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PCAP 2019 Core Trainings

The PCAP 3-Day Core Training is a mandated training to introduce new staff to the PCAP Model and provide strategies for challenges you may face in the role as a PCAP Mentor. Our Alberta PCAP Trainers have been trained by Dr. Therese Grant from the University of Washington, founder of the PCAP Model. Trainers deliver the content in an interactive and engaging way, providing stories from personal experience in PCAP and related programs. Participants receive a PCAP Training Manual, the Difference Game card deck, and handouts of information and resources.



Spring Training in Edmonton: May 15-17, 2019. Register: tinyurl.com/SpringCore19

Fall Training in Calgary: October 9-11, 2019. Register: tinyurl.com/FallCore19

PCAP Members receive a discount code available on the PCAP website, Resources>Members' Section. If you have any questions, please email main@alberta-pcap.ca

Has a new PCAP Mentor joined your team recently? Let us know so we can set them up with training, Penelope, and our mailing list!

www.tinyurl.com/newPCAPmentor

Interview with PCAP Supervisor and Director Pam van Vugt



Pam van Vugt has been a PCAP supervisor for 19 years, beginning in 2000 at McMan Calgary, and is a director on the Alberta PCAP Council. Pam will be retiring from her PCAP program as supervisor at the end of January 2019, but will be remaining on as a PCAP trainer. Thank you, Pam for all your work in PCAP!

What experiences initially led you to joining the PCAP program?

"I applied for the supervisory position that sounded interesting. I had worked for 10 years at the Sexual Assault Centre, which closed and I moved to McMan and I had been working as an in home worker and a foster care worker and then moved into a supervisory role. And I liked it so well I never moved away."

How have you seen the PCAP program grow or change since you started?

"When I started we were the third program in Alberta starting so it has had an incredible change, the first few years were just about learning really how to do it. It has been a very interesting time since then because we had the 10 Year Plan and all of a sudden we went from having very few programs to having thirty programs. We were all over the province, doing a lot of conferences, speaking about PCAP. "

What is your biggest motivation to do the work you do?

"I love seeing the women change. It's really cool to see women go from struggling to being successful in terms of their lives moving forward and moving on. I love the relational model and working with harm reduction. I find FASD quite fascinating; it is an area that is constant learning and things are changing. There has been such a wealth of information. It has been an exciting time to be involved in the whole FASD world in Alberta."

What projects have you been the most proud to be a part of in your time with the PCAP program and Council?

"One of the things I am really proud of is when I put in the proposal for our Expanded Enrollment, because we were not having success getting funding for people who have an FASD who are parenting their own children. Also really proud of our rural program; it was really interesting to watch how PCAP can work in either a rural or urban setting. Learning about life in the smaller towns and smaller communities has been a big adjustment."

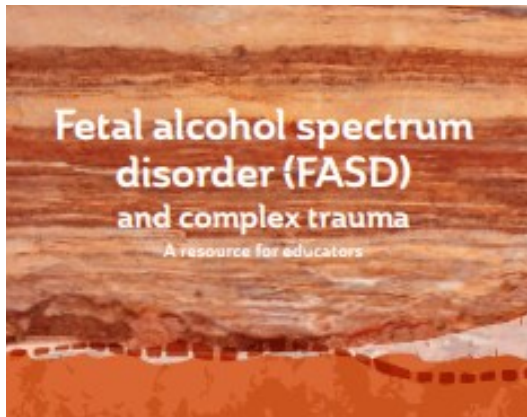
What is the best way we can change the stigma associated with FASD in Alberta?

"Making people aware that it really isn't their fault. People get blamed for their behavior and there is an assumption that they are having the ability to control what is going on. It all is seen so negatively and really what we need to be seeing are people who have something that has happened to them. We can be really accepting when people have heart issues, but not so accepting when people have brain issues. Also, to just get a sense that one person with an FASD is very different from another person with an FASD and that they are not the same."

What is a piece of wisdom you would like to pass on to those who are continuing the work of PCAP?

