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KATUJJIQATIGIITSUNI SANNGINIQ

working together to understand FASD

PARTICIPANT HANDBOOK

Introduction

If women drink alcohol while they are pregnant – especially if they binge drink—there is a high risk that their babies will be born with permanent damage to their brain and possibly to other parts of their body.

Fetal Alcohol Spectrum Disorder (FASD)[1]

FASD encompasses a broad range of adverse effects to individuals exposed to alcohol before birth. These effects may include physical, mental, behavioural and learning disabilities, each with life-long implications.

The damage caused by the prenatal alcohol is permanent. It cannot be 'cured' or 'fixed'.

Many prevention and awareness campaigns focus on phrases such as: *"The only way to prevent FASD is for a pregnant woman to make sure that she does not drink alcohol."* While this is true, it may be easier said than done, as several other important factors to consider:

- Some women are not able to stop drinking or using drugs even though they know they are causing harm to their developing babies;
- Research shows that women who already have an FASD affected child may be at greatest risk of having another and
- Often, when women continue to drink even when they've been told not to, we get angry or fed up or sad about them, but we don't know what else to do.

The goal of this workshop is to help you develop ideas about how you can support these women and their families in your own communities.

When supported rather than judged, there is a much greater chance that moms to be will stop drinking.

Your ideas may help them cut down or stop drinking, and you may identify other kinds of knowledge and support to help them have a healthier baby. Then, we hope you will provide this helpful information to others in your community.

1. Fetal Alcohol Spectrum Disorder is an umbrella term that includes: Fetal Alcohol Syndrome (FAS), Fetal Alcohol Effects (FAE), Alcohol Related Birth Defects (ARBD), Alcohol Related Neuro-developmental Disorder (ARND), Fetal Alcohol Syndrome— Related Issues (FAS-R) and other less common terminologies.

Workshop Objectives

This training has been developed to:

- understand ourselves as helpers: why we help; our ideas and knowledge about addiction, trauma and FASD; personal experiences, feelings and triggers;
- review basic information about FASD and its effects;
- identify other drugs and their possible effects on the unborn child;
- learn about addiction and discuss some of the reasons women continue to drink during pregnancy;
- learn basic strategies for helping women who are drinking (or having problems with other drugs);
- analyze your own community to see what kinds of supports can be developed for women at risk, and what might work best and
- develop a personal plan.

What can I do…

… to help develop supports

for women in my community?

Who are the people in my

community who can help me?

DAY ONE TOPICS

Caregiver Self-Awareness

FASD Basics

Drug-Affected Babies

Addiction

Trauma

Before I Forget…Review page

DAY ONE TOPICS

Caregiver Self-Awareness

There are many reasons why people want to help others. Sometimes, we have had problems ourselves and have come through them, and want to help others know that bad situations can change. Sometimes, we help ourselves by helping others. Sometimes, we have seen our loved ones suffering. Out of our experiences, we develop feelings, judgments, and ideas for solutions.

Think about these questions and your own reasons for helping. Share your responses with someone.

1. Why do I want to help?
2. What experiences have I had with alcohol?
3. How has my own (or others') experiences with alcohol abuse affected me? What are the reasons why women drink even though they are pregnant?
4. How do I feel about women who drink even though they are pregnant?
5. What do I do when I see a pregnant woman who continues to drink?

Sharing Ideas

What can be done about women who drink or use drugs during pregnancy?

_____

_____

_____

_____

What do I know about addiction?

_____

_____

_____

_____

FASD Basics

Cause:

- The alcohol that a pregnant woman drinks goes into the baby;
- The alcohol damages cells in many parts of the fetus's body and affects the development of the fetus;
- Because the brain continues to grow right through pregnancy, it is most at risk of damage and
- Binge drinking is the most dangerous kind of drinking, because there is a lot of alcohol in the woman's and fetus's body, for a long time.

Possible effects of FASD throughout the lifespan:

- Slower mental development and learning problems in many areas;
- Problems understanding the consequences of behaviour or in thinking ahead and planning;
- Immature or unusual social behaviour, problems making friends;
- Poor memory;
- Problems understanding what is dangerous or risky;

- Delays or problems in speech development;
- Short attention span;
- Problems understanding time and money and
- Problems handling emotions and anger.

People who are FASD affected may become known as troublemakers in school and the community. They may be easily influenced by others to do negative things. They may end up in trouble with the police. They may be unable to get or keep a job, and end up homeless. They may become substance abusers. They may suffer from depression or other mental health problems because of the stresses in their lives.

Diagnosis

At this point, formal diagnosis must be done by a doctor, who looks into the mother's background for evidence of drinking and examines the child for symptoms of FASD. If both are present, the child is considered to have FASD. There are efforts now for other ways of diagnosis.

Drug-Affected Babies

We all know that prenatal exposure to alcohol causes FASD. However, other drugs can also harm unborn babies:

- Drugs like cocaine and crystal meth affect the brain in ways that make people temporarily feel good, leading to brain changes that lead to addiction;
- Everything that the mother puts into her body is experienced by the developing fetus;
- Addictive drugs can lead to babies who are addicted at birth and can also cause many other problems;
- Women who have many stresses and emotional problems may use alcohol and other drugs, in a mistaken effort to cope.

Marijuana

When mothers smoke marijuana during pregnancy, their babies may have a slightly lower birth weight, which can lead to health problems in the infant. There may also be slight effects on later learning.

Cocaine and Crack

Crack is a form of cocaine. Both are highly addictive and cause a much higher risk of miscarriage or premature birth.

Cocaine babies are:

- Much more likely to have low birth weights, which puts them at risk of infant death, illnesses, and disabilities like cerebral palsy;
- At higher risk of being born with birth defects and of having a prenatal stroke;
- At higher risk of having a prenatal stroke;
- More likely to have smaller heads and brains and
- May well be born addicted to cocaine.

DAY ONE TOPICS

Because of cocaine addiction, at birth the babies may be irritable and jittery, sleep and nurse poorly. Research may soon demonstrate the many serious long-term effects on intelligence, attention, learning and behaviour.

