



AboutFace

LEADING THE WAY FOR PEOPLE WITH FACIAL DIFFERENCES

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Spring 2004
Volume 19 Number 1

Following the Dream

By Anna Pileggi

If you read the last newsletter, you know about Randy Pielsticker, an AboutFace member and dedicated volunteer, who left on January 17, 2004 on a soul-enriching, life experience to Africa. Starting at the Giza Pyramids of Cairo, Randy will ride over 10,000 km (120 days) through 10 countries, ending in Cape Town, South Africa. Randy's personal mission is to challenge himself physically, emotionally and mentally with this life experience, as well as to bring awareness to the abilities and dedication of people with differences.

In this issue, I have provided you with some short, insightful and humorous emails from Randy, chronicling his journey so far. To read his full emails, visit our website at www.aboutface.ca. Also, you can help Randy succeed in this mission, by sponsoring him. Funds collected in support of Randy's journey will go in part to supporting the Teen Retreat Program, which he helped to establish at AboutFace. To find out how you can help, go online and click on the sunray marked Randy's Journey.



Continued on page 3

Notes from Edward Street

by Anna Pileggi, Executive Director

I am delighted to announce the winners of the Forth Annual AboutFace Volunteer Service Awards at our gala, Celebrating Children. It is an honour to recognize these special people who have dedicated themselves to supporting and enhancing our mission. A special thanks to all our volunteers!

The Betty Bednar Community Service Award

This award is presented to an individual who has dedicated his/her self to supporting and serving the AboutFace mission through their work in the community. This year's Recipient is Ms. Colleen Wheately.

Ms. Wheatley began working with AboutFace almost 10 years ago, when she was very young. At age 12, Colleen became the "star" of our first school program. For one week, she allowed cameramen and producers to invade her life at home, at school, and with her friends. Her contribution to this particular piece alone is immeasurable. At 18, she came back to help produce a new segment of the program, which is part of our Facing Differences program. She has been an AboutFace Ambassador for many years, doing media interviews, presentations, and community fairs to help generate public awareness on our behalf. Colleen has been a peer support volunteer for younger children; she has written several articles for the newsletter and presented at different Family Day conferences. Colleen is also a member of our National Constituency Advisory. In 1999, she encouraged AboutFace to register both a men and women's basketball team in Bay Street Hoops, and was a hard playing member of our team over the years, winning Divisional Championship in 2002. This past summer, Colleen took part in planning our pilot



Teen Leadership Retreat and also volunteered as a counselor. Over the years, Colleen has been a strong and dedicated volunteer to all our events, including the gala. She is currently in second year student at the University of Guelph. We are delighted to have her on our team.

The Dr. Richard Ten Cate Professional-Community Service Award

Is presented to a health care professional from any discipline who dedicates him/her self to supporting the work of AboutFace and encouraging community involvement and outreach. This year's Recipient is Mr. Todd Kubon.



Mr. Kubon is an anaplastologist at Sunnybrook Regional Cancer Centre. Todd joined AboutFace about four years ago. He has been an incredible asset to our team. His participation extends from working on various committees like the National Health Care Advisory and the Publications/Newsletter Committee, to writing articles for our newsletter and other association journals. He has authored two resource booklets for our clients, Microtia and Skin Cancer. He has written resource sheets for our information kits as well. Todd makes use of every opportunity to promote the work of AboutFace to other professional associations and the media. He is subtle, diligent and dedicated. It is a pleasure to have Todd on our team.

NEWSLETTER

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Edmonton Cleft Lip & Palate Clinic Team



Left to Right (Back): Dr. Irena Buka - Pediatrician; Julie Kremer - Audiology Team Leader; Dr. Jaret Olson - Plastic Surgeon; Dr. Evelyn Diduch - Orthodontist. Left to Right (Front): Nerissa Thomas - Clinic Coordinator; Sharon Hundert - Speech-Language Pathologist; Dr. Gordon Wilkes - Plastic Surgeon & Clinic Chairman; Tara Hatch - Social Worker. Missing: Dr. Clark Elliott - Pediatric Otolaryngologist; Dr. Ken Glover - Orthodontist; Dr. Kevin Lung - Oral Maxillofacial Surgeon

The Cleft Lip & Palate Clinic is located in the Stollery Children's Hospital (University of Alberta Hospital) in Edmonton.

