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MCAP STAFF

editor/submissions
Catherine Pate
mcapnews@mts.net

subscriptions/change of address
Kerri Hiebert
kerrihiebert@mts.net

newsletter committee
Lia Braun, lia_mmp@yahoo.ca
Julia Wellwood, julia.wellwood@gov.mb.ca
Joanne Wyman, jwyman@normanrha.mb.ca
Kim Akins, kim.akins@gov.mb.ca

MCAP *news*

www.capmanitoba.ca

Sharing ideas, information, resources, struggles & successes

HAPPENINGS

FASD Conference in Thompson a Success

by Chantal McClelland, InSight Mentoring Program

The Burntwood Regional FASD Committee organized a conference on FASD, which was held on April 11, 2011 in Thompson, Man. The conference featured three outstanding speakers: Corey La Berge, Lisa Morrisseau and Dr. Andrea Kilgour.

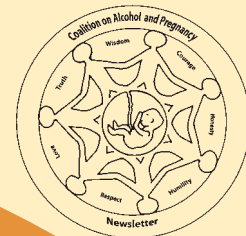
The conference aimed to provide community members with a deeper understanding of FASD, regardless of their current FASD knowledge. It was designed so everyone could attend—whether educators, social workers, nurses or parents—and learn how to incorporate the needs of individuals with FASD into their practices or lives.

After picking up nametags and participant packages, attendees were led in an English prayer and a Cree prayer by Elder Jack Robinson. The first presenter was Corey La Berge, who spoke about supporting individuals living with FASD who are at risk or involved in the criminal legal system. The next speaker was Lisa Morrisseau, from Visions and Voices who discussed her experience living with FASD. Dr. Andrea Kilgour finished the conference with a presentation on the neurocognitive and behavioural aspects of FASD.



Corey La Berge presenting at the Burntwood Regional FASD Committee's conference on FASD

Feedback on the conference was positive. Hope O'Handley, a fourth-year social work student, said she found the FASD conference enhanced her existing knowledge and provided her with information she was likely to use in her future practice. The day was a delightful success, and a big thank you goes out to everyone who participated.



**VOLUME 6
NUMBER 2**

MCAP News is a semi-annual publication of Manitoba Coalition on Alcohol and Pregnancy (MCAP). Its mandate is to disseminate current information about Fetal Alcohol Spectrum Disorder, a disability affecting those who have been exposed to alcohol in utero.

MCAP provides a forum for service providers, families and agency representatives throughout Manitoba with an interest in FASD to share ideas, information, resources, struggles and successes. MCAP facilitates this through regular meetings, special events, the MCAP website and this published newsletter. MCAP receives funding support from Healthy Child Manitoba. MCAP meets every third Monday of the month from 10:00 a.m. to 12:00 noon at the Healthy Child Manitoba Office. Teleconference available.

Contact kerrihiebert@mts.net for more information.

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Free Lunch and Learn Event Hosted by Brandon Interagency FAS/E Committee

by Kim Akins, Brandon Interagency FAS/E Committee Health Authority

A free Lunch and Learn event was held at the Grand Valley Community Church in Brandon on April 13, 2011. About 40 community members attended the event, which was sponsored by the Brandon Interagency FAS/E Committee.

Jolene Smith, from Westman Community Respite Services, and Corrine Bublee, from Elspeth Reid Family Resource Centre, spoke about what their programs could offer individuals and families affected by FASD.

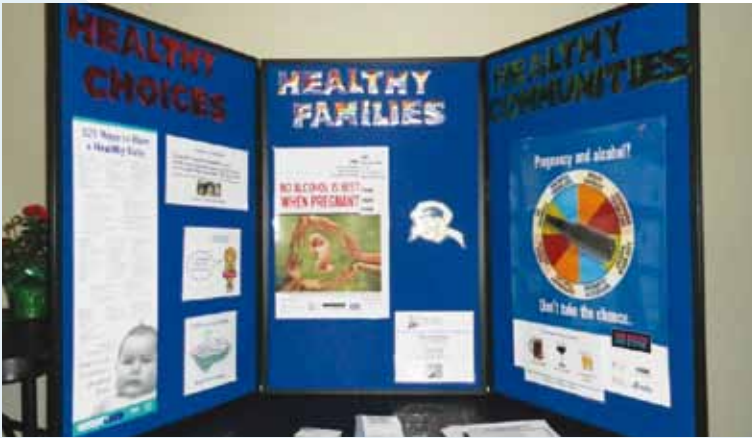
This is the second year the Brandon Interagency FAS/E Committee has held free Lunch and Learn events. The committee would like to thank the United Way for its generous sponsorship of the program.



Jolene Smith from Brandon Community Respite talks about the services her organization offers to families in the Westman area

The committee is dedicated to providing information and education opportunities on FASD to the Westman community. We do this in a variety of ways, including hosting our free Lunch and Learn events, free workshops on preventing FASD and improving communication skills and larger conferences, as well as by celebrating International FASD Awareness Day with activities in Brandon.