Methamphetamine (known as Meth speed, crank, crystal meth, glass)

Addiction happens faster with meth than with any other known drug in pregnant women. Fetuses grow poorly, and the placenta may detach. Babies are at high risk of premature birth and low birth weight. They have a much higher risk of birth defects and of stroke.

Tobacco

Smoking during pregnancy reduces the amount of oxygen and nutrients to the fetus. Women are at higher risk of miscarriages or stillborn babies. Babies are at higher risk of being premature or having a low birth weight. Children whose mothers smoke during pregnancy are at greater risk of Sudden Infant Death Syndrome, lower intelligence, Attention Deficit Disorder, and respiratory problems.

Prescription and over-the-counter drugs

Pain medications that contain codeine, prescribed antidepressants and tranquilizers should not be taken by pregnant women. Some of these drugs can be addictive if they are taken too much or for too long. They may also affect the development of the fetus.

Be careful with legal, non-prescription drugs. In many cases, we don't know enough about their effects on the fetus.

Tylenol seems to be safe, but Aspirin, Advil, Motrin and Aleve should be avoided. The stomach remedies Tums and Maalox seem to be safe. The diarrhea medication Kaopectate is safe because it does not pass through the placenta; but Pepto-Bismol, Imodium and Lomotil should not be used.

Every medication that passes through the placenta goes into the baby's body.

"My Child has FASD"

Let's think about the life of a mother whose child has FASD.

What are possible stressors for the mother?

What impacts might these stressors have on her life?

What could be done to reduce the negative impacts?

Addiction

What is Alcohol or Drug Addiction?

There is still no complete definition because there are many different patterns of substance abuse, and no one specific cause. It is generally agreed that addiction is, "a compulsive craving and use of alcohol or drugs even when the person is experiencing serious health and social consequences.

Types of Addiction

- Psychological: The person feels they need the alcohol or other drug to deal with difficult emotions and circumstances in their lives, even when use of the drug causes even bigger problems in their lives.
- Physical: The body develops a resistance to the drug – requiring the person to use more and more in order to achieve the desired effect (calming, 'euphoria' escape). When the substance is not available, physical withdrawal symptoms manifest. These include crankiness, feeling shaky, anxiety and may lead to heavy sweating, hallucinations, and unconsciousness.

Sharing Ideas

Why would a woman use drugs or alcohol while they are pregnant?

"It is in my heart to see wholly healthy children. We still have a long way to go to prevent FASD in our Inuit communities."

—Lizzie Ningiuruvik

General Causes Of Addiction

We do not know exactly why some people develop alcohol and other drug abuse and dependence problems while others do not, even though their situations may be similar.

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Research now shows that problems seem to be based on a combination of things:

- Biology: Some people's brain chemistry or inborn genetic characteristics may make it more likely that they will develop a problem under certain circumstances.
- Learning: People learn to drink in unhealthy ways because others in their personal circle (friends or family) do so, or learn that alcohol or drugs work to help cope with problems and negative feelings.
- Expectations: The belief that, *"I can't control my drinking"*, or the attitude that, "The point of drinking is to get drunk", or the feeling that, *"alcohol makes me forget my problems"*.

"I believe that Fetal Alcohol Spectrum Disorder education needs to be one of the top priorities in Inuit communities. Over the last three or four generations women have been given different information from elders, health representatives and friends how alcohol affects our unborn children."

—Pelagie Sharpe

Trauma

Trauma refers to serious stressful or hurtful events that cause emotional shock. Trauma can be a one-time event or a series of ongoing experiences over the life span of an individual as well as across generations.

During a traumatic event, the victim is made completely helpless by an outside force. Traumatic events cause people to lose a sense of control, connection and meaning in their lives.

Psychological Trauma

Psychological trauma can be caused by car accidents, fire, physical violence, threats or fear of harm to, or loss of one's children or family members. It also includes sexual abuse, separation from family and/or community, war, extreme poverty, lack of necessities of life, chronic neglect, and racism.

Trauma that is not adequately addressed can lead to **Post Traumatic Stress Disorder (PTSD)**. Three indicators of PTSD are:

- The traumatic event is frequently re-experienced in the person's mind. For example, the person may repeatedly have distressing memories of the event including images, thoughts, sensations or feelings.
- The person may try to avoid things associated with the trauma. For example thoughts, feelings or conversations associated with the trauma.
- Frequent and ongoing symptoms such as difficulty falling or staying asleep; irritability;

outbursts of anger; difficulty concentrating; always feeling as though you must be prepared for something terrible; and being inappropriately and easily frightened or upset.

Some survivors of trauma unknowingly act out some part of the trauma in a kind of hidden form. The acting out may include high risk, daredevil behaviours. Examples of this are playing 'chicken' on skidoos, slashing, burning or cutting themselves, starving themselves, unsafe or rough sex, picking fights, or illegal behaviour where there's a high risk of being caught.

These behaviours can be resolved only when the survivor is able to develop a new understanding of the world around them. People who come to counselling for traumatic past events may not have learned coping skills to help them balance their past with a more positive present. Generally people are overloaded with trauma memories and underdeveloped in their skills for self-soothing.

For Helpers

At first, the traumatized person may need to tell stories of what happened to them, as this may lighten their overload of memories. With an empathetic and sensitive listener, this will begin to develop a sense of trust and a feeling of safety. Then the helper can guide the traumatized person to build skills to manage and express strong feelings. It is very important that helpers have empathy, awareness and integrity in trauma counselling.

Sharing Ideas

How can people cope with stress and problems?

How do we move on?

Working on the FASD advisory committee has been a great opportunity for me to educate myself and help people at the same time, to gain information that I know I will need in the future regarding my work.

—Sue Qitsualak

Vicarious Trauma

Vicarious Trauma is suffering for something that happened to someone else. A traumatic event of another person impacts the person hearing about the event and the listener experiences the feelings or actions in their own imagination.

