

fasd **NL** fasd **ATLANTIC**

Annual Report

2022-2023



fasdNL Board of Directors and Staff

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Katharine Dunbar Winsor
Executive Director



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Marrah Kotler
Research Assistant



Emily Collis
Research Assistant



Hannah McLean
Research Assistant

Executive Director's Message

This report highlights fasdNL's activities from September 2022 to September 2023. fasdNL has continued to expand throughout the last year and looked back on our first 10 years of contributions to FASD work in Newfoundland and Labrador, and Atlantic Canada. We gratefully acknowledge the continued support from Newfoundland and Labrador's Department of Health and Community Services.

Over the past year, our work has been supported by the Public Health Agency of Canada through the FASD Strategic Projects Fund, making possible the first multi-year FASD project in Atlantic Canada entitled *Toward Prevention: An Atlantic FASD awareness and collaborative action-building initiative*. The *Toward Prevention* project activities, now in its second full year, included an Atlantic-wide conference held in St. John's, NL, from May 24-27, 2023. This event brought together individuals with lived expertise, community members, government officials, researchers, and healthcare professionals, among others. It was an overwhelming success and showcased the collaborative approaches to community work around FASD, alcohol-related harms, and harm reduction in Atlantic Canada.

Other project activities conducted this year include our two new digital resources, which are aimed at general and targeted education about FASD and alcohol. One resource focuses on *Alcohol and Breastfeeding*, and the other offers tangible strategies for *Making your Classroom FASD Friendly*. Both resources are available in English and French.

The social media prevention and awareness campaign developed in 2021 continued to run on Facebook and Instagram, reaching over 300,000 additional people in Atlantic Canada since October 2022. We also wrote a research article entitled *Developing an FASD health promotion social media campaign using community-based participatory peer review: Notes from Atlantic Canada* about the collaborative and community-driven process of developing this campaign. The article was published in the *Healthy Populations Journal*, an academic publication through the Healthy Populations Institute with Dalhousie University.

Another success of this year is the release of *FASD 101 Introductory online training*. This training, available asynchronously through our website, focuses on the Atlantic Canadian context and offers self-paced training modules and interactive quizzes. The training is available on a pay-what-you-can basis (or free) and is intended to reduce financial barriers to accessing important information about FASD.

Our virtual monthly parent/caregiver group has grown over the past year and has welcomed caregivers and parents from across the Atlantic provinces. We have also continued to grow a private Facebook group for parents and caregivers across Atlantic Canada. The group allows individuals to network, discuss, and share resources.

Thank you for learning about fasdNL, supporting our work in diverse ways, and celebrating our work accomplished throughout 2022-23.

