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Alberta PCAP Core Training

From October 17-19, 2018, 14 new and experienced PCAP staff joined together to take the PCAP Core Training in Calgary, Alberta. Passionate trainers Pam van Vugt and Debbie Collins were joined by our new PCAP trainer Tracy Renshaw and took the trainees through the PCAP Council User Manual. The trainers addressed everything from PCAP origins and history and theoretical framework to real life examples, tips, safety, and PCAP forms.

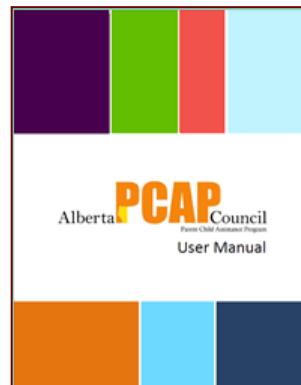


The Difference Game

The Difference Game promotes a conversation around the various avenues of support that might benefit our PCAP women most effectively. Mentors practice with the Difference Cards at the training to best learn how to incorporate the activity with their clients.

The PCAP User Manual

The User Manual is given to all new mentors and contains all the relevant information needed to work as a PCAP mentor as well as all the necessary forms.



Congratulations to the 14 participants who completed their 3-day PCAP Core Training!

FASD Awareness Day 2018

FASD Awareness Day is recognized internationally as the day to promote education on FASD and encourage not only those with FASD but also the people who support and care about them. This September 9th was the 19th year since the first FASD Awareness Day!

North-East Alberta FASD Network

NEAFAN hosted an event on September 9th at Macdonald Island, Fort McMurray. NEAFAN supported the "Red Shoes Rock" awareness campaign theme and lots of kids enjoyed rock painting while families interacted with NEAFAN staff throughout the day and enjoying hot beverages and cookies. After painting the rock, the kids were advised to hide it anywhere around Wood Buffalo Region for people to find it. Underneath each painted rock has NEAFAN contact information.



FASD Awareness Day was celebrated across Canada again this year with the Rocking Red for FASD initiative, hosted by **Red Shoes Rock Stop FASD**. Participants wore red, especially red shoes, to start conversations and raise awareness. Check out their Facebook page! @redshoesrock



The Calgary Fetal Alcohol Network and other partnering agencies hosted a breakfast and carnival in the park. Many came sporting Red Shoes for FASD Awareness. The morning facilitated conversations around the strengths of those with FASD as well as addressing stigma in conversations about FASD and alcohol consumption.

Ottawa Walks for FASD Awareness

A group of individuals with FASD, their families, and those who support them gathered to walk for FASD Awareness to Ottawa City Hall. This was the first walk in Ottawa in over a decade, and was successful in promoting awareness and understanding to the community, and support for those with FASD and the people who care for them.

Four members from **the Network Action Team on FASD Prevention** (pNAT) reflected on the work they had done in the area of prevention practices and research in their community of Victoria, BC. Lenora Marcellus, Associate Professor of Nursing, University of Victoria, discusses how alcohol is often overlooked in terms of negative impact compared to opioids and how the "current opioid crisis provides us with a unique opportunity for FASD prevention." To read the full reflections from the four members, visit: fasdprevention.wordpress.com

FASD Awareness Day 2018

Lakeland Centre for FASD

Bonnyville had nearly 200 people attend their FASD Day BBQ on September 9th for FASD Awareness Day. Bluewave Energy partnered in the event and provided supplies for cooking the burgers and hot dogs. They also hosted a Mock-Tail challenge in Cold Lake and a pancake breakfast in Lac La Biche.



The Regina FASD Community Network is working together to reduce the stigma associated with FASD and educate on the complexities of the disorder. Each year for FASD Awareness Day, the group observes September 9th. This year they gathered outside of City Hall, followed by a walk to the Eagle Heart Centre for a barbeque. Women shared their experiences dealing with addiction while pregnant and the importance of a loving support network. The event highlighted that there are many reasons why a woman may drink during pregnancy and that makes FASD not 100% preventable. This awareness is crucial to move towards further education and a lessening of the guilt and stigma surrounding the disorder.



