

# Complex Service Needs Newsletter

Issue 5

October 2015

## Community based FASD (Fetal Alcohol Spectrum Disorder) Networks

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**Each Network is organized based on who can and should naturally/logically collaborate together to meet local needs.**

The Alberta government is committed to preventing and supporting those affected by FASD. Government, Alberta Health Services, NGO's (non-governmental organization) and Non-profits have developed a FASD 10-Year Strategic Plan. Within the plan is an important resource; the Provincial FASD Service Network Program. Made up of 12 Networks across the province, each provides a single point of entry for individuals and caregivers seeking assistance. Along with prevention, the continuum includes person-centered treatment, assessment and maintenance with a focus on outcomes designed to support individuals across their lifespan.

The Networks are making a difference. The services provided are reaching members in your community who need FASD-related supports. Each of the 12 NGO Networks have each been designed and developed at their own pace and involving those who are naturally involved in supporting one of the four levels of support – each Network is organized based on who can and should naturally/logically collaborate together to meet local needs.

Visit the government sponsored website to find the Network that you can turn to when working with an FASD affected

client - <http://fasd.alberta.ca/service-networks.aspx>. Some important social considerations while moving forward with the 10 year plan and the development of the Networks include:

- Most individuals with FASD are raised outside of their biological family thus making outside, wrap-around treatment & supports critical to all future planning.
- The adults in this disability group are unable to direct their own services. Client input is valued but not directive, making wrap-around treatment and supports vital for planning services.
- Negative outcomes are almost normalized for FASD affected individuals. Experiences of addiction, mental illness, homelessness, lack of money and lack of social acceptance are so regularly felt that these experiences become expected, creating a negative cycle.
- All aspects of services are linked to research, informing best and promising practices, providing immediate and long term feedback of services and promoting inclusion as one group.

Alberta is currently in year 7 of the FASD 10 year Plan – the four cornerstones of the 10 year plan are reflected within each of the 12 Networks.

In the [Atlas on the Primary Care of Adults with Developmental Disabilities in Ontario](#), we learned that adults with developmental disabilities are at greater risk for “preventable hospitalizations” than other adults (Balogh et al., 2013). Believe it or not, one such preventable hospitalization would be constipation. As staff, we can play a role in helping people to be aware of what is happening or not happening in their bodies, what is “normal” and when they need to worry. If there is a problem, like diarrhea or constipation, there are things that can be done. However, if we don’t ask the question, we won’t know it is a problem.

And if we don’t know it is a problem, we won’t do anything about it. —Dr. Yona Lunsky, CAMH, [excerpt from a VITA newsletter](#): V.4 issue 7

## Trauma Informed Care

Alberta Health Services, along with community partners have been involved in The Trauma Informed Care Project, with the objective to increase knowledge about psychological trauma and improve practice within all areas of health to be more trauma informed and patient centered.

Many of the people we deal with every day have been affected by overwhelming stress or traumatic experiences.

The Trauma Informed Care Project wants to increase knowledge about trauma and the impact it has on the lives of Albertans. Our hope is to improve the way we relate and focus on building caring relationships while fostering safety.

To subscribe to regularly occurring communication regarding Trauma Informed Practices please click [REGISTER HERE](#).

Join the Trauma Informed Care Project team on November 18 at 11am for an informative one hour presentation to hear about the collaborative work occurring throughout Alberta agencies and communities.

Contact [complexneeds@ahs.ca](mailto:complexneeds@ahs.ca) to receive this webinar invitation.

## National Addictions Awareness Week (NAAW): November 15-21, 2015

NAAW takes place in communities across Canada during the third week of November. The goal of NAAW is to provide information and promote activities that increase the awareness of addiction related issues and services, and to celebrate the capacity of communities and individuals to work together to support addictions-free lifestyles. Many Alberta communities participate annually with the support of local addiction services to:

- **raise** awareness of addiction

issues related to alcohol, tobacco, other drugs and gambling;

- **celebrate** the joy of addiction-free lifestyles; and
- **profile** addiction information, prevention and treatment services.

If you or someone you know is experiencing problems with alcohol, tobacco, other drugs or gambling, we can help. Contact your local AHS Addiction Services office or call the **24-hour Helpline 1-866-332-2322**

## FASD Networks Continued...

The Networks have adopted a Four Levels of Prevention Model which views prevention as a step along a continuum.

<b>Awareness and Prevention</b>	<b>Assessment and Diagnosis</b>	<b>Support for Individuals and Caregivers</b>	<b>Training and Education</b>
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## From the Front-line—Fred's story



Providing alternative supports for adults with complex service needs typically involves many

people and many agencies. When there is a history of multiple and high service use, and failed services clients have a long wait for support within the community, others find themselves tangled in the judicial system, homeless and others have long stays in Alberta's hospitals.

Meet Fred, a 26 year old man, part of a loving family, with great parents and 2 siblings. He grew up with a learning disability and language difficulties. Like many kids who are not like the rest, he was left out of the school culture, had limited access to mainstream education, was labeled as a "kid with a disability" and ended up with limited peer aged friends. His social experience was complicated and he became marginalized within general society; as a pre-teen he began trying out drugs and alcohol which he quickly became dependent upon and then addicted. Those teen years were made more difficult due to undiagnosed underlying mental health concerns. As an adult he has moved between his family home, psychiatric units, and jail.

In adulthood he intermittently received community supports but with limited success. Due to staff turnover, successful staff relationships very often led to disappointment as he had to often "retrain" the next support person. The challenge of staff turnover; building relationships only to lose

them was a trigger for Fred to use. He just gave up trying after a while.

