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Mapping FASD Training Opportunities in Canada:

An Environmental Scan

A large, stylized purple graphic on the left side of the page, resembling a person's head and shoulders. It consists of a large circle for the head, a smaller circle for the chin, and a thick, curved line for the neck and shoulders. The graphic is set against a light gray background that occupies the left half of the page.

Canada

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1 Introduction

The Canadian Centre on Substance Abuse (CCSA), in response to a request by the Public Health Agency of Canada's (PHAC) Division of Childhood and Adolescence, has undertaken a survey of Fetal Alcohol Spectrum Disorder (FASD) training/events across Canada.

Survey Purpose

In recent years, an increasing number of government and non-government organizations have committed to playing a role in reducing the harms associated with substance use during pregnancy. Accompanying this commitment has been a significant increase in the volume of educational and training events on this topic.

In its capacity as the lead federal department in advancing action on FASD, PHAC has a need to better understand the volume and nature of educational and training activities on this issue. The primary use of the survey will be to assist in planning activities around FASD nationally.

This is the first known national scan of FASD training/events, including one-time conferences. It covers a brief period, April 1, 2004 to March 31, 2005, and restricts the definition of training (in part) by length to those that are a minimum of three hours' duration.

The bilingual online survey contained four questions that gathered descriptive information on the respondent organization and 18 questions that asked for specific information about the training/event. Most of the questions were close-ended, offering pre-set responses, with options for providing additional information through an "other" category. The survey collected information of a general nature that would assist in providing a basic description of the training/event. No responses were completed in French.

The purpose of this report is to present PHAC with the results of the survey, including a limited data analysis and comprehensive inventory of educational and training events.

Background

The project began on January 6, 2005 with a meeting to discuss timelines and tasks. Participants at the meeting included the CCSA Project Manager, PHAC FASD Team Project Lead, and a representative from the First Nations and Inuit Health Branch (FNIHB). The meeting was also an opportunity to review the draft survey instrument that had been developed by the CCSA.

The following implementation steps guided the project following the meeting:

- Design survey with input from PHAC and partners
- Revise survey
- Translate survey

- Create database of respondents
- Develop cover letter
- Revise and translate cover letter
- Email survey
- Transmit two email reminders encouraging completion
- Close survey to responses
- Generate first round of responses

The survey design, revision, final approval and translation were completed in mid-February. The survey was initially designed as a Word document, and the intent was to send it out by email to the list of respondents and manually enter the data. A suggestion by the evaluation consultant led the Project Team to consider other options, in particular, an online survey. This option appealed to the team, primarily for the ease of data collection and analysis, and so it was agreed that online was the preferred approach for accessing respondents.

Once the survey items and order had been finalized, CCSA staff and their external web design partners adapted the survey for distribution online. Several programming glitches delayed the process prior to the survey launch. Once the online environment had been tested and was available in both official languages, a survey cover letter was prepared and email addresses were entered into the database. The cover letter and link to the online survey were sent out on March 10 by email. The initial response rate was slow and disappointing (only 89 out of 380 possible responses by April 1 – a 23% response rate). Follow-up emails were sent out at two intervals: 10 days after the initial email was sent and a second one approximately 2.5 weeks after the initial email. A final appeal for responses was sent on April 1. At that point, 118 responses had been received, increasing the response rate to 31%. The survey link was closed on April 8 at which point 142 responses had been received, giving a 37% response rate. As indicated later in this report, the timing of the survey may have affected the response rate, causing it to be lower, since March is a very busy time for organizations and individuals. People are often away for school break, which sometimes spans a three-week period nationally. Organizations are often completing year-end tasks and the survey may have arrived at an inopportune time for participation.

Organizations Surveyed

The respondent list was drawn primarily from the CCSA's **Directory of FASD Information and Support Services in Canada** (n=279). The Directory includes the names, contact information and a brief description of individuals and organizations that provide an FASD-related service or initiative in Canada. While some of the organizations listed provide services exclusively for FASD, some provide service as part of a larger service delivery capability. The Directory is available electronically and in print form (limited quantities) and is free of charge.

A survey respondent list was created containing the email address for every entry that was listed in the Directory. At the time of the survey, the Directory was being updated. A test email was sent out to identify any errors in addresses and to allow an opportunity to obtain the correct information before the survey was launched.

In addition to the entries listed in the Directory, the list contained approximately 100 additional names of individuals and federal and/or provincial departments that have a mandate to address FASD, and in particular, training in FASD (see Appendix A for resources used to create the respondent list).

Aboriginal Component

This project included an Aboriginal component that was intended to gather similar data from the First Nations community on training initiatives in FASD. The **First Nations Child and Family Caring Society of Canada (FNFCS)** has been contracted by First Nations and Inuit Health Branch to design the survey and collect the data. Data from the two surveys were to be jointly reported on and to form an integrated picture of FASD training opportunities across Canada.

As of the writing of this report, the Aboriginal component of the survey had been initiated, the survey instrument designed and an email message sent to respondents that contained a link to the survey at the FNFCS website. The survey is available in English and French, and the FNFCS is working with the Pauktuutit Inuit Women's Association to obtain responses among the Inuit community.

Results from both surveys are intended, along with other measures, to jointly inform the planning process for PHAC and its stakeholder groups in the area of FASD training supports.

Survey Design

The survey instrument was designed around the following parameters, which were part of the original funding proposal:

FASD-related: means that the learning objectives for the event must be predominantly concerned with reducing the harms associated with prenatal alcohol or other substance exposure through either:

- prevention activity (e.g. addressing youth, child-bearing women)
- identification activity (e.g. screening, diagnosis of affected persons)
- interventions with affected persons/families

Education/training: is defined as all programs intended to impart knowledge and/or skill to persons in or outside the delivering organization, such as orientation sessions, workshops, seminars, post-secondary courses and conferences, that:

- are at least 1/2 day (3 hours') duration
- have a professional development or community development aim
- and (with the exception of conferences) have been/will be delivered more than once during the period in question

CCSA's Evaluation Consultant developed a draft of the survey (see Appendix B) for review by the Project Team. It was revised and submitted for translation. The survey then needed to be re-formatted into an online version because it was to be distributed to respondents' email address for direct reply online. Several delays occurred in the creation of the instrument.



2 Survey Methodology

A listserv was developed as the vehicle for disseminating the survey and accepting responses online.

A pre-survey email was sent out to respondents three days before the survey was sent out, alerting them that the survey was soon to be released and asking them to respond. Four contact points were made with respondents. The first email with a cover letter (Appendix C) and link to the online survey was sent out to 379 respondents on March 10, 2005 in English and French. The first of three other emails was sent out one week later and contained the survey link, the second reminder with the link on March 22 (only 80 responses had been received by this date) and the final on April 1 (118 responses). The survey was closed to responses on April 8, 2005. The final response rate was 37%, or 142 responses. While the survey instructions indicated that one survey was to be completed for each training event, this was followed by only a few of the respondents. Most organizations filled out one survey for all of the training they developed.

Online survey response rates vary widely and are affected by a number of factors. There are many ways to increase response rates, such as personalizing the invitation to participate, offering incentives, keeping the forms and instructions simple, and sending reminder emails. Where possible, the Project Team addressed some of the factors in conducting the survey, most notably in striving for simplicity and clarity, and sending reminder prompts. While the response rate is not unacceptable, it was lower than desired and caused the team to consider why this might be.

A question was raised regarding the use of the Directory as the main source for potential survey respondents: “Was this the best resource for obtaining respondents for the survey?” What fuelled this question was the fact that the Project Manager received several emails throughout the survey period from individuals indicating that they – or their organization – did not conduct training, and were therefore not eligible to respond to the survey. Others reported that they funded training programs, but do not deliver them and therefore did not complete the survey. In reality, no other intact source of information was available about who delivered and planned FASD trainings. Hence, no list or database existed. This scan was a first step in trying to collect this information in Canada.

