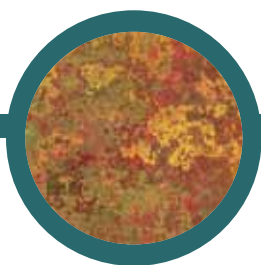


INDIGENOUS APPROACHES TO FASD PREVENTION



**BRIEF INTERVENTIONS
WITH GIRLS AND WOMEN**



INTRODUCTION

Fetal Alcohol Spectrum Disorder (FASD) affects individuals whose mothers drank alcohol during pregnancy, and can include lifelong physical health problems, behavioural difficulties and learning disabilities.

In many parts of the world, Indigenous communities have taken a leadership role in developing collaborative and culturally relevant approaches to addressing alcohol use during pregnancy. These approaches recognize the historical, social, political, economic, and cultural dimensions of alcohol use during pregnancy. They also work to promote Indigenous women's health and wellness overall.

This booklet provides a brief introduction to ways of working with Indigenous girls and women to address alcohol, pregnancy, and other related concerns. Brief interventions are used in schools, in the health care system, and many other settings as a way of supporting health and wellness for Indigenous girls and women and can have an important role in preventing FASD.

This booklet is intended as a starting place for individuals, organizations, and communities who are interested in learning how they can be involved in supporting FASD prevention in Indigenous communities in ways that are respectful of history, culturally aligned, and supportive of Indigenous self-determination and cultural resurgence.



EMPOWERING CONVERSATIONS

Brief interventions are formal or informal conversations between an individual and a health care or social service provider. Brief interventions can also be with a friend or peer, an Elder, a teacher or other community member. They can last as little as five minutes or be a series of longer discussions over a period of a few weeks or months.

Brief interventions are opportunities for girls and women to ask questions and learn more about alcohol and their health, contraception and safer sex practices, and related health concerns such as substance use, anxiety and depression, and physical health and well-being. During these conversations, girls and women may be encouraged to think about their alcohol use, identify any areas of concern, learn more about self-help or community resources, and, often, make a plan to improve their health.



There are many ways that brief interventions can be adapted for and with Indigenous girls and women. Indigenous worldviews, traditions, and cultural practices often view wellness from a holistic point of view that promotes balance between the mental, physical, emotional and spiritual aspects of life.¹ For example, a more holistic approach for some Indigenous girls and women might mean exploring alcohol use *and* discussing Indigenous practices that support mothering, healing and wellness.

Brief intervention can also include resources developed by local community members and support making referrals to Indigenous-specific programs, if girls and women are interested.²⁻⁶ Brief intervention can also focus on the strengths of girls and women by asking questions about:

- Their interests and skills
- What they are already doing to take care of themselves, and
- The role of Indigenous culture in their lives.

Brief interventions can also be an opportunity to create a safe space for Indigenous girls and women to:

- Share their experiences
- Receive support for their choices
- Learn about new ways to take care of themselves, and
- Connect with resources in the community.⁷⁻⁹



► **LEARN MORE**
Indigenous Young Women Lead: Our Stories, Our Strengths, Our Truths
<http://girlsactionfoundation.ca>



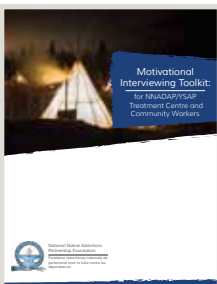
“DOORWAYS” TO CONVERSATION

Many approaches to brief intervention use tools such as checklists, questionnaires and flow charts that are designed to determine risk levels associated with various health behaviours. While these tools can be helpful in considering how to provide care and support, on their own, they are not enough to be effective in preventing FASD.

There is a growing interest in using these tools as a “doorway to conversation”.¹⁰ Rather than focusing on these tools as being the “what” of brief interventions, there is more attention being paid to the “how” of brief interventions. For example it can be helpful to:

- Be in a quiet and relaxing space when discussing sensitive topics such as substance use and sexual health
- Let girls and women know how the information will be used or shared
 - Girls may be concerned that information may be shared with their parents
 - Mothers with serious substance use concerns may be worried that what they say will be reported to child welfare services
- Provide opportunity for reflection and further discussion of how one’s daily life is affected rather than focus on the behaviours themselves.

Motivational interviewing approaches encourage dialogue, reflection, and action. It is an approach that can be adapted to local contexts and concerns, including Indigenous worldviews.¹¹⁻¹⁵



LEARN MORE

Motivational Interviewing Toolkit

<http://thunderbirdpf.org>

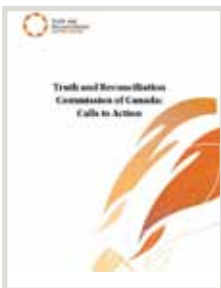


BRIEF INTERVENTIONS AND HEALTH CARE SYSTEM CHANGE

While brief interventions can occur in settings ranging from schools to businesses to women's shelters, most brief interventions related to alcohol use during pregnancy occur within the health care system. Many health care providers have the opportunity to provide brief interventions on alcohol use to Indigenous girls and women across the lifespan, including family doctors, midwives, public health nurses, dietitians, pharmacists, prenatal educators, and lactation consultants.