Message from the Minister of Community and Social Services, Irfan Sabir on International Fetal Alcohol Spectrum Disorder Awareness Day 2018

“Every child deserves the opportunity to live a healthy life and reach their full potential. We all play a role in supporting expectant mothers to have healthy, alcohol-free pregnancies. Our government is dedicated to ensuring people who live every day with the effects of prenatal exposure to alcohol have the supports they need and are fully included in communities, at school and in the workforce. We are dedicated in our efforts to raise awareness and educate Albertans on how to prevent FASD. And we want individuals affected by FASD to feel they can reach out for help without fear of shame or stigma.

“Across the province, there are 12 FASD service networks that offer diagnosis, assessment, prevention and support for those impacted by FASD. We remain committed to providing funding to support FASD assessment and diagnosis, prevention and support programs for those living with FASD throughout the province. I’m inspired by your dedication, commitment and hard work to make life better for all Albertans.”

www.alberta.ca/release.

New PCAP Director

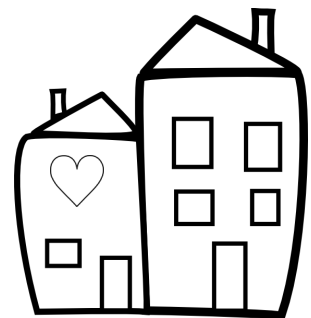
Welcome, Wendy!

The Alberta PCAP Council would like to welcome and introduce one of our newest Directors, Wendy Bouwman Oake! Wendy began her career as a lawyer, moving to legal aid for five and a half years before joining the Boyle McCauley Health Centre in Edmonton where she has been since 2013. She now oversees both the Boyle McCauley's Pathways to Housing program and the Pregnancy Pathways program, which lead her to the PCAP Council. Wendy is inspired in her work supporting women through the transitional housing program, recognizing the resilience of the women and seeing how hard they work to create better lives for their children. In her free time, Wendy is a soccer mom and enjoys to travel whenever she can.

Pregnancy Pathways

The Pregnancy Pathways program is a transitional housing program in Edmonton that can host up to 12 woman and their children. The new apartment building has been in operation since June 25, 2017 and the first resident was able to move in early this year.

Women who are experiencing homelessness can join the program at any point in their pregnancy and can stay about 6-8 months post-partum, depending on each woman's individual journey. The goals of the program are to provide safe housing for the woman and her child, provide a sense of community, and assist with any supports she may need to carry on after leaving the program. These supports can include: navigating CS services, addressing mental health and addiction issues, developing life and parenting skills, or any other areas that a woman identifies as something the program can help them develop. Many of the clients have been referred to Pregnancy Pathways from the H.E.R program, as well as the nurses and practitioners from the Boyle McCauley Health Centre, community agencies, and few self referrals.

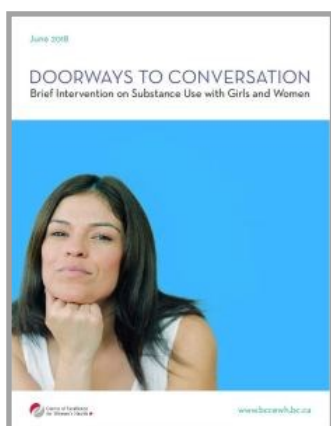
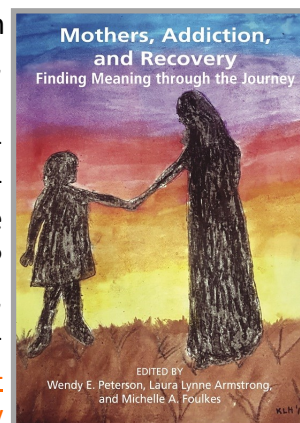


The core foundations of the program centre around harm reduction, trauma informed care, and a client directed system of care. The program is also focused on being culturally sensitive by having traditional practices and teaching available for all women. So far, the program has accepted 10 women and 8 babies into the program!

