



2017 National FASD Conference

Climbing with Courage, Exploring with Hope

REGISTRATION GUIDE

Conference dates:
October 24-27, 2017

Conference location:
The Westin Calgary
320 4th Avenue SW
Calgary, AB T2P 2S6, Canada
Phone: 403.266.1611
www.westincalgary.com/

Registration fee:
\$325 (early bird rate until July 20, 2017)
\$400 (regular)

Hotel accommodations:
For a limited time there will be two hotels offering rooms at a special conference rate: the **Westin Calgary** and the **Sheraton Suites Calgary Eau Claire**.

A limited number of rooms at the **Sheraton Suites** are available at a rate of **\$179.00** plus applicable taxes (single or double occupancy). The **Westin** has a special rate of **\$244.00** plus applicable taxes (single or double occupancy).

To book your room at the **Westin Calgary**, see the Westin booking page (www.starwoodmeeting.com/events/start.action?id=1703025346&key=6CEB1C8) or call Robin at 1-403-508-5237 or their general booking number at 1-888-627-8417 and mention the name "Fetal Alcohol Spectrum Disorder (FASD) Conference".

To book at the **Sheraton Suites Calgary Eau Claire**, call 1-403-517-6600 or email reservation@sheratonsuites.com and mention the name "FASD 2017 Conference Block" or booking code "FJ24AA."

For more information:
For further information or any questions, please contact Theresa Bosko at 780.644.1610 or theresa.bosko@gov.ab.ca.

Conference Agenda-at-a-Glance

Tuesday, October 24

6:00 p.m.—8:00 p.m.	Introduction to FASD Session (optional)
---------------------	---

Wednesday October 25

7:45 a.m.—9:00 a.m.	Registration and continental breakfast (included)
9:00 a.m.—9:30 a.m.	Opening ceremonies
9:45 a.m.—10:45 a.m.	Concurrent sessions A
11:00 a.m.—12:00 p.m.	Keynote address— <i>All That Glitters</i>
12:00 p.m.—1:00 p.m.	Lunch (included)
1:00 p.m.—2:00 p.m.	Concurrent sessions B
2:15 p.m.—3:15 p.m.	Concurrent sessions C
3:15 p.m.—3:30 p.m.	Coffee break (coffee and snack included)
3:30 p.m.—4:30 p.m.	Keynote panel— <i>FASD Justice and Reconciliation: Tough Questions, New Collaborations</i>
4:45 p.m.—6:00 p.m.	Optional evening sessions— <i>Tools for Your Harness, Strategies for Your Climb</i>

Thursday, October 26

7:45 a.m.—9:00 a.m.	Registration and continental breakfast (included)
9:00 a.m.—9:30 a.m.	Day 2 opening remarks
9:30 a.m.—12:00 p.m.	Keynote panel— <i>The FASD Landscape: New Pathways and Research</i>
12:00 p.m.—1:00 p.m.	Lunch (included)
1:00 p.m.—2:00 p.m.	Concurrent sessions D
2:15 p.m.—3:15 p.m.	Concurrent sessions E
3:15 p.m.—3:30 p.m.	Coffee break (coffee and snack included)
3:30 p.m.—4:30 p.m.	Keynote address— <i>The Lay of the Land: Results of a Health Survey of Adults with FASD</i>
4:45 p.m.—6:00 p.m.	Optional evening sessions— <i>Base Camp Self-Care and Wellness Sessions</i>

Friday, October 27

7:45 a.m.—9:00 a.m.	Registration and continental breakfast (included)
9:00 a.m.—9:45 a.m.	Day 3 opening remarks and closing ceremonies
10:00 a.m.—11:00 a.m.	Concurrent sessions F
11:00 a.m.—11:30 a.m.	Break (coffee and snack included)
11:30 a.m.—12:30 p.m.	Keynote address— <i>From Skid Row to CEO, The Push for Change</i>
12:30 p.m.—12:45 p.m.	Closing remarks

Tuesday, October 24, 2017

6:00 p.m. – 8:00 p.m.

OPTIONAL Pre-conference Session

PC.1 Introduction to Fetal Alcohol Spectrum Disorder (FASD)

Danna Ormstrup, Kimber Norbury-Sulin and Lisa Rogozinsky

At this introduction to FASD session, attendees will:

- Learn what FASD is and what it is like for someone living with it;
- Gain knowledge about other existing related conditions;
- Understand what it means to “work differently”; and,
- Receive information about up to date science/research and what is new in the field.

Everyone is welcome to attend. Whether your child has just received a diagnosis, you have been working in the field for years, or you just want to learn more, this session will provide you with a fun, interactive opportunity to share and gain knowledge. This session is included in the conference cost.

Wednesday, October 25, 2017

10:00 AM – 11:00 AM

Concurrent Sessions A

A.1 FASD and Housing Panel

Dorothy Badry, Ashley Baxter, Wanda Beland and Lisa Murphy

‘FASD’ and ‘housing’ are two terms that you don’t often hear going hand-in-hand. Substantial gaps in appropriate housing option for individuals with FASD is a widely-known issue within the social services field. Research on FASD and the experience of homelessness/housing is very limited, and a brief update on current research will be given. This presentation provides people with knowledge about active programs, as well as research in the area of FASD and Housing. The panel will address what has worked and what hasn’t, challenges encountered, unexpected learning and overall successes. This presentation is meant to provide practical applications for supporting individuals with FASD within a housing program.

A.2 a) Social Skills Intervention for Adolescents with FASD using a Virtual Environment

Rianne Spaans

Social skills have been described as a specific impairment in FASD. This difficulty can affect an individual’s functioning, and often leads to complex problems. Yet, there is no research exploring the potential impact of a social skills intervention for adolescents with FASD. To address this gap, this project examines a game-based intervention using a virtual environment (VE) as this type of environment is known to positively impact learning. The presentation will highlight the preliminary data from a pilot study examining the influence of this intervention on adolescents’ social skills. Pre and post data on the participants’ social skills was collected (n=4) and this data will provide information regarding the adolescents’ skill profiles as well as the potential influence of the intervention. The learning from this study will help to determine if a game approach using a virtual environment is a feasible approach for social skills training for adolescents with FASD.

AND

b) Exploring the Factors Contributing to Continued Alcohol Consumption after Pregnancy Recognition

Kaylee Ramage

This current study examines factors affecting alcohol consumption by women after pregnancy recognition. Most women discontinue their alcohol use after they realize they are pregnant. However, some women continue to drink after this time, necessitating a different approach for harm reduction related to prenatal alcohol use and prevention of alcohol consumption. Furthermore, much existing research does not often recognize the differences in women’s alcohol consumption before and after they know they are pregnant. This qualitative study, commissioned by a collaborative of Calgary-based, FASD-serving organizations, interviewed 15 women who self-identify alcohol consumption during pregnancy to examine the factors that impacted their choice. Findings from this study enable evidence-based decision-making and inform intervention strategies to help prevent FASD and to reduce harms around alcohol consumption during pregnancy.

A.3 The Prevention Conversation: Everyone has a Role

Rod DeVries

This session will introduce the Prevention Conversation as it has been developed and delivered by the FASD Prevention Conversation Facilitators throughout the province of Alberta for the past four years. There will be a review of past methods that have been employed to address the important issue of FASD prevention (posters, coasters, and information sessions) and showcase how the Prevention Conversation is a unique approach. The presenter will highlight the simplicity and power of this method and tool while equipping the audience so that, by the end of the session, everyone will clearly understand not only the what but also the how of the role they can have in helping to prevent FASD.

A.4 FASD as a Whole Body Disorder: Longitudinal Evidence, Clinical Considerations, and Navigating Health Services

Tara Anderson, Andrea Guebert, Katherine Ludlow, Claudia Madampage and Mansfield Mela

This presentation will summarize findings of three related research projects which emphasize FASD as a whole body disorder. Attention will be drawn to the need for FASD to be better understood as a whole body disorder requiring improved identification and support in health care systems. The first study will review the literature produced by one of the most extensive cohort databases existing to demonstrate the long term implications of prenatal alcohol exposure on the various body systems. Secondly, qualitative data and current evidence will provide potential whole-body diagnostic flags to help clinicians identify those who may have unidentified FASD in clinical settings and assist in treating them in a more FASD-informed manner. Following this, a tool that has been developed to help individuals with FASD and their caregivers navigate the complex health care systems needed to properly care for someone with a whole body disorder will be discussed.

A.5 FASD: Revised Canadian Guideline for Diagnosis

Hasmukhlal Rajani

Since 2005, when the evidence-based Canadian guideline for FASD diagnosis was published, the field has evolved and additional evidence, expertise and experience has emerged. As such, a revision was required to improve both diagnosis and outcomes. Specific research involving infants, young children and adults with FASD, as well as further insight into the neurodevelopmental dysfunction and nomenclature, prompted the update and revision process. This presentation will give an overview of the newly revised FASD Diagnostic guideline update and revision, the clinic survey data, considerations and recommendations. Topics will include discussion around growth, brain, nomenclature, infants, young children and adults, and a diagnostic flowchart.