"The strongest thing is to actually get to like your clients, they are endlessly interesting. The relation piece is the piece that really makes this *work*, work. That means you have to be open to developing relationships, open to experiencing people that are probably very different than who you are as a worker. Being open to that and to be able to see the way people move and really celebrate their success even if they are small. And to move past when people relapse and are able to still continue to do the work with the knowledge that it is a part of recovery. I think celebrating the women is a really big piece of it."

FASD and Complex Trauma: A Resource for Educators



A new booklet by Jane Weston and Sue Thomas is an excellent resource for front line workers working or anyone dealing with children with FASD. “Importantly, and reflecting Sue Thomas’ long experience in remote Kimberley schools, FASD is framed in the context of complex trauma and its intergenerational effects. The importance of considering trauma is twofold: prenatal alcohol exposure and trauma act synergistically to impair brain function, and a trauma-informed approach allows tailoring of management plans and maximises the effectiveness of early educational interventions and ongoing educational and social support.

www.edmontonfetalalcoholnetwork.files.wordpress.com/2018/12/fasd_2nd_ed-2018.pdf

Dry January

Dry January is a beginning of the year health goal to stay dry for the first month of the year. It began in 2012 with the charity, Alcohol Change UK. After the indulgence of the holidays, many are choosing to ‘reset’ their alcohol consumption patterns with a month of alcohol abstinence. Thinking about giving this a try? It can be great for your health not only in January but any month of the year!

Women.com has shared some tips and suggestions for how you can reduce your alcohol consumption:

1. **Make a Mocktail:** Either making your own or ordering one at a restaurant, a mocktail can both make you feel like you’re having a special drink while still allowing you to be social.
2. **Plan an Alcohol Free Event:** Host your own or hang out at places that are already dry to avoid any temptation. Now would also be a great time to get creative with your social outings and try something new.
3. **Work Out Instead:** If you are drinking as a means of stress relief at the end of a long day, try working out instead. Even a 15 minute walk has been shown to reduce stress.
4. **The Buddy System:** Include a friend, partner, or coworkers in your Dry January plans. Having accountability and a support system can make the time easier.
5. **Temporary:** Remind yourself it is only for a short period of time.

Abstaining from alcohol for even a month has been shown to have benefits on health, sleep, mood, and appearance, read more about the benefits here: www.sussex.ac.uk/news/media-centre/press-releases/id/47131

For more information, visit: www.women.com/sophiematthews/lists/dry-january-tips-2019

Alana Peters: Caregiving and Self-Care

For 2019, we'd like to introduce a new column by Alana Peters from Now's the Time Coaching and Training. Alana has been a guest speaker for PCAP Council's Annual General Meetings in 2016 and 2017.

Caregiving is a challenging experience, especially when it is a long term commitment or choice. Throughout my adult life, I've experienced caregiving in numerous personal and professional situations. In each case, I was up to my



eyeballs with responsibility before I knew it and didn't understand or have the time to look into how to survive my new reality. All I knew is that I had more to do than what seemed humanly possible.

The unfortunate result has been numerous personal experiences with burnout. Burnout or compassion fatigue began to undermine the life I wanted to live and even the care efforts that I was working so hard to sustain. There were times when I believed there was no other way, that the situation I was living was my "lot in life."

I resigned myself to a mindset that was limited to what I knew. Little did I know that there were coping strategies within my reach. As a caregiver, I did not have a very robust idea of what self-care is about. I want to share with you some important truths along with some questions for self reflection about self care that I wish I had explored earlier.

First and most important, Self Care is not self-centered or indulgent. It is important. We cannot give what we do not have. *What resources are within my reach that I can draw on? What do I truly believe about taking care of myself?*

Self Care starts with what we choose to believe and focus on.

Condemning or critical thoughts may be undermining your self-care efforts. Choosing to talk to ourselves the way we would talk to a friend is a courageous choice. *Am I choosing to be compassionate to myself?*

Self Care looks different for each of us.

What fills my bucket may not fill your bucket. This is not about what SHOULD work for us. Regular, seemingly small deposits into your self care bank are more effective than massive one time efforts. Think of it like the daily act of brushing your teeth, as opposed to taking the holiday of a lifetime. *What would add to my bucket today?*

Self Care is about meaningful connection.