For more information about Pregnancy Pathways or other programs with the Boyle McCauley Health Centre, visit: <http://www.bmhc.net/pregnancy-pathways.html>

Publications and Resources

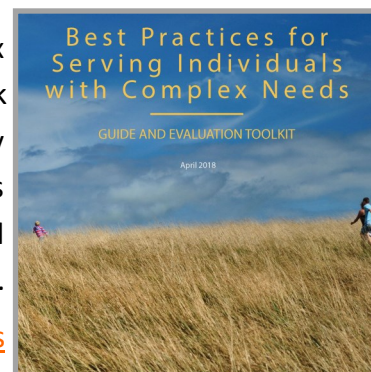
A new book titled "Mothers, Addiction, and Recovery: Finding Meaning Through the Journey" is an anthology edited by Wendy E. Peterson, Laura Lynne Armstrong, and Michelle A. Foulkes that shares personal accounts and research around a woman's experience with mothering in the context of addiction. "Individual chapters focus on a variety of addictions during pregnancy or mothering including misuse of substances, food and smartphones. A central theme of the book is the meaning of women's maternal identity as key to recovery." Look for the PCAP article "Mothering and Mentoring: The PCAP Women's Quilt" by Dr. Dorothy Badry, Kristin Bonot, and Rhonda Nelson." For more information and to purchase the anthology, visit: demeterpress.org/books/mothers-addiction-and-recovery-finding-meaning-through-the-journey



The Centre of Excellence for Women's Health recently released a new resource for health and social services providers titled "Doorways to Conversation Brief Intervention on Substance Use with Girls and Women." This guide describes conversations with a range of service providers that are relevant to the practice of intervention with girls and women during the preconception and prenatal periods. In addition to this longer resource, a shorter conversation guide titled "50 Ideas for Dialogue, Skill Building, and Empowerment" to guide how to provide brief interventions through conversations. To access these guides, visit: bcccewh.bc.ca/2018/06/doorways-to-conversation-brief-intervention-on-substance-use-with-girls-and-women

CanFASD released "Best Practices for Serving Individuals with Complex Needs." This best practice guide provides information for those who work closely with or care for an individual with complex needs. It provides key measuring tools used to assess current progress and to inform future services by providing a guiding framework. Visit the CanFASD website to view this, and many more resources.

Canfasd.ca/topics/interventions/best-practices



What does FASD awareness actually mean? A recent resource guide by The FASD Prevention Conversation compiles resources on topics related to FASD, prevention, and awareness, created for this year's FASD Awareness Day and useful at any time. The resource answers questions such as *Why do Girls and Women Drink During Pregnancy?* and *Why is an FASD Diagnosis Important?* and also provides resources on what practices have been working for prevention and awareness as well as a sharable FASD Fact Sheet. Visit preventionconversation.org/2018/09/01/girls-women-alcohol-and-pregnancy-fasd-awareness-what-does-that-mean to view the resources.

Article Summary: FASD Prevalence in General and Special Populations

Prevalence in General Populations

Fetal Alcohol Spectrum Disorder was first defined in North America in the 1970s. Since then, researchers have been trying to best answer the question "How many people have FASD?"

FASD is a largely invisible and complex disorder making it difficult to measure. There are three common methods used to estimate FASD rates: Passive surveillance records the number of documented diagnosis, clinic-based studies track maternal alcohol consumption and follow up with the child, and active case ascertainment studies seek out participants to examine. Active case ascertainment is the most accurate method but is costly and time consuming; most research is conducted using the first two methods.

One of the first studies published on FASD prevalence in the United States in 1997 initially reported a rate of 1%, and more recent studies increased the estimate to 2-5%. Less detailed research exists for Canada with prevalence estimates ranging by province and research method. In Alberta, the estimate is 1.4-4.4% using a passive surveillance method. The overall prevalence estimate for North America is 4% of the population, making Canada in line with overall estimates. Research in Canada will be expanding with a project funded by the Public Health Agency of Canada, partnering researchers from CanFASD, the Centre for Addiction and Mental Health, and Canadian Centre of Substance Use and Addiction.

FASD has begun gaining more global recognition, but research is limited. Estimates vary from the highest in South Africa at 11% to the lowest in eastern Mediterranean countries at 0.01%. Global FASD prevalence rate is estimated at 0.8%.