The Cleft Lip & Palate Clinic was established in May 1959 at the University of Alberta Hospital to provide comprehensive care for children born with cleft lip and/or cleft palate as well as other craniofacial anomalies. Services are provided to children & their families in Northern Alberta, Central Alberta, Northern British Columbia, the Northwest Territories, Yukon and Western Saskatchewan.

The Clinic offers a multidisciplinary approach to the treatment of patients (children & adults) with cleft lip and/or cleft palate. The Team consists of two Plastic Surgeons, an Oral Maxillofacial Surgeon, a Pediatrician, an Orthodontist, a Pediatric Otolaryngologist, a Speech-Language Pathologist, an Audiologist, a Social Worker, and the Clinic Coordinator. Patients are also referred to other Pediatric Clinics within the Stollery Children's Hospital (i.e. Genetics, Pediatric Ophthalmology, Pediatric Cardiology) on an as-needed basis.

Approximately 2,000-2,500 patients have been registered with the Clinic since 1959 and there are currently about 600 "active" patient files. All patient records are archived and although our focus is on children, there is no age limit for a patient to be assessed in the Clinic. There were 41 newborns registered with the Clinic in 2003.

Families are most frequently referred to the Clinic at the

time of the baby's birth. One of the roles of the Speech-Language Pathologist initially, is that of infant feeding, and she is in contact with the birth hospital and parents as soon as possible to ensure that feeding is established. An information package is forwarded to the family and, if possible, the Speech-Language Pathologist, the Plastic Surgeon or the Coordinator visit the family at the birth hospital.

Following discharge from hospital, regular telephone contact is maintained with the family through the Clinic Coordinator and the Speech-Language Pathologist. A visit to the Clinic is arranged for the family as soon as possible after discharge and consists of appointments with the Plastic Surgeon, the Pediatrician, the Speech-Language Pathologist and the Coordinator.

Regular follow-up appointments are made for the family with the Speech-Language Pathologist, the Audiologist and the Otolaryngologist. During infancy, children are often seen approximately every 3-4 months. The children are seen in the Clinic for a full team assessment at the age of 2 - 3 years and are followed on an annual basis until the age of five years. Follow-up is continued as needed until the patient is at least 16 years of age. Adults return to the Clinic, primarily for further assessment regarding plastic surgery, orthodontic and/or oral surgery options.

In addition to the care and management of patients with cleft lip & palate, referrals are also received for patients with resonance disorders. Patients are referred by Physicians, Speech-Language Pathologists, and families with concerns regarding their children's velopharyngeal competence.

The Clinic is also responsible for the administration of the Cleft Palate Dental Indemnity Program, which is funded by Alberta Health. Assessment of these needs and coordination of treatment is provided by the plastic surgeon, the orthodontist and the oral maxillofacial surgeon.

Parent support is very important and information booklets and brochures are provided to parents not only at birth, but as new information becomes available. There is presently an active parent support group and several parents also provide one-on-one support to families.

From: Randy Pielsticker
 Sent: Thursday, January 22, 2004 10:56 AM
 Subject: I'm here

Hey everyone.

So the first leg of our trip is complete and let me tell ya it was tough. The conditions for riding have been pretty good. The pavement is smooth no major hills but the distances are unbelievable. In oz (Australia) last year I hit my first 1000km after my first month and it was a huge milestone for me. But in the last 6 days I've cranked out 867km. My muscles are holding out but my knees are really sore. The trainer on staff said it should go away after the first rest day, which is tomorrow. He says I'm just not used to that many hours a day of peddling.

Since we have left Cairo, we have been escorted by Egyptian police and military. Armoured trucks, guns, they say that they are protecting us from the Fundamentalist Muslims camped along the banks of the Nile. For the first few days we followed the Red Sea with water on our left and mountains on our right it was very scenic. Then we turned inland and climbed through the most barren mountains of red rock I've ever seen. The plains that descended back down to the Nile were very desolate. Long straight roads, very hot, very boring. Each night the military escort sets up a perimeter around our camp, which makes us all feel really secure however. They run generators all night and every fifteen minutes the yell from one guard to the next around the perimeter the make sure no one has fallen asleep. Unfortunately, it makes it very difficult for the cyclist to get a good nights rest.