In retrospect, the decision to use the Directory as the primary source for identifying respondents may have been flawed. While the Directory is not intended to be a compendium of organizations that offer training, it was perhaps the only resource at the time that contained a fairly comprehensive list of people involved in FASD and was thought to be a good source of contacts. Unfortunately, this was not necessarily so; this needs to be addressed in any future documentation of training initiatives.



3 Survey Results

| | |
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The survey asked respondents to provide information in two main areas:

1. Training/Event Provider Information (related to their organization)
2. Training/Event Details (specifics about the training itself)

A final section of the survey asked respondents about unmet training needs, evaluation, and ways that training is promoted. This section details the responses by individual question.

Training/Event Provider Information

This series of questions was designed to obtain basic information about the organizations participating in the survey. It will assist in identifying the types of organizations that are involved in training and whether there is a pattern associated with provision of training. The information might also identify types of organizations that are not involved in training but may be a resource for the future.

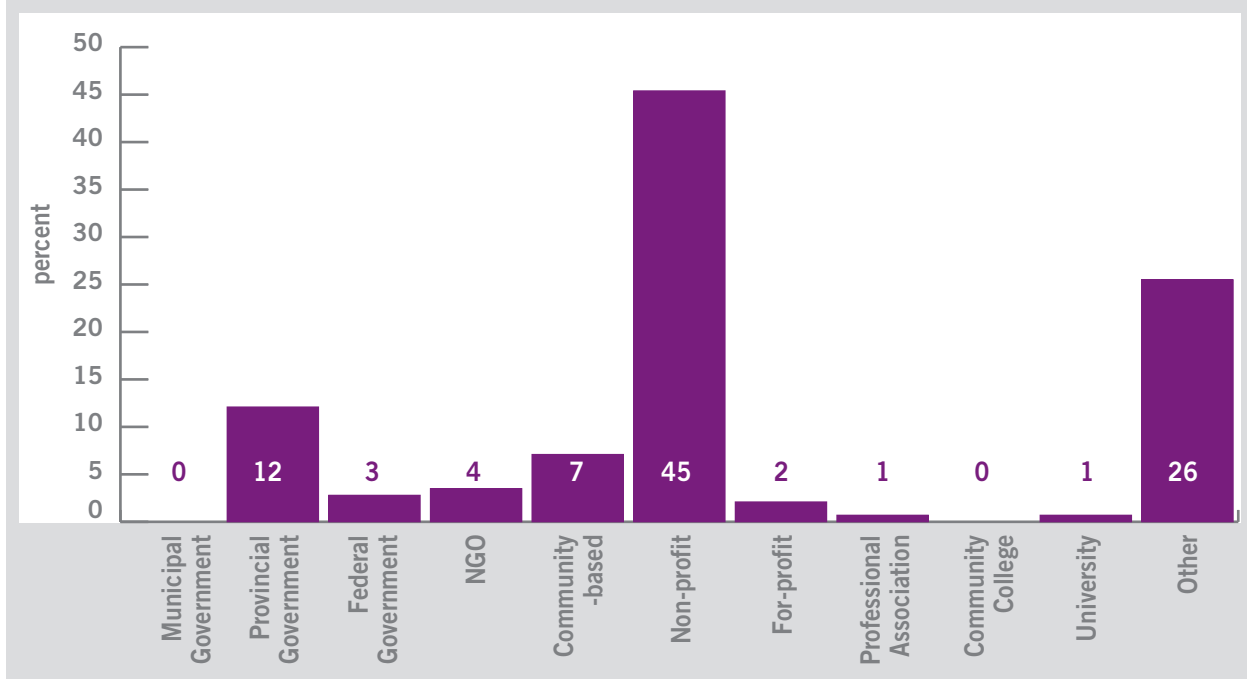
1. Type of Organization

Respondents were asked to indicate what type of organization they represented (Table 1). From a list of eight possible responses, the majority (46%) identified themselves as “non-profit.” Twenty-five percent indicated they worked in an organization not identified on the list. Some of the responses included:

- First Nations
- parent support groups
- hospital
- territorial government
- university/college
- private business
- community networking committee
- partnership between two organizations

Very few of the respondents worked in municipal government and community colleges (less than 1%). Twelve percent of responses came from respondents who worked within a provincial government agency.

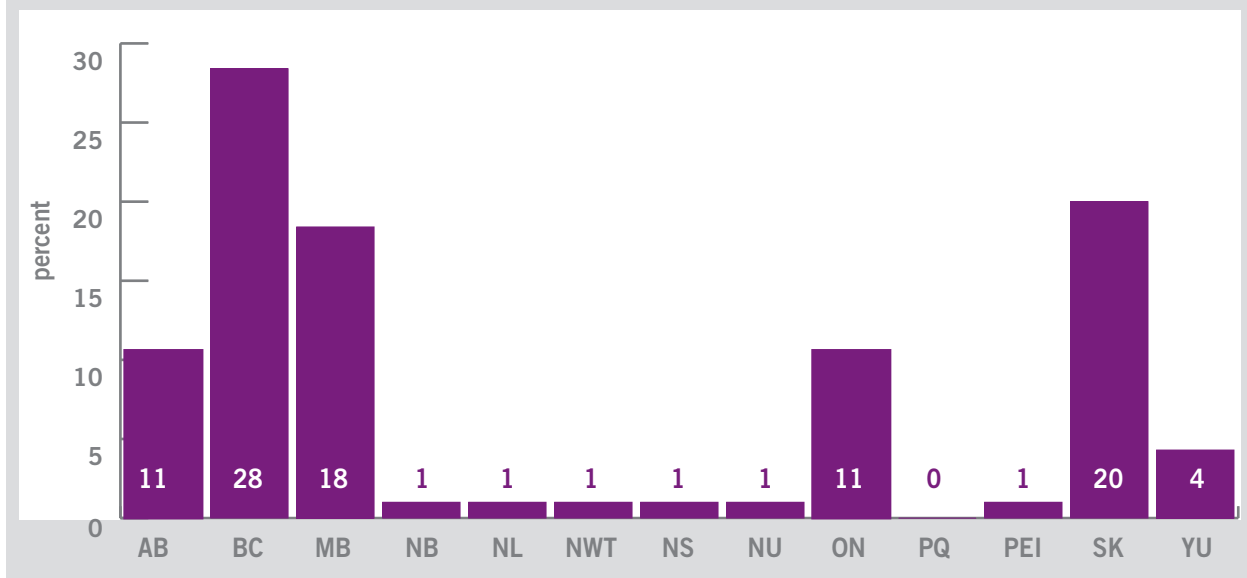
Table 1: Type of Organization



2. Geographic Location of Responding Organization

The respondent list contained names from individuals and organizations across Canada. Most responses came from organizations in British Columbia (28%), Saskatchewan (20%) and Manitoba (18%), with fewer in the Atlantic Provinces and the territories and none in Quebec. The distribution of responses is fairly reflective of the current level of activity in FASD across Canada: the Western provinces have been addressing FASD in an organized or formal manner for a number of years, whereas the rest of Canada has been slower to embrace FASD as a priority issue area. This is not to say that other provinces are not active in FASD – many provinces have become increasingly active around FASD awareness initiatives, training, diagnosis and legislation, and in many of them, formalized coalitions are forming or have been formed. Table 2 provides data on respondents' locations.