At the 4% rate in North America, FASD is: "2.5 times more common than Autism Spectrum Disorder (1.52%) and 28 times more common than Down Syndrome (0.14%)"

Prevalence in Special Populations

While FASD can affect individuals of every age, gender, and background, researchers believe FASD prevalence rates vary between populations, showing that some populations are at greater risk. Understanding the factors that may lead to higher rates of FASD is crucial to understanding support needs.

Children in state care such as foster care and orphanages are the focus of more targeted FASD research. From a 2013

study, it was estimated that children in care across the globe had a pooled FASD prevalence of 18%. The possible causes for a higher rate in this population may be due to children being removed from homes with substance use.

It is shown consistently that individuals with FASD are far more likely to be involved with the justice system at some point in their lives. While exact rates vary by the method of data gathering, it is estimated that "60% of adolescents and adults with FASD reported contact with the justice system" at some point in their lives. This is important when showing that individuals with FASD may be more vulnerable to victimization and involvement with authorities.

Mixed research makes it difficult to conclude on exact prevalence rates in Indigenous communities, but it is largely understood that FASD is not an isolated issue to Indigenous communities. Previously, three studies showed a higher FASD rate in Indigenous communities; however, these studies are outdated and used limited research methods making the results unsupported. More recent studies show that in North America and Australia, FASD rates do not differ considerably between Indigenous and non-Indigenous populations.

"Importantly, the continued surveillance, stigmatization, and stereotyping of Indigenous populations may contribute to the misbelief that FASD is over-represented in these communities, and pursuing this dialogue without sound research evidence could further perpetuate the marginalization experienced by Indigenous children, women, families, and communities."(2)

Immigrants to Canada are also believed to be a population vulnerable to higher rates of FASD. Little research is available on prenatal drinking patterns in Canadian immigrants, but existing data shows that immigrant woman who did consume alcohol during pregnancy did so at a rate lower than or equal to native-born women of Canada and USA. More research is needed to understand the risk factors associated with this significant population.

Article Summary by Laudine Herzog

General Population: Flannigan, Katherine; Unsworth, Kathy; Harding, Kelly; "The Prevalence of Fetal Alcohol Spectrum Disorder" CanFASD Issue Paper (2018). Web. 20 Sept. 2018.

Special Populations: Flannigan, Katherine; Unsworth, Kathy; Harding, Kelly; "FASD Prevalence in Special Populations" CanFASD Issue Paper (2018). Web. 20 Sept. 2018.

CanFASD Language Guide and Common Messages

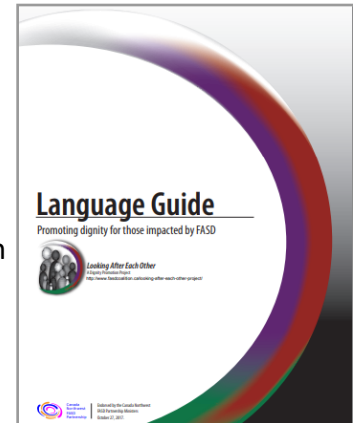


CanFASD recently release two informing documents on FASD. The Language Guide is part of a Dignity Promotion Project to encourage respectful language for individuals with FASD and the community. The Language Guide is divided

into audiences, and breaks down commonly used language and phrases and what the appropriate language looks like. The Language Guide also explains why this shift in language is critical when speaking and writing respectfully about people impacted by FASD. Find the Language Guide here: goo.gl/Q5Kg6r

The Common FASD Messaging document provides clear information on the statistics around important aspects of FASD, including prevalence rates, costs to society, strength-based language, and legal issues. The resource expands each issue by including current research, the take-away message and why this matters in the context of FASD. Find the Common Messaging Guide here: goo.gl/piyMJp

The use of both these documents in all levels of discussion or writing about FASD will provide consistency in information and also provides a sensitive, person-first vocabulary.



PCAP Council Updates

Refresher Training

The Online PCAP Refresher Training has been piloted thanks to the help of mentors around the province. The Online Refresher Training will be available to all programs to take by the end of 2018. It is recommended that mentors take the online training 12-18 months after they completed the PCAP Core Training. The online training is also accompanied by on-site Refresher Trainings tailored to your agency.