As for the race the leading pack is way in front of me. The top rider cranks 75km in the morning and only stops long enough to fill his water bottles then cranks out another 75km. The pace that he 's keeping is over 40km/h. It will take a while before I can maintain those speeds over these distances. I've joined the EFI group (Every Fabulous Inch, we ride together, take detours for interesting sights or resorts that might have more palatable food. It's more relaxed but much more enjoyable. Racing to get to our campsites is highly over rated. Anyway, I am in luxury right now and just booked some interesting tours of ruins for tomorrow. I'll drop y'all another message next time I find a computer. I hope all is well.

Take Care,
 Randy

From: Randy Pielsticker
 Sent: Wednesday, January 28, 2004 9:32 AM
 Subject: leaving Egypt

Hey everybody,

Just wanted to send out a quick message to let y'all know I'm ok. Egypt is complete. One country down and nine more to go. Tomorrow morning I get on a boat to cross lake Nasser into Sudan. Egypt in hindsight was pretty good despite the harsh conditions. Each day they get easier to deal with. I did get to see lots of ruins, temples and I think I 'm even beginning to understand hieroglyphs. Right now I'm in Abu Simbel and we went to the fanciest hotel we could find and had a huge feast it's easier to have high sprits on full belly and a few cold pints. Sudan is going to be very different. The roads... well they don't really exist so it's time for flat tires and navigational errors. Supposedly, electricity is scarce so I probably won't be able to write any time soon, maybe when I hit Khartoum. So far I've cranked out 1462km in only 10 days. There should be some photos and updates on the tour d' afrique website soon if anyone is interested. Hope that all is well.

Take care,
 Randy





From: Randy Pielsticker
Sent: Tuesday, February 10, 2004 3:12 AM
Subject: Sudan, the adventure continues

Hi everyone,

Sorry for being out of touch for a little while but in this country your lucky if you can find electricity let alone an internet cafe. Things here are completely different than Egypt, some better some worse. Leaving Egypt we crossed lake Nasser a huge reservoir on the Nile into Sudan. The crossing was supposed to be 4 hours but it took 9.5. Tour organizer forgot our passports and the motor died halfway across. The boat was a giant barge with no shade shelter or facilities. It was a very long hot day. When we arrived in the Sudan I felt like a refugee. They wouldn't let us off the boat until we paid more money and filled a copious amount of paperwork. We even had to fill out and buy permits to use cameras in this country. We are now dealing with a tour company from south Africa that will be will us for the rest of the trip, African Routes, they're awesome people and a welcome addition. They provide our vehicle support and meals. The food has improved 100% although we are still using a lot of local ingredients the amount of food, temperature it's served at and nutritional value are all much better. They even have peanut butter (ahh simple pleasures). The riding conditions and navigation have become much more difficult. For the most part there are no roads. Our first 5 days here consisted of rolling hills of washboard, deep sand and loose rock. The roads that are marked on my maps in reality exist as series of intertwining tracks that criss-cross and head in the same general direction. Obviously some are better than others and its gets tough to choose. The wrong choice can mean hours of walking or getting lost completely in the middle of the Nubian Desert. We've had a couple of bad days. For the most part we have been following the shores of the Nile. So as long as you keep the patches of vegetation on the right side you can't really get lost. The first day we had a crossing of the open desert I'm really glad that I wasn't riding alone (which i usually do).

After following an easily navigable road through a series of small villages along the banks of the Nile we came to the crossroads where we had to veer off into the sandy abyss. The crossing was supposed to be 5km. I was with 5 other riders. After 25km we had depleted most of our food and water rations, as it was the end of the day. As we cranked, climbed or pushed to the top of each rise we all prayed (to Allah) that we would see the some greenery on the horizon. The heat was intense as the day grew long and wind blew sand strong enough to take the paint of my bike. Eventually we made it to the town of Karma (ironic) our destination for the evening. All the cyclists gathered in the market where our pains were eased with the opportunity to buy some food and cold drinks. Half an hour before sunset we were still 5 riders short. Our support vehicles set out on search missions and the cyclists headed out to all entrances of the town...

