



Living With FASD

Fall 2007

FASD Support Network
of Saskatchewan Inc.



When we do the best we can, we never know
what miracle is wrought in our life, or in the life of another.

Helen Keller

FASD Support Network of Saskatchewan Board Members and Staff



Board Members 2007-2008



Back row: Beverly Palibroda (staff), Kim Skidmore, Lisa Brownstone, Sandy Overs, Angela Schmolke (staff), Rae Mitten, Trudy Shingoose. Front row-Marilyn Macdonald, Shirley Hellquist, Marion Tudor, Sylvia Nagy. Board members not pictured: Sharon Taylor, Ingrid Friesen and Tracy Breher.

Living with FASD
Fall 2007

Publication Committee

Beverly Palibroda, Kim Skidmore and Sylvia Nagy.

Living with FASD is published twice yearly by the FASD Support Network of Saskatchewan Inc. This publication is a benefit of membership. Memberships are available for \$15.00. Please support us by contacting the office to become a member of the Network.

Article Submission

The next issue of *Living with FASD* will be distributed in the Spring of 2008. The deadline for submissions is February 15, 2008. The Network welcomes personal stories, poetry, photos, article reviews or research findings. To discuss submissions or story ideas please contact Beverly at 975-0806 or by email at: fasdcommunications@sasktel.net.

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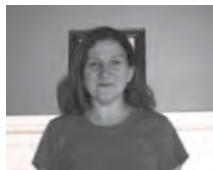
We are online!!

To access additional articles, information and resources prepared by the Network, please visit our website at

www.skfasnetwork.ca



Warm welcome to our newest board members Tracy Breher and Ingrid Friesen. Both Tracy and Ingrid are parents and joined the board at our most recent Annual General Meeting in June 2007.



Staff Contact Information

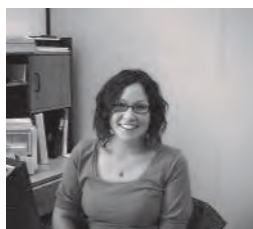


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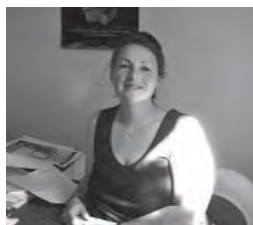
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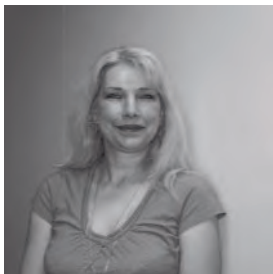
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President's Message

by Trudy Shingoose



I believe we need to do all that we can to empower and strengthen families...

A huge hello to all! As my first message as president of the Board of Directors of the FASD Support Network of Saskatchewan, I would like to express my deepest thanks to the many wonderful people who have, through the years, persevered to develop and strengthen the Network and its initiatives. My number one goal in the next two years is to promote acceptance and understanding of FASD through advocacy, lobbying, increased supports and training. The strength of the Network has always come from the countless individuals who were determined to overcome the roadblocks placed in front of them as they tried hard to promote awareness of FASD. I will proudly continue this work.

I would like to introduce myself to those of you I haven't yet had the pleasure to meet. I presently live in Yorkton with my husband Raymond and my two teenagers Sheldon and Miranda. I have spent the majority of the last 19 years working and advocating for better resources and supports to meet the needs of children and young adults with various challenges in their lives.

Through my work I came to realize that information about FASD was not readily available. Parents and professionals alike were confused about FASD and the various life-long difficulties experienced by children, youth and adults living with this disability. I was particularly concerned about the lack of understanding about effective support strategies and ways to teach these young people things like academics, social skills and life skills. As many of you know much of the information and funding in the early years focused on the prevention of FASD. I began gathering all the information I could find about FASD and effective supports. I convinced my workplace to allow me to speak about FASD at information sessions, conferences, schools and foster parent trainings.

It was during this time that I was invited to attend a board meeting with the Network. I have learned so much more since

becoming a board member of the Network and hope that I am successful in continuing the vision of the members and board of directors.

I believe we need to do all that we can to empower and strengthen families. We need to do away with shame and stigma and continue to focus on the strengths and positives of each individual. We need to promote individualized supports and eliminate the attitude that one size fits all. We need to continue to promote change and in order to do so we must promote ACCEPTANCE.