ASI Review

The Alberta PCAP Council is working together with Dr. Nancy Poole to conduct a review of the Addiction Severity Index (ASI) intake form currently

being used by PCAP supervisors at client intake. The review will provide feedback on the form and its best uses to streamline the PCAP intake process.

ASI Support Documents

The PCAP's Data Oversight Committee has added ASI supporting documents to the website. A client rating scale, calendar templates, and an interview introduction guide are now available under Penelope forms and Documents.



Updated Training List

An updated PCAP training list is available on page 9 as well as: ibb.co/hC0UoL

Penny's Corner

Over the past couple months PCAP's Quality Analyst (QA) has been reaching out to the many PCAP agencies to talk about their needs. The aim is to make sure everyone is comfortable using Penelope, understands the ease of using it, and to have the QA take over some of the less enamoring administrative functions like setting up new clients, closing file and reassigning staff to clients.

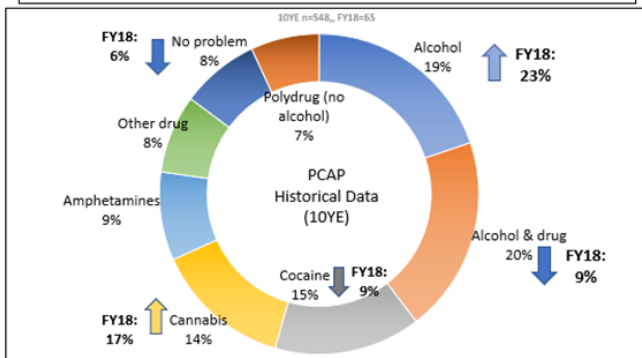
In addition to identifying training and any system cleanup needs, these conversations will help inform PCAP Council of agency needs, the relative number of PCAP clients consenting to Penelope use, number of agencies able to conduct ASIs and agency progress at fulfilling funder requirements to use Penelope. If you'd like any of your staff to get going with Penelope, get a refresher or just talk about Penelope, please send Keith Covey an e-mail at qa@alberta-pcap.ca.

Note: Many funding agreements include a Penelope use requirement. Additionally, Alberta PCAP has also been discussing ways to assist smaller agencies needing assistance beyond Penelope.

Annual General Meeting (AGM) Data Recap

This past June, Alberta PCAP held its 2017-18 AGM. During the AGM we looked at some of the Penelope data for the 2017-18 fiscal year (FY18) in comparison to older and longer-term data pulled for the Alberta FASD Strategic Plan 10-Year Evaluation (10YE) led by Policy Wise for Children and Families. The newer FY18 data provided some insight into the ever changing issues facing PCAP clients. Here we'll look a few of the differences noted:

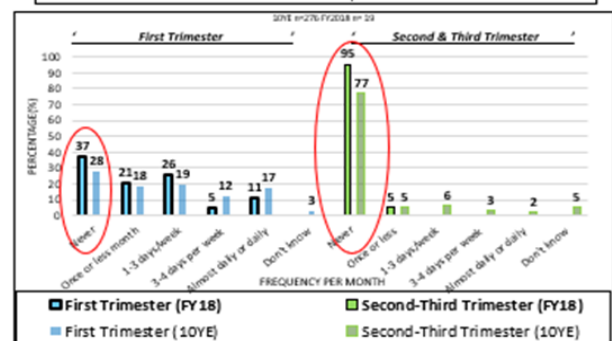
Which substances are the major problem at intake?



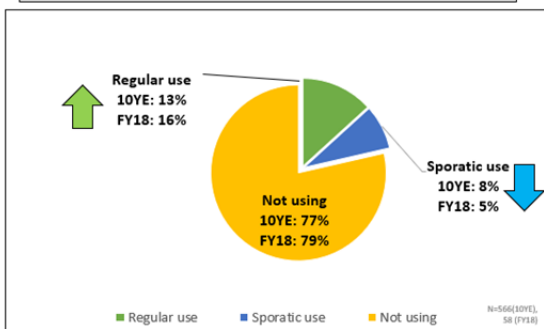
At intake, a key difference between the 10YE data and the more recent FY18 data related to substances reported as being the major problem. In the past, Alcohol and Alcohol & Drug combined were reported a major problem by 2 out of 5 respondents (19% & 20% respectively, 39% combined). In the last fiscal year, that fell to 1 in 3 respondents (23% & 9%, 32% combined). In the FY18 data, more women reported Alcohol being the major problem, and far fewer women reported Alcohol & Drug as being the major problem.