From: Randy Pielsticker
Sent: Wednesday, February 18, 2004 3:41 AM
Subject:



Hello Again,

So I have successfully made it through the chaotic country of Sudan only to enter Ethiopia. The ride from Kartoum to the border was uneventful. Long days and bad flat roads. The border crossing was like nothing I've ever seen before. We crossed at the city of Metema and the customs/immigration/passport office was a round building with mud walls and a thatched roof. The best part was that there was a big blue bin on the ground outside of the building with a sign that said "SUGGESTION BOX". I suggested that they use a building that would last longer than the next rainy season. But I guess there's something to be said for being able to fix you house with water and dirt. The employees there had no shoes but yielded very large guns that are pointing at you the whole time you're talking to them.

The northern territory of this country is beautiful. Very mountainous and not quite as hot as the Sudan. The people so far are very friendly as long as you give them a few phrases in haematic and give lots of high fives. Right now I'm the city of Gonder and we will be getting to Bahar Dar in a couple of days where we will get to see some great sights like ancient churches, the Simien Mountains and the Blue Nile falls. We've ridden the last seven days without rest and yesterday I had the longest climb of my life. I was cranking for 2hrs 42min without stopping or letting my wheels roll the road distance was only 27km but we gained over 1750m of elevation. The road was loose gravel, switchbacks but the worst part was the relentless headwind on the one side of the mountain range. At the summit there was a very large village and as I thought that this climb might kill me a came upon a mob of locals in a funeral procession carrying a body on a stretcher covering in a white sheet. There were some vicious dogs but other than that I haven't faced any real dangers here yet. The further south we head the more aggressive the people will get. The strange thing is that you think you're in the middle of nowhere riding through these rolling hills and wilderness but if you stop for just thirty seconds at least five people will pop out of the grass or trees. Its like you're constantly being watched. One of the most difficult aspects of this journey is the number of different cul-

From: Randy Pielsticker
Sent: Friday, February 27, 2004 6:08 AM
Subject: Ethiopians strike back

Wassup everyone,

So the five days of riding from Bahir Dar to Addis Ababa have been interesting to say the least. The road conditions have not improved and neither have the locals. The first two days I encountered some new tricks by the stone throwers. They are herding their livestock right down the middle of the north African highway and they actually spread them out when they see you coming creating an impenetrable, angry roadblock of goats and cattle. The sound of brakes and skidding tires scares the crap out the animals, which sends them into a frenzy of barnyard noises and horn thrashing. While you wait for the madness to subside the herders are able to harass you at their leisure. I tend to be more tolerant than my fellow cyclists. It's interesting though, for a country that's supposed to be starving they sure don't run like malnourished children. Even though they are still using oxen to plough the lands, every square inch of plateau, valley or mountainside has been cultivated for agriculture, the livestock is everywhere...

From: Randy Pielsticker
Sent: Friday, February 20, 2004 8:07 AM
Subject:

I'm sure you didn't expect to hear from me again so soon but our schedule had two days off this week. As we tread further into the Simien Mountains Ethiopia is starting to take its toll. The last couple of days have been the worst road conditions I've seen ever. Picture cobbled trails of jagged rocks covered by a layer of dust three inches deep. It looks like sand but as the traffic passes you quickly realize its not as your lungs want to seize up. We have been travelling at an altitude of over 2500m for the last few days, which has left many people exhausted from sleepless nights and over-exertion throughout the days. Since our entry to this country diahrea has plagued our camp. It started with one and now almost half of our riders and support staff have been affected. I credit my good fortune to the fact that I don't share group dishes, mugs and cutlery, which are seldomly cleaned properly, I use my own. The elite group of EFI (every fabulous inch) riders is dwindling quickly. The children have become a threat in last few days. They ask for everything from your bike, money, watch to food water or your clothes. Most of them yield large sticks, some of them these hook shaped grass harvesting blades, most of them throw rocks but all of them run along beside you.

Driving With a Cleft Palate: *How One Man Lost His License*

By Ava-Lee Kotler, Speech-Language Pathologist
Bloorview MacMillan Children's Centre, Toronto, Ontario, Canada

At first glance, the relationship between having a cleft palate and the confiscation of one's driver's license is unclear. Unfortunately, one of our clients, Diego now understands this relationship very well. Late last year, Diego, a 26-year-old man with a repaired cleft lip and palate, was stopped by police as part of their program to reduce impaired driving everywhere (R.I.D.E.). For this program, motorists are stopped randomly and if the police officer smells any alcohol, the motorist is asked to blow into a roadside screening breath alcohol detection device (i.e., Alcotest 7410 GLC).