A.6 Helping Young People with an FASD to find a Language and a Voice for their Disability: A Caregiver and Professional Perspective

Anita Gibbs and Linda Sunderland

As parents of children with FASD, and as well-qualified academic/professionals, the presenters have noticed how difficult it is for children to acknowledge, understand, accept and communicate about their FASD. This presentation adopts a child rights and child-centered focus, and introduces creative frameworks and models for caregivers and professionals who wish to help young people talk about their specific FASD disability. This presentation will draw on relevant literature from fields of disability studies, to help participants attending this session to understand the 'voice' of young people with FASD, including how young people talk about their disability and how they manage their disabled identity in private and public spaces. This presentation will also draw from personal and professional experiences to introduce a model that can be applied by both caregivers and professionals to help young people understand and talk about their FASD in respectful and empowering ways.

A.7 PCAP: A Program that Works-Exploring How Trauma and FASD Impact Women who are Pregnant with Addiction Issues

Pam van Vugt

PCAP (Parent-Child Assistance Program) is an evidence-based FASD prevention program. PCAP has been running successfully in Calgary for 16 years and due to the complexities of the women that are in the program, practice is evolving to include trauma-informed principles through an FASD-informed lens. Trauma, mental health issues and addictions are common denominators for PCAP clients. Many clients have the added challenge of living with FASD. This workshop will explore how to weave the models together and discuss how to incorporate the models into a seamless and successful practice to increase success when working with clients with addiction and trauma issues. Strategies and unique approaches for working successfully with this client group will be presented. The presenters will examine how working through an FASD-informed lens impacts these models and the work with the women.

A.8 Sharing Our Strengths: a Partnership between First Nations Communities and CASA Child, Adolescent and Family Mental Health

Carrie Avveduti, Jody Kootenay and Tracy-Lynn Potts

In 2016, Edmonton Fetal Alcohol Network (EFAN) funded CASA to provide mental health services to children and families residing in the First Nations communities that fall within the boundaries of EFAN's service delivery area. Most of the first year was spent laying the groundwork for a partnership. Direct service delivery started in April 2017. This presentation will include information about the team and the services they provide. Leaders from three First Nations and CASA will share their journey thus far, the lessons learned, and what they see for this partnership in the future.

A.9 Beautiful Struggles

Blair Charters

Blair will speak about his personal experiences living with FASD. Share in the inspirational, humoristic and heartfelt storytelling of Blair Charters. Blair was diagnosed with FASD at the age of 16; although not before he experienced the all too familiar story of FASD with a disrupted school experience, trouble with the law, discrimination and addiction. Now, at the age of 37, Blair tells us how he overcame adversity to transform his life to one that is committed to his passion of motivational speaking, lifelong learning and helping others to create a positive life.

A.10 Stigma in FASD: Implications for FASD across the Lifespan

Gail Andrew and Lisa Driscoll

Stigma can influence prevention, diagnosis and intervention in FASD. Prevention awareness campaigns can inadvertently put the blame on birth mothers, when the social determinants of why women drink when pregnant are not emphasized. Diagnosis of FASD is provided to those who are identified to have challenges in behavior and confirmed prenatal exposure to alcohol, but stigma may prevent the disclosure of the alcohol history and therefore prevent early diagnosis and access to interventions. Stigma may lead to over-representation of FASD in certain groups, such as in the foster care system. Stigma about FASD as a negative life trajectory may lead to blunting of personal potential and not developing opportunities for adults to live successfully with FASD. These points will be discussed from the current literature and experiences in the FASD clinic. Stigma can only be changed by having open discussions and examining beliefs.

Wednesday, October 25, 2017

11:00 AM – 12:00 PM

Morning Keynote Address

K.1 All That Glitters

Margo Talbot

In this keynote presentation, Margo shares “boots on the ground” tools and techniques that brought her from the abyss of addiction and suicidal depression to being a celebrated athlete in the extreme sport of ice climbing. Giving equal credit to wilderness adventures and key relationships that she forged along the way, Margo delves into the reason adventure therapy helps with the symptoms of trauma - anxiety, depression and addiction – as well as the key traits shared by the people who were able to help her along the way. Her goal is to enhance your professional tool kit for helping clients struggling with these same issues.

Biography:

Margo Talbot is a speaker and climber who works with youth-at-risk, addictions programs, and mental health groups. She is the author of *All That Glitters: A Climber's Journey Through Addiction and Depression*, and the creator of The Vitality Spectrum, an essential tool for both recovery and optimal mental health, which she outlined in her 2013 TEDx talk *Climbing out of addiction and depression: Margo Talbot* at TEDxCanmore.

Wednesday, October 25, 2017

1:00 PM – 2:00 PM

Concurrent Sessions B

B.1 Caring for Children and Youth with Prenatal Substance Exposure in Child Welfare: A Scoping Literature Review of Best Practices

Devin Allen, Dorothy Badry, Liz Schweizer and Tiffany Talen

Findings from a scoping literature review focused on identifying best practices in child welfare for children and youth with prenatal substance exposure will be reported. The review of the academic and grey literature is guided by the following questions:

- What are best practices to support children aged 3-19 with prenatal substance exposure?
- What is taking place across Canada, the United States and elsewhere in child welfare policy, practice, intervention and training?
- What are gaps for future studies and system mapping?

Emerging themes include the importance of early diagnosis and intervention, long-term placements and residential stability, specialized supports, training and education for foster parents and providing effective transition planning for youth at age of majority. A rich inventory of material was discovered in this current project and the implications of these findings for child welfare policy, practice and future directions in Canada will be explored.

B.2 a) Better Understanding Clinical Pathways for Individuals living with FASD and Mental Disorder/Addictions

Tara Anderson and Mansfield Mela

It is common for individuals with FASD to require support for mental health and addictions throughout their lifetime. Currently, there are many challenges and roadblocks for individuals with FASD receiving the kind of mental health and addictions services that would be supportive to them. The initial findings of a current investigation on clinical pathways in mental health and addictions will be shared. Various focus groups have been conducted to hear first-hand perspectives including groups of individuals with FASD experiencing mental disorder and/or addictions, caregivers, family members, and FASD clinic coordinators. This has produced rich qualitative data that has been coded by researchers. Data will be presented to describe the following themes:

- Absence of support outside of crisis;
- Struggle of navigating siloed and separated services;
- Service providers who lack understanding of FASD; and
- Benefits of FASD-informed care.

AND

b) FASD Clinical Consultation Model: A Pilot Study

Jacqueline Pei, Denise Plesuk and Melissa Tremblay

Improved understanding and information sharing throughout service delivery can help meet the needs of clients with FASD. To provide this level of support, FASD-informed consultation can be beneficial, but can be challenging for program staff to access. In response, partners from Catholic Social Services and the University of Alberta worked together to 1) develop and pilot a clinical consultation process and 2) translate this process into an FASD informed clinical practice model by capturing the experiences of clinicians involved. Participants included three provisional psychologists, three supervisory and 12 front-line staff members, and an FASD clinical consultant. Drawing on findings from meeting minutes, interviews, and focus groups, presenters will discuss the process of developing the consultation model, share how this model impacted service provider learning, and describe the resulting model of FASD informed practice. Findings have the potential to inform a coordinated professional learning strategy towards providing FASD informed services.

B.3 FASD Community of Practice: Leading Innovative Practice Change within Children's Services (Part 1 of 2)

Deneka Balasck, Kerri Fogarty, LaDene Keith, Darci Kotkas, and Michelle Rice

In 2012, Children's Services initiated a dynamic approach to increase the capacity, awareness and knowledge of FASD for staff and to improve integration of knowledge into practice through utilization of the 'Leading From Within' FASD Community of Practice training model. This initiative stemmed from Alberta's 10-Year FASD Strategic Plan. Since that time, staff throughout the province have developed and implemented a variety of practice strategies including training and coaching support for caregivers, a case consultation model for staff, and increased knowledge through practice discussions. This presentation will touch on building capacity with staff, shifting practice with birth families, and creating placement stability with caregivers of children with FASD. This presentation embraces the motto "when we know better, we do better" but it doesn't all have to be the same. Attendees will find their own creativity sparked through the unique initiatives that regions across the province have utilized and how practice is impacted for themselves and individuals and families living with FASD.

B.4 Preventing FASD Experientially: From the Developing Brain to Community Success (Part 1 of 2)

Katherine Norgard

The presentation is both didactic and experiential. It allows participants to actively engage with FASD and have fun with the activity/role-play “Party to Pregnancy”. Participants have the opportunity to engage in building the brain of a developing fetus exemplifying intellectual, emotional, and organ development. Alcohol crossing the placenta directly into the fetus’ brain is role-played with ensuing discussion about possible consequences to the fetus. At the conclusion of the activity, educational and statistical information about FASD will be presented and discussed. Participants have the opportunity to see an alcohol-affected brain and to discuss prevention as well as responses to FASD in a newborn and throughout the lifespan. Finally, the presenter will discuss her preliminary ongoing research as to prevention findings for people engaging in this activity.

