



Date: Tuesday, January 6, 2026

Meeting Minutes

1. In Attendance: Kathleen, Sarah, Denise, Sadie, Andres, Bernie, Ann, Brittany, Lisa

2. Action Follow Up – December 2025

Action: Lisa to create online THO fund application for April 1, 2026 ~ completed.

Action: all staff teams do a deep dive into the EFAN ~ THO documents and collect feedback.

Action: Lisa will send out the documents with the January meeting minutes to Network members. Agencies to send feedback by February 27, 2026.

- Are there touchpoints of wellness in each domain that are missing?
 - Are there 'what to do' in each domain that are missing?
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3. EFAN Business Priorities:

→ *Reporting*

- Quarter 3: Narrative reports are due Friday, January 9, 2025.
- Quarter 4: ORS due Friday, April 3, 2026.
- Quarter 4: narrative report due Friday, April 10, 2026

→ *Finances*

- Current expenses include meeting snacks (Dec/Jan), tax for books.
- Allocated \$3,000 to EFAN materials.

→ *FASD Service Network Program*

- EFAN 3-year grant application submitted to the GoA in December 2025, no feedback.
- Fund release may be dependent on reporting (ORS).
- Reporting dates will change for the upcoming grant cycle. ORS will be due the last day of each quarter and a more detailed description will be provided
- Action: Lisa to develop and post the 2026/2027 Letters of Agreement online by January 16, 2026. Agencies to review and send edits no later than January 30, 2026.

→ *EFAN Adult Clinical Services*

- No update.
 - EFAN hoping the process will operate similar to how it currently operates with the adult clinic at the Glenrose (i.e. assess for
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interventions, individuals must be in a mentorship program that can support them through the process, triage based on needs).

4. Book Club

- Raising Kids and teens with FASD, by barb Clark
 1. **What ideas in the book helped you better understand how FASD shows up across everyday life—not just in childhood or school, but in families, communities, and systems?** (Consider insights that broadened your perspective beyond direct caregiving or frontline roles.)
 2. **Where did the book challenge or reinforce how you think about expectations, responsibility, or support for individuals with FASD and those around them?**(This might connect to policy, program design, community work, or personal relationships.)
 3. **What is one takeaway from the book that could influence how you approach your role—whether that’s advocacy, coordination, decision-making, or community engagement?**(Think about shifts in language, assumptions, or how support is structured.)

5. ‘Provincial FASD Initiatives:

→ *Prevention Conversation*

- Update from Brittany
- Program is still working on the new module (healthy outcomes, strategies).
- Very large module that facilitators can pull from and incorporate into their training. CanFASD will also create a one hour suggested presentation.

→ *WRaP 2.0*

- Evaluator and manager will be done their roles at the end of the month.
 - Coaches have been asked to complete their data entries by the last day of each month.
 - Need to remind Networks and coaches that the target audience has not changed, only Alberta school authority staff.
 - Evaluation to be done by January 31, 2026 (Helene Wirzvbba)
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- Research paper currently in draft form.
- CanFASD has asked for an extension on the revisions/updates to the 4 modules and incorporation of the healthy outcomes into the foundations of FASD module.

6. New Research

- <https://wrap2fasd.org/2025/12/05/differentiating-fetal-alcohol-spectrum-disorder-from-other-neurodevelopmental-disorders-neurocognitive-and-social-emotional-evidence/>
 - This study looked at how children with FASD differ from children with other neurodevelopmental disabilities such as ADHD or learning disorders. Because many of the behaviours and challenges overlap, children with FASD are often misdiagnosed or diagnosed late. The researchers wanted to see whether there is a clearer pattern that helps distinguish FASD from other conditions.
 - The study involved 76 children aged 6–15. Forty-six had a confirmed FASD diagnosis, and thirty had other neurodevelopmental diagnoses but no prenatal alcohol exposure. All children completed a very detailed set of cognitive tests (thinking, memory, attention, problem-solving) and caregivers completed questionnaires about behaviour and emotions.
 - Findings: Children with FASD performed lower across almost all areas of thinking and learning compared to children with other neurodevelopmental disorders. This wasn't just about IQ. Children with FASD showed particular difficulty with:
 - paying and sustaining attention
 - remembering information (especially learning and recalling new material)
 - planning, organizing, and problem-solving (executive functioning)
 - processing information quickly
 - In contrast, children with other neurodevelopmental diagnoses tended to have more specific or limited areas of difficulty, rather than broad challenges across many domains.
 - When it came to behaviour and emotions, caregivers reported that children with FASD had more anxiety, social challenges, attention difficulties, and regulation struggles than their peers. Importantly, many of these behaviours were not yet in the “clinical” range, suggesting that with the right supports, difficulties can remain manageable rather than escalating.
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- The researchers emphasize that behavioural challenges in FASD are often secondary, shaped by stress, unmet needs, lack of understanding, and inappropriate expectations, rather than inevitable features of the disability itself. Early identification, stable environments, and targeted supports can make a significant difference in long-term outcomes.
- Overall, the study supports what many in the FASD community already observe: FASD has a distinctive brain-based profile, and children do best when systems understand that profile and respond accordingly
- **Key Takeaways for EFAN Members**
 - FASD is different from ADHD and learning disabilities, it affects multiple brain systems, not just one area.
 - Memory, attention, and executive functioning are core areas of difficulty in FASD.
 - Behavioural challenges are often secondary, shaped by stress, unmet needs, and mismatched expectations.
 - Misdiagnosis can lead to ineffective supports and increased frustration for children and families.
 - Early identification and stable, supportive environments matter, they help prevent secondary disabilities.

7. Next Meeting:

- Tuesday February 3, 2026 9:00 am (Catholic Social Services office)
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