Late one night, after dropping off his friends, Diego was stopped by a police officer in the R.I.D.E. program. The officer said that he could smell alcohol and also noted that Diego's eyes were red. Diego explained that the alcohol smell was from his friends who were recently in the car. He did not have anything to drink, and that his eyes were red due to recent eye surgery. Diego was asked to blow into the Alcotest. After three unsuccessful attempts, Diego explained to the officer that because of his condition (cleft lip and palate), he wasn't able to produce the required oral air pressure for the minimum length of time required for a reading to be made. However, the officer did not appear to believe him. The officer instructed Diego to try the test over and over again and to keep blowing until he was told to "stop". Diego ran out of air long before the officer said, "stop". When repeated attempts did not result in a reading, Diego was charged with failing to provide a breath sample.

What happened?

As a result of this charge, Diego's license was confiscated and his car was towed away. At the time of the incident, Diego had both a full-time and a part-time job. Without a driver's license, he was not able to continue his part-time job because it required a car. In addition, Diego reported that due to stress from the incident, he had difficulty sleeping and experienced nightmares. Financial costs were high with lawyer's fees and lost income from not being able to continue his part-time job. The case finally went to court 2-1/2 months after the incident occurred. Diego's lawyer presented letters from cleft palate team members (i.e. speech-language pathologist, director of the program, and craniofacial surgeon) and Diego's ophthalmologist explaining his medical status and how it could contribute to difficulty completing the Alcotest and red eyes. Diego was acquitted.

Why might a person with a cleft palate be unable to complete an Alcotest?

Alcohol screening devices vary in the amount of intraoral air pressure (i.e. air pressure in the mouth) they require for a reading. The Alcotest requires 6L/min for 12 seconds or 14L/min for 4 seconds. Due to the amount of intraoral air pressure required, a person with a cleft palate may not be able to successfully complete this task or do similar tasks (e.g. blowing up a balloon, playing a wind instrument). For Diego, previous speech reports showed that he had air escape from the nose when speaking (i.e. nasal air emission) and he was not able to blow into a tube containing water (i.e. U-tube manometer) to create enough intraoral pressure to move the water in the tube unless he plugged his nose. Even with nose plugging, the amount of water displaced was less than that generally displaced by a person with adequate intraoral pressure. Unfortunately, Diego did not think of plugging his nose at the time of the incident. He had only tried nose plugging once during a speech assessment years ago.

What can you do if this happens to you?

1. Explain your diagnosis and its implications to the police.
2. If blowing is difficult for you, plug your nose as you blow into the breath alcohol detection device.
3. Keep this article in the glove compartment of your car and show it to police.

What should you do if your license is taken away and you go to court?

1. Consult a lawyer.
2. Show them this article.
3. Get letters from appropriate health care professionals (e.g. speech-language pathologist, plastic surgeon) explaining your diagnosis.
4. Get results of previous assessments and their implications (i.e. inability to create enough air pressure to successfully blow into a breath alcohol detection device).

We do not know of any other cases of incidents such as this one. If you have had a similar experience, please contact Anna Pileggi at Aboutface (email info@aboutfaceinternational.org). It may be helpful to bring this article to the attention of the police commissioner or R.I.D.E. program in your area.