Table 2: Location of Organizations



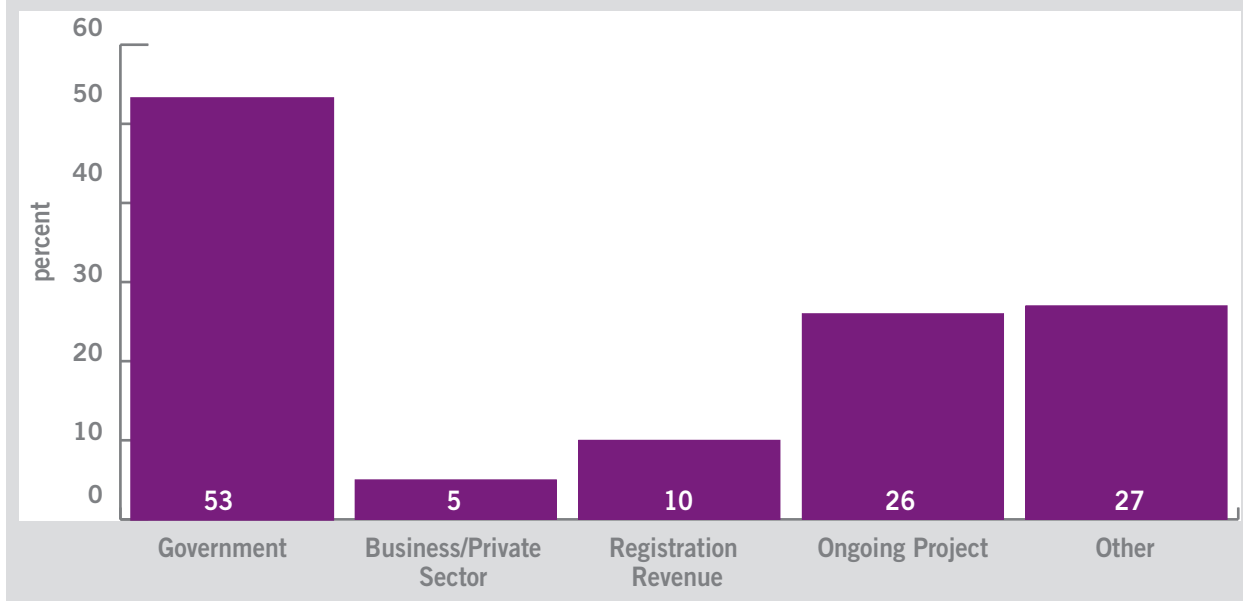
3. Funding Sources for FASD Training/Events

Question 3 asked respondents to identify where their funding for FASD training/events came from: government, business/private sector or registration revenue (Table 3). “Government” was listed as the main source of funding (53%) while “registration” was listed by 10% of the respondents. Less than 5% received funding from the business/private sector. In the “other” category, responses included:

- personal funds used (2)
- fundraising (3)
- stipend from an organization
- grant (non-specified)

“Government” is a critical player in the funding picture for FASD. It appears that current training/events rely heavily on government support to deliver training across Canada. While some respondents indicated that their training/events require a registration fee, many do not charge a fee and if they do, it is largely to recover costs associated with the event.

Table 3: Main Sources of Funding



Training/Event Details

1. Duration of Training/Events

This survey was designed to gather information about training/events that were three hours or longer in duration. However, 16% of respondents indicated that their program lasted fewer than three hours. More than one third of the training lasted for seven hours or longer. Approximately 30% of the training took three to five hours.

2. Number of Times Training Offered in Survey Period

Most of the training/events (51%) occurred once as opposed to multiple times; 30% of training sessions took place four or more times. These data suggest that many of the training or events that occur across the country are single sessions, perhaps conferences or workshops that respond to a specific time-limited need.

3. Training/Event Location

In an attempt to determine the extent to which FASD training/events have embraced technology to increase availability and access for participants, the survey asked where training/events occurred. Respondents indicated that most of the training takes place face-to-face (65%). Very little training for the survey respondents is taking place online (1%). Some of the on-site venues that were identified as training locations included:

- hospitals
- community colleges

- hotels
- community centres
- at the premises of the organization requesting the training/event
- churches

Respondents indicated that sometimes the space is available free and sometimes space has to be rented.

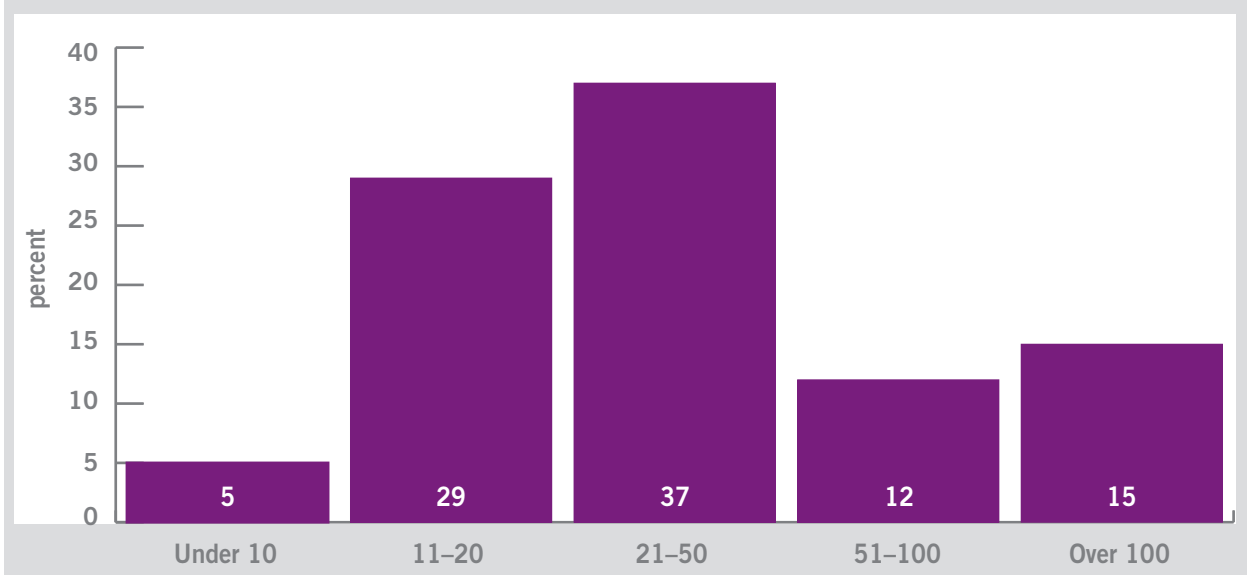
4. Language of Training/Event

Most of the FASD training/events across Canada covered by the survey are conducted in English only (95%). Less than 5% of training is offered in a combination of English and French, French only or other languages (non-specified).

5. Training/Event Capacity

To obtain a sense of the potential capacity for training/events, respondents were asked about the maximum number of participants that their event could accommodate (Table 4). It appears that most of the sessions would be described as “moderate” in size: 37% of them accommodated between 21 and 50 participants. Respondents indicated that approximately 15% of events had attendance that exceeded 100 people (likely a conference/regional workshop).

Table 4: Number of Intended Participants



6. Attendance

Where the previous question asked about capacity, this item was intended to discover the rate of “up-take” (how many spots were actually filled) for the training/event being described. The data show that most of the training sessions met their capacity. This suggests that the training/event was achieving participation rates that matched the intended capacity. In some cases, the events appeared to be over-capacity and more people attended than were originally scheduled to attend.