*Who are the people in your life who care about me?
What can I do to grow this important resource in my life?*

Self Care for care-givers is about finding moments, people and places where we can feel emotions.

Do I have a place where I can feel hard emotions , experience feeling seen, heard and understood?

Self Care is about finding opportunities for laughter. We all need to laugh and play. *Where can I find something today that will give me a good belly laugh?*

Self care is about rumbling with setting boundaries.

Boundaries are about what's ok and what's not ok AND about being clear about what is mine and what is not mine. *What can I do to get clear about my boundaries?*

My suggestion:

Choose *one* of these truths and work on strategically adding it to your life for two months, then move on to another one of these truths. Working with a coach has also been the best self-care gift I have given to myself as a way to make these truths practical and focused in my life.

I promise that your 2019 will look brighter and happier if you give yourself permission to even play and get curious with self care. Self care has a way of growing what is beautiful and kind in our lives.

If you'd like support or to explore any of these ideas further with coaching or training, please contact me.

Wishing you a wonderful 2019!

Article by:

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Certified Dare to Lead Facilitator
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PCAP Around the Province

MCMAN CALGARY

"This October, the McMan PCAP site was fortunate to get a Soup Sister Event. Soup Sisters is an organization that does team building in a form of making soup and donating it to women and children based shelters and treatment centers. This event was kindly donated, and the group changed it up a little to better fit their needs.

The PCAP women and McMan staff came together and made soup for a local women's treatment center and the clients also got to take a few containers of soup home for themselves. They were treated to a lovely lunch. Soup Sisters had volunteers on hand and a chef to guide them through the process. The event was well loved as it allowed the women to build connections with each other, give back to the community, and be treated to great food—it was a beautiful event!" — Tracy Renshaw, PCAP mentor



BISSELL CENTRE

This December, the Bissell Centre celebrated the holidays with all of their participants, including PCAP. They had gifts, music, lunch and so many crafts like cookie decorating and building paper snowman. The event was well attended and the individuals and families had a fabulous time; some even made plans amongst themselves to connect after the event.



CATHOLIC SOCIAL SERVICES

On December 2nd, the CSS team hosted their second annual Christmas Cookie baking extravaganza, where the team got together at Londonderry Hall. They baked over 800 cookies and made a total of 45 gift boxes of homemade cookies as a gift for their clients. They used extra leftover cookies as treats for the Christmas Party.

December 5th brought a great turnout for the Catholic Social Services Christmas party, with a total of 48 guests in attendance! The guests included 17 women, 7 adult partners or family supports, and 24 children. They also had a wonderful visit from Mr. and Mrs. Santa Claus, who stayed for the whole party to visit with the families. The kids made Reindeer brownies for dessert and Christmas photo frames to take home.

For the past three years the CSS FASD programs have been sponsored by the local Sparks Gym in Edmonton. Each year Sparks Gym sets up a "Giving Tree" where their clients take a card off of the tree and buy a gift for that individual. This year, as always, they did an amazing job gathering 200 gifts for the women, men, youth and children of the CSS FASD programs. On December 17th, the CSS team went to the gym and helped to sort the gifts for delivery. Each mentor was given the gifts for their families and have spent the week delivering them.

On December 18th, the Children Family and Community Services Grovenor office held a special Christmas event for all of the staff. Programs were encouraged to make holiday wreaths, which were then auctioned off as a fundraiser for the Catholic Social Services Sign of Hope Campaign. The First Steps team made a cute "Baby's First Christmas" wreath that was well received. Over \$400.00 was raised for the Sign of Hope at this event.



Coffee with Confidence

Catholic Social Services runs a Coffee with Confidence group for PCAP clients to attend and participate in an activity that always varies. For the December group, the CSS team hosted their second annual "Christmas in Pajamas" event. People dressed up in cozy pajamas, watched a Christmas movie, and had a wonderful lunch of holiday hors d'oeuvres.