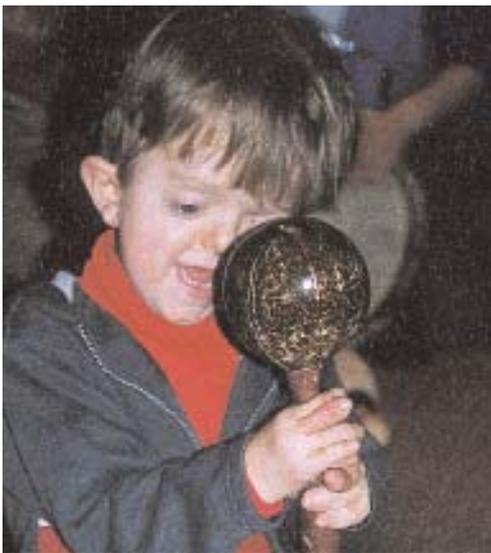


Family Day 2003

Transformations: Strengthening, Advocating and Celebrating Ourselves

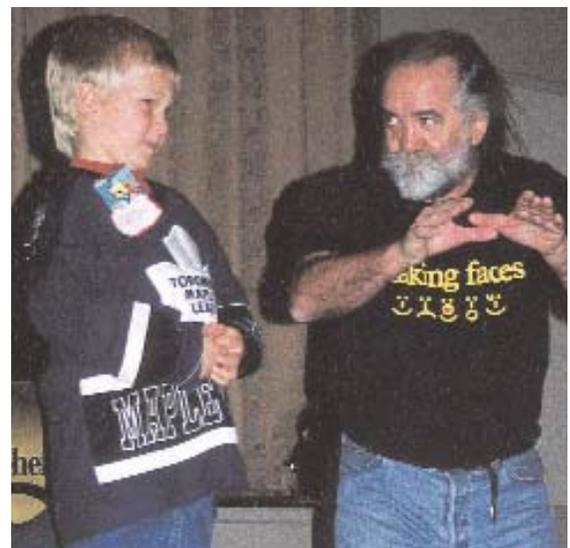
Once again, Family Day 2003 was a tremendous success! Over 300 delegates participated in this full day of sharing, learning and meeting new people. The day is co-sponsored by AboutFace, the Cleft Program at Bloorview MacMillan Center's Centre, and the Craniofacial and Cleft Programs at the Hospital for Sick Kids.

A special thanks to all the volunteers and guest speakers who shared their time with us and made the day truly interesting and educational.



Hi Anna,
I just want to say thank you for a wonderful day on Saturday. Don and I especially enjoyed the morning session with the panel of experts. Taylor and Karley had an absolute ball! Karley talked about it constantly for the rest of the weekend. This was the first family day we attended and will be back again. I know the work involved to provide this must be intense and I must tell you it is well worth everyone's efforts!

Thanks again.
Lorri





Hi Anna

I just wanted to tell you what a great time Elizabeth, Brody and myself had at the Family Day last Saturday. I asked Brody if he had a good time and his response was and I quote "Dad I thought it was going to be a fun time but I never thought it would be that much fun it was great". I never told Brody about what the Family Day was for. I guess I just wanted his natural reaction to the people he would meet. So I asked him if he meet any friends and he said he meet lots of friends. I then asked him if any of them looked different and what he said next made me the proudest father in the world. He said, "Dad it didn't matter what the kids looked like, they where fun to play with." Now if only the rest of the world would think like a 6 year old.

Thanks Again
Rick

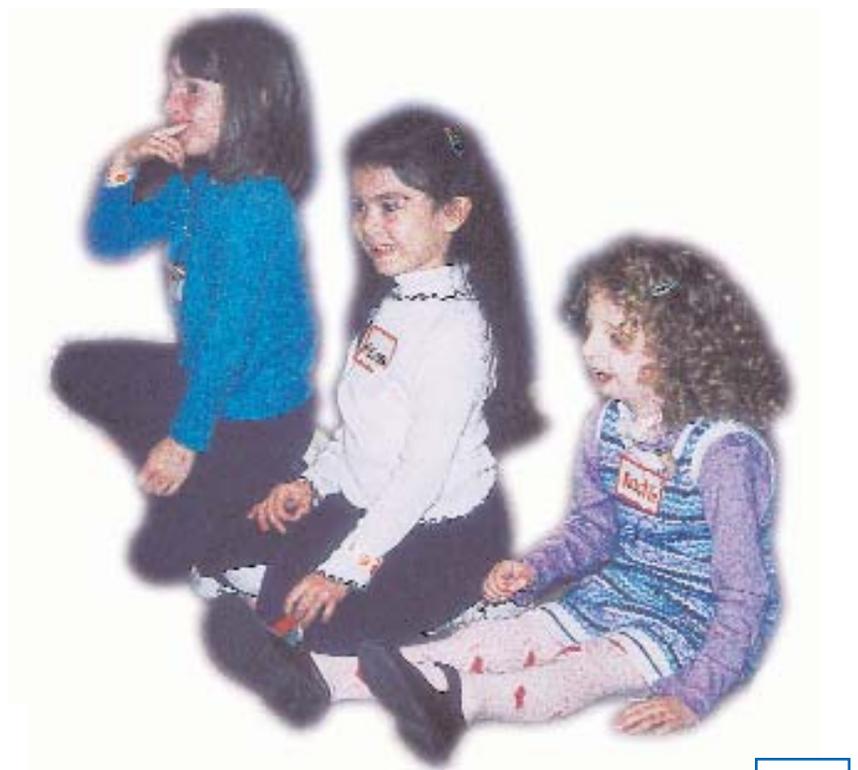


Photo Credit: Dawn Mulder, photographer

Live your life

By Michael Bungay Stanier. Michael is an About Face member.
He has a cleft lip and palate, was a Rhodes Scholar at Oxford University, and is a life coach.
He helps people do what they want to do – and have more fun while doing it!