On Behalf of the Board and staff at the Network, I welcome all of you to join us in our quest for acceptance and understanding. Feel welcome to share your thoughts, hopes, dreams, ideas and even your wish list of supports with us.

Thank you.

Trudy Shingoose

Become a Member of the FASD Support Network of Saskatchewan

You can support the work of the board of directors and staff of the Network by becoming a member of our organization. Membership is \$15.00 annually and includes E-mail notices of events and resources, copies of all new materials as they are produced, receipt of our quarterly newsletter, *Network News* as well as our biannual publication *Living with FASD*.

Please call the office for information on how to become a member; contact information on page 12.





FASD Support Network Around the Office



Results of the Online Needs Assessment Survey

We know that individuals in Saskatchewan have varying levels of knowledge and understanding of FASD. Some have extensive practical experience combined with theoretical knowledge, while others are just beginning to learn about FASD. Clearly, one type of training can not meet the varying and unique needs of all who are interested in learning more. As an organization with a commitment to the provision of information and education, it is necessary that we periodically explore the informational needs and interests of parents, caregivers, professionals and community members. Late in the winter of 2007 the Network conducted an online survey as a means of gathering this information.

An invitation to participate in the online survey was posted on the FASD Network Website and distributed by email to an extensive list of individuals and organizations. The invitation to participate in the survey resulted in a response from 318 individuals. We were pleased with the success in achieving survey responses from all regions of the province with an even distribution of respondents from both rural and urban areas. Additionally, we were pleased to hear back from a number of parents and caregivers. We remain committed to connecting with and representing parents and caregivers and will continue to look at ways of increasing contact with this group. Those who identified as professionals included educators, health care

workers and a variety of front line service providers with representation from the fields of early childhood, addictions, social services, justice, housing and employment. Interestingly, parents and professionals both identified that the top three ways they typically gain information is by: 1. Attending a workshop or information session 2. Surfing the Internet 3. Reading a booklet, pamphlet or magazine. Respondents to the survey rated the topics most interesting to them as: the steps to getting services or support for persons with FASD and the thinking, learning, behavioral or physical injury that may occur as a result of FASD.

It seems that the majority of the survey respondents who are interested in attending a workshop want to have the opportunity to both listen to information and ask questions of the presenter. The need to ask questions seems to be very important and indicates a willingness to be involved and interactive. Added to the interest in asking questions, the respondents indicated that one of their highest needs was

for information regarding services and support for persons with FASD. By this, we may conclude that they want to ask questions about services and support and there is a need for this type of information throughout the province.

Based on the results of the online needs assessment survey, it is clear that the FASD Support Network of Saskatchewan must maintain our commitment to provide quality education and training throughout the province. Community members continue to be interested in not just attending informational workshops, but also gaining information from the internet and print materials. In the coming year we will certainly make an effort to inform the community and supply information in a variety of formats including workshops, online information and accessible print materials. Even though our online survey has been completed, we are always willing to accept feedback and hear ideas from those interested in FASD. Please see page 12 for our contact information.

EXTRA, EXTRA

- In the near future we will be announcing a series of FASD workshops and training opportunities. The workshops will be free of charge and held in various communities around the province.
- Planning is in the works for an exciting parent gathering and workshop. This event will be for parents and caregivers and will include plenty of opportunities for learning new information while connecting with other parents and caregivers.
- The Network has an extensive email list and we have developed a reputation for sharing valuable information about FASD. Please contact us to be added to the list. You will receive notification of events, news, resources and our quarterly newsletter *Network News*.



Information and Resources



Local Author, Beverly Brenna, Comments on her New Book

The Moon Children

by Beverley Brenna
paperback (140 pages), Red Deer Press, \$9.95 (available in North American bookstores) author's website: www.beverleybrenna.com

Synopsis: Staring across the street the day after his father disappears, eleven-year-old Billy Ray is startled to see one of his classmates, an adopted Romanian girl, gazing at the sky and then writing in a notebook. She is keeping a moon journal, cataloguing the phases of the moon to keep alive a secret memory. Although he has an FASD and struggles with many things typical kids take for granted, Billy's good-heartedness and zest for life intrigue Natasha, and their friendship gives each other the courage to reach for their dreams. And Billy needs all the help he can get when he enters the talent contest at the park. He has been practicing yo-yo tricks, hoping to impress his father, but when things don't turn out as planned, Billy must decide what is important and what is worth fighting for.