B.5 Addressing the Social Determinants of FASD for Better Community Outcomes

Sara Messelt and Ruth A. Richardson

In spite of the prevalence of the condition, FASD is often overlooked, misunderstood, and under-identified in the community. The community and society have a significant role in shaping the experience for individuals and families impacted by prenatal alcohol exposure. The social determinants of FASD play a role in the poor health outcomes and inequities that exist. Improving outcomes requires considering, understanding, and addressing how social determinants of health can contribute to these inequities that impact individuals and families living on the spectrum. This requires addressing issues of racial discrimination, social isolation, adverse childhood experiences, access to diagnostic services and access to appropriate and culturally informed healthcare and treatment services, income inequity, education inequity, unemployment and underemployment, and housing instability. This session will serve as a call to action for participants to promote equity and address the social determinants of health in our patients, families, neighborhoods, and communities.

B.6 LIVE (Living Indigenous Values Everyday)

Sandra Bruno, Donna Kristiansen and Sherry Letendre

The Alexis Nakota Sioux Nation in partnership with the Northwest Central FASD Network has developed a collaborative indigenous approach to provide FASD education, services and support to the Nation’s members and their families. This presentation will highlight the process of developing a new program utilizing community collaboration to deliver FASD prevention education, access assessment and diagnostic services and provide adult mentorship. The presenters will describe their experience from both a service provider and community member perspective and how the project has evolved to incorporate the Nation’s culture, language and values and identify the project’s successes and challenges.

B.7 Building Up Contribution ... One Step at a Time!

Cara Milne

How do we build up contribution? Cara Milne of M-Powered Planning will examine the significance of genuine responsibility in order to help people succeed and build up self-esteem. The conversation will include the consequences of what happens when support teams unintentionally get in the way of people connecting to their communities and the opportunities that surround them. Workshop participants will also learn to try to not pass that crayon! Stories and information will include the following:

- Where is the community?
- How can support teams do with... not for?
- How can support teams give the space for people to succeed?
- How do we support people to contribute?

B.8 A Future with Hope

Shana Mohr

Shana offers a unique perspective into the world of FASD as she is a mother to a child with FASD, as well as a professional FASD Trainer. In this session, using a combination of her personal and professional life, Shana will passionately touch on stories about how she is working to bring education, awareness and empowerment to individuals impacted by FASD. She will share stories of self-doubt, successes and what it is like to put your-self ‘out there’. Shana has dedicated her life to helping others understand FASD personally and professionally by breaking down stigma through education and awareness. She believes that by sharing her story and knowledge it will shed light on this complex disability and bring hope and positivity to a world that is often masked by negative stereotypes and misguided misconceptions.

B.9 Plan to SOAR!

Pam Henheffer and Danna Ormstrup

We all get overwhelmed by trying to figure out “what to do next’ when life gets difficult! The Foothills Fetal Alcohol Society has recently developed a SOAR plan[®] that has been used by families, support networks and staff teams. The SOAR plan[®] outlines four simple steps that encourage conversation, creativity and practicality. In this workshop, Pam and Danna will share the SOAR plan[®] and include interactive opportunities to explore its value in empowering folks to ensure that the voices of all people are heard when planning for today as well as looking forward to the future.

B.10 FASD considerations in a Gender Based Analysis Plus (GBA+) Framework

Soni Dasmohapatra

Gender Based Analysis Plus (GBA+) is an analytical tool that aims to systematically integrate gender and other intersecting factors (age, cultural ethnicity, sexual orientation, income, etc.) into the development and implementation of policies, programs and legislation, as well as planning and decision-making processes, to achieve intended and effective social and economic results. By incorporating GBA+ in our work, we are better able to establish a foundation for success in achieving goals and outcomes as we take into account the real needs and lived experiences of women, men, boys and girls in all of their diversity. FASD considerations will be shared in this session using the GBA+ tool as an overarching framework.

Wednesday, October 25, 2017

2:00 PM – 3:00 PM

Concurrent Sessions C

C.1 Linked FASD Data Across Ministry Services: How to Use Data to Inform Policy and Clinical Practice

Gail Andrew, Angel Aspeden, Darcy Fleming, Mary Ann Ho, and Xinjie Cui

The Child and Youth Data Laboratory links data from five child- and youth-serving Government of Alberta ministries (Advanced Education, Education, Health, Human Services, and Justice and Solicitor General) to provide evidence for policy and program development. Research results from a profile on cross-ministry service use by individuals with FASD will be presented. A panel of experts from clinical, service provision, lived experience, and research will guide the audience through the results, interpretation and use for policy and service delivery. This unique blend of experts will then guide a discussion with the audience to broaden insight into the research.

C.2 a) FASD Mentorship

Ashley Baxter

This presentation will focus on how long term, outreach supports working within the relationship paradigm are successful when working with people diagnosed with FASD. Learning what FASD looks like can actually get in the way of supporting people with FASD because no person with FASD presents in the same manner; there is no one strategy that works but what we have found is relationships, patience and creativity does work. This presentation aims to provide experience from an FASD advocacy program that has been operating for more than a decade.

AND

b) The Parent-Child Assistance Program in Alberta First Nation Communities: Stories and Outcomes

Elizabeth Carlson, Jacqueline Pei and Melissa Tremblay

Learnings will be shared from a collaborative evaluation of the Parent-Child Assistance Program (PCAP) in Alberta First Nation Communities. PCAP is an evidence-based, three-year program for women at-risk of having a child with FASD. Presenters will include members of the evaluation team as well as a front-line PCAP mentor. Drawing on qualitative and quantitative information gathered from PCAP staff and clients, presenters will discuss the successes and challenges of delivering the PCAP in remote, isolated, and culturally diverse communities. In particular, presenters will discuss how PCAP is contributing to client health and wellbeing as well as community capacity and awareness through the establishment of strong relationships with clients, coworkers, agencies, and the wider community. The use of how innovative program evaluation techniques can meet the needs of multiple stakeholders while enhancing the quality of information obtained will be discussed.

C.3 FASD Community of Practice: Leading Innovative Practice Change within Children’s Services (Part 2 of 2)

Deneka Balascak, Kerri Fogarty, LaDene Keith, Darci Kotkas, and Michelle Rice

Please see description under **B.3 (Part 1 of 2)** above.

C.4 Preventing FASD Experientially: from the Developing Brain to Community Success (Part 2 of 2)

Katherine Norgard

Please see description under **B.4 (Part 1 of 2)** above.

C.5 Alberta FASD Family Advisory Council: Successes and Challenges

Bruce Uditsky, Allyson Dann, Angel Aspeden, Elaine Bolt and Sonja Schmidt

To our knowledge, the Alberta FASD Family Advisory Council (FAC) was the first such council in Canada and remains the only provincial council representing biological, adoptive and foster parents, including grandparents and individuals with FASD. Often, the role and importance of families in contributing to successful outcomes for individuals with FASD has been overlooked and policies and practices have been developed and implemented without the benefit of the input and knowledge of those with lived experience. The FAC is also inclusive of a consultant with FASD and a research relationship with the University of Calgary. Council members will share their personal experiences and how this informs their advocacy relative to government, and successes and challenges in their role as an advisory body to government. The Council has the privilege and opportunity of meeting regularly with government ministries including Ministers, their offices and senior bureaucrats and will share the impact this offers the FASD community. The Council will also share its research agenda.

C.6 Experience into Practice: FASD Supports and Services in Northern Alberta’s Remote Region

Wanda Beland

The presentation discusses: (1) the development of the services in the northern remote and rural area of Alberta; (2) the impact local experience and passion for FASD had on the advocacy and growth of the NWR FASD Society – Mackenzie Network; and (3) the pathway for development of collaboration and partnerships with local governments, agencies and services, while developing FASD informed communities and practices. Presenters will share lived experiences of supporting children and individuals impacted with FASD and the role this had in the development of unique, yet effective, programming for individuals and families.

C.7 Implementing Housing First Services with People Living with an FASD

Kimber Norbury-Sulin

With Alberta’s focus and commitment to ending homelessness, agencies have adopted the Housing First principles of service and supports to meet the needs of people’s housing needs. Unique housing challenges come up when serving individuals with a brain-based disability, such as FASD, who have complex needs. Questions arise on how to best serve those sub-populations that struggle to obtain and maintain housing in the community. Issues that arise when servicing people with FASD will be explored and concrete ideas, strategies and considerations for successful implementation of housing services and how to best serve and support individuals presenting with multiple barriers will be provided. Housing First core principles will be shared and how to apply them to meet the unique needs of people with FASD using the disability lens and FASD best practice.

