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Alberta PCAP Council Newsletters are back! We are excited to once again provide you with quarterly newsletters that will include information on upcoming meetings, events, and various topics of interest or concern for PCAP workers and supervisors. Our hope is to share best practices from all over Alberta and from trainings received in Seattle, the birthplace of the PCAP Model, to assist you in supporting your clients and your communities! You are invited to submit questions, concerns, stories, and ideas that you would like to see shared to pcap@telus.net. We will do our best to respond to all of your feedback!

Upcoming Meetings

Alberta PCAP

Supervisor's Meeting

Alberta PCAP Council is pleased to offer the PCAP supervisors a face to face meeting; a time to connect with colleagues throughout the province.

Date: November 19th—20th

**Location: Sawridge Inn Edmonton South
4235 Gateway Boulevard N.W.
Edmonton, AB**

Components of the meeting will include the following:

1. Networking/connecting opportunities facilitated by Tammi Crowley, PCAP Council co-chair
2. Data Tool & Database Implementation facilitated by Kristin Bonot, PCAP Data Analyst.
3. PCAP Manual Launch facilitated by Alberta appointed PCAP trainers.

Alberta PCAP

Supervisor's Meeting Cont'd

Meeting Agenda: November 19th

12:00 p.m.— 12:45 p.m. Lunch Reception

1:00 p.m.—4:00 p.m. Networking/
Connecting

4:00 p.m. – 4:30 p.m. Closing by...

Meeting Agenda: November 20th

8:30 a.m.—9:00 a.m. Coffee/Tea
Networking

9:00 a.m.—12:00 p.m. Data Tool &
Database
Implementation

12:00 p.m.—12:45 p.m. Lunch

1:00 p.m. — 4:00 p.m. PCAP Manual Launch

4:00 p.m.—4:30 p.m. Closing by

Mandatory Training

Facilitator Training in Seattle

The PCAP model has been a positive and growing influence in Alberta since 1999. The model is a three year relationship based program that focuses on the prevention of drug and alcohol use during pregnancy. The PCAP program has grown substantially in Alberta over the years with a total of 23 PCAP sites at present. There is a high prevalence of fetal alcohol spectrum disorder across the world and, as Albertans, we need to be aware that we have significant support and education making Alberta the most responsive province in Canada to advocate for prevention of alcohol and drug related births. PCAP is a program that will continue to create the awareness and support for women that is much needed.

PCAP's primary goals are to assist substance-abusing pregnant and parenting mothers in obtaining alcohol and drug treatment, staying in recovery, and resolving myriad complex problems related to their substance abuse; to assure that children are in safe, stable home environments and receiving appropriate health care; to link mothers to community resources that will help them build and maintain healthy, independent family lives; and finally, to prevent future births of alcohol and drug-affected children.

The Parent Child Assistance Program (PCAP) train-the-trainer was a success!



Six individuals, including Ashley Baxter seen in the photo, were hired by the PCAP Council to provide adequate and frequent Alberta specific PCAP training. Alberta now has six exceptionally capable women that are able to teach the PCAP model true to its fidelity. Council Member, Bonnie Taks, who attended the training said, “The (training) experience resulted in an overwhelming success as our Alberta Facilitators demonstrated their knowledge of the PCAP Program and abilities to engage with their audiences in a very productive manner...We are very pleased to announce that Alberta has its own Certified PCAP Trainers.”

The PCAP Council would like to congratulate Debbie Collins and Pam van Vugt as the appointed trainers for Southern Alberta, Tracey Knowlton and Alaina Thursby as the appointed trainers for Central Alberta, and Ann Carson and Ashley Baxter to train in Northern Alberta. The aforementioned trainers had the pleasure of being personally trained by Dr. Therese Grant herself. We would also like to thank three council members that attended the training in Seattle and will be available to support each set of trainers in the province, Bonnie Taks, Tammi Crowley and Teresa O’Riordan. Without the dedication and support of Alberta’s PCAP Council we would not have been given the opportunity to have a program of this magnitude available to Albertans.

