6TH ANNUAL LONDON & REGION
FASD VIRTUAL CONFERENCE 2026

BRIDGING RESEARCH, CLINICAL, AND LIVING EXPERIENCE

SUPPORTING RELATIONSHIPS IN FASD:
BUILDING BRIDGES ACROSS THE LIFESPAN



OCTOBER 20 & 21, 2026 | VIRTUAL MEETING

DAY ONE PROGRAM

ABOUT CPRI AND VOCPRI

AGENDA

LIVING EXPERIENCE SPEAKERS

PLENARY AND WORKSHOP SPEAKERS

RESEARCH ePOSTER PRESENTERS

NEURODIVERSE ARTISTS

PLANNING COMMITTEE AND CPRI'S ELS DEPT

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ABOUT CPRI

Who we are

The Child and Parent Resource Institute (CPRI) is a tertiary service agency providing trauma-informed, highly specialized assessment, treatment, and targeted intervention provincially for children and youth with complex special needs. This includes children and youth with developmental disabilities, autism, and severe behavioural, emotional, and mental health challenges. CPRI also prioritizes research, program evaluation, and education related to serving and supporting this clinical population.

Located in London, Ontario, CPRI is directly operated by the Government of Ontario, and serves approximately 2,200 children, youth, and their families annually. Typically, these children and youth require more specialized care than can be provided through their community. Large hospitals refer children and youth with complex special needs to CPRI for highly individualized and specialized care. 30% of clients referred to CPRI have recently received hospital services. CPRI provides tertiary services including outpatient and inpatient programs. Our inpatient services are made up of 59 beds where clinical teams provide interdisciplinary assessment and short-term treatment; based on the child or youth's individualized clinical needs and identified goals.

Our Mental Health Programs serve children and youth who may struggle with internalizing symptoms, like anxiety, or externalizing symptoms, like aggressive behaviours. A comprehensive plan is made to reduce clinical severity, and transition to community services, closer to home. Our Inpatient Dual Diagnosis units serve children and youth with a Developmental Disability and multiple Mental Health Diagnoses. All our programs provide an ongoing collaborative process with the child or youth, caregivers, and community providers to create a comprehensive plan to manage their continuing needs in the community. To learn more about CPRI and our work, please visit our website: https://www.ontario.ca/page/child-and-parent-resource-institute-cpri



CPRI

CHILD & PARENT RESOURCE INSTITUTE

ABOUT VOCPRI

Who we are

The Volunteer Organization of CPRI (VOCPRI) is a not-for-profit registered charity that strives to support individual needs of the children, youth, families, and programs of CPRI by contributing funds for equipment, special projects, education, and research, and by fostering new funding resources, community partnerships, and positive relationships with our donors and CPRI volunteers.

Every child and youth deserve access to the mental health support they need—without obstacles. At VOCPRI, we work with families, service providers, and communities to break down barriers and build pathways to care. Together, we're striving towards a more connected, compassionate system where no one is left behind. Whether you're a caregiver, clinician, researcher, or advocate, we invite you to explore our resources, attend our events, and join us in building a brighter future for every child and youth. Please visit our website to learn more about VOCPRI: https://vocpri.ca/

Since VOCPRI is entirely volunteer-managed, over 90% of every dollar goes directly to supporting children and youth with complex special needs and their families. Learn about different types of meaningful donations you can make today by visiting our website: https://vocpri.ca/donate/



Volunteer Organization of CPRI

Seeing Beyond the Challenges





EVENT DAY AGENDA

8:30 – 8:50	**Sign into Conference via Zoom** - Overview of the Day – Technology, COI Readings, Agenda, & Land Acknowledgement			
8:50 – 9:15	**Traditional Elder/Healer** Joanne Jackson			
9:15 – 9:25	**Living Experience Speaker ▲** Shannon Butt			
9:25 – 10:25	**Plenary Speaker ●** Dr. Bekim Sadikovic – *DNA Methylation Episignatures as Biomarkers for Rare Disorders: From Gene Discovery to Clinical Translation*			
10:25 – 10:40	**Break**			
10:40 – 10:45	**Hosts** - Welcome Back			
10:45 – 11:45	**Living Experience Panel / The Natalie Davison Honourary Lecture ▲** Matt Sinclair, RJ Formanek, Jess Fowler, and Anna Webster (hosted by Angela Geddes) – *Seeing More Clearly Together: Voices of Lived Experience Discuss the Importance of Relationships, Relevant Supports, and Hope Across the Lifespan*			
11:45 – 12:45	**Research ePoster Presenters Available in Breakout Rooms ●**			
12:45 – 1:45	**Lunch**			
1:45 – 1:50	**Hosts** - Welcome Back			
1:50 – 2:50	**Plenary Speaker ■** Professor Raja Mukherjee – *SPECIFiC, an Example of How Co-production and Co-delivery of a Parenting Program for Families with Children Newly Diagnosed with FASD can Improve Outcomes for Individuals*			
2:50 – 3:05	**Break**			
3:05 – 3:10	**Hosts** - Introduce Workshops			
3:10 – 4:10	**Workshop (Room 1)** David Amin – *FASD and the Law Throughout the Life Cycle* ▲	**Workshop (Room 2)** Emily Jones – *FASD and Mental Health* ■	**Workshop (Room 3)** Ray Bezzina – *Supporting Students with FASD: A Neurodiversity-Affirming Approach in the Classroom* ▲	**Workshop (Room 4)** Dr. Tamara Bodnar, Dr. Christie Petrenko, Shari Filipionek, Emily Hargrove, CJ Lutke, and Maggie May, Adult

				Leadership Cooperative (ALC) of FASD Changemakers – *From Data to Daily Life: Co-Developing and Applying Health Research with Adults with FASD Across the Lifespan* ●
4:10 – 4:15	**Hosts** - Research ePoster Presentation & Artwork Contest Winners Announcements - Closing Remarks & Online Evaluations			

* Please note that speakers, speaker topics, and speaker time slots are tentative and subject to change without notice. Check our website for the latest version of the agenda: https://vocpri.ca/fasd/. All times are posted in Eastern Standard Time (EST).

SESSION TYPE	
●	Research
■	Clinical
▲	Living Experience/Families

For RCPSC (MOC Section 1):
This event is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada, and approved by Continuing Professional Development, Schulich School of Medicine & Dentistry, Western University. You may claim a maximum of 4.00 hours (credits are automatically calculated). Each participant should claim only those hours of credit that they actually spent participating in the educational program.

