

Federation of Invisible Disabilities

The Federation of Invisible Disabilities (FIDS) is a provincial organization that works to ensure that children with Invisible Disabilities have access to education, recreation and other services that help them reach their potential.

FIDS was formed in 1998 after parents and caregivers of children with invisible neurological disabilities recommended to government the formation of a broad based organization that could represent the common challenges that they individually faced.

Invisible Disabilities are defined by the Federation as hidden disabilities or challenges, primarily neurological in nature, that affect a child's quality of life in the absence of early identification and intervention services.

These can include but are not limited to: Attention Deficit Disorders, Autism and Pervasive Developmental Disorders, Brain Injuries, Fetal Alcohol Spectrum Disorders, Epilepsy, Learning Disabilities, Tourette Syndrome, and Obsessive Compulsive Disorder.

What We Do

- > Provide information and about existing programs and services throughout BC
- > Raise public awareness through education and information
- > Offer Community Training Workshops
- > Host an on-line invisible disability forum
- > Ensure that invisible disabilities are acknowledged and supported in government policies.

“Just because you can't see my disability doesn't mean I don't struggle with it everyday.”

Jackson, age 14

For more information contact us:

Toll Free: 1-800-549-1999 or

www.fids.bc.ca

The content provided herein is for information purposes only and is in no way intended to be a substitute for medical consultation with a qualified professional.

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Graphics and Photography by Right Field Design

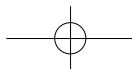


Invisible Disability



Attention Deficit Hyperactivity Disorder





What is Attention Deficit Hyperactivity Disorder (ADHD)?

ADHD is a neurobiological disorder which affects academic, social and emotional adjustment. Social immaturity, learning difficulties, non-compliance and short term memory impairment are all common features (Harrison & Sofronoff, 2002).

What are the Signs of ADHD?

There are three main signs, or symptoms, of ADHD. These are:

- > Difficulty paying attention
- > Being overly active (hyperactivity)
- > Acting before thinking (impulsivity)

From time to time, all children are inattentive, overactive or hyperactive. Children with ADHD act these ways to an extent that is inappropriate for their age. Their symptoms can vary from day to day and with different situations, but are severe enough to impair functioning in at least two settings.

Three Types of ADHD Have Been Found:

- > Inattentive type, where the person can't seem to focus or stay focused on a task
- > Hyperactive-impulsive type, where the person is overly active and often acts without thinking
- > Combined type, where the person is inattentive, as well as impulsive-hyperactive.

How Common is ADHD?

ADHD is very common, affecting 5-8% worldwide and crossing all IQ and income groups. It is diagnosed more often in males. For 70% of those affected, symptoms continue into adulthood. (Brown, 2003)

What Causes ADHD?

ADHD is explained mainly (80%) by genetics. Several areas of the brain are involved, as are certain neurotransmitters. ADHD impairs the "executive functions" of the brain, which is like having an orchestra with no conductor. (Brown, 2003).

“ADHD impairs the ‘executive functions’ of the brain, which is like having an orchestra with no conductor.”

Executive functions include:

- > Inhibition of behaviour
- > Resistance
- > Planning and prioritising
- > Behavioural flexibility
- > Problem
- > Working
- > Emotional self-control
- > Future
- > Sense of time
- > Organisation

How is ADHD Diagnosed?

As there is no simple medical test for ADHD, it is not easy to diagnose. A full assessment needs to be done, including:

- > Developmental
- > Direct observations of the child in different settings by a professional, parents (or caregiver) and teacher, usually with rating scales
- > A review of all information, to ensure symptoms have been present for at least 6 months, impair functioning and are not due to other causes.

Parenting style does not cause ADHD although, the environment is thought to play a crucial role in the management of ADHD.

ADHD and Co-Existing Disorders

As many as two thirds of children with ADHD have at least one other co-existing condition which makes both diagnosis and management more difficult. The disorders occurring most commonly with ADHD are:

- > Disruptive Behaviour Disorders
- > Mood Disorders
- > Anxiety Disorders
- > Tourette Syndrome
- > Learning Disabilities

What About Treatment?

Early diagnosis is important, as the symptoms can be managed. For most individuals, combining medication with other (educational, psychosocial) interventions works best. It is important for families and teachers to:

- > Find out more about ADHD, explain it to others, including the child.
- > Help the child to develop skills to monitor his or her own behaviour.
- > Create an educational program that fits the child's needs.
- > Provide & monitor medication if parent and doctor feel this would help the child.
- > Access any other resources that may help.