DAY ONE TOPICS

EXERCISE

WAYS THAT VICARIOUS TRAUMA (VT) SHOWS UP IN OUR LIVES

This quiz is for your own information. You will not have to share your answers. Please read the following sentences. Answer each question with a number between 1 and 10.

One means "*of course*" and ten means "*not at all*".

Then write a sentence about each answer. The score stands for your VT level today; —another day you may have a very different score.

Be curious about your numbers today. *Adapted from Pearlman & Saavitne (1996)*.

1. Do I feel pretty safe?
2. Do I feel my loved ones are safe?
3. Can I feel proud of who I am?
4. Do I believe others deserve respect?
5. Do I believe I can trust my own judgment?
6. Do I believe I can trust or depend on others?
7. Do I believe I have control over my own life?
8. Do I believe I am good company for myself?
9. Do I believe I can be close to others?

Your total reflects your current state of mind. It demonstrates that we all suffer to a greater or lesser degree from the effects of vicarious trauma, and that these effects can grow or diminish depending on our mood, health, and other personal factors.

Addressing Vicarious Trauma

Vicarious Trauma (VT) is managed by practicing self-care, participating in nurturing activities, and by 'escaping' through activities like music, sewing, reading and art.

The ABCs of Addressing the Stress of VT

Awareness

Know your own strengths and weaknesses. Pay attention to all levels of awareness and sources of information. Practice mindfulness and acceptance.

Balance

Make time for all activities: work, play and rest. Balance your workload during the day by changing your tasks.

Connection

Connect to yourself as well as others, and connect to something higher. Break the silence of hidden pain.

Transforming the Despair of VT

1. The despair of VT is reduced when a person finds new meaning in life. Knowing that what you do every day has significance, makes a difference.
2. Try to challenge long-held negative thoughts. Are they true? Are they assumptions?
   Are they gossip?
3. Participate in activities that improve the lives of others.

Adapted from information created by Maureen McEvoy, M.A.

Helpers must take time to take care of themselves. Release the energy that is not yours.

Before I Forget... Notes to Myself

1. What I learned about being a helper

2. Something I learned about FASD

3. Today I laughed when

4. Questions I have

5. How I participated today

DAY ONE TOPICS

Notes:

DAY TWO TOPICS

Challenges of FASD

Inuit Values

Strategies and Solutions

Two Models of Recovery
12-Step Program
Harm Reduction—Making a Plan

Mentorship

Building a Relationship

Before I Forget…Review Page

DAY TWO TOPICS

Challenges of FASD

Activity

Divide into three groups. Each group can use this page to identify challenges created by FASD for individuals, families and community.

Individuals

Family

Communtiy

Share your ideas with the whole group.

Inuit Values: What do our Elders Believe?

Here are some ideas from Elders about how to treat people, how to help, how to support.[2]

"…legends were used as a tool to encourage everybody to respect people who were not as fortunate as you; no matter what they are… everyone should be treated equally as to who and what they are."

"Let them know you care about them. Let them know you will not gossip and talk about what they said to others. Let them know they are safe and that they are in a good place to let it out. Then really listen to them."

"Tell them you care; they want to hear that."

"People were encouraged to stay close to other people, visit them, help them, and talk things over with them."

"Never be against a person, help out a person in need, never leave a person feeling bad about themselves, never gossip about others, never go against them."

"Hope was told to us, have hope for anything."

"Even when people get older, there is a possibility of improvement."

"What we should be looking for is any improvement … If they hear that then they will start believing they are good and can do it."

"My father said never give up even if you think you are way down, keep on trying, don't give up and you will get there. That is the only way you will get somewhere."

"Tell them it will not always be this way, things will change. A change will come. Tell them they have to get through this so change can come."

"If offenders were not made to feel embarrassed, and they understood what we said to them, there would be more of a chance to improve their behaviour."

"Even if we hear something bad about a person, we should not be too quick to judge them. We can only learn from our mistakes."

"I was advised never to judge a person or say they were good or bad."

"Try to remember the good things about people, they are not all bad."

2. These are from a project of the Ajunnginiq Centre of The National Aboriginal Health Organization gathering Elders' ideas for suicide prevention and from a series of books on traditional knowledge, done by Nunavut Arctic College.

DAY TWO TOPICS

What values are reflected in these ideas?

Are these values valid today?

Which value do *you* think is most important?

How do these values fit in with the idea of supporting women at risk?

Strategies and Solutions—Two Models of Recovery

The Twelve-Step Program

This method of recovery is based on the person's feeling that she can be helped to stay sober/clean with the support of others who have the same problem, and by doing the following:

- Maintain complete sobriety or abstinence from all substances.
- Attend meetings regularly, even daily.
- Have a belief in a higher power.
- Identify to yourself that recovery from addiction is a life long commitment.
- Find a support person 'sponsor' in working through the twelve steps. The sponsor is also the person a woman calls if she feels that a relapse might happen.
- Read the required textbook and work through the twelve step workbook, one step at a time.
- Volunteer to provide service to the twelve step organization (perhaps open a meeting, write for their newsletter, and help with gatherings of people in recovery.)

*"This topic is **very** important. FASD cannot be prevented unless we work closely, kindly and respectfully with women at risk, to help them stop drinking."*

tv
—Marja Korhonen

Harm Reduction—Making a Plan

The objective of this strategy is to reduce the harm caused by alcohol or other drugs to the unborn fetus and to the mother.

The best goal is abstinence—that means the mother does not drink or use other drugs at all. This is the best harm reduction. However, she may not be able to give up drinking or drug use completely. But harm to her and her baby can be reduced if she cuts back.

No person can be forced to change unless they want to change. If you try to force them, they will back away from you.

A person is much more likely to make a change if they have decided on that action themselves.

The person's choices and goals must therefore be respected and supported, even if they are not what you think is best. If the mother is willing to change a little bit, that is better than nothing.