LIVING EXPERIENCE SPEAKERS

THANK-YOU

Every year, we are grateful to those who choose to share their own personal living experiences with FASD at this conference. Not only do these speakers bring a unique perspective to our important discussions about care and support, but they also inspire conversations about hope and potential. Despite stigma and other barriers, they know how important it is for personal stories to be told and held with respect. We thank them for being vulnerable and courageous and sharing their stories with us all.

MORNING AND AFTERNOON PLENARY SPEAKER SESSIONS

INVITED PLENARY LECTURE

9:25 AM – 10:25 AM • MAIN ROOM

DNA METHYLATION EPISIGNATURES AS BIOMARKERS FOR RARE DISORDERS: FROM GENE DISCOVERY TO CLINICAL TRANSLATION

DR. BEKIM SADIKOVIC, PHD, FACMG

DNA methylation episignatures have emerged as a powerful class of biomarkers that capture the downstream functional consequences of genetic and environmental perturbations. Initially developed for rare Mendelian disorders, these genome-wide methylation patterns are increasingly being applied to disease diagnosis, variant interpretation, disease subclassification, and novel gene discovery. This presentation will provide an overview of the scientific principles underlying episignatures, their clinical implementation, and their growing role in precision medicine. Case examples from neurodevelopmental and congenital disorders will illustrate how epigenomic biomarkers can improve diagnostic yield and provide functional evidence beyond DNA sequencing alone. The presentation will also highlight emerging evidence demonstrating characteristic DNA methylation alterations in individuals with FASD, illustrating how epigenomic approaches may contribute to future biomarker development in environmentally influenced conditions.

LEARNING OBJECTIVES

1. Describe the biological basis of DNA methylation episignatures and their role as functional biomarkers of disease.
2. Explain how episignature testing is being applied in the diagnosis and interpretation of rare genetic disorders.
3. Recognize the utility of genome-wide methylation profiling for variant classification, disease stratification, and novel disease gene discovery.
4. Discuss current evidence supporting DNA methylation alterations in FASD and related neurodevelopmental conditions.
5. Identify opportunities and limitations for the broader clinical implementation of epigenomic biomarkers in precision medicine.

ABOUT THE SPEAKER

Dr. Bekim Sadikovic is Professor and Division Head of Molecular Diagnostics at Western University and London Health Sciences Centre, Scientific and Clinical Director of the Verspeeten Clinical Genome Centre, and Founder and Chief Scientific Officer of EpiSign Inc. He is an internationally recognized leader in clinical epigenomics and the development of DNA methylation episignatures for rare genetic disorders. His work has led to the discovery and clinical implementation of more

than 300 epigenetic biomarkers used worldwide to support diagnosis, variant interpretation, and disease gene discovery. Dr. Sadikovic has authored over 250 peer-reviewed publications and has led numerous national and international initiatives focused on translating epigenomic technologies into clinical practice.

THE NATALIE DAVISON HONOURARY LECTURE

10:45 AM – 11:45 AM • MAIN ROOM

This lecture is dedicated to Natalie Davison, a 'momma bear' who worked tirelessly to raise awareness and to reduce stigma, and to ensure that some of our most vulnerable were better understood and included.

SEEING MORE CLEARLY TOGETHER: VOICES OF LIVED EXPERIENCE DISCUSS THE IMPORTANCE OF RELATIONSHIPS, RELEVANT SUPPORTS, AND HOPE ACROSS THE LIFESPAN

ANGELA GEDDES, CYW, BA (Psych), MSW, RSW, YTT, ANNA WEBSTER, MATTHEW SINCLAIR, RJ FORMANEK, & JESS FOWLER

This plenary panel brings together adults with living experience with FASD, caregivers, and professionals working to improve community understanding and support systems across the lifespan. Through honest conversation, reflection, and practical insight, panelists will explore the realities of living with FASD, the importance of relationships and community supports, and the urgent need for more compassionate, collaborative, and neurodevelopmentally informed approaches across mental health, education, justice, healthcare, and social service systems. The panel will highlight both the significant challenges associated with prenatal alcohol and substance exposure and the strengths, resilience, and possibilities that emerge when individuals and families are properly understood and supported. Conversations will also address stigma reduction, prevention, trauma-informed and treatment-adapted approaches, and the importance of listening to people with lived experience when shaping policy, practice, and systems of care. Participants will leave with actionable ideas, renewed compassion, and practical strategies to foster safer, more inclusive, and more hopeful communities for individuals and families impacted by FASD.

LEARNING OBJECTIVES

1. Recognize the lifelong and whole-body impacts of prenatal alcohol and substance exposure through a compassionate, neurodevelopmental, and lived-experience lens.
2. Evaluate relationship-based, trauma-informed, and strengths-focused approaches that improve support outcomes for individuals, caregivers, and families.
3. Discuss how stigma, misunderstanding, and systemic barriers can contribute to harm, while identifying opportunities for more inclusive and collaborative support.

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4. Demonstrate practical, lived-experience-informed strategies to strengthen advocacy, communication, prevention, and service delivery within participants' own communities and organizations.

ABOUT THE SPEAKERS

Anna Webster is Founder and Director of Neurowise and is a specialist on neurodiversity, particularly ADHD, autism, and FASD. She is a Coaching Psychologist, certified NHS Wellbeing Coach, qualified expert Trainer, and Psychotherapist in Training. For the past five years, Anna has worked for The University of Salford on SPECIFiC; a post-diagnostic programme on FASD and the first of its kind in the UK. She co-wrote the manual, co-delivers the programme, and leads on Public Involvement. Anna holds an MSc in Psychology with Neuroscience, with research on the wellbeing needs of FASD caregivers, and an MA in Sociology. She has further certifications in Acceptance and Commitment Therapy, Mindful Self Compassion, Emotion Coaching, and Dialectical Behaviour Therapy. Anna is adoptive mum to a gorgeous 13-year-old boy with FASD, ADHD, and autism. She brings the insights of lived experience to her coaching and training programmes and is passionate about improving the wellbeing of neurodivergent families.

Matthew Sinclair's home community is Peter Ballantyne Cree Nation in the traditional territory of treaty six and ten. He resides in London, Ontario. His educational background is a combination of lived experience and academic, as he graduated from the Sault College Graduate Program FASD class of 2021. In recent years, Matthew continued his professional development and is accredited with the Indigenous Certification Board of Canada.