I began to write a first draft of *The Moon Children* about twelve years ago, and at that time wanted to explore the effects of adult alcoholism on a nuclear family. As my work evolved as a teacher of children with special needs, I began thinking about my decision to have Billy Ray affected only from the outside by his parents' drinking, and wondered what his character would be like if he were affected from the inside-by prenatal alcohol exposure.

Two years ago, when I finally completed the draft of the manuscript that would be published, I was

happy with my decision to include Billy as a main character with an FASD. It isn't common for children with special needs to be given leading roles in literature. I think if anyone deserves to be considered a hero, it's someone fighting the battles that Billy fights every day due to his mental and physical challenges.

I also wanted to present a sensitive picture of Billy's mom, Chris, who is truly a hero in her own right. She certainly didn't intend for her drinking to affect Billy prenatally, and she has found a way to grow from the mistakes she made in the past, working on a second, healthier pregnancy, as well as on her relationship with Billy's father. Zak, however, remains in denial about his own problem drinking and continues to try to draw Chris back into a party lifestyle.

The book is intended for ages nine to twelve, but older audiences and adults might find it interesting. Although I initially developed it as entertainment, I now hope that it might take on a life of its own in terms of educating our youth. Perhaps if some young readers better understand the causes and effects of Fetal Alcohol Spectrum Disorders, they might move into adulthood with a more helpful perspective about prenatal care. In addition, typical kids might be more sensitive to someone near them who struggles with an FASD, and others battling this disability might gain hope and courage from seeing themselves represented in a work of fiction (not that any one character can truly depict all this condition implies).

Communities continue to need to work together to increase understandings of particular disabilities, and, where FASD is concerned, we still have work to do in accepting and supporting people with related challenges as well as assisting with prevention. Solutions do not involve a simple equation, and the more creative thought which community members can put toward the puzzle, the better!

I am hopeful that in some small way, my book might make a difference. On my website (www.beverleybrenna.com) I include a teachers' guide for educators and families as they explore related issues. I am deeply grateful for the wonderful support I have seen children receiving from caring families, peers, teachers and administrators, in addition to other support staff and health care professionals, and it is through an educator's perspective that I have been most fortunate in knowing some of our real-life heroes with FASD. It is important to note that while the characters in this novel are not based on real people, it is certainly our local heroes who have inspired this work of fiction.



Beverley Brenna is a Saskatoon educator; *The Moon Children* is her fifth children's book.

Community News and Activities



Update on the CDS

By this time, many residents of Saskatchewan will have heard of the Cognitive Disabilities Strategy (CDS). The CDS is a government strategy intended to improve the lives of individuals and families affected by a diagnosed or suspected cognitive disability like FASD. The CDS is a province wide strategy administered through the health regions. Each health region has a regional contact or a Cognitive Disability Consultant in place. Families or individuals can contact the individual listed to gain more information about services and support or to apply to the strategy. Expected outcomes of the Cognitive Disabilities Strategy are:

- Improve the availability of assessment and diagnosis services
- Provide services to address the unmet needs of people with cognitive disabilities and their families

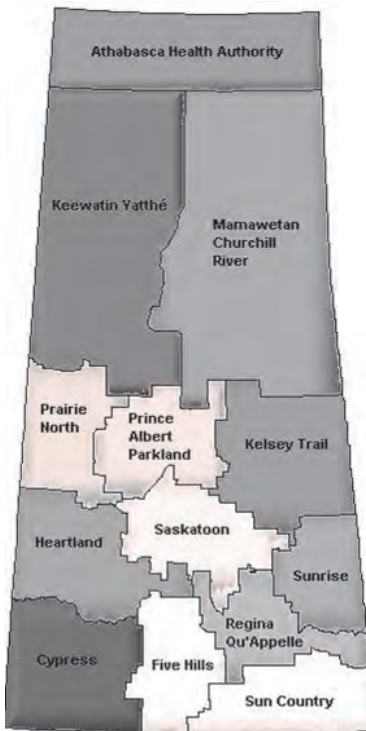
- Provide training opportunities to enhance the knowledge and skills of people who provide services to individuals with cognitive disabilities
- Enhance FASD prevention and intervention initiatives throughout the province

The term cognitive disability may be unfamiliar to some people. What this means is that an individual has an impairment in functioning related to mental processes. Some examples of cognitive impairments include problems with learning, reasoning, perception, memory storage and retrieval and problem solving. The CDS has developed specific criteria for determining the presence of a cognitive disability and eligibility for the strategy.