"We are very blessed as a program and our staff work hard to bring a little bit of extra Christmas Joy to the families that we serve." - Tammi Crowley, Catholic Social Services Supervisor

Publications and Resources



The **Native Women's Association of Canada (NWAC)** has created a resource titled, *You Are Not Alone: A Toolkit for Aboriginal Women Escaping Domestic Violence*. This resource provides Aboriginal women with community safety planning resources to address domestic violence. The toolkit also includes a *Who's Who: Domestic Violence Resource Guide* of services available to Aboriginal women in every province and territory.

Access it here: www.nwac.ca/home/policy-areas/violence-prevention-and-safety/you-are-not-alone



First Contact: A Documentary Series

First Contact takes six Canadians, all with strong opinions about Indigenous People, on a unique 28-day journey into Indigenous Canada. Leaving their everyday lives behind the six travel deep into Winnipeg, Nunavut, Alberta, Northern Ontario, and the coast of BC to visit Indigenous communities to challenge their perceptions and learn about Indigenous People first hand.

Watch it here: www.aptn.ca/firstcontact

Painkiller: Inside the Opioid Crisis

This TELUS documentary tells the human story behind the opioid epidemic affecting Canada. It seeks to raise awareness and end the stigma of addiction by educating and informing viewers on what Fentanyl is and how it is affecting our country. Please be aware this film may be emotional as it deals with personal stories of substance use and loss.

Watch it here: www.telus.com/en/health/personal/painkiller



The **Best Start Resource Centre** released a *Risks of Cannabis on Fertility, Pregnancy, Breastfeeding and Parenting* document, this document outlines current knowledge of use and safety, concluding that "there is no known safe amount of cannabis use in pregnancy and when breastfeeding." The document also outlines long term effects on children and teens, storage safety, and further resources on page 9. They also released a shortened information sheet.

Access the document: www.tinyurl.com/riskofcannabis-2018

Access the information sheet: www.tinyurl.com/bccewh-bc-infosheet

The **Canadian Centre on Substance Abuse** released a interactive map of cannabis regulations across Canada, as well as a presentation, *Cannabis Regulations: Lessons Learned In Colorado and Washington State*.

Access the map here: www.tinyurl.com/ccsa-cannabis-map

Access the presentation: www.tinyurl.com/ccsa-presentation



The **Chief Public Health Officer** recently released a report on the State of Public Health in Canada for 2018. This report covers health of Canadians in a variety of areas including mental health and substance use (pg. 11) and preventing problematic substance use in youth (pg. 30).

Access the report here: www.tinyurl.com/canada-2018report

Identifying Effective Behavior Change Techniques for Alcohol and Illicit Substance Use During Pregnancy: A Systematic Review

Intro/Background

The use of alcohol or substances during pregnancy is linked with health concerns for both mother and child. While pregnancy is a large motivator to discontinue use, it is not always possible to abstain completely from use of alcohol and/or drugs. There are methods of behavior change techniques (BCT) that have been confirmed by research to be more effective during substance use interventions. This study tested BCT over multiple test groups of pregnant women in higher income countries.

The study was conducted using randomized controlled trials (RCTs) compared to control groups receiving no BCTs. Reduction of consumption of alcohol and/or drugs or abstinence in participants' rates were self-reported or tested biochemically.

Effectiveness Criteria for BCTs

The BCTs tested by this study were deemed effective or not based on an effectiveness percentage, calculated as the number of times the BCT was part of an "effective" intervention divided by the total amount of times the BCT was used. As effectiveness may vary, it is here defined as a reduction of or abstinence from alcohol consumption and complete abstinence from illicit drug use. Data was pulled from five electronic databases on information such as: location, BCT type, sample size, and to what extent the BCT was integrated.

Effective BCTs

This study identified 13 potentially effective BCTs that have been used during an intervention to successfully decrease pre-natal alcohol consumption. The study identified no BCT effective in achieving total abstinence from illicit drugs.