What are the Social and Emotional Implications of Living with ADHD?

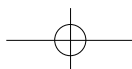
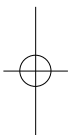
In addition to the problems with impulsive behaviour, inattentiveness and hyperactivity, individuals with ADHD often have learning disabilities and social challenges.

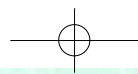
Children with ADHD can have problems at home, at school and with friends, which can make them feel anxious, unsure of themselves or depressed.

For years, it was commonly thought that children outgrew ADHD symptoms by the time they reached adolescence, but it is now widely accepted that that this is not the case.

During the teen years, hyperactivity may appear only as restlessness, but impulsivity and organisational problems remain. Adolescence is also more "extreme" for the teen with ADHD. They typically experience wider mood swings and have more defiant behaviour. Their demand for independence is often greater, and as they behave more irresponsibly, they are less ready to handle independence.

On the positive side, ADHD is being diagnosed earlier today and there are more supports and resources for children and youth with the disorder. When the challenge of educating and supporting these children is met effectively, there is no limit to what they can accomplish as adults.





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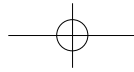


Invisible Disability



Fetal Alcohol Spectrum Disorder





What is Fetal Alcohol Spectrum Disorder?

Fetal Alcohol Spectrum Disorder (FASD) is an umbrella term used to describe a range of disabilities caused by prenatal exposure to alcohol. These can include physical, mental and behavioural impairments. These impairments are permanent, lifelong and often lead to problems with achievement and social functioning.

FASD is not a diagnostic term. It refers to conditions such as:

- > Fetal Alcohol Syndrome (FAS)
- > Partial FAS (pFAS)
- > Alcohol-Related Neuro-developmental Disorder (ARND)
- > Alcohol-Related Birth Defects (ARBD).

What Causes FASD?

FASD is caused by drinking alcohol during pregnancy. Alcohol use during pregnancy destroys developing cells in the fetus, causing permanent damage to the brain. The effects of alcohol on the fetus vary widely and are difficult to predict. It isn't safe to consume ANY alcohol during pregnancy.

How Common is FASD?

As of 2004, there are no official statistics on the prevalence of FASD in Canada, only estimates. Because there is no comprehensive approach to diagnosing FASD-related conditions, it is difficult to gather data on the prevalence of FASD. Health Canada estimates that 9 in every 1000 babies born in Canada have FASD.

What Are the Signs of FASD?

Individuals with FASD face many challenges. The types and severity of these challenges depend on the amount of brain damage prenatal drinking has caused.

These can include:

- > Learning and memory impairments
- > Language processing difficulties
- > Speech and language deficits
- > Behavioural problems
- > Poor comprehension of social rules and expectations
- > Sensory, hearing and vision deficits
- > Short attention span
- > Impulsive behaviour
- > Coordination and motor skill deficits
- > Hyperactivity
- > Stunted growth

Babies exposed to alcohol during pregnancy often have other health concerns. Abnormal facial features and heart and other internal organ problems are common.

Why is FASD So Hard to Diagnose?

It's hard to diagnose FASD for many reasons.

- > FASD symptoms are also prevalent in other disorders. Therefore, all other disorders have to be ruled out first.
- > It is difficult to recognize FASD characteristics in infants.
- > Many characteristics of FASD change as children get older.
- > It is often difficult to determine if the mother drank during pregnancy.

FASD is the leading cause of developmental disability among Canadian children.

What About Treatment?

There is no cure for FASD. The characteristics of the disability may change as children get older, but even as adults, FASD persists. It is a life-long condition. Therefore, early diagnosis and intervention is crucial to avoid future problems.

What are the Social and Educational Implications of FASD?

Early intervention with children who experience FASD can help prevent or lessen school difficulties. Social and vocational skills training may be needed to meet the child's needs.

Without support services, children with FASD are at high risk of developing secondary concerns. Mental health issues, getting into trouble with the law, abusing alcohol and other drugs, and unwanted pregnancies are common.

Why Should We Be Concerned About FASD?

FASD has a large impact on our communities. Research estimates that each person with FASD costs the Canadian taxpayer approximately two million in extra health care, education, and social services costs. With appropriate support individuals with FASD can be successful and contributing community members.

