

LAKELAND CENTRE FOR FETAL ALCOHOL

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Services Available

*Information Clearinghouse
Diagnostic & Support Services for Children
Diagnostic Services for Adults
First Steps Program
Training & Education*

We're on the Web

www.lakelandfas.com

NEWLY ELECTED BOARD OF DIRECTORS

- Sue Lysachuk
- Lorraine Deshambeau
- Ed Rondeau
- Viki Jacob
- Lillian Turzanski
- Pauline Compeau
- Trina White
- Deb McRury

CENTRE STAFF

AUDREY McFARLANE - Regional Program Manager
KIM McKINNON - Administrative Assistant
NANCY SCHNEIDER - Adult Service Coordinator
JOANNE RING - Family Support Consultant
GINA OLOFSON - First Steps Program
LORNE KABAN - Education Coordinator / Trainer

Diagnostic Updates

Children Diagnostic Team

By the end of November 2002, 63 children have been seen by the Children's FASD Diagnostic Teams.

2- FAS without confirmed alcohol consumption

11 - Partial FAS

34 - Alcohol Related Neurodevelopmental Disorder

10 - Unable to make a clear diagnosis

6 - Alcohol Related Neurobehavioral Disorder



Community:

5- Fort Saskatchewan

2 - Redwater

4 - St. Paul

1 - Glendon

4 - Fishing Lake

4 - Elk Point

2 - Goodfish Lake

15 - Bonnyville

3 - Ardmore

12 - Cold Lake

2 - Lac La Biche

2 - Ashmont

2 - Saddle Lake

1 - Gibbons

1 - Mornville

3 - Kikino

Adult Diagnostic Team

By the end of November 2002, 7 Adults have been seen by the Adult FASD Diagnostic Team:

6 - Alcohol Related Neurodevelopmental Disorder

1 - Partial FAS

Community:

2 - St. Paul

1 - Fort Saskatchewan

2 - Bonnyville

1 - Lac La Biche

1 - Cold Lake

NEWSLETTER



LAKELAND CENTRE FOR FETAL ALCOHOL SYNDROME

Volume 1, Issue 5

November 2002

We are here in Region 12



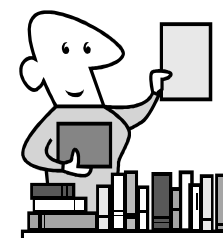
Our Vision

We envision a region with no new FASD births + where currently affected individuals are well supported

Mission Statement

To establish + ensure that information about FASD,

Feel Free to come in and browse our wide selection of resources including: CD's, video's, cassettes and much more on Fetal Alcohol Spectrum Disorder.



First Steps...How it Works!

By Gina Olofson

The lives of mothers in First Steps are characterized by poverty, upbringing by substance-abusing parents, childhood abuse, abusive adult relationships, trouble with the law, and chaotic and unstable living conditions. As products of this background they are often distrustful of community service agencies.

The idea behind the First Steps model is to connect the women with advocate/mentors who have themselves overcome difficult life circumstances similar to those experienced by their clients, prior to achieving successes in school, jobs, and relationships. Because of this, the advocates are able to inspire hope and act as realistic role models and guides towards meaningful change. The advocate works on a one-to-one basis with clients and their families for three years, beginning during pregnancy or at delivery. Each advocate has a limited caseload of 12-15 clients.

The First Steps Project in Cold Lake has only one advocate, myself. I am 39 years old and in my 7th year of recovery from substance abuse. I use the word recovery because it is a process that takes more than just quitting the drug or the drink. In First Steps I look at the client as the whole person that she is. She is not only a mother, she is often the wife of an abusive partner, the daughter of substance-abusing and violent parents, and the sister of a troubled sibling. I try to assist her in the process of healing from her past and dealing with her present in a positive and healthy way. Successes are often measured in inches. I have to let the client set her own agenda for change and I facilitate along the way. For some clients the success will be that they maintain contact with me. Their lives have been characterized by so many chaotic and unstable environments and relationships that just maintaining contact with someone who cares is a success.

Others need guidance in filling out

forms, for example, to obtain legal aid or financial assistance. Sometimes it can be as simple as pointing the way and for others (who may be FASD themselves) I have to lead the way. Many service providers, including government agencies, do not understand the issues that surround addiction and FASD. It is my job to advocate, to provide the link and the understanding between the client and the needed services.

The following instance provides a good example of the advocacy work I do. Recently I drove a mom to the hospital emergency. She had relapsed, been on a binge for 6 days and wanted to go to a detoxification centre but there were no beds available in our area. Her call for help was what I consider to be a medical emergency so I took her to "emergency" at the hospital. The nurses were shocked and disgusted that she would come to the hospital drunk. I told them, "Well how else would a person who suffers from the disease of alcoholism come?" I then explained that I myself had drunk my way to detox. on more than one occasion and I encouraged them to check the garbage cans outside of any treatment centre (you will usually find empty liquor bottles).

Because I have been there, I understand addiction and I understand what words the medical profession needs to hear, namely-disease. The result-the client got admitted to the hospital and is clean and sober to this day.

The other part of the job is to provide mentorship to the clients. I see this role as more passive than the advocacy but just as important. After a strong rapport is built with a client I will often see them mimicking or picking-up on some of my own behaviors. For example, one of the moms with FASD could never remember her appointments, she saw me with my day-planner all the time, so she bought one and started carrying it with her to remember her appointments everyday.

It worked!