C.8 A Case Study: Falling between No Man’s Land

Mansfield Mela, Lisa Murphy and Monty Nelson

This is an interactive case study reviewing supports and services for a complex individual and family connected to the Lakeland Centre for FASD for over a decade. The presenters will discuss successes and challenges between systems when working with an adult with an FASD. We will discuss available supports to complex clients, how they are accessed, the criteria for supports, and what you do when systems fail the individual on the premise he/she does not meet “our criteria”. The disconnect between services and how we can move forward to support success will be reviewed. This is an ongoing case about an individual and family facing numerous barriers and struggles over an extended period of time. As the individual ages, the challenges continue to grow, now including mental health issues, the justice system, addiction, appropriate structured housing and employment.

C.9 **Starfish: FASD Addictions Services for Youth Who are in Conflict with the Law**

Lorraine Brake and Toni Carswell

Starfish is a strength-based responsive addictions treatment program for youth with FASD who have problematic substance use and who are involved with the legal system. Recognizing the unique needs of youth with FASD, Starfish counsellors make significant modifications to traditional counselling, processes and methods. The Starfish Program also includes organized recreational and cultural activities to provide new opportunities, experiences and education for healthy living. Evaluation results will be presented in this workshop, and will also discuss strategies in building capacity between two systems to work more effectively with youth who have FASD and problematic substance use. This initiative is currently a partnership project between Addictions Foundation of Manitoba, Manitoba Youth Corrections, Healthy Child Manitoba and Manitoba Liquor and Lotteries.

C.10 **Marking Positive Change in Adults with FASD through the Life Star Outcome Measure**

Mary Culshaw and Trina Kennedy

The Life Star Outcome Measure, derived from the Outcome Stars™ Measurement Tool, has been implemented successfully in other populations with learning disabilities, not with adults with FASD. At the core of the tool is repeated interviews with the client to ascertain their perspective on 10 different areas of their life to guide programming. The Central FASD Network has based planning, intervention, and community collaboration on this information to produce positive outcomes that are meaningful to the client. Inclusion of the Life Star has been critical to the collaboration between community resources for clients and providing the Network with a unique approach to follow up for the assessment process. Data was collected over a year and a half, with an original cohort of 24 clients and results of a pilot project will be presented, including achievements and struggles.

Wednesday, October 25, 2017

3:30 PM – 4:30 PM

Afternoon Keynote Panel

K.2 **FASD Justice & Reconciliation: Tough Questions, New Collaborations**

Lori Cox, Laura Hoversland, Samaya Jardey, Lisa Lawley, Michelle Stewart and Rachel Tambour

This panel will bring together individuals who spoke at a national symposium in 2017 that focused on FASD, Justice and Reconciliation. The event was informed by research from Canada FASD Research Network and the Truth and Reconciliation Calls to Action as way to think differently about FASD and Justice in Canada. In so doing, the event placed Indigenous perspectives at the center of the discussion and focused on taking a holistic look at how justice programs can include prevention and intervention practices and the necessity of culturally-safer programs and practices. The event brought together policy makers, frontline workers, para-professionals, students and researchers. Participants and speakers engaged in tough questions and discussions as part of a collaborative approach to rigorous and meaningful approaches to reconciliation. Speakers on this keynote panel will share their experiences of presenting at this national event, discuss the challenges of these discussions and raise new ideas and questions about what it means to think about FASD through a lens of reconciliation.

Biographies:

Dr. Lori Vitale Cox works in an Atlantic Canada First Nation's community where she is a member of Elsipogtog's Eastern Door Diagnostic Team--an indigenous FASD multi-disciplinary diagnostic team and the first one in the Maritimes. She also works at the school level with children who have been prenatally exposed to alcohol and drugs; she has been active in FASD research, diagnosis, and intervention for many years developing 'Medicine Wheel Tools' for schools used in screening, assessment and intervention. Crime Prevention--NCPC--and the AHTF, Aboriginal Health Transition Fund produced 2 DVD's detailing the Medicine Wheel model and school intervention as well as the Eastern Door Team. She also designed and directed the Nogemag Initiative--a model of intervention based in traditional methodology for high-risk youth and their families especially those impacted with FASD. On a provincial level she helped lobby, design and implement the NB FASD Centre of Excellence that is the only one of its kind in Atlantic Canada. On a national level she worked as one of the primary authors of the SOGC guidelines for physicians and one of her MW Screening tools was chosen to be included in the Public Health Agencies FASD Screening toolbox. She is co-authoring a book for Justice Professionals regarding FASD and recently wrote one of chapters on a book about Ethics and FASD. Right now she is working on developing an FASD curriculum for UNB College of Extended Learning.

Laura Hoversland was born and raised in the Yukon Territory. Laura is from the community Teslin, Yukon population of 500 people. Growing up as a First Nation woman and from a small town, it didn't take Laura very long to identify the struggle for First Nation people. She took an interest in the legal field and worked as a Legal Assistant for five years and went on to get her BA in Justice Studies through Royal Roads. Laura then got the opportunity to work the Council of Yukon First Nations centrally located in Whitehorse, Yukon to work with all First Nations people who are in the Justice system. She started as an Aboriginal Courtworker for a few short months then was given the opportunity to take on the Justice Manager role in her department and has since been able to identify the variety of burdens First Nations people face in Justice.

Samaya Jardey, MSW, RSW is of Snuneymuxw descent. For more than twenty years she worked directly with former students of Indian Residential School (IRS), and their families. Over that time, she developed partnerships with Indigenous and non-Indigenous communities, front-line worker agencies, various church officials and government representatives. Moving forward, Samaya is committed to addressing the intergenerational effects of IRS. In her role as Program Manager for Through an Aboriginal Lens, an exciting partnership between the Native Courtworker and Counselling Association of British Columbia and The Asante Centre, Samaya guides the comprehensive support provided to Indigenous youth and their families referred to the Youth Justice FASD Program. Based on her grandmother's teachings, her guidance and support are holistic in nature and rooted in an Indigenous worldview, values and teachings. Samaya sees this groundbreaking, pilot project as an important effort in the recovery of Indigenous people from systemic racism and the intergenerational effects of IRS.

Lisa Lawley works for the Kermode Friendship Society providing support to families that are affected by FASD. Kermode's 'Circle of Life' program assists mothers with lifestyle changes by bringing awareness, education and prevention of FASD to communities. Through supportive care, the program helps women overcome personal challenges and supports their goals for growth and improvement. The team mentors mothers in alternative styles in family dynamics and healing from substance abuse, including assistance with parenting, family planning, budgeting, time management, mediation and referral to community services. This mentorship empowers Aboriginal women and their families. Lisa understands mothers need support to make positive changes in their lives. In order to make this, they need to move past the shame and guilt they may feel about their children having FASD so they can begin their healing journeys. It is critical that mothers have a safe place to have conversations with people who are not judgmental and want to provide support for those struggling with addictions. It can be hard for many mothers to get the tests done to arrive at an FASD diagnosis. Lisa wants to help mothers go through this process without fear of labels or judgment from their peers.

Dr. Michelle Stewart is an Associate Professor in Justice Studies and Director of the Community Research Unit at the University of Regina. She holds multiple appointments on research teams including being a Strategic Research Lead with Canada FASD Research Network. As an applied anthropologist, Michelle's research focuses on community-engaged projects and partnerships focused on social justice issues surrounding cognitive disabilities, mental health and racialized health inequalities in different settings including the criminal justice system. Michelle's research addresses these social justice issues through the development of resources and tools as well as program and policy outcomes. She works with multiple stakeholders in projects that are committed to collaborations that will bring about better outcomes for individuals while being attentive to the systemic nature of these forms of oppression.

Rachel Tambour is a service provider and caregiver who resides in the Northwest Territories. Rachel is currently working with the Tree of Peace Friendship Centre in Yellowknife. In addition to working with individuals living with FASD in a professional capacity, Rachel has also spoken out on her experiences as a parent of a son living with FASD. Rachel advocates for individuals with FASD from the perspective of both a service provider and a family member. She has experienced the ways in which FASD is stigmatized and acts to challenge that stigma in her own life while seeking to assist other mothers to come forward and pursue their own successes. Rachel works with families and communities to tackle "the shame, the blame, and the stigma" of FASD and make it clear that there is help available when we are willing to have honest discussions about alcohol and pregnancy.

Wednesday, October 25, 2017

4:30 PM – 5:30 PM

OPTIONAL Supplemental Sessions – *Tools for Your Harness, Strategies for Your Climb*

SS.1 This is Me – My Life Book

Deidre Bissonnette

The Manitoba FASD Youth Justice Program creates a strength and ability based portfolio together with the youth. It is a communication tool designed to assist the youth with FASD to gain an understanding of themselves, to make sense of the world around them and as a means of communicating with others in a positive way. In developing the book, the FASD assessment information is taken in consideration to include the brain domain challenges and areas of strengths. The youth have used the communication tool in multiple settings to educate their support people on how to best work with them and to foster the building upon their strengths and abilities. Youth are sharing their books with parents, extended family, social workers, group home staff, education staff, youth and adult correction staff, etc. The presentation will include how the project was developed, the process of creating a book, sample book pages and learnings/outcomes.