This planning method helps a person to:

- decide she wants to change (motivational interviewing);
- understand the change process stages and what to expect;
- set a goal for not drinking that is realistic for her at that point in her life;
- aim for the goal of abstinence;
- make a plan to reach her goal;
- work through problems that contribute to her drinking;
- feel supported every step of the way and
- feel encouraged even if she has relapses.

Note: Around the world, most treatment centres and programs that work with women now use the 'making a plan' method because it seems to be effective with many people. It builds on people's own lives and strengths and abilities. It builds hope and belief that change is possible. It helps people understand themselves and their drinking reasons better. It provides people with specific things they can do in their everyday lives to manage their own behaviour.

Mentoring

Mentoring means to advise and support. Many organizations in Canada have begun to use mentors to work with women who are at risk of having FASD affected children.

Mentoring Programs:

- support;
- allow respect for the woman's choices;
- build a relationship;
- have mentors visit women in their homes or other places chosen by the women…not official office visits;
- have mentors help the woman connect to other community services and
- help a woman develop personal goals.

The goals are reviewed every four months. Steps are small so that the woman can see success. In the beginning, the mentor may have to do quite

DAY TWO TOPICS

a bit for the woman (make an appointment to see Public Health), but gradually the woman will be able to take more and more control over her own life.

The mentor's role: links the woman to helpful services, provides support and acceptance, provides 'real' help when necessary (help with transportation, getting food.)

All mentor activity is outreach: go out and find women, meet in their homes or wherever they want; if the woman stops meeting with you, go out and find her…let her know you will always be there; no matter what.

The mentor is an escort, coach, instructor, advisor, and the woman's constant cheer leader.

Being a Good Helper

In order to help a woman, the first thing you must do is build a respectful, accepting, warm relationship with her.

Discussion Group Topics:

When you have asked for help from someone, what are the qualities that make a person helpful or unhelpful?

What makes you feel understood?

What makes you feel uncomfortable?

How would you approach a woman in the community?

How would you ask her sensitive questions about alcohol or other drug use during pregnancy?

What is the best way to communicate information about the harm that alcohol can do?

Where would be the right place to talk with her?

Building a Relationship

DON'T	DO
Argue, contradict	Be warm and welcoming.
Confront	Let her tell her story the way she sees it.
Label ("you're an alcoholic")	Accept what she tells you…you do not have to agree in your own mind, but this is her life and her story.
Judge or lecture	Start with whatever she presents as her problem or issue.
Scare her	Let her know you are listening and ready to help.
Set goals for her	Give information about the possible effects of alcohol on her baby in a calm, helpful and factual way.
	Make sure she has the opportunity to set her own goals… she is the expert on herself…you are a helpful guide
	Always pay attention to her strengths… help her see that she is capable of solving problems, changing her life…that she isn't helpless.

DAY TWO TOPICS

Before I Forget...
Notes to Myself

1. What I learned today

2. In the role-plays I was

3. I might be a good helper because

4. I plan to

5. One thing I wonder about is

Notes:

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High Risk Women

Basic Counselling—Facilitating Change

Model of Change—Six Stages of Change

Motivational Interviewing

Helping to Make a Plan

Resistance or Anger

Professionalism and Ethics

Before I Forget…Review Page

DAY THREE TOPICS

High Risk Women

How might you build a relationship with the women described in these scenarios?

Jeannie says that the public health nurse told her she should go into alcohol treatment because she is pregnant and drinks. Jeannie says she doesn't have a problem, drinks once in a while, and doesn't want to be nagged by public health when she goes for prenatal workshops.

Lucy says she's been thinking she drinks too much at parties and she's scared of hurting her baby. But she says it's really hard to just stop…all her friends drink and she wants to be able to socialize with them. She also says she's having a lot of problems with her boyfriend, who drinks heavily, and when she gets really stressed about it all, drinking helps her forget about the problems and feels better for a while. So she doesn't think she can quit.

You know that Mary has a serious drinking problem. She is often drunk at the bar, and has had blackouts. She has just found out she's a few weeks pregnant but she continues to drink. Many of Mary's friends and family also drink, but many of them are fed up because she won't listen when they tell her about FASD. Should you let the bartender know?

Role-play

Divide into groups of three. Role-play one of these scenes…one person as the woman at risk, the other as a helper, the third person as an observer. Take turns. What could you say or do, as a helper, to start gaining her trust and building a good relationship so that she will continue to see you?

Group Discussion

As the 'woman'

What did your helper do to make you feel more comfortable, understood, less judged, etc.?

What did you think could have been changed?

As the 'helper'

What was most difficult?

What did you think could have been changed?

As the 'observer'

What did observers notice that was positive?

What did you think could have been changed?

Everyone

What were the positive patterns—things that everyone found helpful?

What did you think could have been changed?

Basic Counselling—Facilitating Change

Basic helping involves several steps and skills:

1. Build the relationship: show empathy, acceptance and understanding of where the person is coming from.
2. Listen—let her tell you her version of her situation. Know that her truth is her truth.
3. Help her decide what she wants to change —the goal
4. Help her plan ways to reach her goal.
5. Support her along her path.

With women at risk, one of the most important—and often hardest parts—is helping her come to the realization that she wants and needs to change her behaviour.

People usually do not change unless they want to change or have realized that there are good reasons to change. Most of us can not be forced or pushed to change our behaviour. Even when we know deep in our hearts that we want to change, we may resist if someone else tells us we have to. We resist because we may feel judged or criticized, or because we are not ready, or we just don't know how to change.

Share an experience when someone tried to push you to change.

