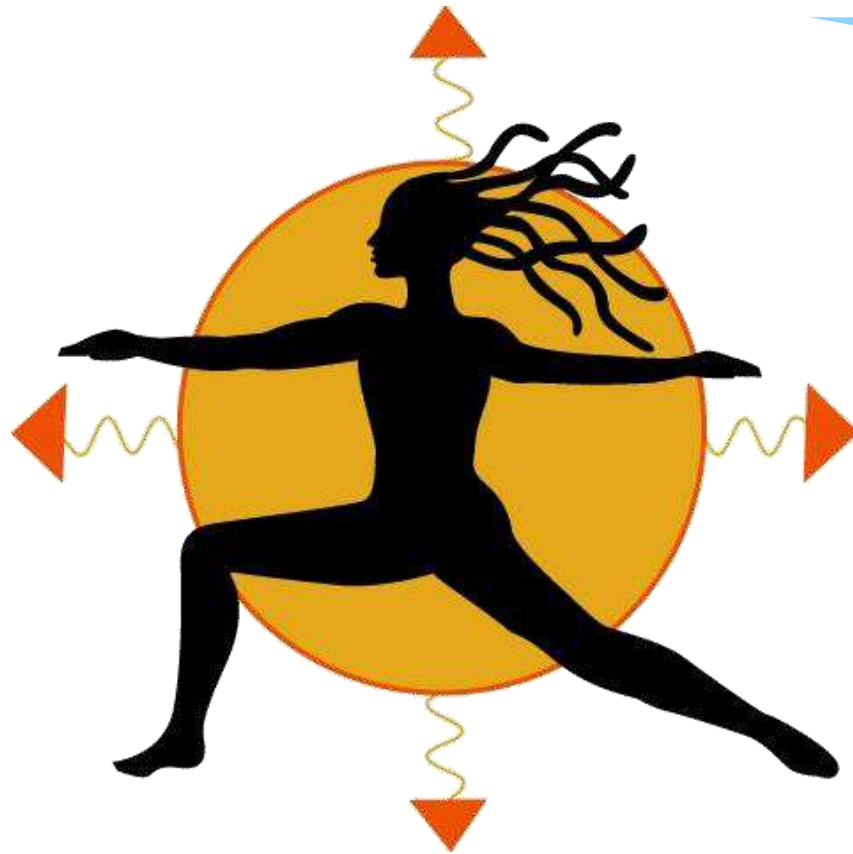
Mike Mitchell

NOFAS Circle of Hope Birth Mothers Network

www.nofas.org/coh

Recovering Mothers Anonymous (RMA)

YOU ARE NOT ALONE!



RMA supports women that have the shared lived experience of exposing their unborn to substances that may have impacted their child's development. RMA uses *recovery* as a broad term to include recovery from alcoholism or drug addiction, recovery from childhood trauma and/or an abusive relationship or environment and recovery from having the experience of using alcohol or other harmful substance while pregnant.

www.recoveringmothers.org **12 Step Program for moms**

Resources

- * fasdunited.org
- * <http://www.drugabuse.gov/>
- * <http://www.niaaa.nih.gov/Pages/default.aspx>
- * <http://www.cdc.gov/alcohol/faqs.htm>
- * <http://www.cdc.gov/ncbddd/fasd/index.html>
- * http://www.ninds.nih.gov/disorders/brain_basics/know_your_brain.htm
- * <http://www.drugabuse.gov/publications/finder/t/210/TeachingPackets>
- * <http://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/preface>

**Next Session: FASD Through the Lifespan:
Strategies and Resources for Families Living
with FASD and Addictions**

May 17 2-3:30PM ET



Kathleen Tavenner Mitchell, MHS, LCADC
Vice President and Spokesperson

Questions?

**Any specific case history you
want to discuss?**

**Suggestions to include in next
session?**



Healthy Start is Strength-Based Support

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Namaste



Closing

Danisha Charles

Healthy Start TA & Support Center

*Prenatal Alcohol Exposure & Preventing FASD Series
Hosted by the Healthy Start TA & Support Center at NICHQ*

NICHQ
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Children's Health Quality

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Satisfaction Survey

Your feedback is extremely valuable and will help ensure our offerings address your support needs!



Thank you !

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