SS.2 A New Way of Thinking: Design Thinking to Help Meet Caregiver's Needs

Melissa Dobson, Stuart Simmons and Debra Wilson

Together we can solve our challenges and make them into opportunities! Collaboration is at the heart of design thinking and every project can benefit from an in-person aspect. In this workshop, Melissa will facilitate a design thinking method with the aim of supporting kids and families with FASD. Design thinking is a slightly different way of attacking a problem. The main goal will be to brainstorm ways to solve a problem using empathize, define, ideate, prototype and test. These are the same methods used by Stanford's D-school. Design thinking workshops encourage engaging dynamics, social energy, intense focus, and knowledge base perspectives that can ignite a group to problem solve at a whole new level. We will use drawings, craft supplies to build and test prototypes, and will share, reflect and discuss. We will have fun!

SS.3 The Nine Keys to Unlocking FASD: #thestruggleisreal, but so is Success!

Robbie Seale

The Nine Keys to Unlocking FASD: A breakdown of key FASD behaviors, to drive an understanding of the root of each behavior. Strategies to allow caregivers to work with the presented behaviors rather than battling against will be discussed. This will be followed by key concepts which can be employed in the home, classroom or other settings helping to provide the structural framework for the intricate support system needed by individuals with FASD. Structured support can enable an individual and their caregivers to achieve success through development, fostering a healthy adulthood. These strategies help mitigate caregiver fatigue, enabling those to continue on the path of care, learning, and advocacy. #thestruggleisreal, but so is success!

SS.4 To be determined – will be included in an updated version of this Registration Guide.

Thursday, October 26, 2017

9:30 AM – 12:00 PM

Morning Keynote Address

K.3 The FASD Landscape: New Pathways and Research

Dorothy Badry, Jocelynn Cook, Simon Lapante, LaMansfield Mela, and Audrey McFarlane

This session will feature presentations by five experts in the field of FASD, table discussions on research areas of interest and that may need more attention, and a question and answer period with our presenters. Our three FASD research experts, Dr. Mansfield Mela, Dr. Jocelynn Cook and Dr. Dorothy Badry, will present on the current standing of their areas of focus and the exciting new research they are leading that will benefit the lives of those affected by FASD. They will be joined by Audrey McFarlane, Executive Director of the Canada FASD Research Network (CanFASD), who will provide an overview of FASD research across the country and abroad and Simon Lapante, Co-chair of the CanFASD Family Advisory Committee, who will share how his committee is working with researchers in the field and the importance of families contributing to the direction of future research. These presentations will be followed by table discussions among attendees and then a question and answer period with our presenters. Conference staff will facilitate these table discussions and compile notes to be used by the conference hosts, the Alberta FASD Cross-Ministry Committee and the Canada Northwest FASD Partnership .

Biographies:

Dr. Dorothy Badry, PhD, RSW, is an Associate Professor in the Faculty of Social Work (FSW), University of Calgary. She is the academic lead for the continuing education working with homeless populations certificate at the University of Calgary. In addition she is the child welfare lead for the CanFASD and a member of the steering committee for the Prairie Child Welfare Consortium. Her research interests and area of expertise primary focus is on FASD, birth mothers and families of children with FASD, substance abuse social problems for women and families, homelessness and disability advocacy.

Dr. Jocelynn Cook, PhD, MBA, is the Scientific Director for the Society of Obstetricians and Gynecologists of Canada and oversees all work related to Continuing Medical Education, Clinical Practice Guidelines, Research, Accreditation, Global Health and Indigenous Health. In addition she is an Adjunct Professor to the department of Obstetrics and Gynecology at the University of Ottawa. Her professional career has focused on issues related to maternal-fetal medicine specifically substance abuse during pregnancy, preterm birth, FASD and Assisted Human Reproduction. Early on in her career, she became involved with Aboriginal Health research, especially as it related to the social determinants of health.

Simon Lapante, MEd, is the Co-Chair of the CanFASD Family Advisory Committee and has been an educator in the public school system for more than 30 years. He has experience as a teacher, vice-principal, principal and assistant-superintendent. He completed his Master degree on the impact of children with FASD on their caregivers' relationships (couple, school and community). Retired since 2014, Simon presently works in an alternative program for at-risks youth in the Seine River School Division. He also teaches school administration courses at the Université de St-Boniface and is a Faculty Advisor with the University of Manitoba's Faculty of Education.

Audrey McFarlane is the Executive Director of the CanFASD and the Lakeland Centre for FASD in Cold Lake, Alberta. She was a founder of the Lakeland FASD Committee that led to the development of the Centre and its services. After obtaining her degree in Community Rehabilitation, McFarlane has spent the past 18 years working with children and adults with developmental disabilities and providing training on FASD. She has presented at the local, regional, and national level on many issues related to FASD. McFarlane and the Lakeland Centre for FASD have been recognized by Health Canada for the development of service models.

Dr. Mansfield Mela, MBBS, FWACP, FRCpsych, MSc, FRCPC, is a Professor and Forensic Psychiatrist in the Department of Psychiatry, College of Medicine, at the University of Saskatchewan. In addition to the Forensic Psychiatry Outpatient Clinic at the Royal University Hospital, he works as the adult diagnostic Physician at Lakeland Centre for FASD and a consulting Psychiatrist at the Regional Psychiatric Centre as well as the Central Urban Métis Federation clinic. He is the Co-Lead of the Diagnostic Research Team for the CanFASD. His research focuses on psycholegal aspects of forensic mental health, with specific interests and expertise in FASD.

Thursday, October 26, 2017

1:00 PM– 2:00 PM

Concurrent Sessions D

D.1 Mentoring Caregivers: The Lived Experience

Jody Jordan and Janet Stewart

This presentation will explore the benefits of an FASD caregiver mentorship program and the importance of acceptance, compassion and understanding from someone who shares the same experience of parenting individuals with FASD. The benefits of using different modalities for supporting caregivers, such as texting and phone calls, will be shared. The importance of coaching and mentoring caregivers to advocate for their loved ones and involving their own natural supports in the mentorship program will also be discussed. Specific information about the FASD mentorship program provided by Wood's Homes in Calgary will be shared with the audience. A panel of caregivers will be available to share their successes of the FASD mentorship program and the caregiving strategies and ideas that work for them. There is great importance in sharing success stories among caregivers to create hope and identify their own 'new normal'.

D.2 a) Ten-Year Assessment Profile of a Regional FASD Clinic in Alberta

Paul A. Jerry

FASD assessment and diagnostic clinic services have been offered in southeastern Alberta since the late 1990s. With the advent of the Alberta FASD Cross-Ministry Committee, stabilized funding has allowed for a consistent diagnostic clinic assessment process since approximately 2008. This presentation includes a consolidated profile of this clinic's work, including the evolution of the clinic's approach to assessment, as well as an overall summary of the profiles of the 'typical' referral. Aggregated data for a decade of assessments will be presented. Implications for intervention and life-long supports are also discussed.

AND

b) Fine Motor, Gross Motor or Combined? The Accuracy of Motor Assessment in the Diagnosis of FASD

Erin Branton and Danielle Johnston

There is uncertainty among occupational and physical therapists about how to most accurately measure a child's motor ability when assessing them for FASD. The 2015 Canadian guideline recommends the use of either total motor scores (fine and gross) or multiple subtest scores as evidence of impairment. This is a change from the previous guideline which supported the use of total motor scores only. Medical records, from the Camrose Pediatric Specialty Clinic, of children aged 6 – 17 years were used to complete a cross-sectional diagnostic study. The objectives of the study were to determine if a diagnosis of FASD can be more accurately determined by using a combined motor score or separate fine and gross motor subscales, and to determine the diagnostic accuracy of specific subtests. This presentation will share the results of this study and provide recommendations for motor assessment of children with suspected FASD.

D.3 FASD Training for Justice Workers

Del August and Angela Kemble

The FASD Training for Justice Workers is a collaborative ongoing project designed to meet the need for relevant, strategic FASD training for RCMP, police, probation, trustee/guardianship workers, lawyers and correctional centre employees. The training comes to the recipients and is flexible, short, engaging, ongoing and is easily duplicated. This project has expanded its original parameters and continues to grow and change with project awareness, newly identified needs, and through partnerships/ networking, interest and 'word of mouth'.