Having not received an FASD diagnosis until his late forties, **RJ Formanek** was startled to find how many of the strategies he had used throughout life were a result of FASD. While being educated in FASD at the Anishinabek Educational Institute in North Bay, Ontario, RJ found that the sharing of these strategies were a helpful educational tool and that, along with founding the Facebook support group, "Flying With Broken Wings," gives him a unique insight into living with FASD, which he shares freely. He is co-founder of the FASD advocacy and support group, "Red Shoes Rocks," which shows that FASD is real and many people are dealing with it every day, all around the world. RJ also speaks widely, advocating for people living on the spectrum. It is through team effort that there are more research and education being done, and getting this information out to the public is important.

Jess Fowler is a creative and determined young woman who continues to challenge expectations and demonstrate what is possible when strengths are recognized and supported. Diagnosed with FASD, she has consistently exceeded the expectations of professionals involved in her life, including her physician, through her perseverance, resilience, and commitment to personal growth. Currently enrolled in the Child and Youth Care program at Lambton College, Jess is pursuing her passion for helping others and making a positive difference in her community. Her experiences have helped shape a deep sense of empathy, understanding, and compassion that she brings to her studies and relationships. A talented and imaginative individual, Jess enjoys

expressing herself through painting and music. She is also an active participant in Live Action Role Play (LARP), where she combines creativity, storytelling, teamwork, and problem-solving in a fun and engaging way. These interests provide opportunities for self-expression, social connection, and continued skill development. Known for her positive attitude, kindness, and determination, Jess is an inspiring example of how individuals with FASD can thrive when given opportunities to build on their strengths. Her journey reflects resilience, hard work, and a belief in her ability to achieve her goals, and she continues to inspire those around her as she works toward a meaningful future.

Angela Geddes, CYW, BA (Psych), MSW, RSW, MYACT, YTT, is a registered social worker, psychotherapist, and founder of Geddes Specialized Supports & Integrative Wellness Inc. With over 30 years of experience, Angela supports individuals and families navigating complex neurodevelopmental and mental health challenges, including FASD, ADHD, trauma, and intergenerational adversity. Her work is grounded in trauma-informed, family-centred, and neurodevelopmentally sensitive practice, with a strong focus on translating research into practical, compassionate strategies. Angela is the author of *A Complicated and Beautiful Brain*, *Not Your Typical Parenting Guide*, *Not Your Typical Teaching Guide*, and her most recent *Not Your Typical Growing Up and Adulting Guide* (with corresponding workbook). She is also a certified Mindfulness, Yoga, and Acceptance and Commitment Therapy (ACT) practitioner. Angela leads a small team of clinicians and collaborates with schools, child and social welfare, legal, and health systems to improve understanding and support for individuals with hidden disabilities. She is a sought-after speaker and trainer, committed to reducing both the incidence and impact of prenatal alcohol/substance exposure and strengthening coordinated, compassionate care across the lifespan.

INVITED PLENARY LECTURE

1:50 PM – 2:50 PM • MAIN ROOM

SPECIFiC, AN EXAMPLE OF HOW CO-PRODUCTION AND CO-DELIVERY OF A PARENTING PROGRAM FOR FAMILIES WITH CHILDREN NEWLY DIAGNOSED WITH FASD CAN IMPROVE OUTCOMES FOR INDIVIDUALS

PROFESSOR RAJA MUKHERJEE, MBEBS, PRCPsych, PGTDip, PHD, MBE

SPECIFiC is the Salford Parents and Carers Education Course for Improvements in FASD outcomes in Children. Parents told us how they were sent to programs to help them interact with their child that did not work. The presentation will demonstrate how we developed a new parenting intervention that is co-developed and co-delivered. It will cover new understandings about the relationships between FASD and other neurodevelopmental outcomes, and how this links to their perception of adversity. We will focus on:

- Changing the dynamic between parent and child.

- How understanding can reduce trauma and improve family relationships.

LEARNING OBJECTIVES

1. Demonstrate how parenting programs can help families with FASD but that they need to be tailored to individuals with FASD.
2. Analyze the relationship between FASD, other neurodevelopmental conditions, and trauma.
3. Describe how changing approaches to the interaction with the individual with FASD can alter outcomes.

ABOUT THE SPEAKER

Professor Raja Mukherjee is an Adult Learning Disability Consultant Psychiatrist for Surrey and Border's Partnership NHS Foundation Trust. He has also acted as an invited advisor to the BMA board of science, The Department of Health and the World Health Organisation on the subject of FASD, an All Party Parliamentary Group on FASD at the House of Commons, NICE quality standards group for FASD, and various international panels. Professor Mukherjee was appointed as Professor of Psychiatry and Lead for Psychiatry at the University of Surrey Medical School in February 2024, where he leads the development of the psychiatric curriculum. He is Clinical Lead for Adult neurodevelopmental services for Adult ASD and ADHD services across Surrey. He was one of the founding members of the RCPSych NDPSIG, and until June 2026 is a member of the ID faculty executive. Professor Mukherjee was also awarded an MBE in June 2023.

AFTERNOON WORKSHOP SPEAKER SESSIONS

3:10 PM – 4:10 PM • BREAKOUT ROOM 1

FASD AND THE LAW THROUGHOUT THE LIFE CYCLE

DAVID AMIN, (SPEC.)(HONS.) BA (SUMMA CUM LAUDE), MA, JD

David Amin will explain the legal tools and systems encountered by individuals living with FASD, and their families. He will suggest that every practitioner, clinician, or social worker be cognizant of the need for fulsome Estate Planning to aid families in their long-term care of a loved one living with FASD. There will be a particular emphasis on the use of three different types of Trusts (being the so-called "spendthrift" trust, the Henson Trust, and the Disability Maintenance Trust) for nuanced protection of assets for the benefit of an individual with FASD, and Advance Care Planning for guidance and direction for the care of those individuals. Further, we will discuss Assessment Reports (generally) when they are no longer used solely for Medical or Therapeutic purposes, and instead cross over to being a legal measure for judging one's ability to make decisions for one's own finances and health care, or when they are used in the context of a criminal proceeding.

Finally, we will discuss when these reports are put before a judge: either in the context of a proposed Guardianship application, or in the context of a criminal proceeding before a Youth Court Judge, or a Judge sitting in the Adult Therapeutic Court.