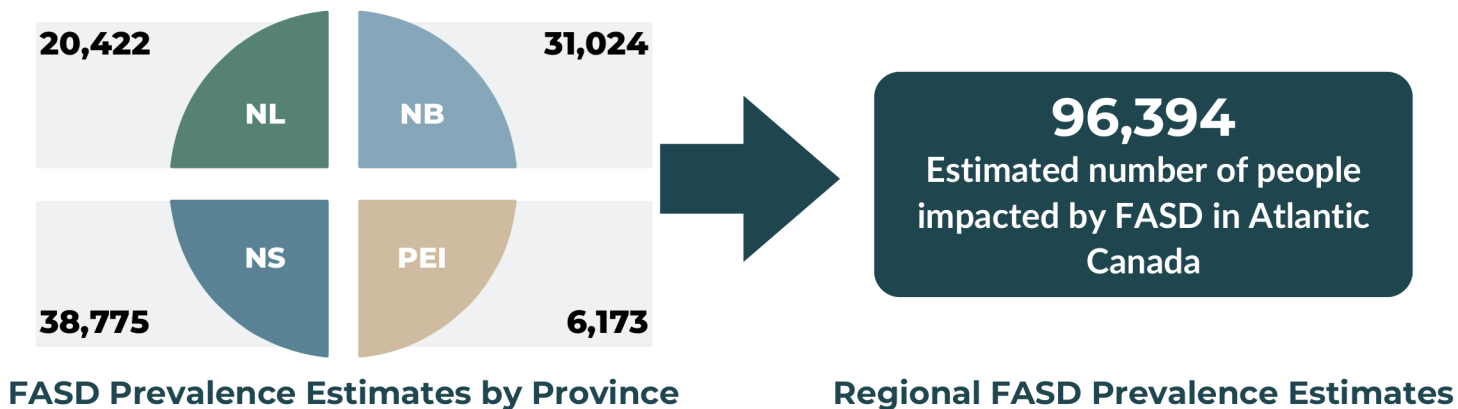


Katharine Dunbar Winsor
Executive Director

FASD in Atlantic Canada

FASD is the most common form of prenatally acquired brain injury, more than autism spectrum disorder, cerebral palsy and down syndrome combined.

FASD affects approximately 4% of the Canadian population.



2022-2023 Activities



Reducing Harms in Atlantic Communities Conference

Following many years of awareness, education, provincial and regional development, fasdNL hosted our first conference in 10 years; a knowledge exchange, mobilization, creation, and networking event. This conference was made possible through the *Toward Prevention Atlantic FASD Project* funded by the Public Health Agency of Canada and the Social Sciences and Humanities Research Council of Canada and the Government of Newfoundland and Labrador.

The conference *Reducing Harms in Atlantic Communities: Synthesizing Voices in Health Equity, FASD, and Trauma* zoomed out from the narrow FASD-centered lens to capture any and all potential domains and factors that contribute to alcohol use and culture, addiction, trauma, and that impact psychological and emotional health and neurodiversity, including FASD, in our communities in NL and Atlantic Canada more broadly.

The last major conference and networking exchange held by fasdNL was in 2013, making *Reducing Harms in Atlantic Communities* a 10-year anniversary event following a steady period of immense growth as an organization and network.

The goals of the conference were to:

- Enhance our local Atlantic Canadian understanding, research, networks, and approaches to providing care and addressing/reducing harms in healthcare and social issues; and,
- Showcase, elevate, and connect new and existing researchers, practitioners, students, and persons with lived experience(s) in the areas of the social determinants of health.

Many thanks to our conference planning committee, volunteers, student assistants, support staff, presenters and attendees for making this event a huge success!

Conference Breakdown



>120 Attendees



29 Panels & Sessions



>63 Organizations Represented



2 Training Sessions



7 Provinces Represented

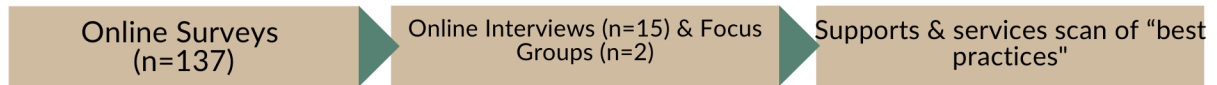


2 Staff & 18 Volunteers/Students

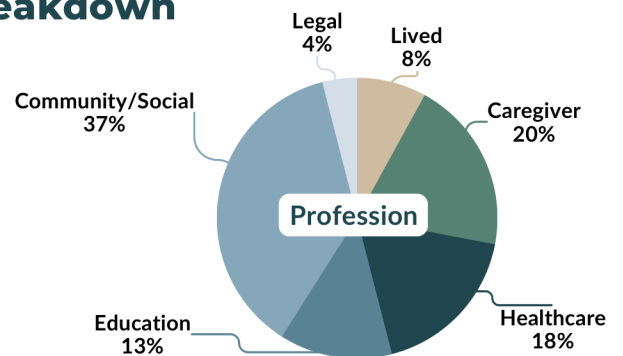
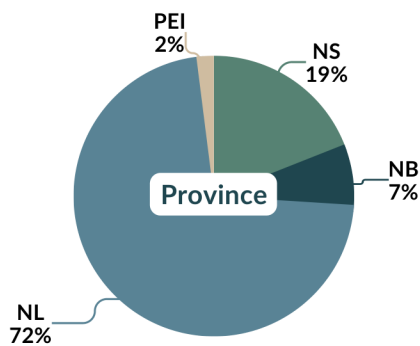
Community Needs Assessment

