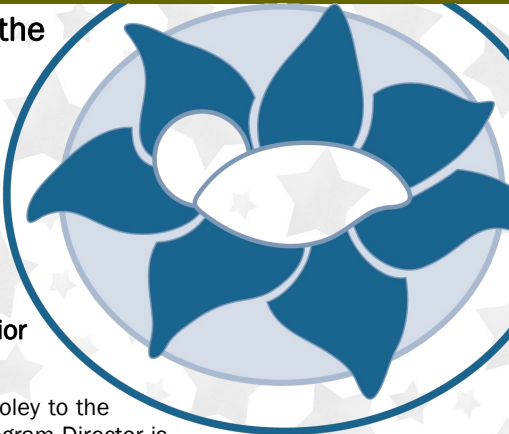




The Asante Centre Rings in the New Year, 2012!

The Asante Centre is refreshed after the holidays, and eager to begin the new year with nothing but optimism for 2012! We are excited to announce a few changes in our structure as we continue to develop and grow, working to best serve individuals living with FASD and their families.



Change to the Asante Centre Senior Management Team

The Centre is pleased to welcome Allison Pooley to the position of Program Director! The role of Program Director is new to the Asante Centre, and signifies a restructuring of the senior management team. Allison has been part of the Asante team since 2009 as the Family and Community Support Coordinator, where she further developed her expertise on supporting individuals with FASD and similar brain-based developmental disabilities. Allison has been working with various FASD prevention, intervention and education initiatives throughout British Columbia for over seven years, and is excited to combine her understanding of issues related to prenatal substance exposure and her aptitude for administration to the new leadership role.

The Asante Centre Welcomes New Administrative Assistant

The Asante Centre is pleased to welcome Jill Evans to the administrative team! Jill is the new "face of the agency", greeting visitors and already bringing her expertise, diligence and passion to the position. Jill has extensive experience working with high-risk individuals and brings her sense of understanding and care to the role.

Mark Your Calendars

FAST Club and BrainGamer Club

January 2012
University of the Fraser Valley, Abbotsford
<http://www.ufv.ca/kpe/FASTclub.htm>

FASD Learning Series, Government of Alberta

- Online Presentations
<http://www.fasd-cmc.alberta.ca/education-training/fasd-learning-series-2011-2012>
- Jan 25—Cognitive Interventions to Improve Language Skills
 - Feb 22—Cognitive Interventions to Improve Memory
 - Mar 28—Cognitive Interventions to Improve Math Skills

APP FASD Retreat for (Adoptive) Parents of People with FASD

January 28, 2012
Executive Airport Plaza Hotel, Richmond
<http://www.appfasd.org/>

The Early Years Conference 2012 The Development of Children's Mental Health: How Do We Become Who We Are?

February 2–4, 2012
Hyatt Regency Vancouver
www.interprofessional.ubc.ca

The Richmond FASD Roundtable's 4th Annual Conference: FASD and Mental Health

March 6, 2012
Richmond Multicultural Centre, Richmond
<http://www.asantecentre.org/news.html>

5th National Biennial Conference on Adolescents and Adults with FASD: It's a Matter of Justice

April 18–21, 2012
Hyatt Regency Vancouver
www.interprofessional.ubc.ca

Follow Us!



The Asante Centre has recently jumped on the social media bandwagon, and is now connecting on Facebook and Twitter! Follow us for updates on the Centre, news relevant to FASD, upcoming events, research, resources and more.



<http://www.facebook.com/pages/The-Asante-Centre/140765152628812>



TheAsanteCentre

"The Sensible Guide to a Healthy Pregnancy" Updated!

The Government of Canada has recently released the latest version of "The Sensible Guide to a Healthy Pregnancy," offering families updated information on nutrition, folic acid, alcohol, physical activity, smoking, oral and emotional health as they relate to a healthy pregnancy. The guide includes a 10 month customizable calendar to help parents-to-be track the various stages of gestation, with information on what to expect and helpful hints. Copies of the guide are available through the Public Health Agency of Canada or can be downloaded free of charge from www.healthycanadians.ca/pregnancy.



If you would like to be removed from the newsletter mailing list, please contact the Asante Centre at newsletter@asantecentre.org.



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Should you get your child "labelled"? Excerpt by Linda Rosenbaum

I was speaking yesterday to a mother whose child in Grade 1 is acting up in school. The kid can't sit still so runs around the classroom. He interrupts the teacher when she's reading to the kids. He's throwing stones in the playground, at both teachers and students. "They want to do some testing on him, but I'm afraid of getting him labeled," the mother said to me. Whoa! Did that set off a trip down memory lane for me. "I don't want to get him labeled," kept resonating through my brain after she said it. I was thinking, "Huh? You don't want to get him labeled? You actually think he's not ALREADY labeled? Take it from me. He's labeled. He's the "bad kid"..."