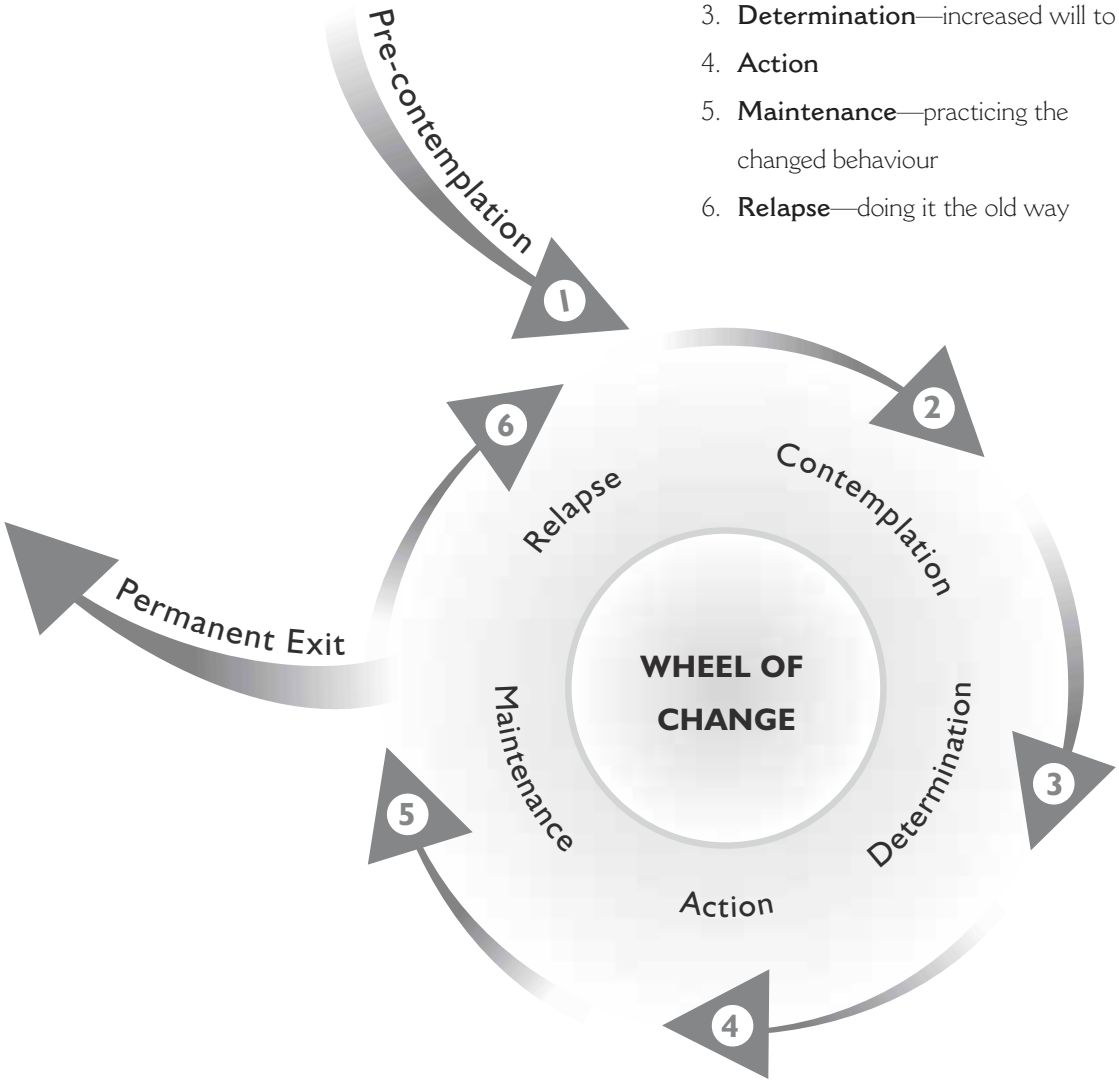
How did you feel?

How did you react?

DAY THREE TOPICS

Model for Change—Six Stages of Change

1. **Pre-Contemplation**—awareness of need to change
2. **Contemplation**—thinking about change
3. **Determination**—increased will to change
4. **Action**
5. **Maintenance**—practicing the changed behaviour
6. **Relapse**—doing it the old way



Prochaska & DeClemente

Motivational Interviewing

Motivational interviewing is a way of talking to people that encourages them to think about what they're doing, what's happening. It encourages them to come to their own realization that maybe they have a problem and might be doing things differently. It also builds hope and belief in the person that they **will** be able to change.

In order to increase a person's motivation to change, the helper must not be critical or judgmental, and must understand the person's situation. But the helper must also gently guide the person to think about the negative consequences of their behaviour, and to consider other possibilities.

Empathy means understanding what the person is feeling, where they are coming from, what their point of view is. A helper can show understanding by listening carefully to what the person says and then saying something calm and non-judgmental that shows you are trying to understand.

EXAMPLES:

Woman: My friends like to go out drinking. If I try to say I don't want to, they get mad. I hate that, so I go along, and I drink with them. I don't want to sit at home alone.

Helper: It's hard to say no to your friends.

Woman: I don't have a big problem. It's not like I'm drunk all the time. I go out with my friends on the weekend, but during the week I'm OK, I usually don't drink at all. But I like to have some fun on the weekends.

Helper: So it's mainly just socializing on the weekends, a way of having fun.

Helping to Make a Plan

- Encourage her to identify reasons why she should change. (See stages of change and motivational interviewing on the following pages.)
- Give nonjudgmental facts about the effects of alcohol.
- Have her identify how much she drinks, situations that usually result in drinking and the results of drinking in her life.

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- If she commits to (for example) try not to drink for the next two weeks, keep track of how she feels, what situations cause the most temptation, what she does to try to stop drinking.
- Help her set a specific goal. Ideally, for pregnant women, this would be abstinence. But if the woman cannot commit to stop completely, help her set a goal for limits on how much she drinks and how often. For example, she may decide on no more than three drinks in one day, at least an hour apart, and only on weekends.
- Help her develop a plan that covers the following activities, and encourage her to follow the plan consistently:
  - Keep track each day/week of her drinking and her goal (either no drinks, or whatever limit that has been set). Keeps track of the days she does not drink at all! It is very encouraging when a person can see that there can be days when she doesn't drink.
  - If she has decided she is not yet ready to quit completely, help her plan how to pace her drinking…leaving lots of time between drinks so she does not binge-drink.
  - Help her plan other ways to enjoy leisure time and being with friends: *"What can you do to have a good time besides drinking?"*
  - Help her plan other ways of coping with stress, sadness, anger, pressure from friends or spouses, and other problems that she has said trigger her drinking: *"When this happens, what are other ways could you deal with it besides drinking?"*
  - Help the person practice how to say no when there is pressure from others to drink.