We are always looking for new members. If you are interested in finding out more about us, or if you would like a committee member to talk to your group about FASD, please email us at brandonfasd@hotmail.com or phone Kim Akins at 204-725-2532, extension 2211.



Brandon Interagency FAS/E Committee display

Healthy Child Manitoba Hosts ASD/ FASD: Building on Strengths Conference

Healthy Child Manitoba hosted its second conference on working with students affected by ASD or FASD on May 5, 2011. This year's conference topic was "Building on Strengths," and more than 200 participants were in attendance.

The morning educational session was led by Stephen de Groot, who spoke about building on strengths when working with students who are affected by ASD or FASD. The afternoon educational session was led by Dr. Jennifer Katz, who focused on respecting diversity.

If you'd like to receive the seminar handouts from Stephen de Groot's presentation and a password to access both presentations online, please email Brenda Medeiros at brenda.medeiros@gov.mb.ca. The presentations can be viewed at www.ustream.tv/channel/focusingonstrengths until June 30, 2011.

Please note there are no handouts from Dr. Katz's presentation.

Healthy Child Manitoba FASD Team Update

by Holly Gammon, Healthy Child Manitoba

There have been some recent changes to the Healthy Child Manitoba Office's (HCMO) FASD team.

Jill Isbister is back from maternity leave, having rejoined the FASD team in March 2011. Jill has been a long-time FASD team member and is the program and policy consultant for our FASD prevention programs. She is actively involved in our new program, Project CHOICES, which provides information and brief support for women who are not pregnant, but drink and sometimes have unprotected sex. Since returning, Jill has continued her work overseeing the InSight mentoring program and in other areas related to women, pregnancy and substance abuse. We would like to extend a warm "welcome back" to Jill.

Shelly Smith, another of our program and policy consultants, is away fulfilling a secondment position until September 2011. Shelly joined HCMO in August 2009 and worked as part of the FASD team until November 2010, when she transitioned into her current role as the consultant for healthy sexuality in our Healthy Living, Youth and Seniors program.

"The immense dedication and compassion demonstrated by those who work in the area of FASD is truly inspiring," Shelley said, reflecting on her time as a member of the FASD team. "I feel very privileged to have had the opportunity to work as part of the FASD team at HCMO, as well as with those individuals and agencies who work so hard to address the issue of FASD while supporting those impacted by it."

We'd like to express our gratitude to Shelly for all the hard work she did as part of the FASD team, and we wish her much success in her future endeavours.

We said goodbye to Margaret Bryans, who oversaw the InSight mentoring program from November 2009 to August 2010. Margaret returned to frontline work, accepting a nursing position at Mount Carmel Clinic. We thank her for bringing a fresh perspective and clinical experience to the mentoring program, and wish her all the best in her new position.

Michelle Pearson joined the FASD team for three months to help fill the gap in services while Shelly completes her secondment position. Michelle will begin a new position as a policy consultant with the Health Systems Development program in June 2011. Michelle brought a keen interest in direct clinical services and a strong background in analysis, writing and resource development to the FASD team. During her short time in the FASD program, she advocated for the development of a new parenting manual and has said she is "extremely moved by the dedication, commitment and caring demonstrated by family members who are caring for a child affected by FASD."

We would like to thank Michelle for her assistance in planning and carrying out our FASD/ASD: Focusing on Strengths workshop on May 5, 2011, her valuable insight on many areas of our work and for providing us with a great start on a number of exciting new projects. We wish Michelle all the best in her new position.

Continued on page 4

MCAP

events

**SAVE THE DATE – SEPT. 29, 2011
SHARING MANITOBAN
EXPERTISE ON FASD II**

MCAP will be holding a fall event to bring together people from across Manitoba to look at current FASD research and support programs in the province. This event promises to be a valuable experience and a chance to get up-to-date information on a number of exciting new projects and programs. Please watch for more information coming soon.

**Promising Practices, Promising Futures
A Government of Alberta FASD Conference**

Conference Date:
November 21-22, 2011

Conference Description:
This multidisciplinary conference will focus on FASD and its impact on individuals, families, communities and society. It will feature plenary speakers Dr. Martin Brokenleg and Dr. Gabor Maté, as well as breakout sessions and a community showcase.

Registration
Registration will open in July 2011.
The registration fee is \$150.

Location
Hyatt Regency Calgary Hotel
700 Centre Street SE, Calgary, AB

The conference hotel is offering a special room rate of \$189 per night for conference attendees. To receive this rate, you must reserve your room under the FASD Conference block.

Contact:
Amanda Amyotte
Phone: 780-422-6494
Email: amanda.amyotte@gov.ab.ca
Website: www.fasd-cmc.alberta.ca

MCAP events

5th National Biennial Conference on Adolescents and Adults with Fetal Alcohol Spectrum Disorder: Social Justice – Moving Forward

Conference Date:
April 18-21, 2012

Conference Description:

This conference will be a forum to share research and experience, and discuss how to sustain and enhance the lives of those affected by FASD. It will address the available supports for adolescents and adults with FASD, such as healthcare, housing, justice and employment, and look at ways to build on the strengths of existing systems to provide better support. Abstracts for the conference are being accepted until Sept. 14, 2011.