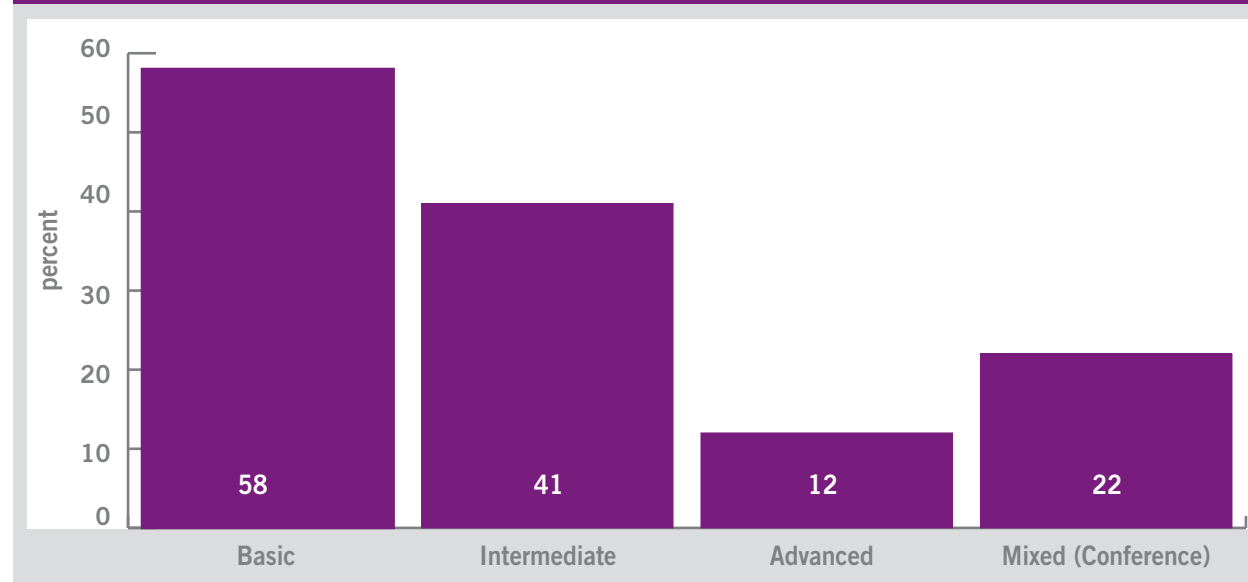
7. Registration Fees

In terms of fees that are charged for FASD training/events, respondents indicated that most of the training across Canada is free (72%) or offered for less than \$100 (approximately 10%). From a closer examination of responses to related questions on the survey, it is likely that organizations work together to donate resources in kind (e.g. space to hold the event, publicity, staff time) to offset the costs of offering the events. A small number (5%) of events had a registration fee between \$200 and \$300 and are suggestive of a conference registration fee.

8. Level of Training

As mentioned earlier, there is great variability across Canada with respect to the nature and extent of FASD activity, with the Western provinces and territories leading the way. When it comes to the level (of difficulty, intensity, complexity) of FASD training/events that all jurisdictions reported on, most described the level as “basic” (58%) (Table 5). This is

Table 5: Level of Training Events



also sometimes referred to as “FASD 101.” Clearly, a large part of the training/events is still targeted to participants who require information and awareness about FASD at a very basic level.

Only 12% of reported training/events were described as “Advanced.” As the FASD issue gathers momentum, as funding is made more available, and as the individuals working in FASD become more informed, the need to provide more in-depth training will begin to emerge. Even at the writing of this report, anecdotal comments suggest that training needs to move beyond “FASD 101.”

9. Prerequisites for Participation in FASD Training/Events

Respondents indicated that only 15% of the training/events that were offered required participants to have a background in FASD as a prerequisite to participation. This is not surprising since most of the training/events were at a “basic” level and would be designed for those with little or no background.

10. Intended Participants for Training/Events

Respondents were given a list of potential participants and asked to identify to whom their training/events were targeted. Seventeen categories of participants were listed. All categories were selected by at least some of the respondents. The data suggest that, while training is offered to a variety of audiences, those most likely to be targeted include:

- teachers/educators
- social workers
- mental health workers
- parents of FASD-affected children

Some other groups of participants were identified by respondents and included:

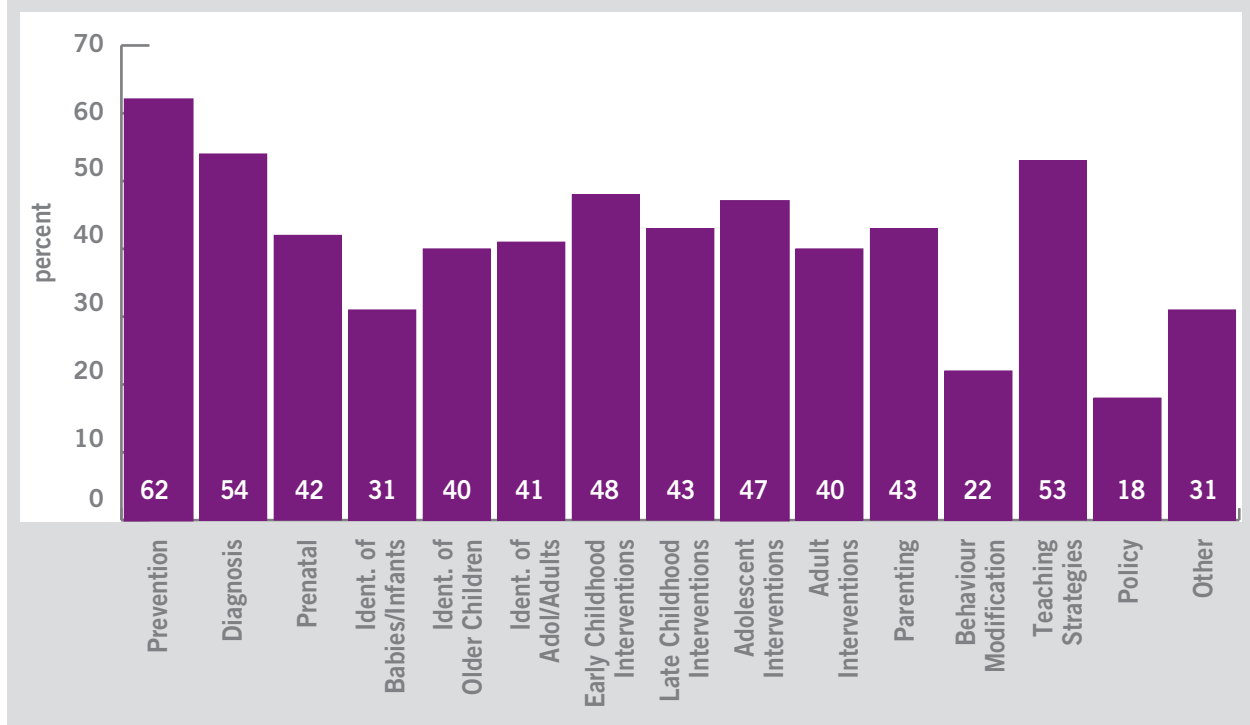
- judges
- lawyers
- foster and adoptive parents
- speech-language pathologists
- occupational therapists
- clinic coordinators
- individuals who have an FASD (undiagnosed)

- youth workers
- high school students

11. FASD Training/Event Topics

To determine the range of topics that are addressed by FASD training/events, respondents were given a list of potential content areas. Fourteen topics were listed and respondents could add others to the list (Table 6). The responses show that FASD training/events cover the full range of topics listed, with a few topics more common than others: those related to prevention, diagnosis, early childhood and adolescent interventions, and teaching strategies. Many fewer training/events are offered on the topic of FASD policy and behaviour modification.

Table 6: FASD Training Topics



12. Development of Training/Event

Most of the training/events offered appear to be developed in Canada as opposed to being adopted from elsewhere. Respondents reported that 97% of the training is developed within Canada. However, it is likely that the experience of other jurisdictions is being considered in the process, since respondents indicated that slightly over 30% of the training/events have been adapted from training that was developed elsewhere.