Five BCTs were identified with 100% effectiveness rates in this study for abstinence from alcohol: action planning, behavioral contract, prompts/cues, self-talk, and offer/direct toward appropriate written materials. Six BCTs had a 67% effectiveness percentage: problem solving, feedback on behavior, social support, information about health consequences, behavior substitution, and identifying current readiness and ability to reduce excessive alcohol consumption. Finally,

two BCTs had effectiveness percentages of 50%: goal setting (behavior) and tailoring interactions appropriately.

It was commonly reported that successful BCT interventions also included motivational interviewing principles and self-determination and stages of change theory.

An observation was made during four of the illicit drug trials screenings, residents that had to stay in the treatment facility during some or all of the intervention duration had "a negative impact on intervention effectiveness regardless of how useful the [BCTs] may be" (10). This is important when considering the contextual factor of effective interventions rather than just techniques used.

Study Limitations

Many interventions include more than one BCT working together to achieve a positive result. This study focused on individual BCTs rather than combinations of BCTs to rate effectiveness. This study also found many potential BCTs that were not included in the testing material that may also have desired outcomes if used in interventions. Since alcohol consumption was self-reported, there may have been biased reported outcomes due to "social desirability effect" (10). There needs to be an overall consistent level of reporting BCTs and their effectiveness to ensure validity of future reporting.

Recommendations

There were identified categories of BCTs not tested in this study that are believed to be beneficial to the target group of pregnant women: identify and self-belief. A woman who believes in herself that she can make and see through goals, and fill the role of "provider for the baby" has been associated with positive changes in behavior (10). This study recommends future interventions to incorporate components to increase a woman's self-efficacy. This study also recommends incorporating theory into "the entire intervention design process" and testing a broader range of techniques (11).

Article Summary by Laudine Herzog

Libby Fergie, Katarzyna A Campbell, Tom Coleman-Haynes, Michael Ussher, Sue Cooper, Tim Coleman; Identifying Effective Behavior Change Techniques for Alcohol and Illicit Substance Use During Pregnancy: A Systematic Review (2018), *Annals of Behavioral Medicine*, kay085, <https://doi.org/10.1093/abm/kay085>

Penny's Corner

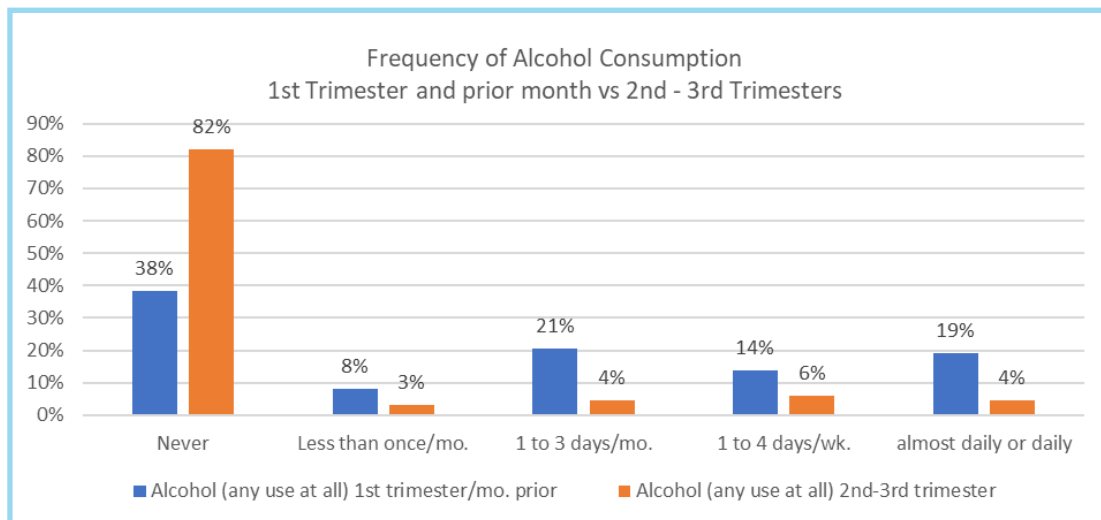
As agencies often have backlogged Intake and Biannual forms we always encourage them to not give up and keep plugging away. Soon we hope to be sending out a draft report of each PCAP agency's core outcomes, so the fewer gaps the better.