LEARNING OBJECTIVES

1. Describe the benefits of Estate Planning for families caring for individuals with FASD.
2. Identify fact patterns leading to particular Trusts that protect the property of vulnerable persons.
3. Illustrate how a Youth Court or Adult Therapeutic Court Judge will appraise an assessment report.
4. Differentiate between the Medical test for incapacity and the (lower) legal test for incapacity.
5. Recognize when capacity allows autonomous decision making, or when a Guardianship application to a judge is necessary.

ABOUT THE SPEAKER

David Amin is a London-based lawyer working in the areas of Estate Planning (including Trust Planning), Estate Administration, Guardianship Applications, Corporate Law, Real Estate Law, and Criminal Defence for both youth and adults. He regularly encounters the long-term legal and social consequences of neurodevelopmental challenges, trauma, and executive functioning impairments in both the criminal context and estate planning systems. In addition to his legal work, David brings a personal perspective to questions of developmental vulnerability, having been born at 24 weeks gestation at approximately 420 grams (due to water loss) at a time when survival itself was tenuous. His interest today is not only in legal outcomes, but in how institutions can better recognize capacity, support, and ensure dignity across the lifespan.

3:10 PM – 4:10 PM • BREAKOUT ROOM 2

FASD AND MENTAL HEALTH

EMILY JONES, MA, REGISTERED PSYCHOTHERAPIST

This workshop will explore the connection between FASD and mental health to highlight why children and youth with FASD are at increased risk for anxiety, depression, emotional dysregulation, and trauma. Emily will introduce the concept of learned helplessness, which is a pattern that develops when repeated challenges and misunderstandings lead to feelings of defeat and reduced motivation, and discuss how it uniquely impacts people with FASD. The session will offer practical, evidence-informed strategies for caregivers and professionals to support mental health through trauma-informed care, co-regulation, environmental structure, and strength-based interventions that help rebuild agency, resilience, and emotional well-being.

LEARNING OBJECTIVES

1. Identify common mental health concerns and trauma-related vulnerabilities experienced by children and youth with FASD, including anxiety, depression, emotional dysregulation, and suicidality.
2. Define and recognize learned helplessness in individuals with FASD, including how repeated experiences of failure, misunderstanding, unrealistic expectations, and punishment can contribute to hopelessness, avoidance, reduced motivation, and declining mental health.
3. Recognize how neurodevelopmental differences associated with FASD contribute to inconsistent functioning, executive functioning challenges, and difficulties meeting everyday expectations.
4. Use trauma-informed, strength-based, co-regulation, and environmental support strategies to promote emotional regulation, resilience, and mental wellness in children and youth with FASD.

ABOUT THE SPEAKER

Emily Jones is a Registered Psychotherapist with the College of Registered Psychotherapists of Ontario (CRPO) working within the Mental Health and Wellness department at Bethesda's Children and Youth Services. She holds an Honours Bachelor of Science in Psychology from the University of Toronto and a Master's Degree in Counselling Psychology. Emily has extensive experience working with individuals presenting with some of the most complex and high-acuity mental health needs within both hospital and community-based settings, including complex trauma, personality disorders, psychosis, developmental disabilities, and significant behavioural challenges. Through her work in specialized programs, such as Urgent Response Services and Extensive Needs Services at Bethesda, she supports children, youth, adults, and families navigating highly-complex presentations requiring intensive multidisciplinary collaboration and individualized intervention. Emily is particularly passionate about improving understanding, advocacy, and meaningful mental health support for individuals living with FASD.

3:10 PM – 4:10 PM • BREAKOUT ROOM 3

SUPPORTING STUDENTS WITH FASD: A NEURODIVERSITY-AFFIRMING APPROACH IN THE CLASSROOM

RAY BEZZINA, RSW

Supporting students with FASD requires more than behaviour management strategies; it requires a shift in how we understand and respond to neurodevelopmental differences. This interactive workshop will explore a neurodiversity-affirming, FASD-informed approach to supporting students in school settings. Participants will learn practical strategies to improve regulation, engagement,

and classroom success by reducing cognitive load, reframing behaviours, and creating supportive learning environments that align with students' neurological needs. Drawing on real-world experience within a school board, this session will provide participants with concrete tools they can immediately apply in their classroom to foster inclusion, predictability, and student well-being.

LEARNING OBJECTIVES

1. Identify key neurodevelopmental characteristics of FASD that impact learning, behaviour, and regulation in school settings.
2. Describe how classroom environments can influence regulation, engagement, and felt-safety.
3. Apply FASD-informed strategies to support student success.
4. Implement practical environmental adaptations that promote inclusive, predictable, and responsive learning environments for students with FASD.

ABOUT THE SPEAKER

Ray Bezzina, RSW, is a school social worker who supports students with complex mental health and neurodevelopmental needs. Prior to working in schools, she helped develop and facilitate an FASD program for parents and caregivers. Ray also provides FASD-focused professional development for educators and educational assistants, and is passionate about helping schools implement practical, relationship-based strategies that support student success.

3:10 PM – 4:10 PM • BREAKOUT ROOM 4

FROM DATA TO DAILY LIFE: CO-DEVELOPING AND APPLYING HEALTH RESEARCH WITH ADULTS WITH FASD ACROSS THE LIFESPAN

DR. TAMARA BODNAR, PHD, DR. CHRISTIE PETRENKO, PHD, SHARI FILIPIONEK, EMILY HARGROVE, CJ LUTKE, & MAGGIE MAY, ADULT LEADERSHIP COOPERATIVE (ALC) OF FASD CHANGEMAKERS

This workshop explores how health research can be translated into meaningful, real-world supports for adults with FASD. Addressing a critical gap beyond childhood, the session highlights findings on whole-body health across adulthood, including physical, mental, and daily functioning outcomes. It integrates lived-experience perspectives to illustrate how research is experienced and how it can better align with community priorities. The workshop also presents a co-developed digital health tool designed with and for adults with FASD, outlining its development, early testing, and ongoing evaluation. Overall, this session emphasizes the value of combining research, lived experience, and collaborative design to improve health and wellbeing across the lifespan.

LEARNING OBJECTIVES

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1. Identify current gaps in research for adults with FASD and the implications for health-related outcomes.
2. Explain the value of integrating lived-experience perspectives into the design, conduct, and interpretation of health research.
3. Apply principles of effective community-research partnership to support more accessible, relevant, and impactful health interventions.