The criteria are as follows:

- Significant limitations in learning and processing information. Individuals are limited in retaining knowledge, learning skills, making decisions, and communicating with others;
- Behaviour challenges, which result in limited interpersonal, social and emotional functioning;
- Developmental challenges which limit capacity to adapt to daily living in areas such as self-care, independence at home, in the community, at work or leisure;
- Limitations and impairments that are persistent and long-term;
- Not specifically tied to IQ score.

Reference:
 Provincial Cognitive Disabilities Strategy. Interdepartmental Working Group. Ginny Lane, Chairperson Saskatchewan Health
 Phone: 787-3862
 glane@health.gov.sk.ca



Cognitive Disability Regional Contacts

Please contact the regional representative in your area to enquire about application information. You can also contact the FASD Support Network for assistance with your application.

Athabasca Health Authority	Saskatoon
Javier Hilario.....439-2200	Cathy Deneiko.....955-3344
Keewatin Yatthe	Wanetta Laird955-3344
Liz Durocher833-5520	Sunrise
Mamawetan Churchill River	Michelle Houston.....786-1384
Dolores Miller425-6671	Cypress
Prairie North	Liz Gordon.....778-8476
Suanne Carter.....821-0165	Five Hills
Prince Albert Parkland	Don Mitchell.....694-0203
Lisa Chambers.....765-6578	Regina Qu'Appelle
Kelsey Trail	Ryan Labatt.....751-5659
Rick Peters752-8767	Denise Swallow.....751-2480
Heartland	Sun Country
April Deacon.....778-8609	Michelle Houston.....786-1384

Community News and Activities



Creativity and Cooperation Enhance FASD Prevention and Awareness

by Heather Sinclair

Prevention and awareness of FASD can take many forms. KidsFirst Regina and the Regina Prairie Peacemaker's Guild recently partnered in a creative project to create awareness of FASD and the importance of not drinking alcohol during pregnancy.

A small working committee developed a curriculum for use with families involved with the KidsFirst Regina program. The FASD curriculum was written to enhance the curriculum currently used by the KidsFirst home-visitors. Basic information on FASD was provided to the participating families.

Following learning about FASD, each family had the opportunity to create their own message about FASD. The message was shared with others on a quilt square. All the quilt squares were gathered and handed over to the Prairie Peacemaker's Guild who jumped on board to create the finished project.

Each square of the quilt represents a family that now has knowledge about FASD and the importance of not drinking alcohol during pregnancy. The hope is that the families who gained knowledge of FASD by working on this project, may now share what they learned within their circles of family and friends.

KidsFirst Regina would like to thank all the home-visitors and the families who participated in this project. Thanks also to the Prairie Peacemaker's Guild and the working committee who made this project happen.

Heather Sinclair is the program facilitator for KidsFirst in Regina. KidsFirst provides support and services to families of children from birth to five. Home visitors help family members to learn and be the best they can be. If you would like more information on KidsFirst or this project, please contact the KidsFirst at 766-6790. <http://www.earlylearning.ca/kidsfirst.htm>