Also noted was an increase in the proportion of recent FY18 clients reporting "never" consuming alcohol in their 1st trimester (9% increase in FY18), 2nd & 3rd trimesters (combined 18% increase in FY18) than was seen in the previously collected 10YE client data.

Percentage of PCAP women's alcohol use First trimester vs. second / third trimesters



Around the time of conception PCAP Women's pattern of birth control use



Regarding birth control use at the time of conception, the 10YE historical data indicated that nearly 4 out of every 5 of PCAP clients were not using birth control. The newer FY18 client data indicated that the lack of use of birth control around the time of conception had increased by 2%. Among both 10YE and FY18 intake clients, about 1 in 5 report being either regular and sporadic birth control users. However, in the FY18 intake data a 3% shift towards more regular use was noted. Additional smaller differences due to "Do not know" responses are not shown.

Penny's Corner, con't

At intake, the housing situation of clients was shown to have worsened in FY18 from that noted in the past 10YE data. Nearly half of FY18 clients reporting living in homeless or transient living conditions at intake compared to the historic pattern of under 1 in 3 clients historically reporting in the 10YE data. That represented a 17% jump in the in homeless or transient responses. (Not highlighted were smaller changes amongst the other reporting categories.)

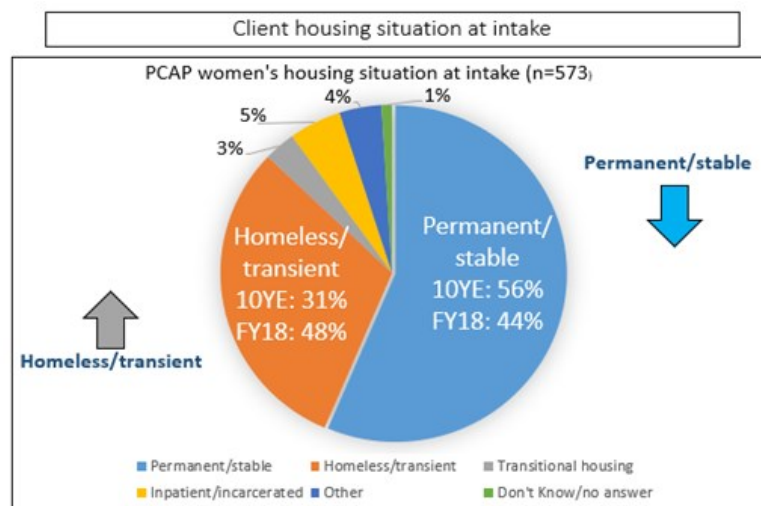
Of significance though, there was a 12% decrease to 44% in permanent and stable housing situations at intake (56% in the 10YE data falling to only 44% in the FY18 data). Biannual reporting (not shown) indicated that once in the PCAP program, recent clients (April 2015 on) benefited from PCAP involvement with the percentage of women in permanent/stable housing situations returning to 50% at 6 months and further increasing and leveling off around 60% at 18 months and beyond.

It was also noted that recent PCAP client at intake were reporting less abstinence from alcohol compared to the historical data, however by 30 months under PCAP mentorship the biannual data early indications are that newer clients may be to be having more success at abstaining from alcohol.

Additional findings in the FY18 data show that though employment is rare, there was a slight increase in women being employed. There is also an increase in percentage of children living with a relative upon discharge from the hospital. CPS is still involved about half the time. Recent 3-yr biannual data show from April 2015 onwards, there's a decrease of the number of women who have open cases with Alberta Children's Services, falling from falling from 53% of women at 6 months, to 39% at 18 months and 35% at 30 months.