D.4 Preliminary Results from the Year 10 Evaluation of Alberta's FASD 10-Year Strategic Plan (2007-2017)

Susan Abells, Cathie Scott and H  l  ne Wirzba

The Year 10 Evaluation is a summative assessment of Alberta's FASD 10-Year Strategic Plan. It builds on evaluations undertaken in Year 5 and Year 7, and assesses the extent to which the goals of the Strategic Plan have been met. The authors will present and discuss preliminary evaluation results in the areas of FASD awareness, prevention, assessment, diagnosis, supports for individuals and caregivers and education and training. Key innovations, challenges, lessons learned and trends over the lifetime of the Strategy will be highlighted. The Year 10 Evaluation of the Strategy is led by PolicyWise for Children and Families in partnership with Susan Abells, H  l  ne Wirzba, Daniel Fridman and other contributors.

D.5 Best Practices for Working with Parents who have an FASD

Jodi Caskey and Pam van Vugt

This workshop will discuss tips for professionals who are helping parents who have an FASD increase their parenting skills and practices that have proven to help will be examined. The PCAP-Expanded Enrolment program works with parents who are either suspected or diagnosed with an FASD, who are parenting their children at least half of the time, and working towards having them returned home. The program has been in operation for eight years. The presenters will share the strategies that work with this clientele, and tips for helping these parents be the most successful they can be will be discussed. Teaching parenting with an FASD lens is a special skill with exciting results. We often hear the expression "You don't have to work harder, you have to work differently" when working with people who have an FASD. This workshop will look at what the 'differently' looks like.

D.6 Community Collaboration, Collective Wisdom

Hazel Mitchell and Lynette Taal

The presenters will explain the process of Collective Wisdom and how it benefits not only the client population, but the individuals that provide direct services. The process is developed from best practice in supports to individuals – with a little twist. Service providers are always concerned with our FASD population and often the health and wellbeing of direct service staff are forgotten. This process serves two very important purposes including ensuring best practice for our clientele and ensuring direct service staff are taken care of, have support from numerous agencies, receive information regarding new ideas and resources, and have a safe place to discuss sensitive issues.

D.7 Blanket Exercise: Decolonizing Minds and Hearts (Part 1 of 2)

Victoria Gubbels and staff

The Blanket Exercise is an experiential activity that engages peoples' hearts and minds! This powerful training helps us to understand the historical and contemporary realities of Indigenous peoples, how colonization has impacted Indigenous people who lived here long before 1492, and explores the relationship between Indigenous and non-Indigenous peoples in Canada and how this relationship has been damaged over the years. The Blanket Exercise is a first step in the reconciliation process and shows us that we are together on this journey of healing from this shared past. Since April 2016, Indigenous and Community Connections Division's Culture Unit of Alberta's Ministry of Children's Services has been facilitating the Blanket Exercise. From the very first session participant feedback continues to be extremely positive.

D.8 Self-Awareness and Emotional Regulation for Youth with FASD: Helping our Brains to be at their Best!

Nathan Gerbrandt

For anyone affected by FASD, it is important to learn about their unique brain differences - areas of strength and areas of need. Through increasing self-awareness and learning how and when to use emotional regulation skills, people become better at handling stress. This improves overall functioning and encourages the brain to develop in the best way possible. This workshop will provide people with an opportunity to learn and practice strategies to promote self-awareness and emotional regulation skills.

D.9 What Have we Learned: Addictions Treatment with High Risk Women

Lisa Swan and Kayla Vick

The 2nd Floor Women's Recovery Centre is a unique residential alcohol and drug treatment program in rural Alberta. It was designed for women at-risk of having a child with FASD, specializing in women who are pregnant. Of those who have been through this program, 90% have a diagnosis of FASD or are suspected of having FASD. Over 70% of these women had previously been to treatment programs. This presentation will highlight who the women are, what has been learned about them, from them, and how best to serve them, as well as their outcomes. This presentation includes an evaluation of the program and social return on investment, as the program has shown interesting results and provided many opportunities for learning about this complex population.

D.10 LEGO®-Peer Mentoring Social Skills

Ann Gardner

Playing individually is often how many people see the value of LEGO®. LEGO® also has an inherent and rewarding way of bringing people together. In this session you will learn how the work of Dr. Eric Carter (Peer Mentoring for ALL) can be used together with LEGO® in a meaningful and engaging way for ALL and ALL ages. The presentation will touch on knowledge of belonging, friendships of all ages and peer relationships for individuals affected by social competence. Learn how to take LEGO® to create fun, meaningful social situations and even a LEGO® club in your home, school, residential or support environments.

Thursday, October 26, 2017

2:00 – 3:00 PM

Concurrent Sessions E

E.1 Rural Initiatives

Joey Daniels, Candice Sutterfield and Megan Tucker

The Lakeland Centre for FASD will present on several of their innovative programs that have been specifically designed for people with FASD in rural settings. Candice Sutterfield will share how the Mentorship program assists clients, who are often transient, in a creative way to receive the supports they need. Joey Daniels will share how outreach services play an important role for clients to access services and receive adequate supports. Megan Tucker will share information on the Lakeland Centre's Transition to Adulthood program and how it was holistically designed to accommodate the needs of families and youth in rural areas. Nicole Parisian will present on the newly created employment program.

E.2 a) Aboriginal Family Services – Adult Mentoring Program in Regina Saskatchewan

Pamela Belanger

The Adult Mentoring Program (AMP) at Aboriginal Family Services Centre (AFSC) in Regina, consists of a team of five who are committed to utilizing a strength based approach to delivering support services to adults who have been diagnosed or are suspected to have a cognitive disability, such as FASD and acquired brain injuries. Pamela will share her journey from personal life experiences to professional human services support. The AMP program's goals and objectives are:

- To assist adults who have a cognitive disability in developing basic life skills, social skills, and to provide general support.
- To increase awareness and understanding of the impacts of all the various cognitive disabilities, such as FASD.
- To deliver culturally relevant client centered programming and to promote and nurture self-worth, self-identity and self-esteem in individuals living with a cognitive disability.
- To develop spiritual, emotional, physical, and mental health in the lives of individuals, families, and organizations that deal with cognitive disabilities.

AND

b) Journey to the Lobby: A Story of Instrumental Figures in a Family's Journey

Melissa Dobson

As a parent of three children: one diagnosed, one suspected and one unknown, much of Melissa's path looks like a ten story Ikea map, but with one variation; she started blindfolded, unknowing or unwilling to know. Through this journey of taking random paths, meeting random people, asking random questions, she has lost the blindfold. Melissa will discuss three chance meetings in this journey that changed the course of her life and were instrumental in this journey – they are her pediatrician, her son and their support worker. She is only in first eight years, so is still in the lobby of her Ikea store. There are many floors, many departments and many issues that will be found in the future. Hopefully her story can help others on their navigation and inspire to never give up those chance meeting opportunities

E.3 FASD Justice Support Program for Youth

Chris Leptich, Scott Sadler and Nicole Mizzi

The FASD Justice Support Program for Youth is a partnership between Alberta Justice and Solicitor General and Calgary and Edmonton Youth Criminal Defence Offices. The program organizes case conferences to assist young persons with diagnosed FASD in conflict with the law, which are ordered by youth court judges under Section 19 of the *Youth Criminal Justice Act*. The program convenes a conference among the young person's personal and professional supports, such as a parent or guardian, probation officer, child welfare representative, FASD Justice Program representative, or the FASD assessor. During the case conference, the young person's FASD assessment is reviewed, current supports and supports to assist the young person to improve his/her life course and to avoid criminal involvement are identified, and recommendations are made to assist the young person to successfully complete their disposition. This information is summarized in a "Section 19 Report" which is submitted to the sentencing judge, who may choose to draw on the report in making decisions about sentencing.

E.4 POST: An Innovative, Client-Centred, Harm Reduction Pilot providing Preventative and Early Intervention Strategies in Calgary

Corinne Murray, Cathy Rigby, Cassandra Rose and Allison Saxby

The Prenatal Outreach Support Team (POST) is an innovative, client-centred, harm reduction program providing preventative and early intervention strategies with marginalized persons during pregnancy and after birth. POST is a collaborative partnership between the Sheldon Kennedy Child Advocacy Centre, Alberta Health Services Public Health and the Calgary Police Service to identify and provide specialized intervention and referral services to vulnerable pregnant persons in high risk situations. Using an integrated practice approach, front-line service providers conduct assessments, interventions, supports and referrals to facilitate safe and supportive environments for healthy pregnancies and infants. Of the clients served through these collaborative teams, 19% experience mental health issues, 72% live with domestic violence, and 24% struggle with problematic substance use. Based on this information, POST involvement decreases the effect of alcohol on the fetus. Case studies will be used to illustrate the complexities of the continuum of care provided through this team and in the community.