Resistance or Anger

Accept anger and resistance, but encourage thought.

Don't argue with what a woman says, even if they are denying an obvious problem. If you argue or insist, the person will get defensive and may back away from you. Instead, accept what they say, give them factual information, be helpful in other ways, and try to gently have them start thinking again.

EXAMPLES:

Woman: "Listen, I'm so tired of being nagged about drinking. Just back off."

Helper: "Yeah, I hate being nagged too. Let's talk about other things you need to do to have a healthy baby. Tell me about taking care of yourself during your pregnancy. Do you have any questions about what you need to do in terms of eating right and getting checkups and all that? For example, it's especially important to eat right. How much do you know about taking care of yourself and the baby? I can help you get more information if you need it"

Woman: "Well, I get check ups. I try to eat right, not too much junk food. But… uh…what else do I need to know?

Develop their confidence and belief in their own ability:

EXAMPLES:

Helper: "You want to have a healthy pregnancy and a healthy baby so you are trying to take care of yourself. Great. It means you want to know as much as you can. How about we talk about all the things you need to know and do for a healthy pregnancy? I can give you the information, and then we can look at areas where you may want or need to do something else."

Woman: "Yeah, I want my baby to be healthy. And I know I could do better but it's tough sometimes."

Helper: "Yeah, it is. But you've already started on a good track. We can work together so that you do as well as possible."

Once the woman has made even small steps towards thinking about change, you can help her build up from thoughts to action.

Don't make judgments like *"You have to stop…"* or *"You're hurting your baby"*. Don't label her or her behaviour with labels like 'alcoholic' or 'alcoholism'. Just give her the factual information she needs.

Then you can start asking questions like: *"Well, we talked about what binge drinking means and how it can affect the baby even if you don't drink for long periods in between. If it's hard to stop drinking completely when you're out with your friends, would you consider ways of cutting back on the amount you drink when you're with them?"*

Professionalism and Ethics

There are ways to make sure that the person's rights are respected. It is important in any helping situation that you follow these guidelines for professionalism and ethics:

1. Do not do anything to harm the person in any way.
2. Do not push your personal values onto the person.
3. In some counseling, professional helpers are not allowed to develop personal friendships with clients. In remote communities, the person you are trying to help may well be your friend or relative. If the person is a friend, neighbour or relative, take extra care when you are in a helping role. A helper:
   a. NEVER gets into a romantic relationship with a client.
   b. Keeps everything the client says confidential. Do not tell friends, family or other helpers about your client's situation. In reporting to a supervisor, just give basic necessary information about what you are doing. The exceptions to confidentiality are:
      - If you find out about child sexual abuse happening, this information must be reported to child welfare and

DAY THREE TOPICS

- If the client confides that she is thinking about taking her life, or harm herself in ways that could lead to sickness or death or
- If the client confides that she intends to harm another person.

Before I Forget... Notes to Myself

1. What I learned today

2. Things I want to remember

3. Today I felt

4. Ideas I have

5. Questions I have

6. Tomorrow I want to

Notes:

DAY FOUR TOPICS

Creating Community Supports

Wrap Around Model

Supporting Families

Burnout

Self Care

Before I Forget…Review page

DAY FOUR TOPICS

Creating Community Supports

What is available in my community?

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What is needed in my community?

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How can we create supports?

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Wrap Around Model

Wrap Around is naturally practiced in our communities. It involves families, schools, elders, and other helpers in working together to provide a safe, kind, helpful environment for children and youth who are at risk. This model can also work with women at risk.

In the Wrap Around Model, plans and services are based on the needs of each person. The plan is put together by those people who know the person best, including the family.

The plan is based on each individual's strengths, values, wants and ways of doing things within the family. This plan is family centred. The woman and her family are the most important parts of the team and they must 'own' the plan.

Criteria for Success in the Wrap Around Process

1. Wrap Around efforts are based in the community.
2. Services and supports are individualized to meet the needs of the person and their family.
3. The process pays attention to the family culture and builds on the values, preferences and strengths of the person and their family.
4. Whenever possible, family members are included in every level of development process.
5. Wrap Around partners and teams are provided resources for their needs.
6. The process is put into place and supported by appropriate agencies, families, and the larger community.
7. The Wrap Around plan includes a balance of formal services (medical check-ups) and informal community and family resources.
8. Support services are committed no matter what the situation. If the needs of the person and family change, they continue getting services.

Teams

Members: In addition to the 'client', ideally, the team is made up of a least one half non-professionals who have access to informal resources and supports that professionals may not be familiar with. The professionals on the team might include those who are or have been involved with the family, and who likely know the strengths, culture and values of the family.

Functions: The team develops the Wrap Around plan; plans for crisis; supports implementation of the plan; accesses informal and formal supports/resources; keeps track of services; encourages and provides care no matter what; provides long term support for the family long after formal services are gone.

Supporting Families

Families living with FASD experience enormous stress. This stress is felt by parents, brothers and sisters, grandparents, aunts and uncles, and all relatives.

Parents need to understand the behaviours of their FASD affected child before they can act as advocates for their children: they are the child's first helpers. As a result, parents need ongoing opportunities to express their feelings about what is happening in their family. Parents can help others understand their child's behaviour.

Families also provide the most important first step in helping FASD affected children to build self-esteem but they need community support to accomplish this. To effectively help FASD affected families, parents and community helpers must work together.

Suggestions

Meet and talk to parents about their situation, their needs. Try to have the meeting in a place that feels 'safe' and comfortable to the parents. They have a story to tell and as that story unfolds, a helper may hear and see their discouragement and frustration.