ABOUT THE SPEAKERS

Dr. Tamara Bodnar is an Assistant Professor in the Department of Biological Sciences at the University of Calgary. Dr. Bodnar's research is focused on FASD and her work uses a translational approach that includes both pre-clinical animal models and clinical studies.

Dr. Christie Petrenko is a Research Associate Professor at the University of Rochester, with appointments in Pediatrics and Psychology. Her research focuses on increasing access to care for people with FASD across the lifespan, including mobile and digital health technologies.

Shari Filipionek is a research assistant at the University of Calgary's Healthy Generations Lab and an advocate with lived experience of FASD. Diagnosed at age 45, she blends lived experience and research with advocacy to reduce stigma and promote strength-based understandings of FASD.

Maggie May is an internationally recognized advocate and speaker living with FASD. Born in Ireland and diagnosed at age 5 while growing up in foster care, Maggie has dedicated her life to ending the stigma surrounding FASD. She is a member of the Adult Leadership Cooperative (ALC) of FASD Changemakers and moderator for the Facebook group, "Flying With Broken Wings."

CJ Lutke is a founding member of the Adult Leadership Cooperative (ALC) of FASD Changemakers. She brings living experience, insight, and passion to raising awareness and promoting greater understanding of FASD. Through advocacy and speaking, CJ works to amplify the voices of people with FASD and advance more inclusive and strengths-based approaches to FASD.

Emily Hargrove is an FASD self-advocate who uses her living experience to raise awareness and understanding about FASD. She is a member of the Adult Leadership Cooperative (ALC) of FASD Changemakers and has authored several research studies, written a children's book, and starred in a documentary on FASD.

RESEARCH ePOSTER PRESENTERS

The Planning Committee invited established and up-and-coming FASD researchers and experts to present their latest work at this year's event. The Research ePosters reflect important and interdisciplinary topics on current FASD research.

Research ePosters will be available for preview a few days before October 20th and throughout both event days. View the Research ePosters here: https://vocpri.ca/fasd/eposters

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Presenters will be present on Day 1 to answer questions and discuss their work from 11:45 AM – 12:45 PM. We invite participants to explore the Research ePosters by joining various Zoom Breakout Rooms to engage with the presenters. Please note that primary presenters are **bolded**, and trainee presenters are indicated (*) below.

An Award of Excellence and a $250 prize will go to the best judged Research ePoster based on overall communication, research or program design, and novelty and significance.

11:45 AM – 12:45 PM • BREAKOUT ROOM 1

TITLE	**Self-Determination Theory in Adults with Fetal Alcohol Spectrum Disorders: Autonomy, Competence, and Relatedness Need Satisfaction and Frustration in Relation to Quality of Life**
AUTHORS	**Kwaku Acquah[1†], Ian Lenhardt[1†],** Emily Speybroeck[1], Christie Petrenko[1,2]
AFFILIATION	[1]Department of Psychology, Mt. Hope Family Center, University of Rochester, Rochester, New York, United States [2]Department of Pediatrics, Division of Developmental and Behavioral Pediatrics, University of Rochester Medical Center, Rochester, New York, United States

Background & Research Objectives: Fetal alcohol spectrum disorder (FASD) is a lifelong disability caused by alcohol exposure during pregnancy that can cause challenges in social, cognitive, and day-to-day skills. This puts adults with FASD at risk for lower quality of life (QoL). People with FASD need focused support to navigate challenges in adulthood and promote well-being. An important first step in understanding how to support them is to identify areas that affect their QoL. Self-determination theory (SDT) is one way to better understand areas that affect QoL. SDT says that three needs predict QoL: autonomy, competence, and relatedness.

Methods: This study looked at associations between SDT and QoL in adults with FASD (N = 111). We used multiple regression to answer three questions. First, we wanted to know if total SDT needs predicted QoL. We then tested if total satisfaction versus frustration predicted QoL. Lastly, we tested if satisfied versus frustrated needs predicted QoL.

Results: Total SDT needs did not significantly predict QoL. However, overall need satisfaction ($\beta = .46$, $p < .001$) and frustration ($\beta = -.15$, $p = .003$) significantly predicted QoL. At the individual-need level, QoL was higher among individuals reporting greater competence ($\beta = .72$, $p < .001$) and relatedness ($\beta = .51$, $p < .001$). Greater autonomy frustration was associated with lower QoL ($\beta = -.43$, $p = .002$).

Conclusions: Findings suggest that interventions for adults with FASD may benefit from emphasizing competence, social connection, and opportunities for autonomy to promote psychological well-being.

11:45 AM – 12:45 PM • BREAKOUT ROOM 2

TITLE	**Examining how prenatal alcohol exposure interacts with cafeteria diet to affect metabolic health and gut microbiome in rats**
AUTHORS	**Ali, M.**[1]*, Dhaliwal, R.[1], Martin, E.[1], Qureshi, S.[1], Sheehan, A.C.[1], Wong, K.E.[1], Gonzalez, M.[1], Holman, P.J.[2], Raineki, C.[1]
AFFILIATION	[1]Department of Psychology, Brock University, St. Catherines, Ontario, Canada [2]Department of Kinesiology, Brock University, St. Catherines, Ontario, Canada

Background & Research Objectives: Prenatal alcohol exposure (PAE) is a global issue affecting at least 9% of newborns and is associated with immune dysregulation and adverse metabolic outcomes, including increased susceptibility to obesity. Importantly, PAE is also associated with selective eating and impaired food intake regulation; however, it remains unknown whether this PAE-associated increased susceptibility to metabolic impairments and immune dysregulation are due to PAE alone or from interactions with postnatal dietary habits. Here, we investigated how PAE and cafeteria diet, independently and interactively affect metabolic function and gut microbiome dysbiosis as an influencer on immune function via gut-brain axis.

Methods: Pregnant rats were assigned to either an ad libitum liquid ethanol diet (PAE) or ad libitum pelleted diet (Control) throughout gestation. After weaning, PAE and control offspring were assigned to either: 1) cafeteria diet: an obesogenic diet consisting of palatable, calorically dense foods; or 2) Standard rodent chow for 11 weeks. We assessed body weight, daily food intake, insulin resistance, and energy expenditures, and examined body composition longitudinally. Additionally, fecal samples were collected before (P24) and after (P104) dietary exposure for microbiome composition analysis.