E.5 Let's Talk Prevention

Marlene Dray

Learn how the Saskatchewan Prevention Institute takes research and translates it into primary prevention of FASD. The work of the FASD Prevention Program has been recognized and it's messaging adapted by other Canadian organizations. A small staff armed with creativity, curiosity, and a desire to cultivate relationships keep the following in mind with all work:

- Respectful, supportive, non-stigmatizing communication grounded in accuracy, plain language, and individual autonomy.
- Adult learning principles.
- Community capacity building and development, asset building, and the strength of relationships.
- Effective social marketing principles.

In this session, participants will identify how research influences primary prevention efforts, examine new initiatives to address alcohol use in pregnancy and community capacity building, and discuss the influence of research on the development of social marketing campaigns

E.6 The Art of Caring Safely

Charlene Richard

The Caring Safely presentation will talk about a very important topic that personal and professional caregivers experience: the risks and rewards of regularly providing compassionate care to those who are in pain or suffering. This educational and inspiring talk, shares stories about the journey that caregivers go on throughout their lives and careers as they learn to manage the emotional impacts of helping people on a daily basis. Some of the concepts reviewed include compassion, compassion fatigue, compassion satisfaction, vicarious trauma, vicarious post traumatic growth, empathy, and sustainable caring. Participants leave with a framework for understanding what they are experiencing and information for how to protect themselves from compassion fatigue and burnout.

E.7 Blanket Exercise: Decolonizing Minds and Hearts (Part 2 of 2)

Victoria Gubbels and Staff

Please see description under **D.7 (Part 1 of 2)** above.

E.8 Opioids and CFS Response

Leslie Webb, Christina Tortorelli and Derrick Richards

The increase of opioid use and opioid-related deaths in Alberta is on the rise. In 2016, 349 Fentanyl-related overdose deaths occurred in Alberta, up from 117 in 2014 (Alberta Health, 2017). This timely and informative session will provide you with the information you need if you encounter an opioid-related situation. This Policy to Practice session will:

- Provide an overview of opioids;
- Review Universal Safety Precautions.
- Discuss harm reduction for the children, youth and families we work with.
- Help recognize an overdose.
- Aid in responding to risky situations.

E.9 Looking After Each Other (LAEO): A Grassroots Project to Address Stigma

Brenda Elias, Holly Gammon and Twyla Gilroy

A grassroots collaboration of Indigenous and non-Indigenous people envision a province where people with FASD, and women who use alcohol during pregnancy are fully accepted and their dignity is protected. The group is unified in their belief that several approaches/methodologies are needed in order to accomplish this goal. This workshop will explore how this group came together and the work that has been accomplished to date. Through the exploration of language and communication, and new strength-based research designs, LAEO suggests new ways of engaging and educating the public around FASD. Highlights include: a language guide providing alternative words that are non-stigmatizing; two mini-documentaries showing how community can come together to promote success; a 'mapping the gap' report that pinpoints the mismatches in understanding between 'FASD experts' and the general public; a SSRHC Partnership Grant; and a provincial survey on current levels of stigma that tracks their progress.

E.10 a) Living with FASD: An Autoethnographic Photovoice from New Zealand

Anita Gibbs

Anita's family has been in the media recently promoting positive accounts of living with FASD in New Zealand. Ruslan and Dima (aged 14 and 13) are two adopted children from Russia with FASD and ADHD, and they feel they live good lives but dislike the negative view of FASD that occurs from society and sometimes from their own communities. To that end, this family has chosen some images that explore the everyday lived experience of FASD – sometimes good, sometimes not so good. The presenters all comment on each image and show diverse meanings ascribed to each. Anita invited a professional colleague to review the material and agreement to participate by Ruslan and Dima to ensure that they did not feel pressured to participate in this presentation. This presentation aims to promote positive but realistic understandings of FASD, particularly from a child-centered perspective.

AND

b) Housing Initiatives for Individuals with FASD

Dorothy Badry and Ashley Baxter

FASD and Housing is a critical social issue that requires awareness of the specific needs of individuals engaged in housing programs. Homelessness is a serious concern for individuals with FASD as stable housing is often difficult to maintain. Many adults with FASD have histories of trauma, have experience within foster and group care settings and the justice system. In adulthood individuals who do not have a strong support network are highly vulnerable without housing and need FASD informed care when housed. This presentation will highlight some of the unique issues and challenges faced by individuals and agencies providing housing and care. Further, recommendations will be made for supportive aspects of care that are essential for individuals to support stability in housing drawing on research on FASD and homelessness with in the Calgary region and the Edmonton experience in providing specific housing assistance for adults.

Thursday, October 26, 2017

3:30 PM – 4:30 PM

Afternoon Keynote Address

K.4 The Lay of the Land: Final Results of a Health Survey of 500+ Adults Diagnosed with FASD

Myles Himmelreich and CJ Lutke

This extensive survey was developed and done by three adults with FASD and is the first of its kind ever undertaken. It found high percentages in a wide range of physical health problems and chronic illnesses in adults who have a diagnosis of FASD when compared to the general population. It has clearly identified FASD as a whole body disorder with significant implications for health care. The findings are of critical importance to adults with FASD, their families and caregivers, and of particular importance to systems and services that provide health care to this underserved population.

Biographies:

Myles Himmelreich is a well-known motivational speaker, consultant and trainer on FASD, having presented nationally and internationally for many years, sharing his experiences in living with FASD. In his work as a mentor to other youth and adults with FASD, Myles has helped them to understand and accept that we all share similar struggles and the desire to succeed. As well, Myles has done a great deal of work with media and most recently, was co-lead of a ground-breaking study on the health and physical issues of adults with FASD. Myles also sits on the provincial, national and international FASD planning committees. Myles' goal is to help others with FASD find their voice and to help all of us to live our lives with FASD: Faith Ability Strength and Determination

CJ Lutke is a well-known speaker on FASD, having presented at conferences, seminars, training sessions and other events for many years, sharing her experiences in living with FASD. She also provided training for second year medical students for over 10 years and has done much video work, including internationally. CJ sits on a Leadership Committee to both the International FASD Research Conference and the International Conference on Adolescents and Adults with FASD. She believes those with FASD must change the future, challenging perceptions about outcome. CJ also provides mentoring, role modeling and friendship to young adults with FASD. Most recently, she was co-lead of a ground-breaking study on the health and physical issues of adults with FASD. CJ's goal is to help others with FASD find their voice and to help society understand that we are greater when we are united and work together.

Thursday, October 26, 2017

4:30 PM– 5:30 PM

OPTIONAL Supplemental Session – Base Camp Self-Care and Wellness Sessions

SS.5 The Art of Caring Safely: Putting it into Practice

Charlene Richard

Teaches strategies you can begin using immediately to take care of yourself while you're providing compassionate care. This experiential presentation will give you a chance to learn about and practice strategies that have been helping to prevent compassion fatigue and burnout for years. All the strategies you will learn can be done anywhere and do not cost anything. You'll leave with a toolbox that you can begin choosing from on a daily basis, including free audio downloads.

SS.6 Care for the Caregiver

Taya MacQueen and Miranda Zetsen

Miranda and Taya work with caregivers to teach them about FASD, increase self-care activities and connect with community resources. They will talk about the importance of care for the caregiver and discuss the struggles parents have with doing self-care activities. They will be including different activities that are considered self-care activities.

SS.7 FASD: Taught the Value of Laughter

Paul Pringle

Strength based relationships are an essential component of change, healing and bonding. Sultanoff (2013) connects humour as an influence on emotions, cognition, behaviour and biochemistry. When integrated with regard, respect and empathy, humour can augment the therapeutic/supportive relationship. Laughter binds people together, activating positive feelings and fostering emotional connections. "It can strengthen one's social support, as laughter has been shown to be an indicator of the ability to create attachments" (Nelson, 2008). The first half includes a 20 minute comedy routine based on work and life experiences. This is followed by a theoretical presentation on the processes involved with laughter/humour relating back to the ten brain domains utilized in the diagnosis of FASD. The second half will be an interactive workshop on humor based activities such as laughter yoga and writing narratives. Participants will explore their creativity around the integration of humour.

SS.8 To be determined – will be included in an updated version of this Registration Guide.

Friday, October 27, 2017

10:00 – 11:00 AM

Concurrent Sessions F

F.1 a) Yukon's Collaborative Approach to a 10-Year FASD Strategy

Wenda Bradley, Jean Kellogg, Brooke McKenzie and Shannon Ryan

Several initiatives have been undertaken in Yukon since the 1980s to support individuals with FASD and their families and to educate Yukoners about FASD. In 2016, an Interagency Committee on FASD was formed to develop and implement a coordinated 10-year strategy for FASD. This Committee includes government representation from different departments and corporations, several Yukon NGOs, First Nations governance, RCMP, as well as families and persons with lived experience of FASD. This Committee has been working together successfully for over a year to address the following FASD priorities: awareness, prevention, assessment and diagnosis, supports to Individuals with FASD and their families, education and training, research, and monitoring and evaluation. The Committee is co-chaired equally by government and NGO representatives. This presentation will share a northern perspective on FASD and plan development including the partnerships and collaborations created, as well as the successes and pitfalls of our process.