The goal of the needs assessment was to identify the strengths and needs of the FASD community, enable the establishment of priorities, and facilitate collaborative action planning directed at improving community health and quality of life. We sought to identify strengths, needs, and priorities around FASD, and initiate collaborative action through community-based participatory research. The primary objective was to understand the experiences of persons impacted by FASD in their daily lives and/or work, and identify the specific needs of these individuals, parents/caregivers, and professionals/groups as they relate to supporting FASD in Atlantic Canada.

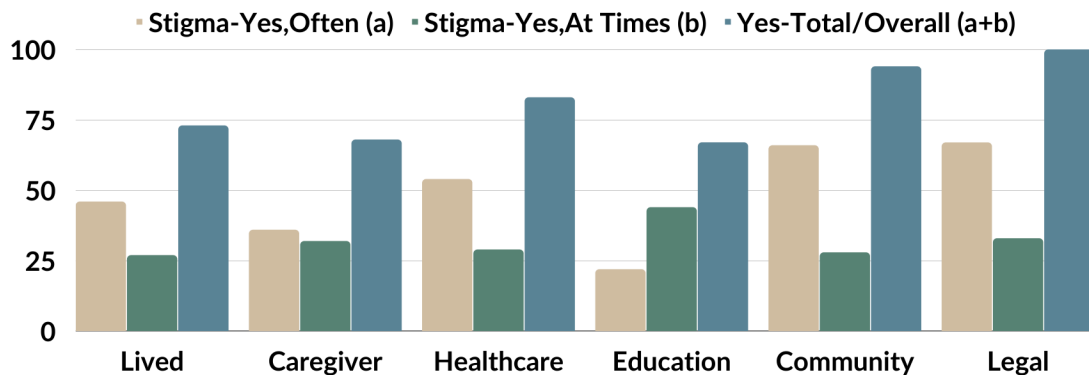
Data



Participation Breakdown



Perceptions of Experiencing Stigma



Needed or Desired Services/Supports Identified by *Lived Experts*

- After-School Programming
- Behaviour Management
- Community Safety
- Daycare
- Early Detection of FASD
- Early Intervention
- Family Support Services

- Financial Support
- Health Services
- Housing Support
- Legal Support
- Mental Health Services
- Parenting/Childcare Needs

- Physiotherapy/Physical
- Psychology
- Recreational Programming
- Skills Training
- Speech Therapy
- Supportive Employment
- Volunteer Opportunities

Ongoing Activities

Awareness Month

“Putting FASD on the Map”- Proclaiming September as FASD Awareness Month

Lighting of Key Government Buildings

#MoveForFASD Virtual Event

FASD Rock Art Painting

Resource Development

Expanding asynchronous training course offerings

New resources and fact sheets in progress

Prevention Campaign

Ongoing campaign running from 2021-2024

Average reach per ad is 32,000-63,000

Training

Delivering individualized training sessions for professionals when requested

Developing/supporting diagnostic capacities and training professionals to diagnose FASD

Caregiver Support Group

Virtual Parent/Caregiver Support Group now open to all Atlantic Canada

Accompanying Facebook group for Atlantic Canada

Publications/Media

Dunbar Winsor, K., Squires, L., & Peters, A. (2022). Developing an FASD Health Promotion Social Media Campaign Using Community-Based Participatory Peer Review: Notes from Atlantic Canada. *Healthy Populations Journal*, 2(2).