By listening to what parents are saying, a feeling of trust is gradually established. With that bond in place, suggest that with the parents' agreement, other family members could be included. This will provide different perspectives and more information.

Focus on family skills and strengths to encourage each person to help in a way that is most suitable.

Discuss with the family, who they think and who you think, might be helpful in the community outside of the family. Over time, enlarge the circle of helpers to include as many helpers as possible.

Start a parent support group if parents agree. This is a way for parents to share their experiences and coping skills.

Discussion Questions

Would these suggestions work in my community?

DAY FOUR TOPICS

What group of what people might be helpful in my community?

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E.G. CHR, Principal, teacher, nurse, visiting Occupational Therapist.

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What other ways could my community help?

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Burnout

Earlier in this workshop, we discussed vicarious trauma as a threat to helper wellness. Another problem for helpers is burnout. Burnout occurs when helpers are so wrapped up in their role as caregivers, they forget to care for themselves and accumulate stress, become overtired and so anxious for the welfare of others, that they become unable to function well. Their own physical and emotional wellness is so negatively affected that these helpers can no longer work effectively and have to stop. With rest and time, they may return to their work, but the toll on their own wellness is serious. Avoiding burnout means practicing self care.

Self Care

As the term self care implies, everyone, especially those involved in helping positions, needs to *accept responsibility* for practicing good self-care practices. An effective helper sets limits to how much of their time and energy they can give to others.

To practice self-care:

- limit the time you spend in negative situations;
- enjoy your good health;
- laugh;
- play;
- be thankful for your family and friends;
- use your 'gifts'; and
- treat yourself to something you enjoy.

"Practice makes perfect" is an old but true saying. Once you start to practice these self-care suggestions, you will realize how beneficial they are to you, your loved ones, and all the people you help.

Exchange of Ideas

Of all the things we have talked about…What strategies might be appropriate and possible in my role as a helper and in my community?

What might be the benefits?

What obstacles will I likely meet?

Before I Forget… Notes to Myself

1. What I learned today

2. Some things I want to remember

3. Ideas I have

4. Questions I have

DAY FOUR TOPICS

Notes:

GLOSSARY[3]

3. Glossary adapted from "Alcohol Problems and Approaches: Theories, Evidence and Northern Practice," by M. Korhonen, National Aboriginal Health Organization, 2004.

GLOSSARY

Abstinence: Not drinking any alcohol or taking other drugs at all.

Addiction: A general term describing a compulsive, hard-to-control urge to use alcohol or other drugs even though it is creating problems.

Alcohol abuse: Continued drinking despite recurring problems in a person's work, personal or social life. Someone who abuses alcohol is not necessarily dependent on or addicted to alcohol.

Alcoholic: A general term for a person who is experiencing alcohol problems or dependence.

Assessment test: A short set of questions that can indicate whether or not a person may have a drinking problem or be developing a problem. This test is also called a screening test.

Binge drinking: Episodes of heavy drinking followed by periods of abstinence or low consumption.

Brief counselling/brief therapy: This is a short-term helping style in which the trained counsellor helps clients in order to change behaviour.

Client-centred counselling: A counselling method that respects the client's values, situation, beliefs and goals while setting up a treatment plan that fits with what the client thinks will work best.

Dual diagnosis: A person has both an alcohol or other drug problem and an emotional/psychiatric problem.

Early intervention: Identifying and providing advice to people who are doing some risky drinking and showing some signs of problems, but who are not yet in serious trouble.

Empathic interviewing: A kind, non-judgmental interviewing process in which the counsellor shows that s/he is trying to understand the client.

Intervention: Anything a counsellor does to help someone solve a problem or make a change.

Mentor: An experienced and trusted advisor.

Motivational interviewing: A specific process that counsellors use to help people decide they should change their drinking. (See also Stages of Change.)

Psychological trauma: An individual experience of an event or enduring conditions in which the ability to integrate our emotional experience is overwhelmed. For example, our ability to stay present, understand what is happening, integrate the feelings and make sense of the experience. We experience a threat to life, bodily integrity or sanity.

Recovery: Having been able to stop problem drinking. It is a term that is usually used to mean that the person has become abstinent. However, it can also mean that a person is no longer experiencing or creating problems with drinking, even if he/she still drinks.

Relapse: Back to problem drinking. The term can mean a return to problem drinking (harm-reduction view) or a return to any drinking (abstinence-oriented /12-step view.)

Self-change: Stopping one's own drinking problem without help from professionals or treatment.

Stages of change: A process of helping people change their behaviour that is based on the belief that change only happens when a person is ready to change.

Vicarious trauma: Experienced in the imagination through the feelings or actions of another person. A traumatic event of a person impacts the person hearing about the event.

Withdrawal: The physical consequences that happen when a dependent person does not have alcohol in the body. Withdrawal symptoms can range from shakes to hallucinations and seizures. Severely dependent drinkers need medical supervision when they are undergoing withdrawal.

RESOURCES

Websites

Books, Reports and Manuals

RESOURCES

Websites

Canadian Centre on Substance Abuse. These links give access to much helpful information about FASD prevention, intervention, and coping skills for families. There is also a link to a directory of Canadian information and support services. Ph: (613) 235-4048
www.ccsa.ca/CCSA/EN/Topics/Populations/FASDPrevention.htm
www.ccsa.ca/CCSA/EN/Topics/Populations/FASDIntervention.htm

Canadian Centre on Substance Abuse. **FAS Tool Kit**. Website: www.ccsa.ca/toolkit/introduction.htm
This excellent toolkit provides clear and plain-language information about how to work with women at risk, FASD-affected children and parents, and community development.