Location

Hyatt Regency Vancouver Hotel
655 Burrard Street
Vancouver, B.C.

The conference hotel is offering a special room rate of \$189 per night for conference attendees. To receive this rate, you must reserve your room under the FASD Conference block.

Contact:

Phone: 604-822-2801
Email: ipinfo@interchange.ubc.ca
Website: www.interprofessional.ubc.ca/adults.html

Healthy Child Manitoba continued from page 3

In the very near future, the FASD team will once again look to hire a program and policy consultant to work in the area of FASD intervention and support. Currently, we are in the process of hiring a research and evaluation co-ordinator to help us evaluate the provincial FASD strategy. This is an exciting opportunity and the team is looking forward to welcoming a new team member who can share his or her expertise on program research and evaluation.

In the midst of all these changes, what remains consistent is the leadership

of Holly Gammon, our FASD team manager. In fall 2007, Holly joined the HCMO FASD team and indicated that her main focus would be to rollout the provincial FASD strategy in the hopes that it would benefit children, youth, adults, families and communities affected by FASD.

Holly has stayed true to her vision and has worked hard to implement the strategy, as well as to support the many other professionals who provide service to the individuals, families and caregivers affected by FASD.

4th International Conference on Fetal Alcohol Spectrum Disorder

The Power of Knowledge: Integrating Research, Policy and Promising Practice Around the World March 2-5, 2011 – Vancouver, BC

by Cathe Umlah, General Child and Family Services Authority

The 4th International Conference on Fetal Alcohol Spectrum Disorder was co-sponsored by the Canada Northwest FASD Partnership (CNFASDP) and the University of British Columbia's Interprofessional Continuing Education program. More than 1,000 people from all over the world were in attendance.

The conference outlined advancements in research, policy and practice in the field of FASD. Some of the topics included the prevalence rates of FASD, how it is identified and treated on an

international scale, advancements in epigenetics related to FASD, brain imaging research and advancements in diagnosing and preventing FASD.

PREVALENCE OF FASD

As reported at the conference, the newest proposed prevalence rates for FASD are between two and five per cent, much higher than the previously established rate of one per cent. Dr. Albert Chudley, medical director of the genetics and metabolism program at the Children's Hospital in

Winnipeg, said prevalence studies from specific populations around the world suggest that only 25 per cent of those affected by FASD are actually identified as having the disability. These numbers have tremendous implications for future studies, as well as the diagnosis, treatment and prevention of FASD worldwide.

EPIGENETICS

Epigenetics is the study of how our genomes can affect our DNA. While we can't control all of our genetic makeup, we can control some things through environmental factors.

Research is able to identify a number of environmental factors that can affect fetuses, infants and young children. These factors include alcohol and tobacco use during pregnancy, nutrition, stress and maternal care.

Promising findings from animal-based research suggest nutritional supplements such as choline (a natural amine) can counteract the effects of alcohol exposure if taken prenatally. Choline is thought to improve spatial working memory and decrease hyperactivity in children

born with FASD. It has also been found to reverse some damage when taken after birth.

BRAIN IMAGING

Considerable developments have been made in brain imaging as it relates to FASD. While brain imaging can't be used to diagnose FASD, it can identify changes in brain volume and grey and white matter in the brain. These findings are being correlated to facial dysmorphology as well as neurological differences in individuals with FASD.

alcohol exposure. These features include "hockey stick" palmar creases, "railroad track" ears, ptosis, heart murmurs and decreased elbow supination.

Researchers are still working on developing a neurobehavioural profile that is specific to FASD.

PREVENTION

Prevention of FASD continues to be a focus for researchers and clinicians. The science of prevention includes studies on dosage and timing of alcohol exposure, epigenetics, nutrition

INTERVENTIONS

In spite of all the research developments we've made with regards to FASD, we are still not doing enough research on successful interventions, according to Dr. Claire Coles, a professor from the Department of Psychiatry and Behavioral Sciences/Pediatrics at the Emory University School of Medicine in Atlanta, GA.

In Dr. Coles' plenary speech, "Be the Solution! From Diagnosis to Intervention and Treatment in FASD," she identified the under-representation of research projects on successful intervention studies and encouraged the research community and clinicians to improve their efforts in this area. The conference featured many successful intervention projects, such as mentoring programs for youth with FASD, school-based interventions for students affected by FASD, among others, but research focused on intervention was under-represented at the conference as well as in the literature.



From left to right: Jan Sanderson, deputy minister of Manitoba Healthy Living, Youth and Seniors (HLYS) and CEO of Healthy Child Manitoba; Jim Rondeau, minister of HLYS; and Pat Living, steering committee member of CNFASDP's Yukon chapter

DIAGNOSIS

Advancements in the diagnosis of FASD were discussed at the conference. The Canada Northwest Partnership is studying the ethnic differences in palpebral fissures, which has led to new diagnosis methods.