We can only speculate as to some of the underlying causes of the changes seen in the aggregated data. There are likely many and varied influences. It's important to keep in mind that this data does not reflect all PCAP clients. The data reflects the clients that are currently entered into Penelope. Additionally, we know that every PCAP client has very different goals and different journeys. These diverse experiences may affect how aggregate data appears as challenges and successes of individuals may be "averaged out".

**The AB PCAP fiscal year is April 1st - Mar 30th. FY18 = 2017/18 . The 10 Year Evaluation (10YE) data = all data entered prior to June 2017. PCAP biannual data based data starting at April 1, 2015. Results are subject to change as records are updated.*



Penny's Corner is written by Keith Covey, Quality Analyst. For more information about Penelope, report building, or data management, contact Keith at qa@alberta-pcap.ca

Recommended PCAP Trainings



Mandated

- ☐ Alberta PCAP Core Training
- ☐ Addiction Severity Index (ASI) Training (*if applicable*)
- ☐ Biannual Training (Coming soon!)
- ☐ Outcomes Tracking Application (Penelope)
- ☐ Gender-Based Analysis Plus

Priority

- ☐ First Aid & CPR
- ☐ Applied Suicide Intervention Skill Training (ASIST)
- ☐ Cultural Competency
- ☐ FASD: The Basics
- ☐ Harm Reduction
- ☐ Trauma Informed Practice
- ☐ Mental Health First Aid
- ☐ Domestic Violence
- ☐ Motivational Interviewing 1
- ☐ Addictions Training (Alcohol and Drug Abuse Help Kit Training)
- ☐ Confidentiality and Freedom of Information and Protection of Privacy (FOIP)
- ☐ Family Planning-Sexual Health (methods, contraception, side effects)
- ☐ Grief and Loss
- ☐ Car Seat Safety for Infants and Children

Recommended

- ☐ Non-violence Crisis Intervention
- ☐ Co-occurring Mental Disorders
- ☐ Infant Developmental Stages (caregiving techniques with emphasis on children exposed prenatally to drugs/alcohol)
- ☐ Observation and Documentation
- ☐ Financial Literacy
- ☐ Nutrition-Maternal/Infant
- ☐ Breast Feeding
- ☐ Compassion Fatigue
- ☐ Family Law
- ☐ Criminal Court Training
- ☐ Developmental Parenting and PICCOLO Training
- ☐ Universal Precautions