Marking 10 Years of fasdNL (CBC News):

<https://www.cbc.ca/news/canada/newfoundland-labrador/10-years-fasd-awareness-nl-1.6663206>

On Target with Linda Swain- FASD Awareness Month:

<https://soundcloud.com/vocm/thursday-sept-8th-fetal-alcohol-spectrum-disorder-awareness-month?in=vocm/sets/on-target-st-johns-with-linda>

fasdNL's New Resources

Over the past year, we have created 2 new resources and 1 online course based on needs identified through consultations with community partners, professionals who work in the community and individuals diagnosed with FASD. Most of the resources are available in French and English. You can download them at: www.fasdNL.ca/resources

Alcohol & Breastfeeding

Learn more about Alcohol and Breastfeeding



Key

- Breastfeeding is very common and is a great, economical way to feed your baby.
- If you drink alcohol, there will be alcohol in your breast milk after you drink.
- It is safest to avoid alcohol for the first 3 months of your baby's life. This gives your baby's liver time to develop.
- When your baby is older than 3 months, follow **Canada's Low Risk Alcohol Drinking Guidelines** if you choose to drink alcohol.
- Breastfeed just before you drink alcohol, or pump before drinking so the alcohol has time to leave your system before the next feed.

It is safest to avoid alcohol for the first 3 months after birth.

If you consume alcohol, there will be alcohol in your breast milk after you drink. Alcohol has a greater effect on babies younger than 3 months because their livers are less developed, and therefore, less able to filter alcohol.

Young babies breastfeed often and without pattern. This makes it difficult to be sure there is no alcohol in your breast milk when your baby wants to feed.

The amount of alcohol in your blood is the amount of alcohol in your milk.

Alcohol gets in to your breast milk from your blood. It moves freely from blood to breast milk and back out again.

The amount of alcohol that gets into your breast milk depends on several things, including:

- The amount of alcohol in your drink
- What/how much you've eaten
- How much you weigh
- How quickly you are drinking

Only time reduces the amount of alcohol in your breast milk.

As the amount of alcohol in your blood starts to drop, the amount in your breast milk will drop too. As long as there is alcohol in your blood, there is alcohol in your breast milk.

"Pumping and dumping" - pumping breast milk and throwing it away - does **NOT** reduce the amount of alcohol in your breast milk. Alcohol is not "stored" in your milk, just as it isn't stored in your blood.

As a general rule, it takes approximately **2-3 hours** for the alcohol from **one drink** to leave breast milk. It takes **4-6 hours** for **2 drinks**, **6-9 hours** for **3 drinks**, and so on.

Canada's Low Risk Drinking Guidelines for Breastfeeding

If you are drinking alcohol while breastfeeding, there will be alcohol in your breast milk. If you plan to drink alcohol, there are things you can do to make sure the alcohol doesn't reach your baby. For example, you can breastfeed right before you drink alcohol, so the alcohol has time to leave your breast milk before your baby's next feed. Talk to your health care provider about how you can breastfeed safely if/when drinking alcohol.

If you plan to drink alcohol, there are things you can do to make sure the alcohol doesn't reach your baby.

Follow Canada's Low-Risk Alcohol Drinking Guidelines:

For people who are breastfeeding, it is safest to consume **no more than 1 drink per day**. Alcohol may impair your judgement and ability to safely care for your baby.

Be aware that drinking 3 or more drinks a day can be harmful to your health and the health of your baby.

- Drinking more alcohol than recommended can decrease the amount of breast milk you produce and shorten the length of time you are able to breastfeed.
- Your baby may be slower to reach developmental milestones.

Low-Risk Drinking Guidelines

Low-Risk Drinking Guidelines recommend a person consume a maximum of:

0-2 drinks a day, up to 10 drinks a week

HOWEVER, if you are breastfeeding, we strongly recommend discussing these amounts with your Doctor, NP, or Lactation consultant, who can provide personalized guidelines. Once in a while, you might have an extra drink, but it's important to stay within the recommended weekly limits.

Beer (or any other type of alcohol) will not improve your milk supply.

Research has shown that any type of alcohol does not increase or benefit breast milk supply. In fact, it can actually decrease your milk supply.

If you have more to drink than originally planned...

