Every year on September 9th, International FASD Awareness Day is observed. The first FASD day was celebrated on 9/9/99. This day was chosen so that on the ninth day of the ninth month of the year, the world will remember that during the nine months of pregnancy a woman should abstain from alcohol. We continue to see awareness, education, and FASD diagnostic clinics move forward in the most remote regions.

Nunavut has one Pediatrician and one Registered Psychologist in the entire territory. Newfoundland and Labrador is a vast region, with many communities being accessible only by air and water travel. During the winter months in northern Alberta, the Mackenzie FASD Network clinics travel to Fox Lake using the ice bridge to cross the frozen Peace River. Despite challenging obstacles, communities have developed programs that provide awareness, prevention, and assessment and diagnostic services. Highlights of FASD day events across the country are showcased in this edition.

The annual FASD Clinic Coordinator Meeting continues to have better conversations on how to respond in a respectful and collaborative manner when offering and delivering services in Indigenous communities. At this year’s recent coordinator meeting, Wanda Beland (Mackenzie FASD Network) and Vanessa Buckskin (Siksika FASD Clinic) shared information around cultural competency, Indigenous teachings and practices, and how to develop a better understanding of the unique cultures in different regions and communities across Alberta.

The Truth and Reconciliation Commission of Canada: Calls to Action (2015) recommendation # 33 states, “…to recognize as a high priority the need to address and prevent FASD, and to develop, in collaboration with Aboriginal people, preventative programs that can be delivered in a culturally appropriate manner.”

These are just some highlights, so please take time to look through the entire newsletter and forward to your clinic team members and community partners.

Image: Cultural Crossroads @ Old Town, entering N’dilo, Yellowknife, NT. Human & animal prints encircle the silhouette of the eagle, an indigenous power symbol. Title: Dene, Cree, English, Nakota, Inuktitut. Photo Credit: theroadjunkies

INSIDE THIS ISSUE...

- Neurodevelopmental Domains- Memory
- Leader in Diagnosis- Paul Jerry
- Annual Coordinators Meeting
- links & such
- FASD DAY 2017
- Clinic Contact Information
Someone once said “to learn is to remember.” That pretty well sums up the importance of memory. Without memory we would not learn anything, whether it be positive or negative. Much of who we are is defined by our memories of what we have done, what we have experienced, and what we have learned. One only needs to observe the tragic effects of Alzheimer’s Disease to recognize that losing our memories can take away much of who a person is. Less severe forms of memory loss can also be devastating, as can an impairment in one’s ability to memorize new factual information, a skill that is often referred to as semantic memory. This is the kind of memory that is most often evaluated in psychological assessments, and is a type of declarative memory (i.e., that which can be declared). It is also the sort of memory that is required to succeed in academic settings.

It is difficult to separate the concepts of memory and learning, and one might say that memory is dependent upon learning. A very simplified model of memory involves a three stage process: Input, storage and retrieval. In this example, input and storage would be best thought of as learning, while retrieval would be remembering what has been learned. Breakdowns can occur in any or all of these stages, resulting in the inability to “remember” the desired information.

Most standardized memory tests involve learning or teaching trials during which the client is expected to acquire specific information (e.g., a list of words). These are typically followed by recall or recognition trials which usually occur anywhere from 10 to 30 minutes later. Although longer delays between the learning and recall trials would be preferable, it is challenging to standardize the activities the client is engaged in during the intervening time, something that would be necessary if one is to compare an individual’s performance with that of others.

According to the Canadian Guidelines for diagnosing FASD, a significant impairment in either verbal or visual memory can be used as evidence of pervasive brain dysfunction. As was noted previously, this typically involves semantic memory which is very important in academic settings. However, there are several other types of memory that may be even more relevant to everyday functioning. One example would be prospective memory, which can be defined as “remembering to remember.” It involves remembering to perform an intended task, either at a specific time in the future, or when some specific event occurs. Anecdotally, this the type of memory deficit most often reported by caregivers of individuals with FASD. Forgetting to attend a scheduled appointment, forgetting to bring something home from school, or forgetting to turn off the television are just a few examples of a failure in prospective memory. There is some research evidence to indicate that prospective memory is indeed impaired in individuals with FASD, and that the degree of impairment is over and above what might be expected based on IQ, semantic memory performance, deficits in executive function, or the presence of ADHD. Prospective memory is more complex and challenging to evaluate than semantic memory. Although some tests have been developed to formally assess prospective memory, they tend to be time consuming to administer, and are not as well-established as other assessment paradigms. As a consequence, the most common method of evaluating this practical and important type of memory continues to be through self-report or third-party interview.

Our Vision~ We envision a region with no new FASD births and where currently affected individuals are well supported.
Paul Jerry is the psychologist for the Region 2 (Medicine Hat/Brooks) neurodevelopmental clinic. He registered as a psychologist in 1996 and has pursued a career that bridges clinical practice and post-secondary teaching since 1997. His pre-psychology years as a drug counsellor and his subsequent work helping to establish the joint U of Lethbridge/Medicine Hat College addictions program put FASD on his radar. He did his first FASD assessment in 1999. With the advent of the Cross-Ministry Committee, he joined the Medicine Hat clinic in 2008. He has supported several legal issues related to individuals with FASD and served as expert to criminal court in 2014, educating the Court on FASD diagnosis.