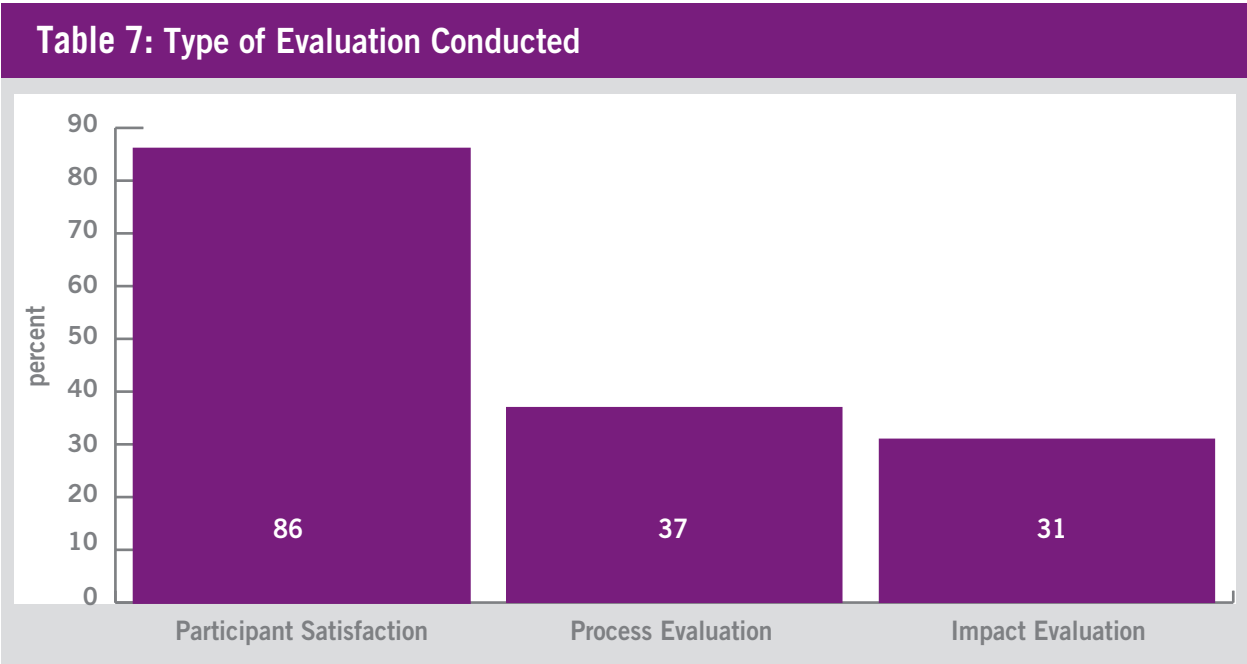
13. Accreditation

When asked whether training resulted in accreditation from an organization or professional association, respondents indicated that the majority of FASD training (84%) results in accreditation. No additional information was collected on the organization or association that grants the accreditation, or on the meaning of the accreditation. More in-depth examination of the nature of the accreditation would be needed to understand the process, need for, and value of accreditation.

14. Evaluation

A significant majority of respondents (88%) indicated that some level of evaluation is occurring in relation to their FASD training/events (Table 7). The most common level of evaluation is participant satisfaction (86%), which is generally intended to gather information on the extent to which participants enjoyed various aspects of the event.

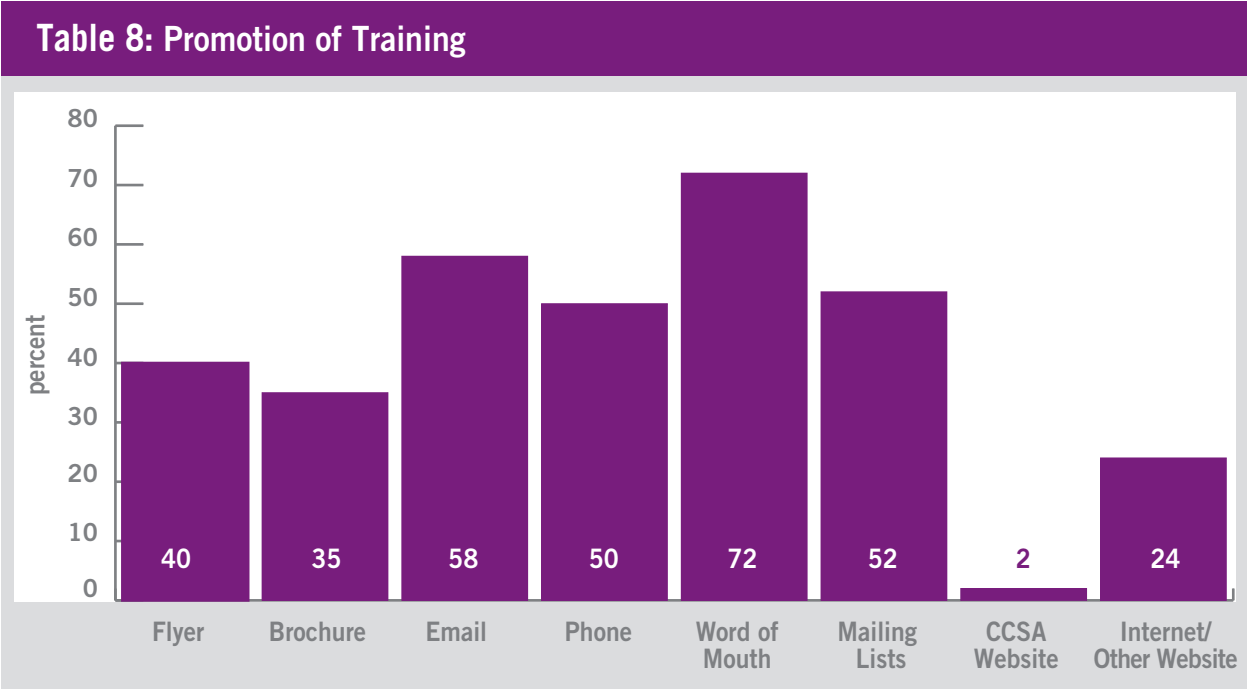
Process and impact evaluation also occur, but to a lesser extent (37% and 31% respectively). It appears that some organizations conduct more than one type of evaluation, as percentage responses exceeded 100%.



15. Promotion of Training/Events

Respondents were asked to indicate how potential participants became aware of the training/events (Table 8). A list of eight options was identified, and respondents were asked to check all that applied. Interestingly, the most likely way in which participants find out about FASD training is by word of mouth (over 70%), a somewhat informal, yet obviously effective method for promoting training within the FASD community. Electronic communication (email) was the next most common way of letting people know about training/events. The least likely place to find out about training is on the CCSA website, although the Internet and other websites (possibly the hosting or sponsoring agency’s website) were used to promote training/events.

More traditional methods of promotion such as distribution of flyers/brochures and communication through existing mailing lists were also identified as ways of getting the word out about training. Promotion via telephone was a method used by almost 50% of respondents.