Moreover, in the coming month we plan to pull last year's data, so now is the time to get those forms in. Doing so will help an important research project being conducted by The Centre for Addictions and Mental Health (CAMH). CAMH, which is conducting a Canada-wide surveillance system research project on Prenatal Alcohol Exposure and FASD, sought out the Alberta PCAP Council for potentially informative data from the Penelope database. After a detailed approval process, CAMH has been provided with the anonymized data from 2015/16 and 2016/17 fiscal years.

In terms of PCAP's FASD data, the focus of the PCAP program is supporting the mother in all facets of her life so few data points directly relate to FASD, and the 3-year program length means subsequent diagnoses of FASD in the target child are not available. Nonetheless, CAMH will likely find our data insightful. For instance, our Intake ASI interview questions clients about their own mothers' alcohol consumption when pregnant. In the extracted data sample for 2015/16 and 2016/17, 39% said "Yes" that their mothers did drink alcohol when pregnant with them while 62% said "No". However, Alberta PCAP's Intake ASI interviews also ask clients about major medical conditions. Agency interviewers recorded nearly 5 times as many clients at intake as having FAS/FASD or were suspected of having FASD compared to the next most common conditions which included various nerve and back pain, digestive disorders, hepatitis, etc. In the data provided to CAMH to date, 95 descriptions of conditions were reported by 76 clients.

Overall, 52% of clients interviewed at intake reported having one or more chronic medical conditions and 48% reported no chronic medical condition. Among the 52% reporting a medical condition, 80% of those clients described one or more conditions. Unfortunately, 20% of ASIs endorsing a chronic medical condition did not provide comments on the nature of the condition.

Additional data (see chart below) provided information on our clients' frequency of consumption during their own pregnancy and the significant drops that occur while in the program.



PCAP data can provide value to research projects like that of CAMH and others. This is possible because of the hard work of PCAP mentors and supervisors diligently recording data their client experiences in the Penelope database. In the near future we hope to be delivering more of that data out to your agencies for much more discussion.

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

New CanFASD Resources

The CanFASD point-of-care tool has been developed in partnership with the Public Health Agency of Canada and the Ottawa Hospital Research Institute, and is now available for download. This app is based on the 2015 diagnostic guidelines and is meant to support your clinic's diagnostic process. It is available in the Apple App Store, or follow the link below.

itunes.apple.com/us/app/canfasd

CanFASD has also recently opened new online courses, including:

The Prevention Conversation, giving frontline workers the knowledge, skills, and confidence to engage their clients/patients in a supportive and non-

judgmental conversation about alcohol use during pregnancy.

Towards Improved Practice (TIP), discusses how to best support women who are at-risk for having a child with FASD or individuals at-risk for having FASD themselves.

Multidisciplinary Team Training for Diagnosis of FASD online curriculum assists in learning the processes and procedures needed to be effective members of a multidisciplinary diagnostic team.

For more information and to register for these courses, visit: estore.canfasd.ca

PCAP Council Updates

Change in Wording to the PCAP Goals

Recently, the PCAP Council reviewed the goal statement for PCAP and updated the wording to better reflect the intent of the PCAP program. The change comes in response to reduce stigmatization in prevention language. The new primary goals of PCAP are: to support women to reduce or stop alcohol and/or drug use during pregnancy; to achieve and maintain recovery, and; to support healthy pregnancies and lives for women and their children.

June 2019: PCAP Days

This year, the Alberta PCAP Council will be combining its annual Supervisors Gathering, Mentor Days and Annual General Meeting into PCAP Days! It will be a two-day event with speakers and our AGM business lunch on the first day, and activities for supervisors and mentors on the second day. Exact dates and more details will follow in future mailouts and newsletters.

If you are interested in providing suggestions for the 2019 PCAP Days, assist with the planning by joining our Events Committee, or volunteer at the event, please make your interest known to main@alberta-pcap.ca.

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 in early 2019 for \$100 per person at the membership rate. It is recommended that mentors take the online training 12-18 months after they completed the PCAP Core Training. The online training will also be accompanied by an on-site Refresher Trainings, which is in development, tailored to your agency.