AND

b) Looking Back: Alberta's FASD 10-Year Strategy

Janice Penner and Doug Vincent

In 2006, the Government of Alberta developed a 10-Year Strategic Plan to address FASD, looking at awareness, prevention, diagnosis and assessment and services and supports across the lifespan. The Plan, including the FASD Service Networks, has made great strides, and in 2017, the plan reached its formal conclusion; however, the work on FASD in Alberta continues. This presentation will involve a discussion about where we started, how far we've come and the forward path for FASD in Alberta across ministries, sectors and jurisdictions in the future.

F.2 a) Metis Nation of Alberta: Community FASD Approach

Kathryn Hope

The Métis Nation of Alberta takes a multi-level approach connecting to our partners Edmonton Fetal Alcohol Network, the provincial Cross-ministerial committee and our community members. The Provincial Supports Coordinator works to create relationships with FASD networks in Alberta, build relationships with other service providers, provide cultural sensitivity training, and to share their role at the MNA so that people identifying as Métis can be referred for more culturally appropriate support. The Provincial Supports Coordinator can assist Métis people who have FASD with connecting to diagnostic services, navigating socio-economic supports, peer support and connecting to cultural events. Within this holistic approach the MNA also has a new initiative called ‘Community Health Nights’ providing an opportunity to learn about related health topics, engage with MNA staff and other Métis people in Alberta, and lastly create a culturally safe space.

AND

b) Understanding “reconciliation” in FASD work among Indigenous children

Vanessa Buckskin and Suzanne McLeod

The Siksika FASD Program is delivered using an approach that integrates strong Blackfoot cultural and traditional principles with Western methods of assessment, prevention, and follow-up. Our model works to provide supports to the most vulnerable members of our community—our children—and to those who care for them. The high rate of FASD in the Indigenous community is but one legacy of the Indian residential school and children welfare systems in Canada. The Royal Commission on Aboriginal Peoples (RCAP 1996) and the Truth and Reconciliation Commission (TRC 2016) outlines a series of recommendations and Calls to Action, respectively, that must be undertaken in order to effectively address issues such as FASD. The Siksika FASD Program aligns with specific recommendations of the TRC Calls to Action by using approaches that encapsulate the essence of “reconciliation.” Our workshop provides an initial outline towards understanding “reconciliation” in the field of FASD, and how the principles outlined in the TRC Calls to Action may be made relevant to service providers working with Indigenous people.

F.3 No Average Success: What Does it Mean to Succeed in PCAP?

Tammi Crowley and Pam van Vugt

What is an average success when you work with a marginalized population? The successes in the Parent-Child Assistance Program (PCAP) are difficult to define for two main reasons: 1) The PCAP women live with trauma and hardships, making it difficult to live up to expectations of a “typical” life, and 2) by allowing the women to determine their own goals, each individual’s path through PCAP can look very different, making an “average” success difficult to pinpoint. This presentation will use a combination of Alberta PCAP data and examples from PCAP programs to explore topics including: outcomes related to the main goal of PCAP (the prevention of future alcohol-affected births), examples of the wide range of “PCAP success”, and the PCAP women’s journey from intake to graduation. Lessons learned in implementing an outcomes tracking system and considerations moving forward in exploring an Alberta perspective to PCAP will also be discussed.

F.4 The Alberta FASD Prevention Conversation Project (2013-2017): Outcomes and Lessons Learned

Hazel Mitchell and Héléne Wirzba

Based on the first and second levels of the Four-Part Model of FASD Prevention, Prevention Conversation facilitators in each of the 12 FASD Service Networks across Alberta raise public awareness about the negative effects of drinking alcohol during pregnancy, build community capacity to connect women and their partners with the information and services related to prenatal alcohol use, and train service providers and students to use tools and techniques designed to engage in non-judgemental, empathetic conversations with women 18 to 45 years old and their partners about alcohol use prior to and during pregnancy. The session will review how the project has evolved over the past four years, discuss project outputs and outcomes, and provide information on upcoming new resources specific to younger and indigenous audiences, and online training modules.

F.5 A Social Action Agenda for FASD

Peter W. Choate

Research tells us that prevention efforts are not reducing the incidence of FASD. Prevention strategies are enhancing stigma and affirming impressions of persons with FASD as permanently damaged, which leads to marginalization. A social action agenda is needed: to change the conversation to one where prevention is focused not on FASD, but rather on the underlying social, economic and trauma conditions that combine for the heightened risks of a parent having a child with FASD; to alter the image of FASD to a disability that exists along a spectrum; and, similar to people with other disabilities, those with FASD need to be seen as worthy of inclusion in society, which will require that the conversation shift to one of ability as opposed to incapacity and inability.

F.6 “Mischief Managed:” Increasing Learning, Social and Behavioural Success for Individuals with FASD, their Families and Support Networks

Suzanne Johnson

The goal of this presentation is to help participants understand the complex disability behind many of the learning, social and behavioural struggles seen in individuals with FASD. Understanding Suzanne’s analogies of “the bucket” and “the red network” will help participants develop more successful approaches to teaching, parenting and supporting individuals with FASD. Real life examples and effective strategies for reducing the impact of this disability in all areas of life will be provided. Concepts, strategies and recommendations provided are based on the knowledge and experience gained from 18 years in the field of diagnosis and assessment of FASD.

F.7 Through Our Eyes

Tabrina Stenz

This presentation will include video and audio interviews with adult clients with an FASD diagnosis. Interview topics will cover the challenges faced and successes achieved throughout childhood, adolescence, and into adulthood. This is a lifespan project to demonstrate awareness of how society and communities can better support clients throughout their lives, and how individuals with FASD have managed and viewed their success to date. Following the video presentation there will be time for questions and open discussions with the audience.

F.8 FASD and Group Facilitation with Youth and Young Adults

Colleen Hook and Eric Wanjiru

The McDaniel Youth Program has sought different ways to offer support to the diverse population of clients it serves and while one-to-one mentorship has been its focus, long waitlists and budget considerations meant that alternatives needed to be evaluated to ensure all clients were receiving the level of service required for them to be successful. With little literature that addressed the specifics of facilitating groups with this specific population, the program learned as it went and has now successfully established weekly ongoing group sessions in the areas of life skills, support, recreation and community building. This presentation will present our learnings, factors to consider when facilitating groups with this population, what worked and what didn’t work, what the youth tell us they like and need from the groups as well as future considerations for development and expansion.

F.9 Integrating FASD Informed Practice in Addiction Treatment for Women

Capri Rasmussen

The session will focus on how Aventa integrates FASD Informed Practice into programming for women with addictions, in a Trauma Informed environment. The session will include a discussion of Aventa’s approach to FASD prevention via compassionate and non-judgmental interventions with pregnant women, and women who may become pregnant, and strategies for working with women, with FASD or suspected of having FASD, within an addiction treatment setting. The session will also provide an overview of Aventa’s programs, client demographics and outcomes.

F.10 Take it 2 the Top: Going Beyond the Barriers

Jennifer Tourangeau

Take it 2 the Top is based on Jennifer’s journey of living with FASD. It is about overcoming the barriers that she has faced and how she came to not only becoming Valedictorian at Grande Prairie Regional College in 2016, but also being featured in Maclean’s magazine College Edition. She uses her own experience to help others find their own path in hopes that it will inspire them to keep going.

Friday, October 27, 2017
11:30 AM – 12:30 PM
Morning Keynote Address

K.5 From Skid Row to CEO, The Push for Change

Joe Roberts

The most effective leaders in society are those rare individuals who can inspire their audience with a passion that can only come from personal experience. As the President and CEO of an extremely successful multimedia company, Joe Roberts has faced and overcome key business challenges and what is most amazing is that in 1989 he was living on the streets of Vancouver's skid row. At this time he was dealing with a challenging upbringing, which included struggles at school and poor decisions, and the resulting circumstances of homelessness, addiction and mental health issues. Through perseverance, helpful supports and his resilient human spirit, Joe pulled himself out of the darkness and despair, to become the highly respected business and community leader of today. By taking his audience from the streets of Vancouver through his dramatic personal transformation, he relates how a state of brokenness and poor circumstances can be overcome. Joe uses his amazing story and insightful humor to inspire hope and courage in individuals and organizations to achieve their own remarkable goals and showcase human possibility!

Biography:

Joe Roberts is a college graduate with two business diplomas from Loyalist College in Ontario, where he won the coveted Laurie H. Cameron Memorial Award for academic excellence. In 2003, he left the corporate world to focus full-time on advocacy. Currently he is the Executive Director of "The Push for Change" and is leading their national campaign that will see him walk across the country to raise awareness and funds towards ending youth homelessness. Through this initiative's humble local beginning to an invitation to meet with the Prime Minister, Joe has firsthand experience growing a community idea to a national campaign and the importance of building community capacity and partnerships.