PCAP trainers and council members who attended had the opportunity to visit the Pike Place Fish Market and learn about the Fish Philosophy, which embodies an entire way of life involving making positive change. To get a sense of how to “Catch the Energy & Release Potential” go to <http://www.youtube.com/watch?v=gNDP9jLuzXU> and ENJOY!!!

For Mentors:

- Addictions/Relapse Prevention/Harm Reduction
- Case notes/data collection
- Children Exposed to Family Violence
- Circle of Courage—Response Ability Pathways
- Compassion Fatigue
- Cultural Diversity
- Cultural Sensitivity
- FASD
- FOIP
- First Aid/CPR
- First Responder
- Infant CPR
- Mental Health First Aid
- Reflective Counseling
- Reflective Supervision
- Safety in the workplace/working alone
- Sexual Abuse
- Supporting Individuals through Valued Attachments (SIVA) - replaces non violent crisis intervention
- Universal Precautions

Addiction Severity Index (ASI) Training

Thank you to all those who attended another successful two-day session on ASI Training held on November 1 & 2 in Edmonton at HIV Edmonton. We appreciate Ron Jackson braving the beginning of our Alberta winter weather to facilitate learning on how to effectively administer the ASI.



Outcomes Tracking Application Update

The Alberta PCAP Council has been working endlessly to create a central repository for data from PCAP services across Alberta. The past several months have been dedicated to the development of this “Outcomes Tracking Application”. Penelope is a case management software developed by a Canadian group called Athena. In April 2012, the Alberta PCAP Council purchased 20 licenses to Penelope, through an organization in British Columbia called the Inter Tribal Health Authority (ITHA). Staff at both Athena and ITHA have been very helpful in customizing Penelope for Alberta PCAP sites. Here are some current numbers that indicate our progress:

10 sites trained on Penelope

49 current users

114 clients entered in the OTA

90 biannuals entered

50 ASIs entered

Training continues and a Data Oversight Committee has been created to help support the data collection and research efforts. Thanks to all the programs for your support and cooperation. If you have any questions or suggestions

Birth Control

In one year of having sex without contraception 850/1000 women become pregnant. A woman who has one single sexual encounter without protection is 40% likely to get pregnant. The difference between typical use of contraceptives (including cases of incorrect use) and perfect use of contraceptives is the difference between 400 and 90 pregnancies respectively. That means that incorrect use of contraceptives can contribute to producing up to 310 more unintended pregnancies than when perfect use of contraceptives is practiced.

The following chart contains information about the most used methods of birth control. They are listed according to most popular use.

#1 Choice—Oral Contraceptive

What is it?

Also known as the “pill”. Tablets are taken once a day at a specific time. There are a variety of brand names with various strengths and formulations; they come in packs of 21, 28, or 91 pills.

Effectiveness in preventing pregnancy

Typical (including incorrect) use: 92%

Perfect use: 99.7%

Advantages

- 1) Does not interfere with intercourse
- 2) Regulates menstrual cycle and reduces menstrual flow and cramps
- 3) Decreases premenstrual symptoms, acnes, hirutism, and the risks of endometrial and ovarian cancers
- 4) May reduce perimenopausal symptoms

Disadvantages

- 1) May alter the menstrual cycle (symptoms usually subside after 2-3 months)
- 2) Must be taken every day at the same time
- 3) May increase the risk of blood clots in some women
- 4) Should not be used by women who are breastfeeding or over the age of 35 who smoke
- 5) 5) does not protect against STIs

Birth Control Cont'd

Suggestions for use of “the pill”:

- 1) Pick the same time and same place each day and associate swallowing the pill with a daily routine. For example, ensure that the pills are visible (and out of the reach of children) in the bathroom and take when brushing your teeth.
- 2) Set the alarm on your cell phone to remind you to take your pill, renew your prescription, etc.