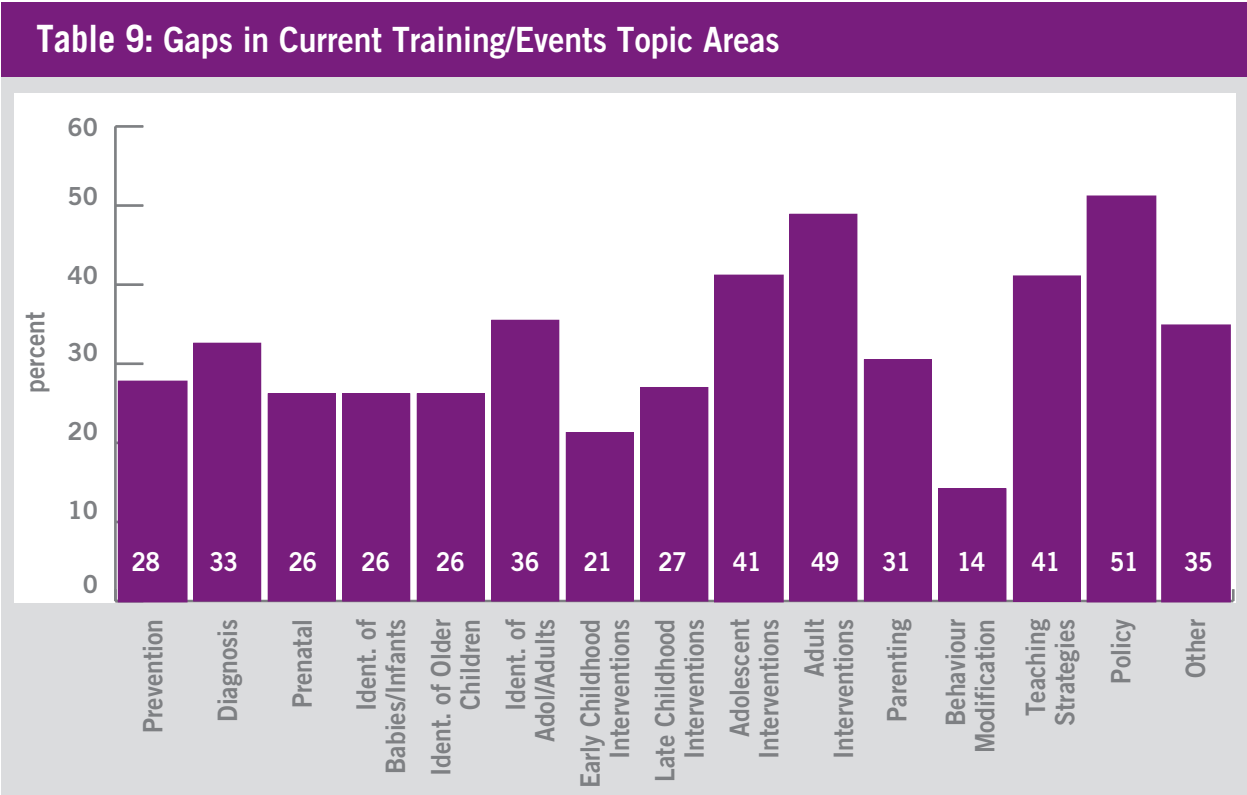


16. Topic Gaps in FASD Training/Events

Using the list of training topics that was provided in a previous question, respondents were asked to identify gaps in FASD current training/events (Table 9). Every training topic listed was identified by at least one and, more accurately, several respondents as having some level of gap in training. The topic that appears to reflect the greatest gap is in the area of FASD policy. Note that the earlier question on current training topics showed that this topic area was the one where the least activity is occurring. The topic area receiving the lowest number of responses was “behaviour modification.” It is evident from the responses that all topic areas represent some degree of gap in the existing mix of available training throughout Canada.

When asked to identify other topic areas covered but not listed in the survey, respondents identified the following:

- disability awareness/job coaching for potential employers
- the impact of not providing the needed supports to FASD-affected individuals and their caregivers
- implications of a preventable lifelong brain disability on the quality of life of the FASD individual and how to effectively intervene in the lives of pregnant addicted women



- ramifications of untrained individuals obtaining maternal ingestion histories from mothers that are not clinic related and are completed without pre- and post-supports, typically over the phone
- talking to birth parents about alcohol use in pregnancy...addictions
- training for affected individuals so they can understand their disability
- parenting teenagers

An issue that was articulated by one respondent related to wanting to know which Ministry is responsible for dealing with FASD. In this respondent's opinion, it appears that "no one wants to be responsible to help." This respondent also felt that the services of other ministries, such as Housing and Criminal Justice, were being inappropriately used because there is nowhere else for those who have been unable to receive service to go for assistance.

Some respondents offered additional comments about their training/events. One indicated that training/events are available in all topics but the training is limited, is neither widely available nor accessible. Another respondent concurred and added that more research and support are needed, especially in relation to education and prevention. In commenting on the quality of training/events, one respondent offered the opinion that there is no consistency of training content or application across Canada. The reach of training/events was an issue for a respondent who exclaimed that although all topic areas are being addressed, all areas needed more coverage.

17. Who Still Needs Training in FASD?

When asked who still needs training in FASD, the respondents replied overwhelmingly that there is need for training in every category that they had to choose from on the survey list (Table 10). Seventy percent or more of the respondents selected almost all of the 17 categories listed. The categories with the highest need according to the respondents are: teachers/educators, physicians, vocational/employment counsellors and policymakers. Furthermore they listed a number of additional sectors/population that, in their estimation, require training, including:

- lawyers, judges
- landlords, housing officials
- chief executive officers (CEOs) of the organizations serving people with either developmental or mental health issues (while the title "CEO" was used specifically, this may be a reference to "administrators" in general)
- psychiatrists

- employers
- political and First Nation leaders and decision makers
- although many individuals receive training, much more and better integrated opportunities for professional training are needed (i.e. during professional training as well as follow-up professional development)
- for students in schools so they can understand classmates
- elected officials (Band Council)

Table 10: Groups That Need To Be Trained



Several respondents took the opportunity to frame the issue within a larger context by offering the following comments:

- We are really just beginning this work.
- FASD training is an ongoing venture that needs to be offered in different environments, including professional development, post-secondary, K-12 classrooms and other learning environments.
- Absolutely all segments of society need to understand FASD.

One respondent summed it up by saying that, “Training will need to be ongoing for all people forever.”



4 Summary

The purpose of this FASD environmental training scan was to gather information that would assist in understanding the nature and volume of FASD training and related events that are occurring across Canada. As a first step in describing the training landscape, the survey was deliberately limited in scope and defined by the following basic parameters:

- A. That the training/event be “FASD-related,” meaning that the learning objectives for the event must be predominantly concerned with reducing the harms associated with prenatal alcohol or other substance exposure through either prevention, identification, or interventions with affected persons/families.
- B. That the training/events would:
 - be at least 1/2 day (3 hours) long
 - have a professional development or community development aim
 - have been/will be delivered more than once during the period in question (with the exception of conferences)

The scan solicited descriptive information about training/events, such as:

- participants (how many and from which professions/organizations)
- topics
- accreditation
- evaluation
- ways of promoting the training to encourage attendance
- gaps in current training

The scan was the first of its kind in Canada to document FASD training/events. It serves as a starting point to describe where most training is happening, to whom it is directed, and the topics that are addressed. It also asked about gaps in topics and training populations.

Limitations of the Survey

The current survey provided an opportunity to begin the investigation into the nature and extent of FASD training/events across Canada. However, there are several limitations to the design and implementation that need to be acknowledged in any presentation of the results. The main ones include:

- an inadequate list of potential survey respondents – individuals and organizations (no list existed at the time of the survey, so one was created using a variety of contact lists from various sources)
- lack of in-depth descriptive information on existing training/events

- a timeframe that was very short (over a 12-month period) for current training
- a potential concern about timing of the survey (March is typically busy for non-profit organizations completing their fiscal year and people travelling for school break)

There is much yet that needs to be known about FASD training to complete the picture of what's happening where. One of the first steps is to create a database of organizations that are offering training. It became evident from the response rate and emails received from respondents that the sources used to develop a respondent list were not complete. Several respondents asked whether certain organizations were participating in the survey when, in fact, they were not on the list. Others heard about the survey from colleagues and requested that they participate in it. It may be useful to start populating the database with the organizations that responded to this survey and then work to identify other organizations through the FASD networks that exist (formal and informal). More information is also needed on accreditation and a calendar database where people can post and find training available in Canada and what they might be accredited for and whether or not the trainers are accredited.