Dr. Ken Jones, the dysmorphologist who co-named Fetal Alcohol Syndrome in the '70s, spoke about the identification of additional features associated with prenatal

and other environmental factors that appear to mitigate the impact of prenatal alcohol exposure.

However, prevention of FASD is more about the lifestyles people choose and the factors that contribute to alcohol use during pregnancy. The plenary session in which birth mothers talked about their experience was moving and reminded us how societal, economic and cultural factors impact women and their use of alcohol while pregnant.

A GLOBAL APPROACH

The highlight of the conference was the speakers from around the world, who provided remarks before each plenary session on the implications of FASD within each of their countries. Speakers from Australia, Croatia, Japan, Scotland, Russia, Finland and France reminded us that FASD is a global health issue and one that is increasingly being recognized and identified around the world.

We have a long way to go, but we have also come so far!



Dr. Sterling Clarren, CEO and scientific director of the CNFASDP Research Network, addresses the crowd

Open Letter Regarding Grandparents Raising Grandchildren by Julie Collings

As a grandmother with many grandchildren, including some who live with FASD, I assure you that most of us grandparents dearly love our grandchildren. We not only want the best for them, but we enjoy them!

For some of my friends, that love for a grandchild has meant going above and beyond. They are grandparents who give “extra” love and attention, but they are also their grandchildren’s primary caregivers. They actually step into the parenting role and raise their grandchildren.

However, recently I have witnessed

some of the difficulties my friends face in that role. They may have to deal with their own chronic diseases, lessening levels of energy that come with aging, fitting lively youngsters into a home made for one or two, limited income or complicated family dynamics. And I have seen that some of my friends have had to give up—a great sadness for everyone.

Through my research, I’ve found that the numbers of grandparents raising grandchildren is on the rise. Many are doing so on a very low income, many are on their own and many are also dealing with their own chronic illnesses or disabilities.

I have a new appreciation for the enormity of the task my friends have undertaken.

It seems to me that the community of people already working to make life better for those who live with FASD could help by getting some information from grandparents in these situations. We need to know what they consider to be their most pressing challenges and what supports might help them to live out their love and care for their grandchildren.

A lot is said about the importance of relationships, but paid workers are always paid workers,

however dedicated. Real, lifelong relationships need to be developed, arranged where necessary, supported and maintained in order to help those living with FASD.

We need the input of grandparents raising grandchildren to know where professional expertise and support would help them in their care-giving, long-term relationships.

I would like to set up a meeting at the MCAP event in the fall, so we can explore these issues together. If you are interested in attending, please email me at tomjulie@mymts.net.

Seeing the Glass as Half Full by Pat Reid

There are three approaches that keep me sane, hopeful and realistic in helping our son Gerry, who is affected by FASD, move forward into the adult world: a sense of humour, an open mind and an optimistic outlook.

GREETING THE DAY

Like many teenagers, Gerry is not the easiest to get out of bed in the morning. Conventional methods, like turning the lights on, pulling the blankets off or a loud, booming voice, just don’t work with our son. Rather than jolting the body and mind, we’ve found that stimulating the mind into gradual action seems to be the key.

At our house, we all win when greeting the day with a cheerful “good morning,” telling a funny joke or making an unusual statement. Gerry also loves to

have his head massaged, as that appears to activate concentration and blood flow. It may not really do those things, but it does put a grin on Gerry’s face that makes us both laugh.

MILESTONES & PROGRESS

An important milestone in a young person’s life is landing that first job. As parents, we can help with the application process, but it is our children who must be interviewed and promote themselves.

After several work placements, Gerry found his ideal job at West 49 in Polo Park. Here, he is motivated, accepted and respected. The staff treats Gerry as an equal and it’s clear his fellow employees like him.

Gerry was confused and devastated when,

after six months, they told him they couldn’t hire him part time. His progress reports were always positive and it was never stated that he was not meeting their expectations or required job coaching.

The manager was open to my suggestion to apply for a government subsidy to hire a job coach to further train Gerry. By proposing this strategy and advocating for Gerry, a door may open for him.

The store manager and staff have been very supportive, but we have not yet heard how upper management is receiving this idea. Gerry remains at West 49 and hopefully a job coach can be provided to further Gerry’s skills for employment.

COPING STRATEGIES

Busy family functions are stressful situations for Gerry, as these events

provoke his anxiety. He copes by retreating to his bedroom. Although we could view this situation as a failure in his social skills, I try to see the positive side of the situation. Gerry does his best, and I’ve set my expectations to a level where he can be somewhat comfortable. In doing so, viewing the glass as half full has become the goal.

Never underestimate the value of a good sense of humour, thinking outside the box or seeing the positive in situations—I’ve found there are many opportunities to use all three to promote healthy outcomes for Gerry.

I thank Gerry for keeping me optimistic, for always thinking and for the opportunity to find the healing power in humour.

Neechi Moose and Wápos Teach Social Skills in Thompson by Ellana Zoller

"Mom, I made a new friend today!"

This is the often-repeated phrase that can be heard after our Stepping Out On Saturday (SOS) Manitoba events. As a respite program for kids aged three to 12 who have FASD, SOS is where new friends are made and social skills are practiced.