Results: PAE was associated with altered metabolic adaptation and compromised skeletal integrity. Cafeteria diet promoted greater body weight and shifts toward carbohydrate utilization, with notable interactions in PAE males showing heightened weight gain and activity. PAE reduced gut microbiome richness and evenness in both sexes at P24, with only females showing attenuation of this effect in adulthood.

Conclusions: These findings suggest that cafeteria diet exacerbates the metabolic effects of PAE in a sex-specific manner.

11:45 AM – 12:45 PM • BREAKOUT ROOM 3

TITLE	**Mapping the New York State FASD Research and Capacity Network: Identifying Strengths and Opportunities for Statewide Coordination**
AUTHORS	**Shreeja Reddy Beeravolu[1*]**, Reza Yousefi Nooraie[3], Julianne Myers[2], Lynn Cole[2], Christie L. M. Petrenko[1,2]
AFFILIATION	[1]Department of Psychology, Mt. Hope Family Center, University of Rochester, Rochester, New York, United States [2]Department of Pediatrics, Division of Developmental and Behavioral Pediatrics, University of Rochester Medical Center, Rochester, New York, United States [3]Department of Public Health Sciences (SMD), University of Rochester Medical Center, Rochester, New York, United States

Background & Research Objectives: Fetal alcohol spectrum disorders (FASD) are prevalent neurodevelopmental conditions associated with lifelong cognitive, behavioral, and adaptive challenges. Despite their prevalence, gaps remain in identification, FASD-informed services, professional training, and resources. This study mapped connections among professionals engaged in FASD-related research, clinical services, education, family supports, and policy across New York State (NYS) to identify opportunities to strengthen statewide coordination.

Methods: A statewide social network analysis used an online survey and snowball sampling. Sixty-three participants completed the survey. Participants nominated FASD professionals across NYS and characterized relationships across five levels: awareness/recognition, communication/information exchange, coordination, collaboration, and partnership/integration. Nomination data were used to examine connectedness, central actors, and community structure across increasing relationship thresholds.

Results: The network included a broad group of professionals connected to FASD-related work. Most relationships extended beyond awareness. However, stronger collaboration was concentrated among fewer individuals, forming one larger cluster and several smaller groups. A small group of highly nominated individuals remained central across relationship levels, while some individuals prominent in awareness or communication networks were less central at the collaboration level.

Conclusions: NYS has an established FASD professional network, but stronger collaborative relationships remain clustered. Strengthening connections across organizations, sectors, regions, and clusters may improve how FASD knowledge, resources, and referrals move across professional and geographic boundaries and support more equitable access to FASD-informed services.

11:45 AM – 12:45 PM • BREAKOUT ROOM 4

TITLE	**From Behaviour to Brain: A Translational Science Need in Child Welfare**
AUTHORS	**William (Liam) Curran**[1]
AFFILIATION	[1]Concordia University, Montréal, Québec, Canada

Background & Research Objectives: Children and young people involved with child welfare frequently experience multiple adversities, including neurodevelopmental impairments associated with prenatal alcohol exposure (PAE) and Fetal Alcohol Spectrum Disorder (FASD). Despite evidence indicating disproportionately high rates of FASD within child welfare populations, pathways for identification, assessment, and intervention remain inconsistent. Consequently, neurodevelopmental impairments may be misinterpreted as behavioral, relational, or psychiatric difficulties, contributing to inappropriate interventions, placement instability, and poorer long-term outcomes.

Methods: This discussion examines the role of neurodevelopmentally informed practice within child welfare and situates the 5-Step Neurodevelopmental Screening Pathway within a biopsychosocial framework. Developed from practitioner-generated data and frontline social work experience, the pathway provides a structured, non-diagnostic approach to information gathering, functional observation, pattern recognition, and decision-making in environments where specialist assessment may be unavailable or inaccessible.

Results: The presentation argues that neurodevelopmental screening should not be viewed solely as a pathway toward diagnosis. Rather, it can function as a practice tool for identifying functional vulnerabilities and informing disability-responsive interventions. Strengthening neurodevelopmental literacy within child welfare is therefore both a practice and organizational imperative. Embedding structured screening within routine assessment processes may improve intervention planning, enhance interprofessional collaboration, and strengthen child welfare agencies' capacity to fulfill their responsibilities as corporate parents.

Conclusions: Ultimately, a proactive neurodevelopmental approach shifts the focus from "What is wrong with this child?" to "What does this child need to succeed?" Earlier recognition and appropriate environmental adaptations may reduce escalation into crisis services, youth justice involvement, homelessness, substance misuse, and adverse lifelong outcomes.

11:45 AM – 12:45 PM • BREAKOUT ROOM 5

TITLE	**Puff or Pour: A Comparison of Canna Mom and Wine Mom Identities on Instagram and TikTok**
AUTHORS	**Maria Duquette**[1*], Kelly D. Harding[1,2,3]
AFFILIATION	[1]Department of Psychology, Laurentian University, Sudbury, Ontario, Canada [2]School of Kinesiology and Health Sciences, Laurentian University, Sudbury, Ontario, Canada [3]Canada Fetal Alcohol Spectrum Disorder Research Network, Vancouver, British Columbia, Canada.

Background & Research Objectives: Current social norms of ideal motherhood reflect a neoliberal climate that encourages women to prioritize individual achievement and marketability while maintaining caregiving roles. In response to these expectations, mothers have sought support in online communities self-labelled as wine moms and canna moms. This exploratory study aimed to understand how cultural meanings of motherhood and substance use are constructed similarly and differently among these two communities, and to identify how this content reinforces messages about substance use and motherhood.

Methods: Reflexive thematic analysis (RTA) was used to analyze eighty theoretically sampled Instagram and TikTok posts through the framework of neoliberal feminism.

Results: A central theme was generated: Substance use as a mechanism to parent. Across communities, cannabis was framed as a tool to enhance motherhood and productivity while alcohol functioned as a means for mothers to cope with and escape the demands of motherhood. Both cannabis and alcohol were depicted to be an efficient means of self-care.

Conclusions: The findings revealed that women used these identities to establish a sense of belonging, raising concerns about alcohol and cannabis marketing for women's health and the need for improved support networks available to mothers on a social and structural level.