When not doing assessments, he is a Full Professor, former Director and Chair of the Graduate Centre for Applied Psychology, Athabasca University, and starting in September 2017, one of two inaugural Associate Deans for the Faculty of Health Disciplines. His research includes work on FASD, and several edited international volumes on virtual worlds and virtual reality. He has also contributed to some of the first Canadian research on the use of technology and distance learning methods in the training of psychologists. He is a Past President of the College of Alberta Psychologists (2009-2010) and will serve in this capacity again for the 2017-2018 year.

Paul lives in Medicine Hat with his wife Leslie, the Inclusion Coordinator for the City, and is ever proud of his adult kids, Mitchell, working for FireSmart in southwest Alberta, and Maeghan, soon to graduate from U of T’s information/archiving/museum masters’ programs.

Clinic Coordinators’ Meeting
September 15, 2017

The Annual Clinic Coordinator meeting was in Edmonton this year, with 30 participants attending. Clinic representation was from every network region in the province to discuss topics relevant to coordinators and their roles.

Wanda Beland and Vanessa Buckskin gave an overview of cultural efficacy when working with Indigenous communities. Maureen Landry gave updates on the process of obtaining information for children and adults who may have had involvement with Government children services over the years. Dr. Monty Nelson, Reg. Psychologist, presented topics of assessment for adult clients. Many thanks to all who attended for the day!
links & such

Call for Applications

The CanFASD Sterling Clarren Research Award is presented annually to a Canadian Early Career Researcher or student in recognition of a completed study that has made a substantial contribution to the FASD field. Applications are called for from students working in the field of FASD near the completion of their studies or an early career investigator (within 5 years of first faculty appointment).

Preference will be given to work conducted in CanFASD member provinces; however, researchers from other jurisdictions may apply.

Application Deadline: October 13, 2017
Award Notification: December 15, 2017

Article of Interest

The Impact of Jordan’s Principle on Children with Fetal Alcohol Spectrum Disorder

Jordan’s Principle is a child-first principle meant to prevent First Nations children from being deprived of essential public services or experiencing delays in receiving them (Government of Canada, 2017). Jordan’s Principle declares that where a jurisdictional dispute arises...for the payment of any services to a First Nations child, that the government ministry or department with first contact must pay for the services without delay or disruption (Blackstock, 2011; Government of Canada, 2017; Wekerle, Bennett, & Fuchs, 2009).

Issue Paper

Two Recent Approaches to FASD Diagnosis

Courtney R. Green, PhD

Over the last 50 years, a significant amount of research and clinical expertise has been devoted to characterizing the effects of prenatal alcohol exposure on the developing fetus. Simultaneously, a variety of systems and approaches have also emerged to provide diagnostic guidance for the related diagnoses.

Introducing

Richard Mugford as CFAN’s Executive Director-Term beginning July 2017.

Prior to joining CFAN, Richard was heavily involved in Calgary’s 10 Year Plan to End Homelessness. He was an original member of the CUPS Rapid Exit team, later becoming the Director of Housing and Education.

Welcome Back

Vanessa Norris, Clinic Coordinator, North West FASD Network Clinic (Grande Prairie and region) back from mat leave.

Adieu to Irene Barankariza, who filled in as Clinic Coordinator during Vanessa’s leave.

Jamilah Edwards, Coordinator (on mat leave), Calgary Fetal Alcohol Network, and her husband are proud to announce the arrival of Judah Joseph Edwards, 8lbs 10oz, on August 23, 2017. Mother and son are doing well.
FASD Day 2017

FASD DAY events were held across Alberta leading up to and including September 9. Word from Brian Philcox, FASworld National Alliance for FASD & FASworld Canada, is that events were held in 62 countries!

Prairie Central FASD Association

SEAFAN #MocktailsForMom campaign salutes:
Crave MHC;
Juggie’s Taphouse & Grill;
Industry Pub;
Ralph’s Texas Bar & Steakhouse;
Redcliff Hylton;
Spin Nightspot;
Brooks Hotel & SAS Grill

Sask Prevention Institute
FASD Assessment & Diagnostic Clinic
Contact List
Updated: September 2017
C | Child Clinic  A | Adult Clinic

Cumulative Risk Diagnostic Clinic [C]
Child Development Centre
Alberta Children’s Hospital
2888 Shaganappi Trail NW
Calgary, AB  T3B 6A8
[P] 403.955.5878
Coordinator: Bernadette Jesse
Bernadette.Jesse@ahs.ca

MediGene Services, FAS Diagnostic Clinic C | A
Foothills Professional Building
Suite 110, 1620-29th Street NW
Calgary, AB  T2N 4L7
[P] 403.571.0450
Program Manager: Suzanne Johnson
medigen@telus.net