A Saturday spent in the program can hardly be described as typical. Our day starts with a morning meeting, where we wait quietly for Neechi Moose and Wápos (Rabbit) to appear. These puppets introduce our social skill for the day. The skill is demonstrated in various ways throughout the skit, and later we practice using it in the gym while we play games, during craft time, while cooking or baking together or doing other activities.

Another highlight of the day is music therapy. Russell Peters, a music therapist, joins us for small group sessions. During these sessions, he uses the social skill of the day while singing songs or while the kids play instruments. It is not uncommon to see a child curled up in a bean bag chair, calmed by the steady beat, soothing tones and dimly lit room.

We're joined again by our puppets, Neechi Moose and Wápos, as we end our day with another meeting. In this meeting, we all share our favourite part of the day with each other.

The use of puppets in teaching social skills has been very effective. We try to use less words and more action as we teach, which has helped with the learning process. Kids of all ages, as well as our support workers, are



Neechi Moose and Wápos are puppets used to teach social skills in our SOS Manitoba events.

interested and attentive during our puppet shows.

Recently, we had free play time and one option for play was the puppet theatre. Without adult prompting, kids took turns putting on shows that portrayed their positive skills. Their impromptu performances were excellent!

SOS Manitoba is currently offered in four sites: Winnipeg, Brandon, Little Grand Rapids and Thompson. The Saturday daycamp is held once a month in all four sites.

For more information on the SOS Manitoba program, please contact Gina Kirchmann, provincial co-ordinator, at 204-235-8874. If you are interested specifically in the Thompson SOS program, contact Ellana Zoller, SOS Manitoba's Thompson facilitator, at 204-677-1590 or efriesen@rccinc.ca.

Successful Year for Seven Oaks/Inkster Coalition by Lia Braun, Seven Oaks/Inkster FASD Interagency Committee

The Seven Oaks/Inkster Coalition on Alcohol and Pregnancy (C.A.P.) group has been very busy this year. The group revised and updated the Seven Oaks/Inkster Directory of Services for FASD and held two successful Listen and Learn events for professionals and members of the community.

The first event was a free, half-day workshop at Maples Collegiate on Oct. 27, 2010. Dr. Ana Hanlon-

Dearman and Dorothy Schwab talked about the work of the Manitoba FASD Centre, addressing a crowd of about 100 people. The audience was particularly appreciative of the chance to ask questions and interact with these two very knowledgeable professionals.

The second event was a half-day workshop held at the United Way building on Jan. 28, 2011. Despite

the terrible blizzard Winnipeg had that day, about 40 people braved the wind and snow to participate in the wonderful workshop Erin Klimpke and Dee Bissonette presented. The workshop focused on brain domains and the This is Me booklets used in the Youth Justice Program.

A full-day conference is planned, but has been put on hold because of the flood situation in Manitoba.

Watch for news as to when the full-day conference will be scheduled.

Programs, resources and services for FASD are available through the Seven Oaks Family Services and Consumer Affairs office, the Nor'West Co-op Community Health Centre and the Seven Oaks School Division.

Visions and Voices Heads West

by Jim Compton, Southern First Nations Network of Care (SFNNC)

It was with great pleasure and little fanfare that Visions and Voices headed west to address the largest gathering of health organizations in Saskatchewan.



Jim Compton explains how Visions and Voices started in Manitoba.

The Health Care Quality Summit, sponsored by the Saskatchewan Association of Health Organizations (SAHO), featured presenters Russ Hilsher, Jaysun McLean and Jim Compton. The group was invited to the event to discuss Visions and Voices' public education efforts outside of Manitoba.

Visions and Voices is made up of six role models living with FASD who have agreed to tell their stories on video. These short videos show the everyday problems of living with FASD, delivering messages of hope and encouraging prevention.

Those featured on the videos also take part in public speaking events an average of two to five times a month, and discuss their stories with audiences in the question-and-answer sessions that follow their presentations. Tom Caldwell, co-ordinator of the

Health Care Quality Summit, noted that the Visions and Voices stories were both educational and inspiring.

Jewel Reimer, program manager of Initiatives for Just Communities, believes the videos are a great way to reach audiences. Initiatives for Just Communities is the sponsor behind Visions and Voices.

"These videos get to the emotional impact of living with this disability without shame or blame," said Jewel. "They were made to open up the dialogue with the idea of effecting change."

After viewing the videos, audience members lined up to ask questions and share their experiences. Some spoke about addictions and mental health issues within their own families and communities.

With the ice broken, Jaysun and Russell spoke about how challenging



Jaysun McLean speaks about the challenge of living with an invisible disability.

it is to live with an invisible disability and some of the difficulties they face in their day-to-day lives. They discussed what was important to them, how they have to structure their lives differently to be successful, and the importance of family, friends and FASD supports that have helped them along the way.



Russ Hilsher speaks about living with FASD.

Jim Compton said the conference opened his eyes to the many programs out there that address the issue of FASD.

"It is critical for health organizations, child welfare organizations and the public to get the message and begin addressing the issue in an integrated way," said Compton.