#2 Choice—*Intrauterine system (the “IUS”)*

What is it?	A T-shaped device inserted into the uterus.
Effectiveness in Preventing Pregnancy	Typical (including incorrect) use: 99.8% Perfect use: 99.8%
Advantages	<ol style="list-style-type: none">1) A long-acting method that works for 5-7 years2) No contraceptive routine is required3) Does not interfere with intercourse4) May reduce menstrual flow, cramps, pain and risk of endometrial cancer5) Some women may stop having menstrual cycles6) May be suitable for women who are breastfeeding and/or are over the age of 35 who smoke
Disadvantages	<ol style="list-style-type: none">1) May cause irregular bleeding in the first few months2) Perforation of the uterus may occur during insertion (this is rare)3) Insertion may be uncomfortable or painful4) May fall out of the uterus (6% during 5 years of use)5) Should not be inserted in women who have had an STI or pelvic infection within the last three months6) Must be inserted and removed by a health care professional7) Does not protect against STIs

Birth Control Cont'd

#3 Choice—Injectable Contraceptive (The “shot”)

What is it?	<ol style="list-style-type: none">1) Contains only one hormone called progesterone (no estrogen)2) A reversible method of contraception given by a health care professional in the upper arm or buttocks every 12 to 13 weeks (four times a year)
Effectiveness in Preventing Pregnancy	Typical (including incorrect) use: 97% Perfect use: 99.7%
Advantages	<ol style="list-style-type: none">1) Good for 3 months for someone who is forgetful (no daily contraceptive routine is required)2) Women will stop having periods: over 50% after one year, more than 66% after two years3) Reduces menstrual cramps, the risk of endometrial cancer, and the frequency of seizures in epilepsy4) May improve symptoms of endometriosis, premenstrual syndrome, and chronic pelvic pain5) Effectiveness is not affected by most medications6) May be suitable for women who cannot take estrogen, who are breast-feeding, and/or are over the age of 35 who smoke
Disadvantages	<ol style="list-style-type: none">1) Initially irregular bleeding is quite common2) Causes a decrease in bone mineral density which may return to normal when a woman stops using the injection3) May be associated with weight gain in some women4) Takes an average of nine months after the last injection for the ovaries to start releasing eggs again5) Must be administered by a health care professional6) Does not protect against STIs

The Compassionate Contraceptive Program provides free oral, patch, and ring contraceptives. You can access the form from your Public Health Nurse or go to sexualityandu.ca for more information.

New Resources

FASD Virtual Community of Practice

by Kimber Norbury-Sulin, Lethbridge College

Be sure to join the [FASD Community!](#) [GO](#) to the web address below and sign up as a member of this community capacity building venture so you can network, connect, learn and share with others.

<http://www.fasdcommunity.ca>

<http://www.facebook.com/FASDEducation>

<http://www.facebook.com/#!/LCDCR>

FASD Virtual Community of Practice was developed through Lethbridge College, was launched in May and is growing every day.

The virtual community has multiple tools and resources to help you connect with others who are working and servicing in the field of FASD. Once you join there is an overview video that gives you an idea of some of the possibilities available to you and all the community members. The more active each person is the more vibrant the network will become and the more connected and informed everyone will be. Some of the opportunities on the site include but are not limited to the following:

- You can connect with other PCAP groups by creating a private or public group and inviting people to join it.
- You can connect with provincial FASD Network service providers and other professionals.
- You can connect with other service agencies and people across Canada who also share an interest, passion and knowledge related to FASD.
- You could hold online meetings, online trainings or workshops with other PCAP service providers using the video chat feature.
- You can learn about the latest research as those who conduct the research join to disseminate their findings on the site.
- You can post events, find or share conference information and see what services are offered in other communities.
- You can share job postings and find qualified staff.
- You can create a support group for those you service or a staff network and direct people to the site for information and resources.
- You can add articles, videos, links and info to the resource library and direct people there.
- You can learn more about the Lethbridge FASD Education program that is offered completely on line as well as any other possible training or workshops that are offered in various communities or online.

Kimber Norbury-Sulin

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Lethbridge College

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Expression of Interest

For

Council Representatives

Scope

Expression of Interest (EOI) Purpose

The Parent Child Assistance Program (PCAP) Council would like to fill vacant spots on the council with the most qualified and interested individuals within the realm of PCAP in desired geographic regions.

