Calgary and Area
Child and Family Services Authority

The Specialist's Corner

A monthly overview of FSCD happenings and such!

Volume 2007 October 2007

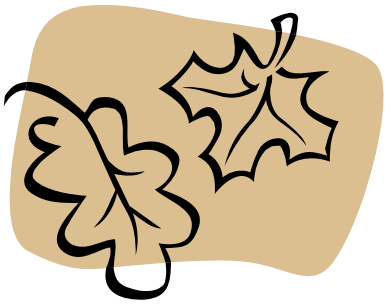
Collaboration News

CHILD DEVELOPMENT CENTRE OPENING

Congratulations to the Child Development Centre on their Grand Opening. The Child Development Centre is located adjacent to the Alberta Children's Hospital on the grounds of the University of Calgary. It combines a number of Health Region Programs focused on Child Development, the Fraser Mustard Chair in Child Development and the Alberta Centre for Child, Family and Community Research in a unique collaboration that enhances applied clinical training, research, policy development, knowledge translation and evidence-informed clinical services in the field of child development and child maltreatment.

Calgary and Area Child and Family Services is pleased to be an ongoing partner in this collaboration.

In addition, the Child Development Centre is Calgary's most environmentally advanced major structure and is built to Leeds Platinum Standards.



INSIDE THIS ISSUE

AND WHAT WENT ON THIS MONTH... INITIATIVES YOU SHOULD KNOW ABOUT

IMPLEMENTATION OF THE NEW MULTI DISCIPLINARY PANEL PROCESS MDP

After many months of consultation, study and review, FSCD unveiled the new Multi Disciplinary Panel process taking into consideration all the comments brought forth by our caregivers, case workers, community partners, contracted services providers and others.

The process, now much simplified and more reflective of family-centered practices, was unveiled to staff September 17 and later on in the month to our partners. As promised, the MDP will be resuming its new functions by November.

We hope this renewed process will meet your expectations and look forward to you ongoing comments and constructive criticisms.

10 TIPS FOR CRISIS PREVENTION FROM THE CRISIS PREVENTION INSTITUTE

1. Be Empathic

Try not to be judgmental of the person's feelings. They are real—even if not based on reality—and must be attended to.

2. Clarify Messages

Listen to what is really being said. Ask reflective questions, and use both silence and restatement

3. Respect Personal Space

Stand at least 1 ½ to 3 feet from the acting-out person. Encroaching on personal space tends to arouse and escalate an individual.

4. Be Aware of Body Position

Standing eye to eye, toe to toe with the person sends a challenge message. Standing one leg length away and at an angle off to the side is less likely to escalate the individual.

5. Permit Verbal Venting When Possible

Allow the individual to release as much energy as possible by venting verbally. If this cannot be allowed, state directives and reasonable limits during lulls in the venting process.

6. Set and Enforce Reasonable Limits

If the individual becomes belligerent, defensive or disruptive, state limits and directives clearly and concisely.

7. Avoid Overreacting

Remain calm, rational and professional. How you respond will directly affect the individual.

8. Use Physical Techniques as a Last Resort

Use the least restrictive method of intervention possible. Employing physical techniques on an individual who is only acting out verbally can escalate the situation.

9. Ignore Challenge Questions

When the client challenges you redirect the individual's attention to the issue at hand. Answering these questions often fuels a power struggle.

10. Keep your Nonverbal Cues Nonthreatening

Be aware of your body language, movement, and tone of voice. The more an individual loses control the less he listens to your actual words. More attention is paid to your nonverbal cues.

QUESTION OF THE MONTH

I'm working with a family and their service provider. After a case-conference, the service provider approached me wanting to know some historical family dynamics information about the parents. He said it would add a necessary perspective to his treatment plan. I told him I had to check on sharing that kind of info. What should I do?

It appears that there is authority for staff to disclose information to service providers under FOIP if:

- the disclosure is for the purpose or is consistent with the purpose for which the information was originally collected by the staff or
- there is a current consent covering the information to be disclosed or
- the disclosure would not be considered to be an unreasonable invasion of privacy of a third party's personal privacy in accordance with s.17 of FOIP.

The section states disclosure can occur if there are compelling circumstances affecting anyone's health or safety, after weighing the relevant circumstances or if the head of the public body believes, on reasonable grounds, that the disclosure may minimize or avert an imminent danger to the health or safety of any person.

If the disclosure has a reasonable and direct connection to the program's mandate or purpose and is considered necessary for the statutory duties of the director or delegee or the operation of the program, then the disclosure would appear to be for a consistent

A consent for disclosure of the information is always the safest route. One of FSCD's basic principals is that parents are an integral part of FSCD work; please remember to consult with them, your supervisor, etc, to review the most appropriate way to ensure appropriate information sharing.

The Goldilocks Method for Curing Autism
Combining two bad mutant genes produces neurons that are just right.

THE STUDY - Inhibition of p21-Activated Kinase Rescues Symptoms of Fragile X Syndrome in Mice. By Mansuo L. Hayashi et al., published in the July 3, 2007, issue of *Proceedings of the National Academy of Sciences*.