Visions and Voices hopes to increase awareness of how individuals can live successfully with FASD and reduce the shame and blame sometimes associated with this disability. It also hopes to convey that there are supports available to those experiencing addiction, and its understanding that each person's journey through addiction is different.

Jim Compton volunteers as the producer of Visions and Voices and acts as the media spokesperson for the Southern First Nations Network of Care. He has attended numerous FASD events, out of respect to the presenters who need the continuity and support of a trusted advisor when sharing their stories.

In July 2011, Jim will travel to Florida to deliver a presentation, "The Changing Face of Child Welfare," at an international gathering of First Nations media. He will also discuss Visions and Voices, encouraging First Nations journalists to share stories about FASD.

"We are honoured with Jim's continued presence and commitment toward learning about FASD."

-Sue Mozdzen, FASD specialist, Southern First Nations Network of Care

Our Amazing Brains

by Jared Knoll, project co-ordinator FASD
Support Network of Saskatchewan (Reprinted by permission.)

Fetal Alcohol Spectrum Disorder (FASD) is a brain-based condition—but what exactly does that mean?

If we think of the brain as a map, we can gain some perspective on how FASD works.

COMING TO YOUR SENSES

We experience the outside world through sight, sound, smell, taste and touch.

Our sense of sight could be compared to a camera sending images to our brains. This is one sense the brain interprets, processes and responds to with behaviour. For instance, we see a red light and apply our feet to the brake pedal.

Individuals with FASD make the same link between brain and behaviour, but the way they interpret, process and respond to sensory stimulation may be different. This difference can result in highly varied behaviour responses.

UNDERSTANDING PARTS OF THE BRAIN

Brains are almost unimaginably complicated. Even the top neurologists in the world don't entirely understand them!

We do know there are six or seven important parts of the brain that are particularly at risk of being damaged from prenatal alcohol exposure. Of those, there are a few that are especially responsible for brain-behaviour differences in people with FASD.

Knowing more about these parts of the brain can make understanding FASD a lot easier.

THE LIMBIC SYSTEM

The limbic system contains some of the parts that account for brain-behaviour differences in those with FASD—the hippocampus, the hypothalamus and the amygdala.

The hippocampus plays a major role in the creation of new memories. When we talk about FASD and learning problems, we mostly mean that people living with FASD have hippocampal differences.

The hypothalamus is like a thermometer in the brain. When we get stressed, our temperature begins to rise and the hypothalamus works hard to keep us at room temperature. Differences in the hypothalamus mean that people with FASD may have a harder time coping with stress or managing emotional highs and lows.

The amygdala connects thoughts to emotions. Think of one fond memory and one memory that makes you angry. It's the amygdala that attached those emotions to your memories and played a big part in making you happy or angry at the time.

For people with FASD, the amygdala can sometimes act erratically. Inappropriate aggression is caused by an overexcited amygdala. Conversely, if a person with FASD seems distant or withdrawn, their amygdala might be laying down on the job.

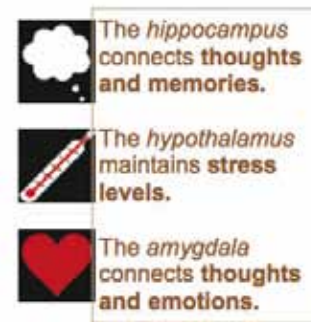
THE PREFRONTAL CORTEX

The prefrontal cortex is another part of the brain that affects brain-behaviour differences. It makes up a large part of the brain, sitting in the area between the forehead and temples. It is responsible for

the brain's executive function, which is the function that recalls knowledge, decides whether it is appropriate and then produces behaviour.

Individuals with FASD often know what should be done or how to behave, but brain differences get in the way of executive function. For instance, those with FASD can understand the rules of the dinner table or the swimming pool, but injury to the prefrontal cortex prevents appropriate knowledge from being translated into appropriate behaviour.

THE ORBITOFRONTAL



CORTEX

At the front of the prefrontal cortex and right behind the eyeballs is the orbitofrontal cortex. This part takes events from the outside world, organizes responses and packages them into emotions.

Normally, emotions enhance our lives by helping us get what we desire and avoid what we fear. They guide us to make decisions.

In people with FASD, the orbitofrontal cortex can be damaged. Because of this, they know what should be done, but brain differences result in the wrong response.

THE MORE YOU KNOW

In our society, there is very little understanding about the link between the brain and FASD's effects on behaviour. These misunderstandings contribute to a "poor fit" between individuals with FASD and the world around them. They can also contribute to the development of secondary characteristics of FASD.



Knowing how the brain works and how prenatal alcohol exposure causes brain differences is important in order to spread awareness and wear away at the "poor fit" little by little. The more you know, the more you can teach others and affect change around you.

SUGGESTED FURTHER READING

Welcome to your Brain, by Sandra Aamodt and Sam Wang

The Human Brain Book, by Rita Carter

Trying Differently, Rather Than Harder, by Diane Malbin

The Secret Life of the Brain, www.pbs.org/wnet/brain

RESEARCH REFERENCES

Riley, E. and C. McGee. "Fetal Alcohol Spectrum Disorders: An overview with emphasis on changes in brain and behaviour." *Experimental Biology and Medicine* 230.6 (2005): 357-365.

