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with your workers.

# Family and Children's Services

## Children's Developmental Services

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Visit [www.facsrr.ca](http://www.facsrr.ca) and click on developmental newsletter

## FETAL ALCOHOL SPECTRUM DISORDERS

For centuries, people have known that alcohol can harm a fetus. However, a specific medical link was not identified until 1899. Dr. William Sullivan compared the pregnancy outcomes of 120 alcoholic prisoners with 28 of their relatives. The infant mortality rate among the alcoholic women was higher. In 1957, Jacqueline Rouquette wrote about prenatal alcohol exposure. Then, in 1968, Dr. Paul Lemoine published a study in which he described 127 children with distinctive facial features and other symptoms related to prenatal alcohol exposure. Five years later, researchers in Seattle published findings of a similar study. They named the condition fetal alcohol syndrome (FAS).

### ALCOHOL-RELATED NEURODEVELOPMENTAL DISORDER

Alcohol-related neurodevelopmental disorder (ARND) refers to various neurologic abnormalities, such as problems with communication skills, memory, learning ability, visual and spatial skills, intelligence, and motor skills. Children with ARND have central nervous system deficits but not all the physical features of FAS. Their problems may include sleep disturbances, attention deficits, poor visual focus, increased activity, delayed speech, and learning disabilities.

### ALCOHOL-RELATED BIRTH DEFECTS

Alcohol-related birth defects (ARBD) describe defects in the skeletal and major organ systems. Virtually every defect has been described in some patient with FAS. They may include abnormalities of the heart, eyes, ears, kidneys, and skeleton, such as holes in the heart, underdeveloped kidneys, and fused bones.

### IMPACT OF FASD

Children with FASD often grow up with social and emotional problems. They may have mental illness or substance abuse problems, struggle in school, and become involved with the corrections system. Costs of FAS alone are estimated at between 1 and 5 million dollars per child, not including incarceration. This estimate does not include cost to society, such as lost productivity, burden on families, and poor quality of life.

### CAUSE OF FASD

The only cause of FASD is alcohol use during pregnancy. When a pregnant woman drinks, the alcohol crosses the placenta into the fetal blood system. Thus, alcohol reaches the fetus, its developing tissues, and organs. This is how brain damage occurs, which can lead to mental retardation, social and emotional problems, learning disabilities, and other challenges. **No alcohol** consumption is safe during pregnancy. In addition, the type of alcohol (beer, wine, hard liquor, wine cooler, etc.) does not appear to make a difference.



When you drink,  
your baby drinks too

# Tips for Feeding Picky Eaters

By [Elizabeth Pantley](#)

*A parenting expert provides easy tips for feeding picky eaters - basic mealtime rules, healthy snacks, small food portions and a relaxed approach.*

**Question:** My child wants to eat only her two favorite foods: cereal and peanut butter and jelly sandwiches. She eats tiny amounts of any other food and complains about what's put in front of her. What can I do about this?

**Think about it:** As long as your child is healthy, and is of normal height and weight, relax your attitude about food. The more you worry and scold, the bigger battleground food will become. In addition, if you also have specific rules about food, and enforce them with a calm demeanor, you'll have fewer battles.

**Offer healthy choices:** Limit the high-fat and high-sugar foods that are available to your child. Offer healthy choices and don't worry so much about the occasional food jags. Evaluate your child's diet on a weekly, not daily, basis. Most kids, when given nutritious options, will eat a balanced diet when viewed over a weekly time period.

**Schedule:** Have a specific schedule for meal time and snack time, and don't allow eating at other times. If your child is hungry when a meal is served she'll more likely eat what's put in front of her. Modify meal times, if possible, to take advantage of your child's hungry parts of the day. As an example, most kids are truly hungry when they walk in the door after school. Take advantage of this by serving dinner at that time and a light snack later. This way, the kids will eat a healthy meal instead of filling up on snacks while they wait for dinner.

**Serve smaller portions:** Your child's stomach is about the size of her clenched fist, smaller than you thought! If you serve meals on smaller plates and include just a small amount of each food, the meal won't appear so intimidating to your child.

**Give in - a little:** Serve your child's favorite food as a small side dish to meals. A half peanut butter and jelly sandwich makes a fine side dish to roasted chicken!

**Create rules:** Do you remember eating the dinner your mother set in front of you without a fuss? Most of us do. The reason is that our mothers did not feel the ambivalence about serving meals that we do. Try to modify your way of thinking to one simple thought, "This is dinner. If you're hungry eat, if not, you're excused from the table." Save a plate of dinner for your child, and if she's hungry an hour later offer the dinner, and nothing else. Be consistent with this rule, and your child will begin to eat what's served, just like you did when you were a kid.

**One night off:** Allow your child the option to have toast or cereal for dinner one night a week, passing on a meal he doesn't like. When he knows he can skip one meal he'll make a decision to eat things that aren't favorites, and save his "cereal day" for the day you're having the food he likes least.



*Elizabeth Pantley is the author of [The No-Cry Sleep Solution](#), plus many excellent parenting books on topics including discipline and potty training.*

# Sensory Solutions

## Pencil Pressure

Submitted by Brenda Witherspoon-Bedard

Does your child may seem to have a strong enough grip on their writing implements they may be making faint barely legible? There are techniques that therapists have recommended that you can try to encourage them to press harder.