Renfrew Assessment & Diagnostic Clinic [C]
Renfrew Educational Services
2050 21st St NE
Calgary, AB  T2E 6S5
[P] 403.291.5038 ext. 1617
Manager: Sheila Sung
sheilasung@renfreweducation.org

Central Alberta FASD Network Adult Clinic [15-adult]
#5-3608-50th Ave.
Red Deer, AB  T4N 3Y6
[P] 403.342.7499 ext. 2
Diagnostic Services Coordinator: Trina Kennedy
tkennedy@fasdca.ca

Aspire Special Need Resource Centre [C]
4826 47th Street
Red Deer, AB  T4N 1R2
[P] 403.340.2606
Services Coordinator: Christina Deminchuk
cdeminchuk@aspirespecialneeds.ca

Lakeland Centre for FASD C | A
P.O. Box 479
Cold Lake, AB  T9M 1P3
[P] 780.594.9905
Diagnostic Services Manager: San Downs
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Pediatric FASD Clinical Services [C]
Glenrose Rehabilitation Hospital
10230-111 Avenue
Edmonton, AB  T5G 0B7
[P] 780.735.8278
Coordinator: Lisa Driscoll
Lisa.driscoll@ahs.ca

Glenrose Adult FASD Assessment Clinic [A]
Glenrose Rehabilitation Hospital
10230-111 Avenue
Edmonton, AB  T5G 0B7
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Coordinator: Bernie Mallon
Bernie.Mallon@ahs.ca

Canadian FASD Diagnostic & Training Centre C | A
316 Kingsway Garden Mall NW
Edmonton, AB  T5G 3A6
[P] 780.471.1860
Coordinator: Ojas Joshi
Drdonmassey@dvmassey.com

Centrepoint Young Offender Program [C]
Suite 701, 10242-105 Street
Edmonton, AB  T5J 3L5
[P] 780.428.4524 ext. 227
Social Worker: Roxanne Pereira
Roxanne.Pereira@ahs.ca

Northwest Primary Care Network [C]
Children and Youth FASD Diagnostic Clinic
Northwest Primary Care Network
11202-100 Avenue
High Level, AB  T0H 1Z0
[P] 780.841.3253
Social Worker/Coordinator:
Cheryl Cunningham-Burns
Cheryl.Cunningham-Burns@ahs.ca

Northwest Regional FASD Society [A]
Mackenzie Network
Box 3668
High Level, AB  T0H 1Z0
[P] 780.926.3375
Coordinator: Caroline Gavin
clinic.fasdsociety@telus.net

If there are changes to your clinic contacts (address, ph. number, coordinator changes), please email clinictraining@lcfasd.com
This clinic contact list is maintained and updated, and is in each Links newsletter. It is frequently sent to AB government stakeholders, CMC, upon request to research and other projects, such as the common data form project. Having your correct information is important to us. Please check your clinic contact information in this issue. Thanks!
Alberta Health Services/NEAFAN C | A
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[P] 780.750.6678
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P.O. Bag 4000, 10205-98th Street
Grande Prairie, AB  T8V 6V3
NW Alberta
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FASD Clinic Coordinator: Vanessa Norris
FASDDiagnostics@cityofgp.com

Northern Association for FASD C | A
P.O. Box 3334
Lower Level, 5001-49th Street
High Prairie, AB  T0G 1E0
[P] 780.523.3699
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nafasd@telus.net

North West Central FASD C | A
Assessment & Diagnostic Team
Box 5389
Westlock, AB  T7P 2P5
[P] 780.284.3415
Coordinator: Sharon Pearcey
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Pediatric Specialty Clinic [C]
Children’s Rehabilitation Services-Central Zone
#300 Professional Centre
5015-50 Avenue
Camrose, AB  T4V 3P7
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Coordinator: Lorraine McPhee
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Siksika FASD Clinic [C]
Box 1130 Siksika, AB  T0J 3W0
[P] 403.734.5687
Coordinator: Vanessa Buckskin
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Prairie Central FASD Clinical Services [A]
West Clinic
#3 Community Centre, 2nd Floor 4516-54 Street
Camrose, AB  T4V 4W7
[P] 780.672.0141
Amanda Lindholm  a.lindholm@prairiecentralfasd.ca

East Clinic
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Vermilion, AB  T9X 1S8
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Amber Bell  a.bell@prairiecentralfasd.ca

FASD Assessment and Support Services C | A
Bridges Family Programs
477 Third Street SE
Medicine Hat, AB  T1A 0G8
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Coordinator:
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Lethbridge Family Services-DaCapo Services C | A
FASD Assessment & Diagnostic Clinic
1107-2nd “A” Ave. N.
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Children Coordinators:
Pam Carpenter  pcarpenter@ifsfamily.ca
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Adult Coordinator:
Krista Tittlemier  ktittlemier@ifsfamily.ca

Alberta Hospital Edmonton
Turning Point Program [12-21yrs]
17480 Fort Road, Box 307
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Sherry Muscat, Registered Psychologist
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Foothills FASD Assessment & Diagnostic Clinic C | A
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[P] 403.652.4776
Contact: Kathy Lambourn
kathy.lambourn@foothillsfas.com

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