- Arrange for someone who hasn't been drinking alcohol to look after your baby.
- Don't sleep with your baby in a bed if you (or anyone else) have been drinking alcohol.
- If you know that sometimes you may drink more than originally planned, you can pump some breast milk ahead of time, just in case. You can use this milk if you miss a feeding while drinking, or while you are waiting sufficient time for alcohol to leave your milk.
- If your breasts are uncomfortable because you missed a feeding, pump some milk and throw it away. This will help you feel more comfortable and help maintain your milk supply.

For more information or support...

For more information on breastfeeding while consuming alcohol, or if you need some support, talk to a health care provider. This may be your family doctor, pediatrician or a nurse. You can also visit your local family resource centre.

To learn more about resources available specifically in each Atlantic province, visit www.fasdNL.ca/resources.



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Strategies for Making Your Classroom FASD Friendly

Structure & ROUTINE

Set a clear, consistent classroom routine and stick to it. There is comfort in expectability. For example, start every class by taking attendance, briefly review material covered in the last lesson, mention important due dates, and then begin class.

Try a **visual schedule** to enhance understanding of routines. See an example of a visual schedule on the last page.

Changes to routine should be communicated as soon as possible. Try to support students with unexpected changes.

Organization is important to structure. Keep your classroom organized and this will trickle down to your students.

Consistency & Repetition

Repeat tasks, instructions, and concepts to **reinforce learning** and important points. Repeat instructions often and in **different formats**, such as orally and visually. Many reminders or prompts may be needed - these can be auditory or visual, or both.

Be **consistent and specific** in providing directions and in learning methods and language used.

Alternatives to Traditional Teaching Methods

Create different "zones" in your classroom, each with its own purpose. For example, an activity zone, a reading zone, etc. Provide opportunities for small groups and 1:1 learning. Some alternatives to traditional worksheets/lessons include:

- Dramatic plays
- Class discussion
- Hands-on experiments
- Class-curriculum integration
- Project-based and self-designed learning opportunities
- Field trips
- Guest speakers
- Oral retelling of stories

Reframe Behaviours "Can't" vs "Won't"

Be mindful of the language you use to describe behaviours. Shifting perception from the child "won't do something" to "can't do something" changes the way we approach working with students. Making accommodations supports the individual, and does not enable or excuse behaviours.

Provide **immediate feedback** and recognition, using encouraging words. Discuss behaviours with the student, ask what they are **feeling/experiencing**.

View **behaviours as an attempt to communicate**, are they expressing fatigue? Frustration? Fear? Be aware that traditional behaviour management techniques may not work.

Teach "Stop, Think, Act"

- First, then...
- Encourage replacement behaviours

Explore Prevention Methods

Identify triggers and warning signs of behaviour and make a plan to **intervene** when you notice signs (restlessness, fidgeting, missing notes, etc.) Working with caregivers can be helpful here.

Pre-Teach

Introducing new vocabulary before starting a new concept can enhance learning. **Start lead instruction** (pre-teach or introduce) vocabulary before beginning a new topic.

Universal Design

Universal Design is creating an environment that can be **accessed, understood and used** to the fullest by **all people** regardless of their age, size, ability or disability. These strategies can support students as a whole, including those with FASD and other conditions. Here are some examples of how your curriculum/universal design in your classroom:

- Use graphic organizers
- Implement colour-coding systems
- Use pictures to correspond with key words/concepts
- Provide instructions in multiple formats (print, video, written, etc.)
- Use buddy/sempower helper
- Display and/or provide lists and information in bullet point form
- Explain connections and how concepts relate to prior knowledge or experiences
- Make different ways to teach/reinforce skills and concepts (such as through games or storytelling)
- Teach useful skills like how to study effectively and organizational skills
- Avoid strict time limits on tests (if possible)
- Allow access to noise-reducing headphones
- Use of Technology: ex. allow students to record instructions to refer to later
- Limit distractions and avoid clutter (such as posters, student needs, other posters to link notes, music playing, etc.)
- Allow access to individualized supports (flexible seating, flexible seating space for private/quiet space, etc.)
- Ensure there is space for a quiet zone (separate room, preferred seating, etc.)
- Arrange furniture to allow good traffic flow; assigned seating is often useful and predictable
- Practice relaxation techniques regularly (like before a test/day)
- Use hand/signals to communicate transitions, like for quiet time, talking time, questions, etc.