1. Have your child write with the paper on top of a thick, soft book like a telephone book.
2. Place a piece of carbon paper between what the child is writing on and a blank piece of paper. Tell your child that this is a game of "magic," and if they press real hard when they write or draw, it will come through on the blank piece of paper, like magic.
3. Small wrist weights or hand weights to give more sensory input to muscles and joints.
4. Use a vertical surface (a chalkboard, easel or slant board). This sometimes helps because the hand is strengthened when the wrist is in extension.



## Delicious Alphabet Soup

A - B - C

### Working on Letter Identification & Letter Writing

**USE THIS ACTIVITY TO HELP YOUR CHILD LEARN TO IDENTIFY UPPERCASE AND LOWERCASE LETTERS, TO HELP YOUR CHILD LEARN TO WRITE THOSE LETTERS, AND TO PRACTICE LETTERS SOUNDS.**

#### **MATERIALS:**

- Individual laminated, plastic or foam letters you can buy or make.
- One large bowl
- One small bowl of water [Keep-it-clean alternative: Don't use water.]
- One ladle, large spoon or dipping spoon
- Paper and a pencil

#### **STEP 1:**

Fill half of the large bowl with water. You can add food coloring to the water to make it look like actual soup. Put all of your laminated alphabet letters in the bowl.

#### **STEP 2:**

Let your child use the dipping spoon to scoop as many letters as he wants into the small bowl.

#### **STEP 3:**

Ask your child to scoop out the letter from the small bowl that he wants to pretend to eat.

#### **STEP 4:**

Ask your child to recognize the letter and to say its name out loud.

#### **STEP 5:**

After recognizing the letter, ask him to write that letter on the piece of paper.

Keep repeating steps three through six until your child has "eaten" all of the letters in the small bowl that he wants to.

#### **EXTENSION ALPHABET ACTIVITY:**

A bowl of alphabet soup makes a wonderful meal after this activity. You and your child can talk about what both of you thought about playing the game and can to scoop out certain letters from your bowls at the same time.





## **You know you have a child with special needs when...**

- You compare ER's instead of grocery stores.
- You view toys as "therapy".
- You don't take a new day for granted.
- You teach your child HOW to pull things out of the cupboard, off the bookcases, and that feeding the dog from the table is fun.
- Everything is an educational opportunity instead of just having plain old fun.
- You cheer instead of scold when they blow bubbles in their juice while sitting at the dinner table (that's speech therapy), smear ketchup all over their high chair (that's OT), or throw their toys (that's PT).
- You fired at least 3 pediatricians and can teach your family doctor a thing or two.
- You have been told you are "in denial" by at least 3 medical or therapy professionals. This makes you laugh!
- Your vocabulary consists of all the letters OT, PT, SP, ASD, VSD, IEP, etc.
- You keep your appointment with the specialist even though a winter storm is raging because you just want to get this one over with.....you waited 8 months to get it.....and besides, no one else will be there!
- Fighting and wrestling with siblings is considered PT.
- Speech therapy occurs in the tub with a sibling.
- When potty training is complete, you take out a full-page public notice in the local paper.
- When the Doctors/Specialist/Hospitals etc. all know you by your name without referring to your chart.
- You keep a daily growth chart.
- You phone all your friends when your child sits up for the first time, at age two.
- With a big smile on your face you tell a stranger that your four year old just started walking last week.
- Her medical file is several inches thick and growing.

**You have a new belief.....that angels live with us on earth**

***Are you aware that Family and Children's services offer a variety of voluntary services within the Rainy River District? These services include:***

**Children's Mental Health Services** – Assisting children, adolescence and their families who may be experiencing emotional, social, and/or psychological problems in their school, family, and/or community life. Services are provided free of charge, for a wide range of difficulties from mild adjustment reactions to severe psychiatric problems in children ranging in age from birth up to 18 years.

**Infant & Child Development** – Servicing children 0 – 6 years of age who are at risk for a delay, or children with a diagnosed physical, developmental or sensory disability. Some of the services provided include early intervention programs, developmental screening and assessments, assistance with transition to school for special needs children, and parenting programs on a group or individual basis.

**Community Integration** – servicing children with a developmental disability 6 years – 18 years. The primary focus of this program is to facilitate integration into the community. Some of the services provided include developmental assessments, advocacy in relation to other agencies, linkages to health, financial, and educational resources in the community.

**Family Relief** – a program that provides families a respite period from the responsibility of the daily care of an individual with a developmental disability. The three options to services include In-home respite – provided in the family home, Out-of-home respite – provided in the approved worker's home, and community participation – The individual is accompanied by their Family Relief Worker into the community to participate in community events or activities.

**For more information about the above voluntary services please contact** Family and Children's Services For Fort Frances call (807) 274-7787 or 1-800-465-7764 (Toll Free), for Atikokan call (807) 597-2700, and for Rainy River call (807) 483-1357.

**To make a referral for service**, please call Integrated Services Northwest, The Integrated Services for Northern Children Program for Single Point of access. For Fort Frances, Rainy River and area call 274-7787, for Atikokan area call 807-597-4528

**Do you have something to Share?**

**Please phone Debra Bruyere at 274-7787 ext. 229 or email [dbruyere@facsr.ca](mailto:dbruyere@facsr.ca)**