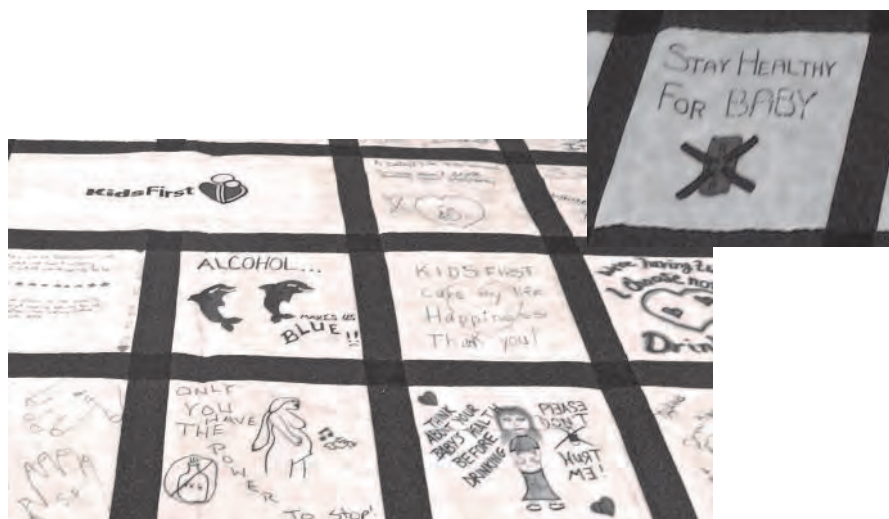


New Resources from the Saskatchewan Prevention Institute

Four new resources about alcohol use in pregnancy have been released for healthcare providers.

- Enhancing Patient Care: Clinical Approaches to Addressing Alcohol Use in Pregnancy (manual)
- Alcohol and Pregnancy: Things you need to know (brochure)
- Screening for Alcohol Use (desk reference)
- Fetal Development (quick reference poster)

To find out more about these resources, contact the Saskatchewan Prevention Institute, www.preventioninstitute.sk.ca





National FASD

News, Research and Stories



Third National Biennial Conference on Adolescents and Adults with Fetal Alcohol Spectrum Disorder

FASD and Mental Health: The Wisdom of Practice

April 10 - 12 , 2008
The Coast Plaza
Vancouver, BC, Canada

Adolescents and adults with FASD have a high frequency of emotional and behavioural problems that can range from difficulty coping with life's challenges to severe psychological and psychiatric disorders. In the absence of empirically validated effective treatment approaches, professionals and caregivers have been developing a "Wisdom of Practice" response to both the unique and common needs of individuals, their families, and service providers.

This conference will highlight what has been shown through this "Wisdom of Practice" to be most effective in the diagnosis and treatment of mental health issues in individuals with FASD, and treatment and support for their families and service providers. This conference will also focus on enhancing creative approaches to support, treatment and program planning with the goal of effective policy development and implementation.

Abstract Submission Deadline:

September 15, 2007

Meaning of Mental Health

Definitions of mental health are changing. It used to be that a person was considered to have good mental health simply if they showed no signs or symptoms of a mental illness. But in recent years, there has been a shift towards a more holistic approach to mental health.

Today, we recognize that good mental health is not just the absence of mental illness. Nor is it absolute – some people are more mentally healthy than others, whether you are mentally ill or not. These realizations are prompting a new kind of focus on mental health that identifies components of mental wellness and mental fitness and explore ways to encourage them.

Positive Approach to Psychology

A group of psychologists, led by Martin E.P. Seligman, a psychology professor at the University of Pennsylvania and past-president of the American Psychological Association, wants to shift the emphasis in their discipline from a disease model to a health model, called “positive psychology.”

Instead of looking at how society’s negative aspects affect us, their aim is to investigate the positive qualities that help people flourish. These include courage, optimism, hope, honesty, interpersonal skills, work ethic and perseverance.

Consider these key characteristics when assessing your own mental health:

Ability to enjoy life – Can you live in the moment and appreciate the “now”? Are you able to learn from

the past and plan for the future without dwelling on things you can’t change or predict?

Resilience – Are you able to bounce back from hard times? Can you manage the stress of a serious life event without losing your optimism and a sense of perspective?

Balance – Are you able to juggle the many aspects of your life? Can you recognize when you might be devoting too much time to one aspect, at the expense of others? Are you able to make changes to restore balance when necessary?

Self-actualization – Do you recognize and develop your strengths so that you can reach your full potential?

Flexibility – Do you feel, and express, a range of emotions? When problems arise, can you change your expectations – of life, others, yourself – to solve the problem and feel better?

You can gauge your mental health by thinking about how you coped with a recent difficulty. Did you feel there was no way out of the problem and that life would never be normal again? Were you unable to carry on with work or school? With time, were you able to enjoy your life, family and friendships? Were you able to regain your balance and look forward to the future?

Taking the pulse of mental health brings different results for everyone; it’s unique to the individual. By reflecting on these characteristics, you can recognize your strengths, and identify areas where your level of mental fitness could be improved.