Project Background

The PCAP Council evolved from the Targeted & Indicated Prevention Training Sub-Committee reporting to the Fetal Alcohol Spectrum Disorder – Cross-Ministerial Committee (FASD-CMC). It was felt that the PCAP programs in Alberta needed program specific supports and funders such as the CMC were in need of policy information.

The purpose of the PCAP Council is to assist programs in adhering to the research-based, validated PCAP model to promote program fidelity and quality assurance. The Alberta PCAP Council will support programs to operate throughout the province in an educated, culturally safe, thoughtful, and efficient manner that is consistent with the Alberta PCAP model.

Project Description

Vision, Mission and Goals

We envision a province where women with substance abuse issues are well supported in their communities to have healthy pregnancies and healthy families. The Alberta PCAP Council will support programs to operate throughout the province in an educated, culturally safe, thoughtful, and efficient manner that is consistent with the Alberta PCAP model.

The goals of the PCAP Council are to develop PCAP training capacity in Alberta, to facilitate the delivery of Alberta PCAP training, to develop, maintain and distribute an Alberta specific program manual, to develop and maintain a PCAP model data collection system, to coordinate support for PCAP programs and to facilitate effective communication amongst all stakeholders.

Expression of Interest

For *Expression of Interest*

Council Representatives Cont'd

Council Members will:

- Commit to a two year term with an option of renewal
- Be an active member of the Council by participating in Council activities and committee work for goal achievement

Location of Service

The Alberta PCAP Council meets the second Tuesday of every month excluding summer months. Meeting formats include face to face meetings in Edmonton, and audio/video conferencing.

All members of the Council are strongly encouraged to attend the face to face meetings scheduled in Edmonton to participate in the Strategic Planning Day, the Annual General Meeting, the Mentor Day, and Supervisor Gathering. This list is not exhaustive; potentially there could be more or fewer face to face meetings.

Budget

This is a volunteer position. Members will be reimbursed for travel, accommodations and meals for face to face meetings.

If you have a passion for PCAP work, and would like to contribute to the success of PCAP Programs in Alberta, we would like to hear from you. Becoming an Alberta PCAP Council member is a great way to share your knowledge and experience, and to participate in this exciting work on a new and challenging level. Please forward a letter outlining your interest in participating in PCAP Council, being sure to include a brief description of your knowledge and experience with PCAP work and a description of support from your employer.

Letters can be forwarded to: Ashley Baxter (Vice-Chair) at abaxter@bissellcentre.org.

Alberta PCAP Council

Your Current PCAP Council Members:

- Co-Chair: Teresa O’Riordan, Executive Director, NWC Alberta FASD Services Network
Email: toriordan@fasdnetworknwc.ca
- Co-Chair: Tammi Crowley, Program Supervisor, Catholic Social Services PCAP, Edmonton
Email: tammi.crowley@catholicsocialservices.ab.ca
- Vice-Chair: Ashley Baxter, Fetal Alcohol Spectrum of Services, Bissell Centre
Email: abaxter@bissellcentre.org
- Member: Sharlene Campbell, PCAP Lethbridge
Email: sharlene.campbell@albertahealthservices.ca
- Member: Pam van Vugt, PCAP Calgary
Email: pam.vanvugt@mcman.ca
- Member: Audrey McFarlane, Lakeland Centre for FASD
Email: AMcfarlane@lcfasd.com
- Member: Bonnie Taks, McMan Central Alberta
Email: bonnie.taks@mcman.ca
- Member: Sharon Dillon-Gauchier, Metis Settlements Tri Settlement Area
Email: sdgauchier@msgc.ca
- Member: Ann Carson, Northwest Region FASD Society-Mackenzie Network
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- Member/Banker: Linda West, Health Families Healthy Futures—Westlock
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- Member: Mary Berube, Edmonton and Area Child and Family Services
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- Contractor: Kristin Bonot, Quality Assurance
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- Contractor: Rhonda deLorme, Administrative Assistant
Email: pcap@telus.net