



Tammy Woroschuk, Associate Minister
Naresh Bhardwaj, Denise Plesuk, Janice
Penner

Edmonton and Area Fetal Alcohol Network Society AGM - A Big Success

The First Annual EFAN Annual General Meeting was held on August 12

Over sixty members and stakeholders of the Edmonton and Area Fetal Alcohol Network Society met at the DoubleTree by Hilton to attend the first annual EFAN general meeting.

The event opened to the lively entertainment of a young group of Hip Hop Dancers followed by Neil MacDonald's wonderful rendition of "True Colors".

Associate Minister of Services to Person's with Disabilities, Naresh Bhardwaj spoke to the group stating that Alberta is certainly a leader in the area of FASD services and research. He also spoke to the importance of getting the prevention message out to the public.

After a delicious breakfast, we got down to the business of EFAN, reviewing the past budget, going over the year's highlights and electing our new executive board. Our executive board members will be Ashley Baxter from Bissell's Homeless to Homes Program, Leah Brown from DECSA

and Laural Fitzsimonds from Leduc County.

Following the business portion of this year's AGM, we were delighted to have Brenda Robinson speak to us. Her topic was "Staying Upbeat in Busy Times". Brenda talked about how people in general are very busy and some strategies we can do to help deal with the stress and confusion we are experiencing. So go home, everyone, and check out your coffee cups! According to Brenda, we should only have 2 cups per coffee drinkers in the house as well as 2 additional cups per person for guests!



This newsletter contains information regarding resources, services, articles, research and any other materials that might inform and provide support to frontline workers and caregivers. If you wish to share information or to be added to our e-list subscription, please contact fasdsolutions@hotmail.com

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FASD Partnership

8 Magic Keys



Developing Successful Interventions For Students with FAS

The following guidelines are strategies that tend to work well with students who have FAS



Concrete

Students with FAS do well when parents and educators talk in concrete terms, don't use words with double meanings, idioms, etc. Because their social-emotional understanding is far below their chronological age, it helps to "think younger" when providing assistance, giving instructions, etc.



Consistency

Because of the difficulty students with FAS experience trying to generalize learning from one situation to another, they do best in an environment with few changes. This includes language. Teachers and parents can coordinate with each other to use the same words for key phases and oral directions.



Repetition

Students with FAS have chronic short term memory problems; they forget things they want to remember as well as information that has been learned and retained for a period of time. In order for something to make it to long term memory, it may simply need to be re-taught and re-taught.



Routine

Stable routines that don't change from day to day will make it easier for students with FAS to know what to expect next and decrease their anxiety, enabling them to learn.



Simplicity

Remember to Keep it Short and Sweet (KISS method). Students with FAS are easily over-stimulated, leading to "shutdown" at which point no more information can be assimilated. Therefore, a simple environment is the foundation for an effective school program.



Specific

Say exactly what you mean. Remember that students with FAS have difficulty with abstractions, generalization, and not being able to "fill in the blanks" when given a direction. Tell them step by step what to do, developing appropriate habit patterns.



Structure

Structure is the "glue" that makes the world make sense for a student with FAS. If this glue is taken away, the walls fall down! A student with FAS achieves and is successful because their world provides the appropriate structure as a permanent foundation.



Supervision

Because of their cognitive challenges, students with FAS bring a naiveté to daily life situations. They need constant supervision, as with much younger children, to develop habit patterns of appropriate behavior.

When a situation with a student with FAS is confusing and the intervention is not working, then:

- Stop Action!
- Observe.
- Listen carefully to find out where he/she is stuck.
- Ask: What is hard? What would help?

Hayley Wickenheiser

Hayley Wickenheiser is regarded as one of the best female hockey players in the world and has led her team to four gold and one silver medal in the Olympics. She was named number 20 of 25 Sports Illustrated Toughest Athletes in the World and was a two-time finalist for the Woman's Sports Foundation Team Athletes in the World.



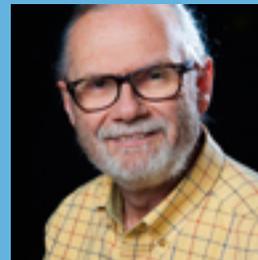
Michael J. Kendrick PhD

Michael J. Kendrick is currently an independent international consultant in human services and community work focusing on leadership, service quality, the creation of safeguards for vulnerable persons, social integration, change, innovation, values, advocacy, personalized approaches to supporting people, and reform in the human service field amongst others.



Peter Choate PhD, RSW

Dr. Peter Choate is a Registered Social Worker and Member of the Clinical Registry, Approved Clinical Supervisor for the Alberta College of Registered Social Workers. His particular emphasis is on child and adolescent mental health including maltreatment, neglect and abuse (physical, sexual, emotional) and these issues within family systems.



Drew Dudley

Drew Dudley thinks we've made leadership into something bigger than us, something unattainable. An upbeat speaker, Dudley shares his "lollipop moments"—when something you've done has made someone else's life fundamentally better. Leadership, he explains, should be about how many lollipop moments you can acknowledge and share every day.