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National FASD News, Research and Stories



Trekking Across Canada by Beverly Palibroda

Bruce Ritchie, father to David Ritchie, a young man affected by FASD, began a journey 17 years ago. The journey of raising a child affected by a disability is one for which there is no roadmap and one with both great joy and sorrow.

In May 2007 Bruce Ritchie began another journey, this time his journey involved a cross-Canada trip. The plan was to travel across this vast land by horse, stopping in various communities, attending events, and sharing a message of prevention and awareness of FASD with the people along the way.

The journey across Canada has not been without difficulties. We truly can not predict the future and even high hopes cannot ensure a smooth path. However, like the journey made by parents raising children affected by FASD, a good approach is to simply carry on and sort things out along the way, ask for help when it is needed and be as creative and resourceful as you can be. Early on in the cross Canada travels, due to a series of unfortunate events, the horse ride component of the journey was discontinued. Bruce carried on and was joined by his son David and family-friend Casey Newby. The trio has also been accompanied by a faithful dog named Duchess.

When the group reached Saskatchewan they found that they were warmly supported. Public events were held in Regina, North Battleford, Saskatoon and Maple Creek. The FASD Support Network of Saskatchewan, with funding from

the Saskatchewan Liquor and Gaming Authority, financially supported each event. Fortunately, parents, families and community members eagerly took on the task of event planning in each community. A special **THANK YOU** to those who participated in and planned events in Saskatchewan. We are proud of your enthusiasm and willingness to take part in this important FASD awareness activity.

As summer winds down, Bruce Ritchie and his traveling companions are making their way back through Canada on the journey home. We wish them well and hope that the remainder of the travels are successful in creating new friends and connections with those they have met along the way.

Throw your dreams into space like a kite and you do not know what it will bring back, a new life, a new friend, a new love, a new country.
- Anaís Nin



Bruce Ritchie speaks of his experiences on the road.

News Items from Across Canada

- **Enhanced access to FASD programs and services**

The Government of Alberta has announced a \$4 million boost to help improve quality of life for Albertans affected by FASD. News Release May 30, 2007.

- **Yukon Government Announces Community Wellness Court**

Establishing the Community Wellness Court is part of the Yukon government's commitment to integrate a therapeutic problem-solving court into the Yukon justice system. Offenders with challenges such as addictions, Fetal Alcohol Spectrum Disorder (FASD), or mental health problems will now be able to work with the court to address their treatment needs. News Release April 30, 2007.

- **Federal NDP renews calls for warning labels**

As part of a strengthened fetal alcohol prevention strategy a motion has been made to require warning labels on alcoholic beverages. Press Release New Democratic Party of Canada April 23, 2007.



International FASD News, Research and Stories



The FASD Elephant™

by Michael L. Harris, M.A., L.P.
Indian Health Board of
Minneapolis, Inc.

Do you remember the story about the six wise men who couldn't see the elephant they were describing? Each had a different belief about the elephant based on the part of it he had touched. One grabbed the tail and thought the elephant was like a rope; the tusk reminded another of a spear; the leg felt like a tree. Each was partly right, but they all were wrong, too.

Sometimes, I think FASD is an elephant.



Since 1996, I've seen more well-meaning caregivers and professionals in my psychology practice unwittingly struggle against FASD than I care to remember. They want their child or student or client to succeed, but, more often than not, their efforts fall flat or backfire, and they grow frustrated and demoralized.

Usually, they're only seeing a single part of FASD, rather than the whole elephant.

Prenatal alcohol can impair up to ten domains of brain functioning (e.g., memory, learning, attention, sensory integration, etc.), creating a jumble of symptoms interpreted differently by everyone. Caregivers see defiance. Teachers see learning problems. Doctors and psychologists see ADHD. People in the grocery store see "bad parents" or "a bad kid."

Any or all of these interpretations could be partly true, but without seeing the whole elephant, they're all wrong because each one suggests a different response. Defiance means punishment. Learning problems mean special education. ADHD means medication. Poor parenting means parenting classes. Partly true perspectives lead to chaos when we're really dealing with the FASD Elephant™.

The solution is to remember that the FASD Elephant™ is brain damage. FASD is a disability that can disturb any aspect of a person's behavior, but it demands a multi-modal, coordinated approach rooted in a brain damage perspective. To really make a positive impact, we must focus on the brain damage—not on the behaviors. As Diane Malbin says, "Don't try harder, think differently."