MotherRisk Information Service, Hospital for Sick Children, Toronto, Ontario
Ph: (416) 813-6780
Website: www.motherrisk.com
Motherisk is an organization that is a leader in research on FASD and its prevention.
Ph: (416) 813-6780
Website: www.motherrisk.com

Health Canada. **Frequently Asked Questions about FASD**. www.fas-saf.com

Women for Sobriety
website: www.womenforsobriety.org This is a self-help and support group specifically for women, which helps them stop drinking. There is an online chat group. They also sell self-help materials specifically for women at reasonable prices.

www.come-over.to/FASCRC (FAS Community Resource Centre) (Very Good Site)

www.skfasnetwork.ca (Saskatchewan Fetal Alcohol Support Network and 'FASD Tips' (Very Good Information)

www.fasat.ca (Fetal Alcohol Syndrome Assistance and Training Ontario) (Very Good Site)

www.lakelandfas.com (Lakeland FAS Committee, Alberta-'How to talk to parents', 'How to talk to adults') (Very Good Links)

www.cvfasd.org (Cowichan Valley FAS Society-'My Story'(Positive Stories)

www.fetalalcohol.com (FAS/E Support Network of B.C.)(Good Info & Good Links)

www.acbr.com/fas (Fetal Alcohol Syndrome Information, Support & Communication Link)(Good)

www.child.gov.ab.ca/whatwedo/fas (Alberta Children's Services—Fetal Alcohol Spectrum Disorder)(Good)

Books, Reports and Manuals

Code of Ethics: Canadian Counselling Association: www.ccacc.ca/ccca.htm

FAS/E Support Network of BC (vol 1,2 &3) (2002) **A manual for Community Caring**. Health Canada Project.

Haskell, L. (2003) **First Stage Trauma Treatment: A guide for mental health professionals working with women**. Toronto: Centre for Addiction and Mental Health. This guide looks at stage one recovery; safety and containment.

Kirkpatrick, Jean (1978) **Turnabout: New Help for the Woman Alcoholic**. Garden City, NY: Doubleday. Written by the founder of Women for Sobriety [see link below]. Describes her own experiences with alcohol and the need for programs that are specifically geared towards women.

Korhonen, M. **Alcohol Problems and Approaches: Theories, Evidence and Northern Practice**. Ottawa: National Aboriginal Health Organization, 2004. This is a plain language overview of the causes and treatment options for alcohol problems. It also discusses the needs in Inuit communities.

Matsakis, A. (1994) **Post-Traumatic Stress Disorder: A complete treatment guide**. Oakland, Ca: New Harbinger Publications. A good overview of PTSD and looks at treatment from beginning to end.

Miller, D. and Guidry, L. (2001) **Addictions and Trauma Recovery: Healing the Mind, Body and Spirit**. New York: W.W. Norton. Provides a 12 session group model for working with survivors of trauma and addiction.

Najavits, L.M. (2002) **Seeking Safety: A treatment manual for PTSD and substance abuse**. New York: Guildford Press. An excellent approach to "stage one" work with people who have both PTSD and substance use issues. Offers a range of grounding exercises and themes for group sessions.

RESOURCES

Pauktuutit Inuit Women's Association (2001) **Before I Was Born** kit. This FASD prevention and awareness tool includes a video and a guide. The video is available in various Inuktitut dialects, English and French.

Pauktuutit Inuit Women's Association. (2003) **Children Come First: A resource about Fetal Alcohol Spectrum Disorder (FASD)**. Ottawa. This manual and flipchart kit is a handy tool that front-line workers can use to make presentations about FASD in their community.

Poole, Nancy.(2003) **Mother and Child Reunion: Preventing Fetal Alcohol Spectrum Disorder by Promoting Women's Health**. Vancouver: British Columbia Centre of Excellence for Women's Health. This is a brief summary of the 3 levels of prevention work that are necessary: public and community education and awareness; coordinated community and agency efforts to reach out to women of child-bearing age with information, advice and support; and specific non-judgmental harm- reduction counseling for pregnant woman and mothers who have serious substance abuse problems.

Poole, N. and Dell, C.A. (2005) **Girls, Women and Substance Abuse**. British Columbia Centre for Excellence on Women's Health and the Canadian Centre on Substance Abuse. This summarizes the latest research about substance abuse and women. It explains how and why substance abuse issues are different for women (compared to men) and why it is so important to work with women using non-judgmental, respectful harm-reduction strategies.
www.ccsa.ca/NR/rdonlyres/ 628CF348-1B92-45D5-A84F 303D1B799C8F/0/ ccsa0111422005.pdf

Prochaska, J. & DeClemente, C. (1984). **The Trans-Theoretical Approach: Crossing the Traditional Boundaries of Therapy**. Melbourne, Florida: Krieger Publishing Company. Explains that users have different needs from helpers at different stages of their using/recovery journey. By identifying the stage, the counsellor is better able to tailor interventions

Roberts, G. and Nanson, J. **Best Practices: Fetal Alcohol Syndrome/Fetal Alcohol Effects and the Effects of Other Substance Abuse Use During Pregnancy**. Health Canada, Canada's Drug Strategy Division, 2001. This is a thorough document that explains the

evidence about what works best in all 3 levels of FASD prevention: public awareness and education; outreach, identification of women at risk, and brief helping strategies; and effective strategies for helping pregnant women with serious substance abuse. The document also gives much information about identification and diagnosis of FASD children. It also describes best practices for helping children, youth and adults who have FASD, and ways of helping their families.
www.hc-sc.gc.ca/ahc-asc/pubs/drugs-drogues/best_practices-meilleures_pratiques/index_e.html

Rosenbloom, D., Williams, M.B. & Watkins, B.E. (1999) **Life After Trauma: A Workbook for Healing**. New York: Guildford Press an excellent workbook for women recovering from trauma. A lot of information and a step-by-step process.

Streissguth, A. (1997). **Fetal Alcohol Syndrome: A guide for families and communities**. Brooks Publishing. Baltimore, MD.

Notes:

KATUJJIQATIGIITSUNI SANNGINIQ

suliakatigetsianik tukisigiamut FASD sunaummangat
working together to understand FASD

ILAUKATAUJOP ATUAGANGA • PARTICIPANT HANDBOOK

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INUIT WOMEN OF CANADA

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working together to understand FASD
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