The survey scanned a one-year period – April 1, 2004 to March 31, 2005. It is possible that some training/events were not captured during that time period. Perhaps the training took place slightly before or after the period that was examined. At minimum, a two-year period might provide more complete data.

The survey instrument itself, while appropriate for an initial look at training, does not provide much more than basic information. Unanswered questions/issues still remain, such as:

- *What is the nature of the accreditation that is granted?*
- *Who delivers training and are they trained?*
- *Does the training result in desired impacts?*
- *How can training needs be addressed for different populations in different jurisdictions, without duplicating efforts?*
- *Are there evidence-based programs that can be used to address existing gaps in training?*
- *What is the specific content of the training/event?*
- *What are the training methodologies that are employed?*

The existing scan needs to be expanded to include a larger, more accurate base of respondents, as well as more in-depth information about the nature of training/events.

Appendix D contains an inventory of training/events by name. This list could form the basis for a more complete list if next steps are taken to expand upon the initial scan.



5 Recommendations For Next Steps

Given the results of this first attempt to map FASD training and the incomplete picture it offers about the nature and extent of events happening across the country, the following recommendations are offered:

1. Identify a broader and more accurate list of potential survey respondents, using existing information and contacts within the FASD field. Several events have occurred nationally and regionally since the survey was initiated that would help to create the list. Include post-secondary institutions and professional associations.
2. Redefine the scope of the survey to capture more detailed information about training/events. This would include additional questions identified above.
3. Consider additional means besides online distribution for survey participation.
4. Offer incentives for completion to improve response rates.
5. Include a component for capturing training/events offered in French.
6. Consider timing of the survey (March break travel period, conferences and meetings as well as year-end for many governmental organizations and agencies)

The current data can be helpful in providing a starting point for a more comprehensive examination of FASD training/events

The page features a decorative background with abstract shapes. On the left, there is a light blue semi-circle. A large, overlapping shape in shades of blue and pink curves across the middle of the page. The word "Appendices" is centered in a bold, purple font.

Appendices

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Appendix A – Resources Used to Develop Respondent List

- FASD Directory of Information and Support Services in Canada (2002)
- Atlantic Steering Committee on FASD
- Provincial/Territorial Contacts for FASD
- Occupational Therapist List
- Occupational Therapist-Speech Language Pathologist List
- Canada Northwest FASD Partnership
- Health Care Provider Organizational Contact List

Appendix B – Survey Instrument

FASD Training/Event Mapping Survey

Please complete a separate form for each distinct FASD-related education/training event provided by your organization that is:

- 1. Intended to impart knowledge and/or skill to persons in or outside the delivering organization, such as orientation sessions, workshops, seminars, and one-time conferences;*
 - 2. At least 1/2 day (3 hours) duration;*
 - 3. That has a professional development or community development aim;*
 - 4. That has/will be delivered at least once during the period April 1, 2004 – March 31, 2005.*
-

Training/Event Provider Information

Name of Organization: _____

Type of Organization

- Government
- Non-Governmental Organization
- Community-based
- Non-profit
- For-profit
- Professional Association
- Community College
- University

Location of Organization

- British Columbia
- Alberta
- Saskatchewan

- Manitoba
- Ontario
- Quebec
- Nova Scotia
- New Brunswick
- Prince Edward Island
- Yukon
- Northwest Territories
- Nunavut

Contact Person: _____

Main sources of funding for FASD training/education:

- Government
- Business/Private Sector
- Registration Revenue

Training/Event Details

Name of Training/Event: _____

Duration of Training/Event

- 3 hours
- 3–5 hours
- 5–7 hours
- over 7 hours

Number of times offered April 1, 2004–March 31, 2005:

- Once
- Twice
- Three times
- Four or more times (specify number)_____

Date of Training/Event: _____
day/month/year

Where was the Training/Event held? (Check all that apply)

- On-line/distance
- On-site: (Specify location) _____
- Other: (Specify) _____

Language of Training/Event:

- English
- French
- English & French
- Other (specify) _____

Maximum number of participants:

- Under 10
- 11–20
- 21–50
- 51–100
- over 100

How many people actually attended?

- Under 10
- 11–20
- 21–50
- 51–100
- over 100

Training/Registration fees:

- Free
- under \$50
- \$51–\$100
- \$101–\$200
- \$201–\$300
- \$301–\$400
- \$401–\$500
- over \$500

Level of Training

- Basic (“FASD 101”)
- Intermediate (“FASD 201”)
- Advanced (“FASD 301”)
- Mixed (e.g. Conference)

Did participants require a background in FASD in order to attend the Training/Event?

- Yes
- No

Intended participants: (Check all that apply)

- Teachers/Educators
- Mental Health Workers
- Psychologists
- Physicians
- Nurses
- Prenatal Support Workers
- Child Care Workers
- Social Workers
- Vocational/Employment Counsellors
- Infant Development Workers

- Drug/Alcohol Counsellors
- Persons Living with FASD
- Policymakers
- Police
- Lawyers
- Judges
- Court Workers
- Corrections Workers
- Parents of FASD-affected Children
- General Public
- Other: _____

FASD Topic Areas: (Check all that apply)

- Prevention
- Diagnosis
- Prenatal
- Identification of babies/infants
- Identification of older children
- Identification of adolescents/adults
- Early childhood interventions
- Late childhood interventions
- Adolescent interventions
- Adult interventions
- Parenting
- Behaviour modification
- Teaching or educational strategies/approaches
- Policy
- Other: _____

Please provide us with a brief description of the training/event *agenda*:

Additional Information

In your opinion, what FASD training needs are not being addressed in Canada? Please include topic and a description of the groups you believe need to be trained. List all you can think of.

| Topic | Who Needs to Be Trained? |
|-------|--------------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Is this training/event developed in Canada?

- Yes
- No

Is this training/event adapted from training elsewhere?

- Yes
- No

If Yes above, from where was it adapted? _____

Does the training result in accreditation from an organization or a professional association? (e.g. College of Physicians and Surgeons, Registered Nurses Association, etc.)

- No
- Yes (Specify): _____

Has the training been evaluated?

- No
- Yes (Check all that apply):
 - Participant satisfaction
 - Process evaluation
 - Impact evaluation

How do people find out about the training/event? Check all that apply:

- Flyer
- Brochure
- Email
- Phone
- Word-of-mouth
- Mailing lists
- Canadian Centre on Substance Abuse (CCSA) website
- Internet/Other website (specify): _____
- Other: _____

Appendix C – Cover Letter

The Canadian Centre on Substance Abuse (CCSA) is conducting a national survey on Fetal Alcohol Spectrum Disorder (FASD) training events. The purpose of the survey is to document the nature and extent of FASD training events (of at least three hours' duration) across Canada. The Public Health Agency of Canada (PHAC) is funding the survey and it will use the information obtained through the survey to inform FASD planning at the national, local and provincial levels.

We are asking for your assistance and participation in the survey so that we can create the most complete picture of brief FASD training in Canada. The survey is available in both official languages and it should take no more than 15 minutes to complete. Please also note that one survey should be completed for each training event.

Completed questionnaires will be treated with strict confidence and no agency or persons associated with specific agencies will be identifiable in any reports. The agency code included on all questionnaires will be used only to monitor returns. We are using the FASD Directory as our main source for respondent names and supplementing it with contact names from PHAC.