Managing Outbursts, Frustration & DEFIANCE

Address and **redirect behaviours** of concern with students **privately** and respectfully. Stay calm and provide space for the student to breathe and process their social emotions.

Support the student, let them know you are **there to help and not to punish**. Instead of time-outs, detentions, or other punishments, allow the student space to think about and explore their actions and feelings. If the student is older, you might assign them a reflection or to work through their feelings and how they contributed to their actions.

Use a calm tone with **brief, but matter of fact** language/statements. Emotional regulation skills used in Dialectical Behaviour Therapy (DBT) can be helpful.

Make **direct consequences** as soon as possible to avoid the student forgetting why they are being penalized. For example, if the student made a mess, their consequence is that they have to clean it up; not miss recess (which is indirect to the behaviour). Keep in mind the **developmental age** of the individual, and adapt consequences to their executive functioning.

Use **appropriate re-direction**. Rules should **state the behaviour you want to see** rather than "don't do that". (ex. "Walk in the hallway" instead of "Don't run in the hallway").

Strengths-Based Approach

Adopt an approach that builds on student strengths. Not all students are at the same developmental or maturity level. Help students **identify and build on their strengths**. Ask the learner or their caregiver what would help them.

Give **short, simple and specific** instructions. Using simplified language breaks tasks, rules, explanations and directions down into **manageable steps**.

Check out the guide to giving effective instructions, written by Chloee & Sarah (2019).

Checking for Understanding

Check for understanding by asking students to show you or **explain** it back to you in **their own words** or with drawings (descriptive feedback) avoid asking the student to repeat what you told them, as they may say yes even if they don't actually understand. Use **concrete, hands-on** learning methods or visuals to demonstrate instructions to enhance verbal explanations, or visual aids to reinforce expectations and rules like a schedule, timer or "work" clock for time management.

Set "SMART" Goals

Clearly define goals and identify who, what, when, where, which, and why the goals exist.

Establish concrete criteria for measurement that include clear parameters of expectations.

Goals should be achievable. Start by establishing baseline and track if of accomplishments in smaller increments.

Goals should be realistic and relevant to the desired outcome. For example, if the goal is to learn multiplication by the end of the term, concentrate on learning one unit per week.

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Expectations

Expectations should be realistic and attainable, just like goals; consider students' individual needs for life, social, and academic skills.

Specify what is to be expected of them and accomplishable for only given tasks.

Memory can be an issue for individuals with FASD, so do not assume the student will remember or place unreasonable expectations on them.

Building Community

Build **community** in your classroom through weekly talking circles or discussion activities with students.

Allow students to solve problems through **peer support** (discussion, share feelings/thoughts, etc.).

Additional Resources

South, offer a **FREE virtual meeting support** for families across Newfoundland and Labrador who have a child diagnosed with FASD. This service is intended to:

- Support parents/caregivers in providing information about FASD to teachers and support staff, and
- Suggest useful strategies for supporting the child with FASD in the classroom setting.

We also host a **Free virtual support meeting** for parents and caregivers of individuals with confirmed or suspected FASD across Atlantic Canada. Meetings may relate to a specific topic (e.g., education) and supporting your child at school or a general question and answer format.

For advice on EIP, more information, or to attend the monthly virtual support meeting, email contact@fasdNL.ca.

fasdNL has many other resources available on our website. Check it out at www.fasdNL.ca.

FASD 101 - Online Asynchronous Course

fasdATLANTIC

FASD 101

Introduction to Fetal Alcohol Spectrum Disorder

fasd NL

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New Brunswick FASD Centre of Excellence



Mi'kmaq Family Resource Centre



Community Action Committee for Southwestern



Kids First Association



St. John's Status of Women's Council Managed Alcohol Program



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