The CONNECT Team case management began when he was released from jail in September of 2014. Fred said he was ready for a change. We met with him and his newly appointed Addictions and Mental Health counselor. During appointments the focus became his dreams and goals. Initially, Fred attended appointments either stoned, drunk or hungover but after a few visits he started to show up to some appointments in a sober state.

Just as things seemed to be coming together for Fred he relapsed, visiting family in an inebriated state and becoming violent and scaring his loved ones.....a four day assessment in hospital and then again, four weeks later, drunk and stoned again he went looking for the voices in the wall and once again scaring the children, yelling at his mom, and getting into a verbal confrontation with his neighbor. This incident landed Fred in jail.

However, this time the team was more prepared. By working together with the Correctional Facility AHS discharge planner it was possible to begin discussing future alternatives with Fred. AHS workers engaged him with motivational conversations, Fred agreed to try making changes and we began helping to arrange for the best possible experience and support through positive first steps.

During his correctional stay, Fred was diagnosed with schizophrenia, helping to explain a lot of the "strange" behavior that Mom and Dad reported as he was growing up. Fred didn't tell anyone about the

voices because he was worried that people would call him crazy. As an adult it had been assumed the voices were drug related.

He was accepted to participate in a Concurrent Disorders Treatment program and he stayed for the whole treatment despite threatening to leave several times. Upon discharge the team was able to organize community placement for him a couple of hours away from his family home with a seasoned service provider who was willing to support Fred and his desire to live sober. Addictions and mental health concerns presented new challenges for the community agency.

Seven months later Fred has had one week-long relapse. This has been the longest he has been sober in years. He is adapting to the changes, accepting this "new Fred", as he calls himself. He's got new things to think about, new things to do and new things to look forward to; he told me last month that he was on the "path again".

These last 12 months have necessitated much needed learning and teaching about involved services as each relate to complex clients like Fred. Involving Mom, Dad and Fred, defense lawyers, prosecutors, psychiatrists, psychiatric nurses, social workers, police, addiction counselors, doctors, nursing staff, service coordinators, contract specialist, community service agencies, treatment centers, mental health counselors, disability support workers and probation officers.

A success story? We think so. Every day that Fred gets closer to his goals and dreams we call it success. His story is about being in the right place, at the right time, with the right people, with the right knowledge. Good work everyone – you too Fred!

**Reported by an Alberta Community Support Team (CONNECT).**

## Websites of interest

Each edition of the Complex Service Needs newsletter we will share websites as informational items. These websites and their content are not endorsed nor promoted by Alberta Health Services or GOA but are meant to point you to the many and varied resources that exist on the web—never be afraid to Google to find what you may not even know you are looking for.

## Webinars or Web-learning

Alberta Family Wellness Initiative

<http://www.albertafamilywellness.org/>

National Council for Behavioral Health

<http://www.thenationalcouncil.org/events-and-training/webinars/webinar-archive/>

H-CARDD – the Ontario based H-CARDD program was developed to address disparities in health status and health care access faced by individuals with developmental disabilities

<https://www.porticonetwork.ca/web/hcardd/resources/caregivers>

## Spotlight on a Resource

Families and caregivers will have access to information, the latest research and other resources via webcasts on mental health, brain injury, Fetal Alcohol Spectrum Disorder (FASD) and disabilities.

The Alberta government is continuing to provide free, helpful information and strategies for family members, caregivers and professionals to support youth with mental health issues, and individuals with FASD, brain injury or other disabilities.

### Four learning series:

The [Alberta Brain Injury Initiative Series](#) will share information about brain injury and available supports with people who have a brain injury but may not be diagnosed, or with Albertans who are already living with a brain injury. The first session of this series – Brain Injury 101: What is a brain injury?

The [Children’s Mental Health Learning Series](#) is in support of the Creating Connections: Alberta’s Addiction and Mental Health Strategy. The series is based on current and emerging research on the adolescent brain, and mental health and wellness challenges for youth. The next session on

The [Employment First Series](#) explores how people with developmental disabilities can reach their full potential through employment. This series supports the Employment First Strategy to increase workforce participation by people with disabilities.

The [FASD Learning Series](#) is an education and training initiative of Alberta’s FASD 10-Year Strategic Plan. The series is of interest to anyone supporting individuals affected by FASD.

## Book of interest

Supporting Individuals with Intellectual Disabilities & Mental Illness — What caregivers need to know when supporting individuals with intellectual disabilities and mental illness.

A collaborative book, [Supporting Individuals with Intellectual Disabilities & Mental Illness](#), published by Dr. Susan Melrose. This text has been placed on <http://opentextbc.ca/caregivers/>

This multidisciplinary resource develops topics of interest to all those who care about and for individuals with co-occurring intellectual disabilities and mental illness. Each chapter presents current evidence informed practice knowledge. Each topic is also presented with audio enabled text boxes emphasizing 'Key Points for Caregivers.' For those

who are interested in background knowledge, we provided the comprehensive literature base. And, for those interested mainly in 'what to do,' we provided text box summaries for reading and listening. What a find!

## News that supports you ... Dementia Advice

Albertans can now receive specialized dementia advice available through Health Link. This service helps support individuals and caregivers living with dementia, including those with Alzheimer’s disease. (Calgary will be available in the next spring)

If you or someone close to you is living

with dementia, including Alzheimer’s disease, a new service is available to answer your questions and provide advice. It’s easy:

1. **Call Health Link 24/7 by dialing 811.**
2. **Staff will assess your needs and provide advice immediately for your concerns.**
3. **When needed, you will be referred to a specialized dementia nurse for additional advice.**