When my son Michael entered Grade 1 after several successful pre-school and kindergarten small classroom experiences in a Montessori school, everything started falling apart. Like this woman's son, he was disruptive, couldn't sit still, was throwing stones in the playground during recess, didn't play well with the other children. Though I knew part of the problem was a large classroom and less personal attention, that couldn't be the only issue. I spent umpteen hours meeting with his new teacher and the principal trying to come up with ways to help Michael adjust to a 30-kid classroom, without demanding too much of the teacher's time... But the teacher, who was new to teaching, basically didn't try any of the accommodations we came up with. She saw my son as a serious behavioural problem. He was a kid who "acted-up." And in fact, he WAS all that she said he was. The problem was, she wasn't interested in why or trying to do something about it.

My son was suffering terribly from all the reprimands and disdain from other kids. They started bullying him, calling him names. They liked seeing him get into trouble and purposely triggered his anger to see him act up. Michael became more isolated and unhappy. His behaviour was getting worse. He didn't want to go to school anymore. My husband and I decided it was time to get a psycho-educational assessment. Our family doctor, who had always thought of our son as just a "busy, active" boy who would outgrow his restlessness, agreed it was time. He was getting into too much trouble... Michael was about to be expelled. When they let him back in the following semester, the plan was to put him straight into a classroom for children with behavioural problems. They didn't even consider the classroom for children with learning disabilities. Nor did we. We didn't know if he had any.

When I told my friends about the appointment for an assessment, several were shocked, and said so. "You'll get him labeled." "A label will follow him the rest of his life." "Teachers will just see him as a label." "He's just a busy, creative guy. The teachers don't appreciate how smart and creative he is." "They might want to give Michael drugs." "Michael's just his own person. Don't let anyone put a label on him because he's a little different." I was pretty shocked myself. With them. Why were they so adamant? What was so bad about a label? What if Michael had a learning disability or other, perhaps physical problem that affected his ability to learn and get along with other children in school? If we understood the problem, we could get help for him. Intervene. He was suffering with the status quo. Do kids act up and get in trouble for no reason?

I began thinking that perhaps people's stridency against testing and possible use of medication reflected an ideology more than it did actual concern for the well-being for my son. Teachers are bad. Psychologists are bad. Labels are bad. Drugs are bad. Maybe, but not necessarily. I'm smart enough to know when I'm getting bad information or advice. No one knows my kid better than I do. I'm not going to let anyone put my kid on a drug without thoroughly assessing the situation. Why should knowledge or input from other people be a bad thing?...

In our case, after an extremely thorough assessment of tests, exams and interviews, Michael was diagnosed with Fetal Alcohol Syndrome (FAS), brain damage caused by the alcohol his birth mother drank during her pregnancy with him. Michael's FASD (as they now call it) manifested itself in several ways. Severe Attention Deficit Disorder (ADD). Learning disabilities. Mild Asperger's Syndrome-like tendencies as well as mild Obsessive Compulsive symptoms (amongst others). I learned that children with such symptoms, particularly learning disabilities, often exhibit behavioural problems because of their difficulties communicating, understanding social cues, and constant failure in the classroom. They're acting out of desperation. I would too.

Though it was, to put it mildly, disturbing to get the diagnosis, we had come out of the dark. We knew what was wrong with Michael and had some direction how to go about helping him. There were of course no easy answers about "fixing him," but we knew Michael was no longer *bad*. It also helped us feel less guilty. Bad parenting wasn't at the root of Michael's problems, as we often feared.

Sure, Michael got another label to replace the old 'bad kid' one, but his diagnosis engendered compassion and empathy from other people. Not scorn and disdain. Once Michael was diagnosed, the Toronto District School Board then actually "labelled" him using the term LD (learning disability) as opposed to "Behavioural," their designation for two types of children with special needs in the classroom... I often worried about the kids labelled "Behavioural" and sent to those classes,. How many may have had problems, whether physical, psychological, emotional or environmental that hadn't been diagnosed and were interfering with their ability to function in the classroom.

Yes, it's true. Michael's new FASD diagnosis has followed him all his life (Michael is now 24). But along with it has come with a roadmap. A roadmap to help us, and other people not only help him, but understand him.

Visit Linda's blog at <http://linda-rosenbaum.blogspot.com/> to view the full article and many other helpful posts relevant to FASD!

The subject matter contained in this newsletter does not necessarily represent the opinions and ideas of the Asante Centre. The Centre does not endorse or guarantee any information, products or services discussed, and cannot be held responsible for the use or misuse of its contents.

What can you do? Become a member of the Fetal Alcohol Spectrum Disorder (FASD) Society for British Columbia (BC)!

Name/or Organization: _____

Your Charitable Donations are appreciated.

Mailing Address: _____

Donation (tax receipt provided): _____

Phone: _____

Send cheque or money order to:
Fetal Alcohol Spectrum Disorder (FASD) Society for British Columbia (BC)

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THANK YOU FOR YOUR SUPPORT!