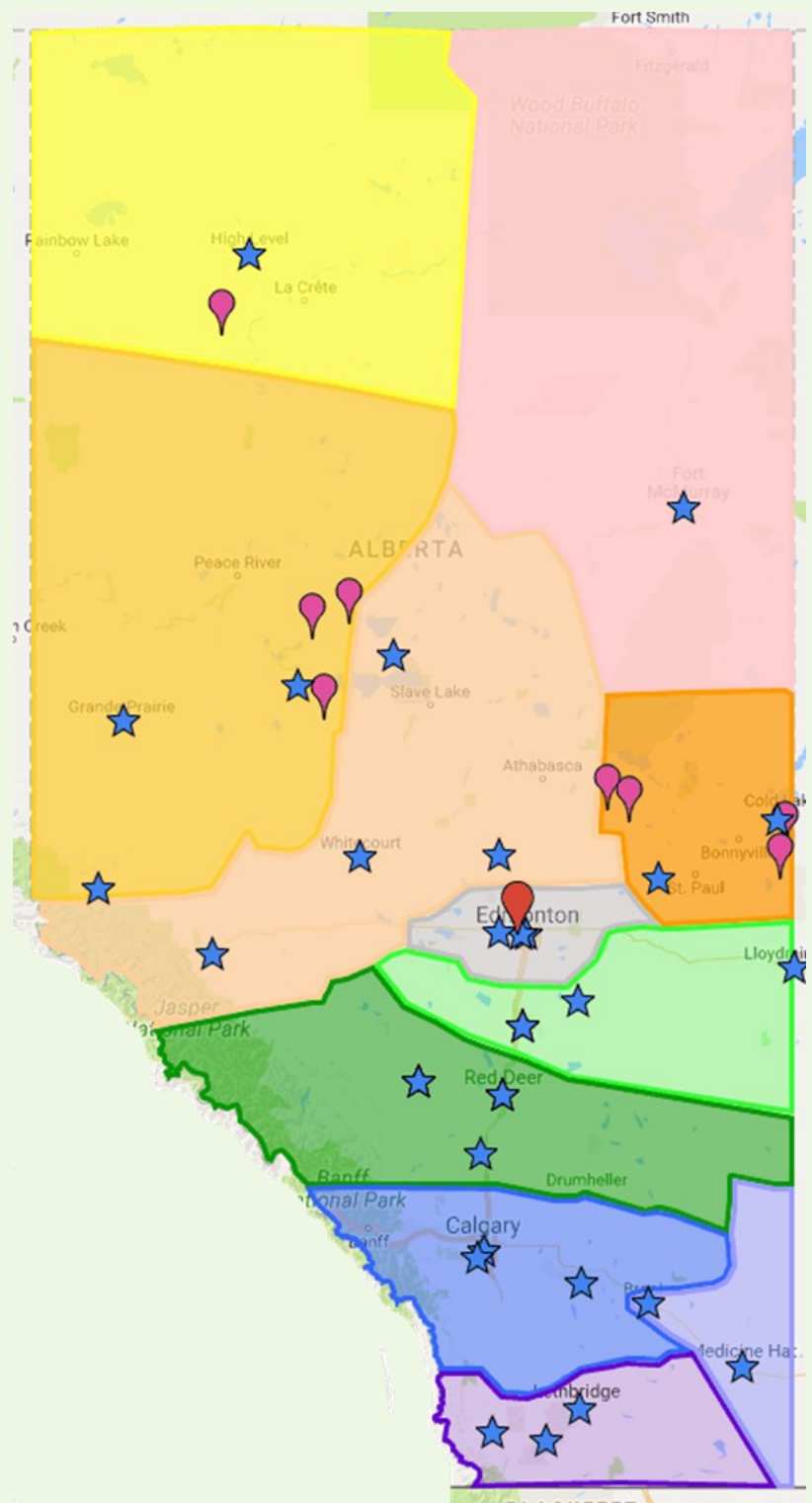
Want to know where to access these trainings?

Visit the Members' Section of the Alberta PCAP website for a full list of training and where to find them.

www.alberta-pcap.ca/ab-pcap-council-members

PCAP Network Map

- Atikameg
- Brooks
- Calgary and Area
- Camrose and Area
- Cold Lake and Area
- Edmonton – Bissell Centre
- Edmonton – Catholic Social Services
- Enoch
- Ermineskin
- Fort McMurray
- Grand Cache and Area
- Grande Prairie
- High Level and Area
- Hinton/Edson
- Kanai Nation
- Lesser Slave Lake
- Lethbridge
- Lloydminster
- Medicine Hat
- Montana Nation
- Olds
- Pincher Creek
- Red Deer
- Rocky Mountain House
- Saddle Lake
- Samson
- Siksika Nation
- Tsuu T'ina
- Whitecourt



The★'s represent PCAP main offices, however many PCAP programs serve a number of communities. To view our interactive location map and find nearby locations, program websites and contact information, visit the Alberta PCAP website at:
www.alberta-pcap.ca/ab-pcap-locations

Your Current PCAP Council Directors

- Chair: Jailin Bertolin, Program Supervisor, Hinton Friendship Centre and Healthy Families Healthy Futures
Email: fasdprogrammanager@fchinton.com
- Vice-Chair: Stacey Olstad, Program Director Family Services, Camrose Association For Community Living
Email: solstad@cafcl.org
- Secretary: Bev Towe, Mothers-to-Be Mentor, Lakeland Centre for FASD
Email: BTowe@lcfasd.com
- Treasurer: Ashley Baxter, Manager, FASD Programs, Bissell Centre
Email: ABaxter@bissellcentre.org
- Director: Anita Anderson, FASD Network Coordinator, Metis Settlements General Council
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- Director: Evelyn Okoh, Mentor, North East Alberta FASD Network
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- Director: Vanessa Caplette, PCAP Advocate, Hinton Friendship Centre
Email: pcap@fchinton.com
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