In 2015, the Truth and Reconciliation Commission of Canada released 94 Calls-to-Action.¹⁶ Seven of these Calls specifically made recommendations on how the health care system can be improved in responding to Indigenous health and well-being. The recommendations include:

- Acknowledging and addressing the gaps in health outcomes and access to health care services between Indigenous and non-Indigenous peoples
- Increasing the number of Indigenous professionals working in the health care field
- Requiring that all health care professionals receive training in cultural competency
- Recognizing the value of Indigenous healing practices within the health care system overall.



[LEARN MORE](#)

Truth and Reconciliation Commission of Canada
www.trc.ca





There are many movements within the health care system to address the concerns highlighted by the Truth and Reconciliation Commission.

Training in cultural safety helps to increase awareness of how Indigenous health today is a result of a history of colonization, residential schools, and other practices and policies of cultural and social assimilation. This has resulted in a lack of trust and understanding between health care providers and Indigenous peoples and power imbalances that affect care and treatment.

Cultural safety training can be a tool for improving relationships between health care providers and Indigenous peoples, for analyzing organizational practices, and for developing policies that support healing and self-determination.



LEARN MORE

A Cultural Safety Toolkit for Mental Health and Addiction Workers In-Service with First Nations People
<http://thunderbirdpf.org>



Other movements for change within the health care system that have a role in the development and delivery of brief interventions include:

- *Trauma-informed practice*, which works to create safety and improve experiences of care for people who have past or current experiences of violence and trauma;
- *Equity-oriented care*, which includes strategies to address health differences between groups of people; and
- *Women-centred care*, which recognizes women's unique needs and concerns in accessing health care services.

These activities to restructure and improve the health care system for everyone can support and connect with strategies to expand and enhance health programs and services for Indigenous peoples. Health care providers who provide brief interventions have the opportunity to support changes in the health care system on a daily basis. They can do this by:

- Taking the time to build respectful relationships,
- Working to create welcoming environments,
- Challenging discrimination and racism, and
- Supporting the ability of Indigenous girls and women to access information and resources that allow them to make healthy decisions for themselves.

Women Centred

Respect women's context , pressures, and goals when delivering care

Harm Reducing

Support girls and women to improve their overall health and address alcohol use when they are ready

Trauma Informed

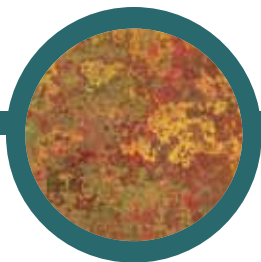
Recognize that alcohol use during pregnancy may be related to past and current experiences of violence and trauma

Brief Interventions: Key Principles for Health Care Providers

Equity Informed

Help girls and women address barriers to health such as poverty, inadequate support, and transportation challenges

This model, based on best practices from the tobacco and pregnancy field, describes some of the principles that health care providers and others can use to inform their practice. *Adapted from Alberta Health Services Baby Steps Help Guide, 2017.*¹⁷



DISCUSSION QUESTIONS

1. Who discusses alcohol and other substance use issues and provides brief support and referral for women in your community? What's working well? What could be better?
2. What brief interventions are you familiar with (e.g., routine questions during an annual check-up, informal discussions with a youth outreach worker)? What do you like or dislike about each of these approaches?
3. What do you know about the findings of the Truth and Reconciliation Commission? How do you think your organization or community can be involved in responding to the Calls-to-Action on health?
4. In what ways do you see health care system change as being important for the success of brief interventions with Indigenous girls and women? How can brief interventions support self-determination and improved health outcomes for girls and women?

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Indigenous Approaches to FASD Prevention

This resource grew out of the Dialogue to Action on Prevention of FASD held in May 2017 that was co-organized by the Centre of Excellence for Women's Health, the Thunderbird Partnership Foundation, and the Canada FASD Research Network. The event was held in Vancouver, British Columbia on the Unceded Territories of the Coast Salish Peoples including the xwməθkwəyəm (Musqueam), Skwxwu7mesh (Squamish), Sto:lō and Səl'lwətaʔ/Selilwitulh (Tsleil-Waututh) Nations.

This meeting brought together experts from across Canada working in the areas of prevention of Fetal Alcohol Spectrum Disorder (FASD) and Indigenous health and wellness to discuss opportunities for collaborative action on Truth and Reconciliation Commission Call-to-Action #33. Together, participants developed a Consensus Statement which includes eight tenets for how the Call could be met. The full text of this Consensus Statement can be downloaded from the following organizations:

www.canfasd.ca | thunderbirdpf.org | www.bccewh.bc.ca