During the course of the survey you may receive one or more emails or telephone calls to ask for your help in ensuring that the completed survey is returned as soon as possible.

A reply within one week would be greatly appreciated.

Once the data are compiled, CCSA will prepare a report that will be made available upon request to individuals and organizations who completed the survey. As you are probably aware, other projects of a similar nature are underway – most notably the survey of public awareness activities being conducted by Best Start, and the scan of FASD programs in Ontario being undertaken by Elspeth Ross. Together, these initiatives will do much to further the national picture of what's happening in FASD.

A training scan of First Nations on reserve and Inuit communities will also be conducted in the coming months and the data from both surveys will be integrated.

Thank you for your participation. If you have any questions about the survey, please contact Paula Stanghetta, Project Manager, at 519-742-1447 or at paula@stanghetta.com.

Appendix D – Inventory of Training/Events

1. Alcohol Related Birth Defects Course
2. FASD BASICS –
FASD Adult Case Management
3. FASD for Everybody
4. Effective Strategies for Families
5. FASD Education
6. An Overview of FASD
7. Mentor Pregnant Women with Addictions: The Stop FASD Model
8. SMART Workshop
9. Women and Addiction
10. The Fetal Alcohol Spectrum Disorder (FASD) Community Practitioner Certificate Program
11. A Series of Workshops for Parents Raising Children, Adolescents and Adults with FASD
12. FASD and Adoption
13. Educating Students with FASD
14. Working with Adolescents with FASD
15. National Crime Prevention Strategy: Community Awareness and Action Workshops
16. Effective Strategies for Professionals (part of a FASout project)
17. Kick Off Campaign for Best Start awareness project
18. Role of the Occupational Therapist in the Assessment of FASD
19. OBD Triage Training specific to obtaining maternal ingestion of alcohol and/or drugs in pregnancy
20. FASD education
21. Atlantic FASD Networking Conference

22. Working for Success with Youth with FASD
23. FASD Workshop for Teachers
24. FASD training for Community Service providers
25. Understanding Fetal Alcohol Spectrum Disorder
26. Aboriginal FASD Community Training
27. A Series of Workshops for Professionals Working with Individuals with FASD
28. Working with Adults with FASD –
Building Community Capacity Project
29. A Parent's Perspective: Living with FASD
30. Basic FASD information for tutors
31. FASD 101
32. Prevention of Fetal Alcohol Spectrum Disorder (FASD): Improving Our Work
with Pregnant Women at Risk
33. FASD Inclusion System
34. Asset Mapping
35. FAS/E Prevention Using the Medicine Wheel Philosophy
36. AD 120 Fetal Alcohol Spectrum Disorder
37. Overview of Prevention and Intervention on FASD
38. Understanding about Sensory Processing and FASD
39. Adolescence and FASD: Which is it?
40. Advocating for a Child with FASD at School (and other systems)
41. Talking about FASD with your Child
42. Working with Clients who have Fetal Alcohol Spectrum Disorder
43. FASD: Beyond Awareness
44. FASD 101 & Prevention
45. Promoting Community Health: Okanese First Nation: Pregnant Mothers'
Alcohol Use

46. Fetal Alcohol Spectrum Disorder: A Framework for Understanding and Responding
47. FASD: Wa-pii-moos-toosis Healing Centre
48. Regional FASD Conference Maritimes
49. Telehealth FASD Information Series
50. FASD – The Invisible Disability and/or Areas of Difficulty
51. Action for Inclusion: FASD Audit –
(Part 1)
52. Action for Inclusion: FASD Audit –
(Part 2)
53. FASD Education for Teachers
54. Look at Me! Practical Strategies for living and working with individuals with FASD
55. FASD Workshop
56. The SMART Guide: Motivational Approaches Within the Stages of Change for Pregnant Women Who Use Alcohol and Other Drugs
57. Pregnancy and Alcohol Use: Strategies for Support
58. Harm Reduction: Implications for Work with Women Who Use Substances and their Children
59. Breaking the Cycle and Fetal Alcohol Spectrum Disorder
60. Asset Mapping to Build Community Based FASD Prevention, Intervention and Support
61. The Best Start in Life - What Youth Need to Know about Fetal Alcohol Spectrum Disorder (Train-the-trainer)
62. Fetal Alcohol Spectrum Disorder: An Introduction for Care Providers
63. Information session to Mental Health Counsellors/Advisory Committee and interested community members
64. Supporting Change: Preventing and Addressing Alcohol Use in Pregnancy – Train the Trainer workshop
65. Messaging about Alcohol and Pregnancy

66. Alcohol and Pregnancy
67. Interagency Workshop
68. Parent Days 2005; Health Canada Grant
69. FASD: Signs, Symptoms and Secondary Characteristics
70. FASD Saskatchewan Speakers Bureau Networking and Training event
71. FASD Training
72. Basic FASD education with an emphasis on strategies for education
73. FASD: Teacher Strategies –
In-Service to Corrections, Early Intervention, Social Workers
74. Planning for Students with Fetal Alcohol Spectrum Disorder
75. Alberta FASD Conference Promising Practices, Promising Futures.
76. FASEout
77. Building community awareness about fetal alcohol spectrum disorder
78. FASD Diagnostic Training, A Team Approach
79. Linking Arms FASD Training in Kugluktuk, Nunavut
80. FASD and Sexuality
81. Teacher Training
82. Community Development
83. Psychological-medical FASD Diagnostic Collaboration: A South Saskatchewan Perspective
84. FASD Conference
85. Tried & Tested Strategies for Individuals Living with FASD
86. Pauktuutit Training
87. FASD and strategies for working with adults
88. What Corrections Needs to Know about FASD
89. Tools for the FASD Professional
90. Supporting Change: Preventing and Addressing Alcohol Use in Pregnancy –
tailored for health care providers in fly-in northern communities

91. FASD monthly meeting
92. 1st Annual Regional FASD Conference –
Support and Hope for the Community
93. Northern Visioning Conference FASD
94. Born Free
95. FASD Awareness
96. Violence and Aggression
97. FASD for Probation Officers
98. Understanding the Brain Assessment for FASD
99. The Neurodevelopmental Assessment in the diagnosis of FASD
100. HRDC Staff Training Basics
 - Workshops for High Risk Women
 - Parent Day
 - Intervening with Pregnant Women
 - FASD Basics
 - SIAST – Early Childhood Program
 - Youth Justice Programs
101. FASD Multidisciplinary Team Diagnostic Training
102. Community Preparedness for FASD
103. Strategies for Working with Those Affected by FASD
104. FASD Consultation Day
105. Alberta Children's Services Delegation Training
106. FAS parent training
107. ACCESS Workshops
108. Adolescents and Adults with FASD and the Community Mental Health Service System

109. Specialized for Individuals Who Support Young Offenders with FASD
 - Part 1: Introduction to FASD
 - Part 2: FASD & the Brain
 - Part 3: Now you know, what do you do?
110. P.R.I.D.E. Module #10 Understanding the Effects of Chemical Dependency on Children and Families
111. FASD Diagnostic Team Training
112. FASD Diagnosis and Assessment: Training for Community Based Diagnostic Teams
113. Fetal Alcohol Spectrum Disorder and Other Alcohol Related Birth Defects
114. FASD Youth Mentorship Training
115. PLEA/Asante Youth Justice FASD Pilot Project – PARCA Conference
116. FASD Interactive Poster Presentation
117. FASD Family Camps
118. FAS Workshop – 2 day training 2001
 - FASD Community Presentations (2005)
 - 1hour x 10 presentations at family centres, Lions Club, Medical Society and high school
119. Diane Malbin Training
 - Shifting How We Intervene Differently with Individuals Affected with FASD
120. FASD for Educators