2014 Alberta FASD Conference - October 20 - 21

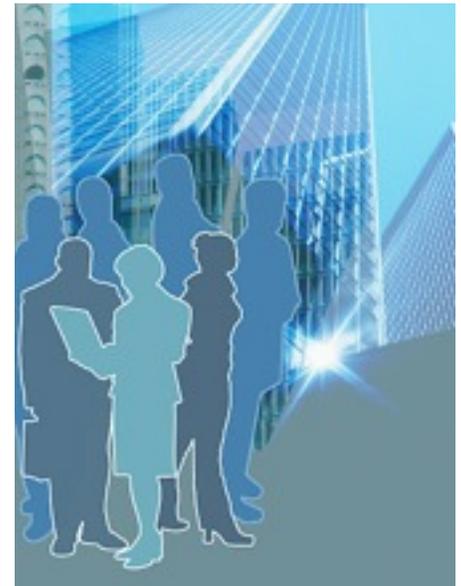
Edmonton will again host this years Alberta FASD Conference. It will be held at the Delta Edmonton South (4404 Gateway Blvd.) and promises to be very informative as well as a great opportunity to network with people from all areas of the FASD field.

There are three main objectives of this years conference:

- Increase their knowledge on recent developments in the field of FASD, including the areas of prevention, assessment and supports;
- Network and share with people from all areas of the FASD field; and,
- Increase their understanding and awareness of the impact of FASD on the lives of those living with it and their support systems.

The theme this year is, "The Power of Conversation: Engage, Collaborate and Create Change". The keynote speakers and breakout sessions will highlight the importance of beginning that conversation and keeping the conversation going in order to bring about change for those living with FASD, their caregivers and to aid in the prevention of this prevalent disorder. For a look at the listed breakout sessions visit <http://fasd.alberta.ca/breakouts.aspx>

Registration this year is \$200. If you have any questions, please contact Theresa Bosko at 780-643-9283 or theresa.bosko@gov.ab.ca



Registration is now open.
Please visit:

<https://www.eply.com/2014FASDConferenceRegistration>

From a Mother's Heart: The ABCs of Back to School With FASD

By Kari Fletcher -
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A

Alcohol. My child was exposed to alcohol before birth.

B

Brain. Alcohol use during pregnancy can permanently damage the child's brain.

C

Corpus Callosum. The part of the brain that passes information between the left side (rules) and the right side (impulses). May be damaged or absent with FASD.

D

DSI- Dysfunction of Sensory Integration. My child is sometimes sensitive to florescent lights, tags on clothing, visual over-stimulation, noises, smells, etc...

E

Emotional. My child can be very emotional and often has a low frustration tolerance.

F

Fetal Alcohol Spectrum Disorders (FASD), the "umbrella term" for the damage when alcohol is used during pregnancy.

G

Give my child praise when he does something well or when he tries hard.

H

Hyperactivity. My child might have a hard time sitting for long periods of time.

I

Immaturity. Because of his FASD, my child may often act half his age.

J

Judgment. My child may exhibit poor judgment. This is from the damage to the frontal lobe of his brain and because of this he needs supervision and lots of reminders.

K

Kindness and redirection is far more effective than punishment.

L

Learn. My child CAN learn but he learns differently.

M

Mental retardation. FASD is the #1 cause of mental retardation in North America but most people with FASD have IQs within the normal range.

N

National Organization on Fetal Alcohol Syndrome (www.nofas.org) -visit their website as well as those of their state affiliates!

O

Other drugs. "Of all the substances of abuse, including heroin, cocaine, and marijuana, alcohol produces by far the most serious neurobehavioral effects in the fetus, resulting in life-long permanent disorders of memory function, impulse control and judgment" (Institute of Medicine 1996 Report to Congress).



P

Parenting. My child's behaviors may appear, to those who do not understand FASD, to be the result of poor parenting. Please be slow to blame and quick to consult me.

Q

Quiet time to regroup. My child has problems with self-regulation and may need a quiet time and space to calm down. Providing this will

R

reduce unwanted behaviors. Repetition. Memory issues are very frustrating for my child, repeat and re-teach often.

S

Sleep disorders. My child often has trouble sleeping; please understand if he is tired.

T

Time. Time is an abstract concept and my child does not "feel" it like you and I do.

U

Understanding. Understanding that my child has a disability rather than trying to change something he cannot will make both his life and yours a lot easier!

V

Visual. Many people with FASD learn best with visual and hands-on type lessons.

W

Willful. Behaviors may appear willful...remind yourself often of the brain damage!

X

X-ample. My child needs examples of good behavior and appropriate role models.

Y

You will make a difference in my child's life. It is my prayer that it is a positive one.

Z

Zero alcohol during pregnancy. Please help me spread the word that have FASD is 100% preventable!



BACK TO SCHOOL TIPS



1. Have a back to school countdown.
2. Set up a school tour before school starts.
3. 2 weeks before school starts begin using a similar routine to their school days routines. Have the same wake up times, breakfast times, snack times, lunch times, and bed times.
4. For older children, have them adjust their bedtimes by a half hour every 2 nights prior to school starting.
5. Set up play dates with their friends from school.
6. Create a Social Story™ about the school day.
7. Make a visual schedule of what time they should be doing their morning routines, when you leave for school and when they will be coming home from school.
8. Have visual picture of a clock with the appropriate times that match your clock at home for their visual schedule.
9. Use wall calendars and schedules to mark important dates.
10. Provide a communication book for school and home to send messages to each other.
11. Talk about Bus Safety.
12. Practice Bus Safety using your local buses.
13. Pack a light backpack for your children to use. A Backpack should be 10 to 20 percent of your child's body weight.
14. Have your child help to pick out their own school supplies and outfits.
15. Set out school supplies and clothing out the night before school starts.
16. Provide teacher with a copy of the "ABC's of Back to School Guide" by Kari Fletcher: <http://www.emkpress.com/theabcsfasd.html>