Other times, for example, clients will ask me about my own life experiences and how I handled them. At times I get the sense that they have never had someone in their life that they could ask questions to. I believe it is very important in these moments to acknowledge their questions and answer them as best I can (no matter how simple or obvious they may seem to others).

The First Steps model works so well because of the close association between the client and the advocate/mentor. Further in a rural area where transportation is always a barrier, First Steps provides an invaluable service as the advocate can go to the client and then get the client where they need to go(like detox, treatment, and/or prenatal appointments).

We are very excited about being selected as one of the successful projects funded by National Crime Prevention's Community Mobilization Program, we are also grateful for their continued support. The program model for First Steps is based on an innovative approach to crime prevention by connecting with mothers at high risk for having babies with FASD, then providing supports to increase the likelihood they will give birth to healthy children who will not suffer from FASD and the secondary disabilities that often include a lifetime of involvement with the criminal justice system.



Education Training

By Lorne Kaban

The Lakeland Centre for Fetal Alcohol Syndrome continues to provide training on Fetal Alcohol Spectrum Disorder. The training focuses on the profile of those individuals affected by FASD and best practice strategies for supporting them, as well as the prevention of FASD.

Groups that have taken advantage of the training recently include; Saddle Lake



Onchaminahos School Staff, Elk Island Boys Ranch Child and Youth Care Staff, Saddle Lake Foster Parents, LSHIP Behavior Consultants, Northern Lights School Division Off-campus Support and Outreach Staff, Sakai-gun Asky Adoption Fair, Learning Network for school personnel in Bonnyville and Wainwright areas, and high school students

from a number of local schools.

Everyone that attends the training reports that they learn more about FASD and the strategies that are necessary to support the individuals they are working with. The Centre recognizes that training is an important part of the service that it provides and remains committed to maintaining this resource. As there is currently no funding in place, there is a sliding scale in place for the training that is negotiable. If you are interested in

The Quiet Room

By Joanne Ring

Many schools have used the Quiet Room also known as the Think Room or the Time Out Room for children to go to until they are better able to control their behavior.

This is a tool that may work well with some children who are out of control and may harm themselves or others.

Children who are diagnosed with Fetal Alcohol Spectrum Disorder many suffer from sensory issues, ADHD, ADD and generally become easily overwhelmed and frustrated in the classroom setting. A child with FASD needs a quiet space they can access

before losing control. When a child is helped to understand that they are overwhelmed or becoming angry they can learn to time themselves out to gain control. This helps their self esteem as the Quiet Room or Time Out room tend to be looked at as a place the bad kids go. Having the opportunity to gain control on their own is a life skill they will require. The quiet space can be anywhere, except a place that would normally be considered a punishment. A quiet space can be made with a few pillows on the floor and two small

A child with FASD needs a quiet space they can access before losing control

bookcases to block the few from the rest of the class. Some children are able to gain control by walking the hall and then returning to the class.

A child can be taught to recognize when they are no longer able to function in the setting. A signal to the teacher that they need some time to gain control can be done without peers even being aware. When the child is ready they may return to their seat and carry on. This is a positive tool that will benefit a child greatly and cause little interruption in the classroom.

School Accolades

HATS
OFF
TO:



KIKINO SCHOOL for having the most positive attitude and willingness to try new strategies

for students with FASD. Wonderful school atmosphere!
WELL DONE!!!!!!

HOLIDAY PARTIES

Reminder to be a good host during the holiday season.

- Plan to serve an option of non-alcoholic drinks and label them.
- Provide soft drinks and tea and coffee.
- Consider having a party where no alcohol is served.
- If serving mixed drinks, have a shot measure so guests don't rely on guesswork.



- Make sure you serve food to slow down the absorption of alcohol into the body, high protein snacks such as meat, nuts or cheese are good choices.

- Plan other activities such as games or dancing.

- Make arrangements for a designated driver so everyone gets home safely.

- Discuss no alcohol with pregnant guests or display posters indicating no alcohol while pregnant or breastfeeding.

Drink Idea for Mothers to Be

Strawberry Punch

- 1 Large bottle of gingerale
 - 1 Can unsweetened pineapple juice
 - 1 can frozen pink lemonade
 - 2 Packages of frozen strawberries
- Mix together and enjoy!!!

PROFILE OF AN ADULT DIAGNOSED WITH FASD

By Nancy Schneider

Adults living with a disability are not always visible to their community. Steve* was one of seven individuals diagnosed with Alcohol Related Neurodevelopmental Disorder this year by the Adult Diagnostic Assessment and Evaluation Clinic. There are no apparent physical characteristics that indicate he has a

disability. He is good looking, personable and works hard at his job. His speech is clear; his vocabulary is what you would expect a young adult to be. But he has some learning and behavioral problems that have a

negative affect with how he relates to co-workers. One of Steve's difficulties is remembering times, dates and locations. This causes problems when he is expected to be at work and he is not. In the

"Have some learning and behavioral problems that have negative affects with how he relates to others."

Upcoming Events

OPEN HOUSE

Friday, December 13, 2002
From 1:00 pm to 4:00 pm

Drop in and see us at:

#202, 4807- 51 Street
Cold Lake, AB

FASD Diagnostic Team Training

The Lakeland Centre for FAS is offering its second FASD diagnostic team training. The Centre and the diagnostic teams will spend three days training other teams on how to diag-

nose children and adults with FASD.

January 19 - 21, 2003
Cold Lake, AB

For more information contact the Centre at (780) 594-9905 or 1-877-594-5454.