Brain damage requires different thinking. When a problem arises, ask yourself, "What is really going on here?" Think about which brain domain might be creating a challenging behavior. Then, try strategies based on that person's identified brain strengths and weaknesses. See the overall picture of what is happening first... look at the whole FASD Elephant™. Otherwise, this rogue elephant will trample all over you.

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Granted July 15, 2007.

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www.FASDElephant.com

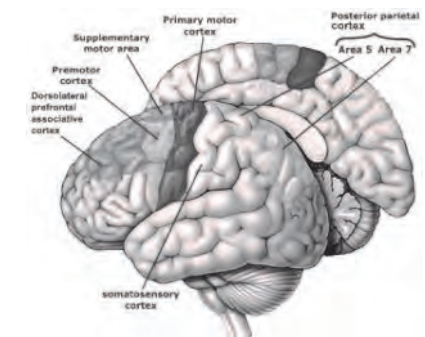
Partly true perspectives
lead to chaos when
we're really dealing with the FASD
Elephant™.

A Website Devoted to Our Amazing Brains

Review by Beverly Palibroda

The Brain from Top to Bottom
http://thebrain.mcgill.ca/flash/index_d.html

I must admit I have not always been fascinated by my brain. In fact, I have taken my brain and all the miraculous workings of my brain for granted. As you spend more time thinking about Fetal Alcohol Spectrum Disorder and the associated injury to the brain, you can't help but become curious about the precise workings and structure of the brain. There really is a wealth of information available in print and on the internet about the physical structure, design and workings of the human brain. I have stumbled upon a website that is particularly good, easy to navigate and provides three levels of information: beginner, intermediate, and advanced. All materials on this website are covered by "copyleft" meaning that they are free for public use. You can reprint, copy and distribute the information as needed. I hope you enjoy this site.



Copyleft symbol





FASD: Questions and Answers

by Beverly Palibroda



Q. What is the difference between the primary and secondary disabilities of FASD?

Fetal Alcohol Spectrum Disorder (FASD) describes a range of lifelong disabilities resulting from prenatal exposure to alcohol. We know that maternal alcohol consumption injures the structure, function and design of the brain, resulting in a physical disability, that is mostly invisible to us (Malbin, 2006). It is helpful to understand the various primary and secondary disabilities that may go along with this invisible injury to the brain.

When we talk about **primary disabilities**, we mean those disabilities that a child is born with that are caused directly by the prenatal exposure to alcohol. Primary disabilities may impact cognitive, physical, behavioural, or sensory functioning. The most significant primary disabilities are those that result from neurological damage to the central nervous system. Some examples of primary disabilities are impaired **cognitive functioning** (how we think, ability to perform mental tasks and intellectual functioning) including:

- slower cognitive pace and reduced ability to pay attention,
- difficulty with judgment, perception, prediction, and planning,
- trouble with abstract thought and generalizing information from one setting to another,
- difficulty with learning and memory, leading to story telling and filling in the blanks that might be perceived as lies.

In addition to impaired cognitive functioning, **behavioural disabilities** are an issue. Some examples are:

- problems with interpersonal skills and reading social cues,
- impulsive actions along with a lack of inhibitions,
- actions resulting from poor understanding of boundaries and ownership,
- struggles with regulating emotion,
- rigid and inflexible behaviour patterns,
- being easily influenced, overly trusting, and **dysmature** (Malbin, 2006) meaning they act younger than they are,
- sleep problems and being overly active.

While many of the disabilities relate to cognitive functioning and behavioural issues, there are some **physical and sensory disabilities** that are worth noting, such as:

- delayed motor development and poor motor control,
- lower height and weight along with characteristic facial features,
- hearing impairments and auditory processing problems,
- damage to body systems like the skeletal, renal, and circulatory systems,
- high or low pain tolerance, sensitivity to light, sound, texture or stimulation.

This is a long list of primary disabilities. Keep in mind that no two people are alike and each person will experience varying affects; some will be affected mildly and others will be significantly affected. This holds true for secondary disabilities as well.

Secondary disabilities are those difficulties that arise later in life due to a poor fit between the individual's needs and ability to function in a particular environment. Complications arise most often because of an undiagnosed primary disability, a lack of intervention, lack of services, or ineffective strategies and unrealistic expectations.