Guerrini, C., A. Bazinet and E. Riley. "Foetal Alcohol Spectrum Disorders and Alterations in Brain and Behaviour." *Alcohol and Alcoholism* 44.2 (2009): 108-114.

BRAINS ARE COMPLICATED!

Brains have many different parts and pieces, each with a different name and job. Some are for thinking and some are for feeling, but all are important.

Did you know that it is your basal ganglia that make you grimace when you eat something gross or see someone being cruel?

Many parts of the brain even multi-task!

COPING STRATEGY

Concrete learning, or learning by doing, is one way that individuals and families affected by FASD can cope with hippocampal brain differences.

Changes made in the hippocampus by prenatal alcohol exposure primarily affect aural learning, and to a lesser extent, visual learning. Learning by doing is an effective way to get around this brain difference.

Books About FASD

Sam's Bear

A children's book about FASD
Available from the National Indian & Inuit
Community Health Representatives Organization
(450-632-0892, ext. 224)

Changing Expectations

A booklet about adults with FASD
Available from the Lakeland Centre for FASD
(www.lcfasd.com)

Drawing Hope

Comic book series about FASD
Available from The Healthy Aboriginal
Network (www.thehealthyaboriginal.net)

Online Resources

www.interprofessional.ubc.ca/FASD.htm

If you could not attend the 4th International Conference on Fetal Alcohol Spectrum Disorder, which took place from March 2-5, 2011 in Vancouver, B.C., you can view a webcast of sessions online at the above address.

<http://socialwork.uvic.ca/research/projects.htm>

The Substance Using Women with EASD and FASD Prevention reports and newsletter are available on the University of Victoria's website.

www.winnipegfreepress.com/special/fasd/?section=video

A special section on FASD, *Wounded in the Womb*, is available on the Winnipeg Free Press online edition.

www.asantecentre.org/store.html

The Asante Centre for FAS has opened Minga Marketplace, a place to find FASD resources such as books, DVDs, posters, pamphlets and more.

Other Supports

A FASD family network has been formed in Manitoba, to provide parents of children with FASD a forum to help and support each other. To find out more about this new network, contact Dorothy Schwab at the Manitoba FASD Centre.

project CHOICES

- Are you sexually active?
- Do you drink alcohol?
- Do you want more information on birth control options?

Did you know...

50% of pregnancies are unplanned.
Most women stop drinking once they find out they are pregnant, but this could be weeks or even months into the pregnancy.

There is no known safe amount of alcohol during pregnancy.

Drinking alcohol during pregnancy is the leading cause of birth defects and developmental disorders and could lead to fetal alcohol spectrum disorders (FASD), which are severe, lifelong conditions.

www.projectCHOICES.ca

Project CHOICES

A program intended to help women lower their risk of having an alcohol exposed pregnancy. The program includes:

- 4 sessions with a counsellor to discuss drinking, sexual activity, birth control and goals
- 1 visit with a reproductive health specialist, to get information about birth control options

Project CHOICES is for women who:

- Are 16 or older
- Are sexually active
- Drink alcohol
- Are currently not pregnant

What to expect from us:

- Respect
- Information
- Support in meeting your goals

Project CHOICES Counsellors can be contacted at these agencies:



Nor West Co-op Community
Health Centre
103-61 Tyndall Ave
204-940-8611



Klinik Community
Health Centre
870 Portage Ave
204-784-4072
204-784-4015

Project CHOICES funding provided by:



Manitoba

Carol Robson

by Erin Klimpke, FASD Youth Justice Program

In December 2010, Carol Robson retired from Manitoba Justice's corrections division as the FASD/special needs divisional co-ordinator.

Carol held many important positions in her 35 years of service with Manitoba Justice. She began her career as a correctional officer at the Portage Correctional Centre for Women, then moved onto other roles including acting superintendent at Milner Ridge Correctional Centre, project leader of the Core Competency and Training team, and central training co-ordinator for new correctional officer recruits.

Carol was always dedicated and passionate about her work. She was generous with her time and a strong advocate for women in corrections, FASD/special needs and mental health offenders. She was a trailblazer, helping to develop the FASD Youth Justice Program. Carol also developed many partnerships within government and non-government agencies supporting individuals with FASD and mental health concerns.

Carol earned many awards as recognition for her hard work. She received a Government of Manitoba Service of Excellence award in the leadership category in 2002, and was given an honourable mention again in 2007. Carol was also a recipient of the Gertrude Child memorial scholarship.

Carol modelled our core values, set the standard for others and showed accountability for her actions. She was an excellent coach and mentor, working to prepare the leaders of tomorrow.

Since retiring, Carol has remained actively involved in the community by educating professionals on FASD. She provides a number of workshops and continues to teach at the University of Winnipeg.