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

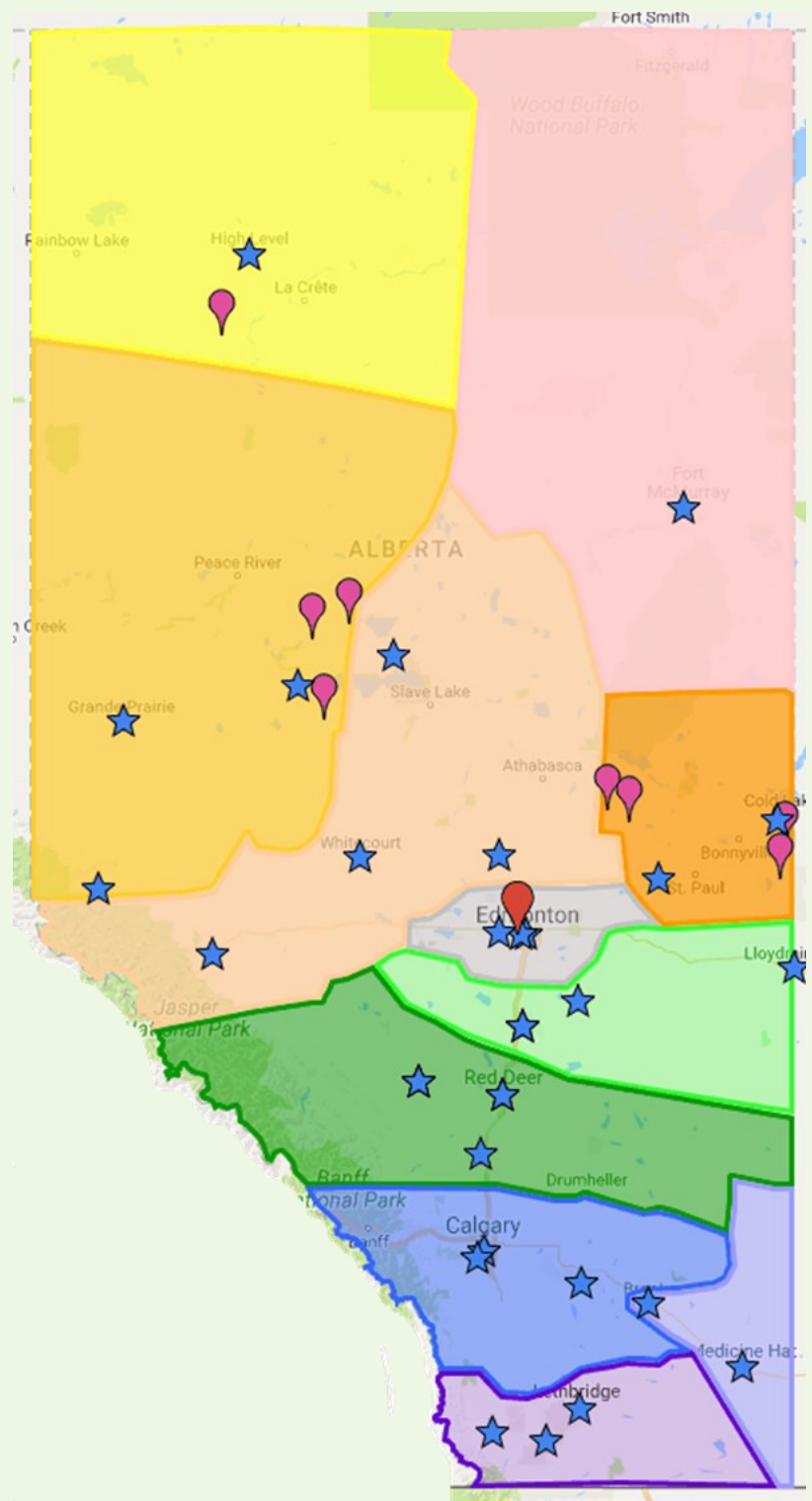
Want to know where to access these trainings?

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
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