Some common secondary disabilities and characteristics related to FASD are mental health problems, low self esteem, difficulties with school, trouble with the law, being a victim of crime, substance use and abuse leading to addictions, employment problems, inappropriate sexual behaviour, housing problems and homelessness (Streissguth et al. 1997). Secondary disabilities can be prevented through the presence of protective factors like a stable nurturing home, early diagnosis, effective support and environmental accommodations. It is important to be alert to the development of secondary disabilities and then access those services and supports that are available in the community. You may need to encourage community service providers to become informed about FASD.

With the recognition of the primary disabilities associated with FASD and an awareness of the vulnerability to secondary disabilities, we can all better support individuals living with FASD. For more information please contact the Network office; contact information on page 12.

Reference:

Streissguth, A. (1997) *Fetal Alcohol Syndrome: A Guide for Families and Communities*. Baltimore, MD: Paul H. Brookes Publishing. pp 270 -275.
Malbin, D. (2006) Training Session, Regina, Saskatchewan.



Upcoming Events And Learning Opportunities

For further event information contact the Network

FASD Support Network of Saskatchewan Inc.

510 Cynthia Street
Saskatoon, SK S7L 7K7
Toll Free: 1-866-673-FASN (3276)
In Saskatoon: 975-0884
fasdnetwork@sasktel.net
www.skfasnetwork.ca

The vision of the FASD Support Network of Saskatchewan, a parent-led organization, is for individuals with Fetal Alcohol Spectrum Disorder and their families to recognize themselves as safe, supported, valued and contributing members of the community.

To reach this vision we provide support to people with Fetal Alcohol Spectrum Disorder, their families and circles of support by:

- Providing information and education
- Promoting early assessment, diagnosis and intervention
- Advocating for the development of life-long support services for individuals with FASD
- Establishing partnerships
- Working to increase awareness of FASD



Prevention Matters Conference

October 22-24, 2007 Saskatoon, Saskatchewan
Hosted by the Saskatchewan Prevention Institute. Conference themes: Childhood Injury; Parenting; Alcohol, Tobacco and Other Drugs; Maternal and Infant Health; Reproductive Health; Self Care and Motivation; Work and Family Balance; Learning Disabilities and Resources; High Risk Situations and Solutions; Child and Youth Development.
Contact: Pam Barker Tel: 306-655-2516 Fax: 306-655-2511
Website: <http://www.preventioninstitute.sk.ca/> and click "Events" section
E-mail: pbarker@preventioninstitute.sk.ca

'Life Long Learning': Fall Forum on Fetal Alcohol Spectrum Disorder

Thursday, November 15, 2007 Edmonton, Alberta
The aim of this forum is to bring frontline professionals and caregivers together in an opportunity for networking and knowledge exchange. This year's topics include: Sensorimotor dysfunction, behavioural challenges facing our children and current Alberta research in the area of Fetal Alcohol Spectrum Disorder. Early bird registration is \$45/person (until Oct 1, 2007), after early bird \$60/person.
Website: <http://www.region6fasd.ca>
E-mail: Lisa.Rogozinsky@catholicocialservices.ab.ca
Tel: 780-477-1999, Ext 234 Fax: 780-477-2499

National Drug and Addictions Awareness Week (NAAW/DAW)

November 18-24, 2007
Drug Awareness Week (DAW) began as a grassroots initiative in the early 1980s and was officially recognized as National Drug Awareness Week in 1987 by the minister of Health and Welfare at the time -- the same year that Canada's first national drug strategy was launched.
Location: Various locations across the country
Website: <http://www.naaw.net/>
http://www.ccsa.ca/CCSA/EN/Partnerships/NAAW_DAW/

Issues of Substance 2007

November 25 - 28, 2007 Edmonton, Alberta
Hosted by: The Canadian Centre on Substance Abuse
CONTACT: Call 613-235-4048 ext 243
Or visit <http://www.issuesofsubstance.ca/IOS/EN/>

Canada Northwest FASD Partnership Conference

May 21-24, 2008 Banff, Alberta
The Canada Northwest FASD Partnership, a partnership of 7 provinces, will be holding a conference. Details will be available in the near future.
Website: <http://www.cnfasdpartnership.ca/index.cfm>