The FASD Youth Justice Program hopes to maintain Carol's commitment, perseverance and vision in the area of FASD. Congratulations, Carol, and all the best in your retirement.

Deborah Kacki

By Anita Posaluko, Interagency FASD Program

Deborah Kacki's family and friends gathered on April 19, 2011, for an intimate farewell celebration that acknowledged Deborah's contributions and accomplishments in the field of FASD.

Deborah began working with the Interagency FASD Program in 1995 as a program counsellor, and soon after, became the co-ordinator of the program. Her leadership was always thoughtful, patient, wise and discerning.

Those who worked with Deborah felt valued and supported, as did those she helped in her work. Deborah has encouraged women's voices and provided opportunities for them to tell their own unique stories. Her belief in working from "where the family is at" is one of the biggest reasons why the Interagency program has been so successful at supporting families.

Deborah has been passionate about advancing services in the field of FASD. She has the ability to form a vision and draw others into the many exciting projects she has been a part of. Thanks to Deborah's input, new tools and programs have been introduced to enhance the services offered in Manitoba to individuals with FASD. Her partnership in the development of the FASD Youth Justice Program and subsequent collaborative efforts with the creation of the This is Me booklets are just a couple of examples.

Deborah has been a voice for FASD since we can recall hearing the term FAE. Her commitment to her community, partnerships, committees and networks and authorships has been invaluable. She has also helped develop programs like the Manitoba FASD Information Line and contributed to many other meaningful projects that continue to impact the field of FASD today.

We wish Deborah all the best in her life's adventures and with her new home in British Columbia with her family.

Colleen Allen

By Lia Braun

Colleen Allen retired in April 2011, after 47 years working with the Addictions Foundation of Manitoba. She is a pioneer in the field of addictions and a champion of women's issues within that field.

Colleen became one of the first women to work with alcoholics, a role that at the time was reserved for men. She was also involved in developing the first residential addictions facility for women in Manitoba.

In the mid-1970s, the differences in the way women metabolize alcohol were gaining recognition and the effects of alcohol on a fetus were becoming known. Forty years later, Colleen is still working to advocate for better understanding, treatment and programs for women struggling with their addictions.

Colleen has worked tirelessly at the AFM to combat addiction and prevent FASD, first as a rehabilitation counsellor, then as a national trainer and finally as a prevention education consultant. Her work is not over now that she is retired.

"In plain terms, she is one of the few people who have lived and breathed progressive addictions treatment in Manitoba from the start," said Lindor Reynolds, a columnist with the Winnipeg Free Press newspaper. "Allen's passion and experience will be in high demand after her last day at work."

Colleen will continue working on a volunteer basis in the addictions field, sitting on committees and taking part in research studies.



From left to right: Jill Isbister, Cathe Umlah, Deborah Kacki, Mary Cox-Millar, and Holly Gammon.

Manitoba Coalition on Alcohol and Pregnancy (MCAP) – Membership Form

Thank you for your interest in the Manitoba Coalition on Alcohol and Pregnancy (MCAP). MCAP membership is open to all Manitobans with an interest in fetal alcohol spectrum disorder (FASD). MCAP will facilitate representation from across the province through the use of teleconferencing technology. Anyone may attend a MCAP meeting, however only voting members may participate in making decisions for MCAP. There are no membership fees or dues. Members must complete and submit annually a membership form confirming their intention. The type of membership chosen reflects the level of commitment to MCAP. Voting members are encouraged to attend meetings regularly to ensure quorum can be established at each meeting. Voting members are asked to let the MCAP administrative co-ordinator know when they are unable to attend a meeting.

Name: _____ Date: _____

Organization (if applicable): _____

Mailing address: _____

Tel: _____ Fax: _____ Email: _____

Please indicate the type of member you wish to be:

Individual Voting Member: An individual voting member is a person with an interest in FASD, who is not representing an organization. Voting members are committed to attending meetings on a regular basis and are engaged in MCAP activities.

Organizational Voting Member: An organizational voting member is a person representing an organization. The membership will be held by the organization who will appoint a representative to vote at MCAP meetings, participate in MCAP events and receive minutes and correspondence. Each organization will have one vote. An alternate may attend meetings to represent the organization. The organization is committed to providing a representative to attend meetings on a regular basis and engage in MCAP activities.

Individual Non-Voting Member: An individual non-voting member is a person not representing an organization, interested in receiving the FASD News and invitations to MCAP events but does not wish to participate in the operation of MCAP. Individual non-voting members are encouraged to attend MCAP meetings, however if they wish to participate in the administration of MCAP they must change their membership to a voting member.

Organizational Non-Voting Member: An organizational non-voting member is an organization with an interest in receiving the FASD News and invitations to MCAP events but does not wish to participate in the operation of the MCAP. The organization will identify a contact person to receive information. The organization is encouraged to send a representative to attend MCAP meetings, however if they wish to participate in the administration of the MCAP they must change their membership to a voting member.

Ex officio non-voting member: MCAP funders.

**Please mail the completed form to:
Kerri Hiebert, MCAP Administrative Coordinator
299 Truro Street, Winnipeg, MB R3J 2A2**