11:45 AM – 12:45 PM • BREAKOUT ROOM 6

TITLE	**Use of clozapine for the management of treatment-resistant aggression in an adolescent with fetal alcohol spectrum disorder: A case report**
AUTHORS	**Ahmed J. Habib**[1†*], Sara C. Pender[1†], Cameron Harrigan2, Calum Hoekstra2, Kelly Finlayson2, Joy Abramson2,3, Mohamed Adil Shah Khoodoruth[2,3]

AFFILIATION	[1]Department of Psychiatry, Western University Schulich School of Medicine and Dentistry, London, Ontario, Canada [2]Children's Hospital, London Health Sciences Centre, London, Ontario Canada [3]Division of Child and Adolescent Psychiatry, Western University Schulich School of Medicine and Dentistry, London, Ontario, Canada

Background and Objectives: In Canada, the estimated prevalence of fetal alcohol spectrum disorder (FASD) is approximately 1 in 100. The effects of prenatal alcohol exposure on the developing fetus can be lifelong, and individuals with FASD have high rates of neuropsychiatric comorbidities and aggression. Published frameworks have proposed preliminary algorithms for the psychotropic management of FASD, yet evidence guiding the management of treatment-resistant aggression remains limited. This case highlights the potential role of clozapine in managing severe, treatment-resistant aggression in an adolescent with FASD and proposes a structured framework to guide its consideration in the inpatient setting.

Case and Results: A 15-year-old male with FASD, had been admitted to child and adolescent psychiatry more than ten times in two years, frequently involving aggression. He had inadequate responses to previous trials of stimulants; second-generation antipsychotics including aripiprazole and risperidone; and antidepressants. His aggression persisted necessitating a prolonged stay in the psychiatric intensive care unit (PICU) and limiting discharge options. Following a multidisciplinary review, and optimization of psychosocial factors, off-label clozapine treatment was initiated. Clozapine use was associated with a substantial reduction in mechanical and chemical restraints; increased unit privileges; and initiation of off-unit passes on hospital grounds.

Conclusion: This case describes improvement in treatment-resistant aggression following clozapine initiation in an adolescent with FASD. Although a single case cannot establish efficacy, the observed response suggests that clozapine merits further investigation for treatment-resistant aggression in FASD. Its use requires individualized assessment of potential benefits, risks, and monitoring requirements.

11:45 AM – 12:45 PM • BREAKOUT ROOM 7

TITLE	**What's Happening in Ontario? A Survey of FASD Care from Identification to Intervention**
AUTHORS	**Marwa Ibrahim**[1*], Margaux Bouillard[1], Mary Desrocher[2]
AFFILIATION	[1]Clinical Developmental Neuropsychology, York University, Toronto, Ontario, Canada [2]Department of Psychology, York University, Toronto, Ontario, Canada

Background & Objectives: Timely identification of FASD helps individuals and families access necessary supports across the lifespan, yet care remains difficult to navigate amid limited diagnostic capacity, long waitlists, stigma surrounding prenatal alcohol exposure (PAE), and fragmented services. While research often focuses on specialized clinics, less is known about frontline providers navigating care from initial identification to intervention. Drawing from an ongoing pan-Canadian study, this presentation shares preliminary Ontario findings on the provider, family, and systemic factors impacting FASD-informed care.

Methods: An anonymous, mixed-methods online survey was distributed to Canadian healthcare providers supporting individuals with FASD or PAE. This analysis focuses on Ontario respondents (n = 35) across psychology, social work, nursing, allied health, and community navigator roles. Using descriptive and thematic analyses, we examined training, screening, referral, PAE discussion, intervention, and barriers/facilitators to care.

Results: Preliminary findings map both relational bridges and systemic gaps across Ontario's FASD care continuum. Providers reported familiarity with diagnostic guidelines, yet structured screening was uncommon. Participants described challenges with diagnostic access, referral pathways, confirmation of PAE, and availability of appropriate supports. Qualitative responses highlighted relational dimensions of care, including stigma and perceived blame, incomplete prenatal histories, trust during PAE conversations, and frustration when identified needs did not lead to accessible services. Providers requested practical tools for sensitive PAE conversations, clearer referral guidance, and robust interdisciplinary networks.

Conclusions: Preliminary findings suggest that strengthening FASD care in Ontario requires more than increasing clinical knowledge; it demands investment in the relational bridges connecting families, frontline providers, and community services. As data collection continues, these findings provide an early picture of where bridges across Ontario's FASD care pathway are working and where they still need to be built.

11:45 AM – 12:45 PM • BREAKOUT ROOM 8

TITLE	**Using Adult Health Outcomes to Guide Pediatric Rehabilitation in FASD**
AUTHORS	**Joanne Kim**[1*], Amanda H. Mahnke[1]
AFFILIATION	[1]Department of Neuroscience and Experimental Therapeutics, Texas A&M University Naresh K. Vashisht College of Medicine, Bryan, Texas, United States

Background: Fetal alcohol spectrum disorders (FASDs) are associated with extensive multisystem co-occurring conditions. In a systematic review and meta-analysis, Popova and colleagues identified 428 comorbid conditions spanning 18 of 22 ICD-10 chapters that occurred at higher rates for individuals with FASDs. This meta-analysis was predominantly focused on

childhood/adolescence as only one included study had an average study population age older than adolescence. More recently, an adult community-based self-report survey and an analysis of hospital discharge data have identified comorbid conditions in adulthood for individuals with FASDs.

Objective: To identify FASD-associated comorbidities that may benefit from earlier recognition and rehabilitation intervention during childhood.

Methods: We categorized comorbidity domains from the Popova study and performed a literature search to identify existing pediatric rehabilitation research for these domains. We compared these child/adolescent domains to adult comorbidity domains to identify lifelong co-occurring conditions that could be addressed early through pediatric rehabilitation.

Results: Published research predominantly focuses on neurobehavioral interventions, which was the focus of 72% of the studies we identified. However, non-neural conditions were also prevalent in the systematic review substantially overlapped with health concerns reported by adults with FASDs. Cardiovascular and gastrointestinal conditions were prominent comorbidity domains in adulthood, affecting 26.1% and 23.9% of FASD hospitalizations, respectively.

Conclusions: Comorbidities that are prominent throughout the lifespan present an opportunity for pediatric rehabilitation to impact lifelong health. Approaching pediatric rehabilitation through a lifelong comorbidity lens could identify functional consequences of multisystem disease earlier and guide targeted therapy, education, adaptive strategies, and longitudinal monitoring.