THE MOTIVE If a gene mutation hinders brain development, the resulting mental retardation is usually considered irreversible. Symptoms can be treated, but the broken wiring cannot be fixed. Or can it? A startling new study of fragile X syndrome—the most common cause of inherited mental retardation as well as a leading genetic cause of autism—indicates that not only can malformed nerves be repaired but that behavior can be restored to normal, or nearly so. The research was done with two strains of mutant mice, but the neuroscientists involved say the results point to a target for drugs that could potentially repair analogous damage in humans.

THE METHODS Nobel Prize winner Susumu Tonegawa and postdoc Mansuo Hayashi did not set out to fix fragile X. As researchers at the Picower Institute for Learning and Memory at MIT, they were simply interested in learning how mice acquire memories. But then Hayashi created a mouse with a mutation in a gene called *PAK*, which codes for an enzyme called p21-activated kinase that helps build nerve connections in the brain. When Hayashi injected a mutant gene for *PAK* into mouse embryos and later killed the adult mice and dissected and examined their brains, she discovered that the animals' dendritic spines—branched stalks that receive input from neighboring neurons—were short, fat, and sparse. When she attached two electrodes to the neurons—one to stimulate the nerve, the other to record the response—she discovered that the neurons' firing rate was abnormally high.

These traits are diametrically opposite to the traits that show up in fragile X, a condition in which a mutation silences the gene called *FMR1*, or fragile X mental retardation 1. Both mice and humans with a silenced *FMR1* gene have malformed neurons: Spines on their dendrites are longer, thinner, and more numerous than normal, and they also transmit weaker electric signals. Behavior is also affected. Up to 33 percent of people with fragile X are autistic, most are mentally retarded, and they may be overanxious, hyperactive, or engage in repetitive behaviors like hand flapping. Mice with the same mutation are also hyperactive and have repetitive habits, like rearing upright on their hind legs over and over. The researchers wondered what would happen if the two strains of mice were bred. Would the two mutations counterbalance one another? To their great surprise, that is exactly what happened. The shape and number of dendritic spines turned out to be normal, as was the transmission of nerve signals. So was the animals' behavior. "Just by making two bad mouse mutants together, you make almost like a normal mouse," Tonegawa says.

THE MEANING Using a drug to replicate the mutation-induced change in the PAK enzyme could potentially treat fragile X in humans. "Now we know the very unique target for producing a drug which may help to ameliorate the fragile X syndrome—a chemical compound which will inhibit PAK activity," Tonegawa says. "But I want to emphasize that at this point we don't have this drug."

But the overall implications are even more profound, says New York University neuroscientist Eric Klann, because the researchers engineered the altered *PAK* gene to become active about three weeks after the mice were born. This hints that the course of fragile X in humans could be reversed after birth. "The thing that's impressive is that morphological changes in the neurons that many labs have seen, both in fragile X patients as well as in mice that model fragile X, were reversed by changing the expression of this *PAK* gene. That's very exciting."

by Josie Glausiusz - August 23, 2007; reprinted with the permission of Discover magazine: http://discovermagazine.com/2007/sep/the-goldilocks-method-for-curing-autism

This is for information purposes only as FSCD does not support, endorse or recommend any method, treatment, product, remedial center, program or person for anyone with a disability, their caregivers or others involved in their care.

The FSCD Parent Advisory Committee for Calgary and Region update:

The FSCD Parent Advisory Committee has begun its work yet again and for your information here are some of the subjects that will be discussed in upcoming meetings. If you have any questions in regards to the Parent Advisory Committee, upcoming meeting locations or need some further info, please feel free to drop them a line at Calgaryarea.PAC@gov.ab.ca.

Date	Topic	Guests
November 1, 2007	Who is FSCD? ▪ Our P.R. role ▪ Handouts ▪ Myth busting ▪ Dialogue with families	Dawn Delaney (CFSA-Communication Manager)
December 13, 2007	Respite ▪ Rural ▪ Urban	Troy Stooke – SACYHN (Family to Family Connection Service)
January 24, 2008	Big Brother's & Big Sister's Presentation ▪ Follow-up discussion	Calgary Big Brother's & Big Sister's
March 6, 2008	Aide - Coordination (agencies working collectively together) ▪ Specialized Services ▪ All Programs	Chris Tortorelli (Executive Manager FSCD) & Gil Drapeau (FSCD Program Coordinator)
April 17, 2008	Diversity within FSCD ▪ Language/ethnic/religion	Chris Tortorelli will contact members of the Diverse Culture working committee
May 29, 2008	MDT Process ▪ Parent concerns	Gil Drapeau & Joanne Kutchyera (MDT Coordinator)

SERVICE PROVIDER FAIR – PREP OCTOBER 5 2007

A big wonderful thank you to all of you who participated in the fair! What a wonderful opportunity: a total of 55 participants dropped by to share information, network and enjoy a good time! I would like to underscore our hosts for this event: the wonderful PREP team and thank my partners in crime at FSCD for their support: Roxanne d'Eon-Blemings, Chris Tortorelli and Amanda Washington.

Twenty-seven of you worked on your bingo cards and eleven completed them. A random draw occurred and the following people won a $10 gift certificate from Bernard Callebaut: Sue Hunter from FSCD, Torrie Johal from Milestones and Christy who didn't write down her last name but we will find her, from Milestones! Five service providers received the exact same number of votes as to their Hawaiian attitude so again, a random draw occurred and we are happy to provide Pace Kids with a $20 gift certificate from Bernard Callebaut!