11:45 AM – 12:45 PM • BREAKOUT ROOM 9

TITLE	**Rising Above the Wound: Strong Men Forging Safe Homes**
AUTHORS	**Joshua Legg**[1]
AFFILIATION	[1]The Papillion Center for FASD, Paducah, Kentucky, United States

Overview: This presentation explores the profound influence of family of origin, generational patterns, and unresolved wounds on a man's identity, relationships, and leadership within the home. It invites participants to examine where they are "bleeding" emotionally, spiritually, and relationally, and to identify the beliefs, fears, desires and strongholds inherited through family systems that continue to shape their lives.

Parenting children from hard places, including FASD, is uniquely challenging. Divorce rates in families with children with disabilities may reach 87%. Fathers are often overlooked in family support systems. Many services are geared towards the mother as the primary caregiver. While the mother may be the primary caregiver, we recognized that the impact and needs of the father

were often being overlooked and leaving a hole in helping the family have the highest levels of success possible.

Parenting children from hard places presses on every crack we carry, and men often carry their wounds silently and begin to breakdown in the areas that should be the strongest, their roles as husbands and fathers. Financial strain, caregiving demands, and isolation amplify the impacts on the overall family unit. Families living with the effects of FASD already have additional needs making the personal needs of the father feel selfish and overwhelming. Support networks help fathers carry the weight differently, helping them learn connection practices to turn trauma's clang into daily rhythm of joy, teaching them felt safety and presence as a gift their family longs for. This presentation is an overview of the five-week program.

11:45 AM – 12:45 PM • BREAKOUT ROOM 10

TITLE	**Acute Effects of Prenatal Alcohol and Cannabinoid Exposure on Fetal Development**
AUTHORS	**Domen, McKay M.[1]***, Rouzer, Siara K.[1], Miranda, Rajesh C.[1]
AFFILIATION	[1]Department of Neuroscience & Experimental Therapeutics, Texas A&M University Naresh K. Vanisht College of Medicine, Bryan, Texas, United States

Background & Research Objectives: Alcohol and cannabinoids are two of the most consumed psychoactive substances today, which subsequently increases risk for prenatal exposure of developing fetuses to these substances. One common symptom shared by prenatal exposure to either alcohol or cannabinoids is intrauterine growth restriction.

Methods: To investigate acute gestational outcomes, Pregnant C57Bl/6J mice were assigned to one of four groups: drug-free control, alcohol-exposed, cannabinoid-exposed, or alcohol+cannabinoid exposed. Drug exposure occurred daily between Gestational Days 12-14. On each day of exposure, dams first received an intraperitoneal injection of cannabinoid agonist CP-55940 (750ug/kg) or volume-equivalent saline. Then, dams were placed in vapor chambers for 30 minutes to inhale either ethanol or room air. On Gestational Day 18, dams were euthanized for caesarean section and extraction of fetal sacs.

Results: All forms of prenatal drug exposure reduced weight gain in dams following exposure windows. Fetal reabsorptions and offspring malformations occurred more often in dams who experienced alcohol and/or cannabinoid exposures. Common craniofacial malformations included posterior shifts in the eyes, ears, and neck, as well as hemorrhaging and skin discoloration. Offspring who survived to Gestational Day 18 exhibited higher weights if they were prenatally exposed to alcohol or cannabinoids, but not if they were co-exposed. Finally,

exposure to cannabinoids reduced fetal liver efficiency in viable pups compared to co-exposed and control offspring, while alcohol exposure alone significantly reduced placental efficiency.

Conclusions: Taken together, these data demonstrate that alcohol and cannabinoids both have distinct effects on fetal development, with some effects being exacerbated by coexposure.

11:45 AM – 12:45 PM • BREAKOUT ROOM 11

TITLE	**Reaching Underrepresented Communities: Testing Response Rates Across FASD and General Disability Groups**
AUTHORS	**Samantha Morreale**[1,2], Julianne Myers[1,2], Christie L. M. Petrenko[1,2]
AFFILIATION	[1]Department of Psychology, Mt. Hope Family Center, University of Rochester, Rochester, New York, United States [2]Department of Pediatrics, Division of Developmental and Behavioral Pediatrics, Division of Developmental and Behavioral Pediatrics, University of Rochester, Rochester, New York, United States

Background & Research Objectives: Fetal alcohol spectrum disorders (FASD) describe a group of neurodevelopmental and physical conditions caused by prenatal alcohol exposure. FASD affects 1.1 to 5 percent of the population, but often goes undiagnosed (May et al., 2018). Past studies show the most effective way to connect with hard-to-reach communities is to use community-created contact methods and work with trusted supports (e.g. community groups, social workers; Jiao et al., 2022). However, this is largely understudied in FASD research. This study tests response differences based on service group characteristics (e.g. FASD vs. broad disability) and service types offered (e.g. Clinics, Advocacy Groups, and Community and Family Services).

Methods: The team sent 495 emails; 65 to FASD organizations and 430 to general disability organizations. Random general disability organizations were selected to match the FASD count. Data cleaning yielded 88 organizations, 44 per group.

Results: Response rates differed significantly between service groups (p=.008). The FASD group had a 31.8% response rate while the general disability group had 9.1%. Community and Family Services had significantly higher response rates in the FASD group (p=.031). There was no difference between service focus in Clinics (p=.534) or Advocacy Groups (p=.109).

Conclusions: These results demonstrate that to engage people with FASD, researchers should connect with their specific community instead of broad disability groups. Additionally, Community and Family Services are the most responsive to recruitment. Future studies should confirm results with a larger sample size.

NEURODIVERSE ARTISTS

VIRTUAL ART EXHIBITION AND COMPETITION FOR NEURODIVERSE ARTISTS AND THEIR FAMILIES AND CAREGIVERS

The conference showcases remarkable artistic talent of individuals who identify as neurodiverse, including their families and caregivers. Artists were encouraged to create drawings, paintings, collages, sculptures, digital art, songs, poems, or any piece of art using any medium. For inspiration, artists were reminded that the theme of this year's conference is "Supporting Relationships in FASD: Building Bridges Across the Lifespan."

View the virtual art gallery here: https://vocpri.ca/art-gallery/

The competition awards one winning submission a $250 prize and two runner-up prizes of $125 each, decided by a committee comprised of volunteers and local professional artists.

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