Chose to do Great Work

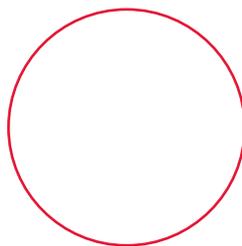
In previous articles I've talked about the importance of choice – actually recognizing that you have a choice about what you stand for, how you behave, what you do, what you're committed to. There aren't many of us who can truly say "the life I live (the person I am, the things that I do) is the life I have actively chosen."

One way to see how you're doing is to ask yourself what sort of work you're doing. And by work, I'm not just talking about paid work, but about anything you do in your life.

There are three kinds of work that you can be doing.

- **Great Work.** Work you're really proud of. It fits you like a glove, honours who you are and what you stand for, and you're not embarrassed to tell people about it at parties. In fact, it doesn't feel like work at all – this is just stuff you love to do. It's work that serves your bigger purpose and the impact you want to have on this world
- **Good Work.** This is the solid work that serves a purpose, but you know in your heart of hearts it's not the work you're on this planet to do. Often it's work that you have the skills to do – but it's not the work that you really want to do.
- **Other Work.** This is the work that, if you ever stopped to think about it, you'd ask yourself "why on earth am I doing this?" Luckily, you don't stop to think about it too often because it would be too depressing...

So ask yourself now: If this blank circle was all the stuff you do, how would you divide it up between Great Work, Good Work and the Other Work? And once you've completed the circle, what does it make you think?



STOP!

Most probably, having done that exercise, you thought: "Why am I doing so little Great Work and why am I doing so much Other Work?" Good questions. Here's just one

tool you can use to shift the balance. It's a concept created by Timothy Gallway in his book *The Inner Game of Work*. It's a way of stopping being busy busy busy and actually making sure that what you're doing is what you really WANT to do (rather than just reacting to whatever comes your way).

STOP stands for:

- Step back
- Think
- Organize your thoughts
- Proceed

Step back

The point here is to get some distance between you and the flurry of activity that's happening. It might take a moment – just leaning back on your chair and looking up at the ceiling may do it. It might take longer – anything from telling a client you'll call them back in an hour with a decision, going for a walk or even taking a day off to mull things over. What's important is to create the space you need to stop the doing.

Think

Now you've created the space, it's time to ask yourself some key questions to help you consider what you might do. Here are just a few:

- What am I trying to accomplish?
- What does success look like, and how does what I'm doing contribute?
- What's the bigger picture?
- Is this the real problem to be working on?
- What assumptions am I making?
- What's the lie I'm telling myself?
- What could I do differently?
- What if I didn't do this?
- What is most important right now?

Organize your thoughts

Having asked yourself these questions and got some answers, you need to shape them into a plan. Knowing what you now know, what will be different in what you're going to do?

Continued on next page

Focus on Funders



In 2003, Scotiabank began working with AboutFace. Various regional offices hosted employee events in support of AboutFace such as a golf tournament in London, Ontario; a fashion show in Toronto; and a baseball game in Scarborough. Together, Scotiabank employees have raised \$45,000 to support our programs and services. At their annual sales meeting in December, Scotiabank Regional Manager, Greg Metler challenged the teams to raise \$10,000 for AboutFace and he would have his head shaved! Well, in less than 48 hours, the 200 participants raised \$14,500, and Greg had his head shaved! Thanks Greg you're a great sport!

This fall, you can join Scotiabank and AboutFace in the Toronto Waterfront Marathon, on Sunday, September 26th, 2004. You can run the 42km or 21km, or you can join the AboutFace team on the 5km family walk. For details, visit www.torontowaterfrontmarathon.com

Continued from previous page

What's the next action you need to take?

Proceed

And of course, a plan is nothing unless it is acted upon. Once you have a plan, you can move forward once more. You may now be doing some things differently. You may be doing nothing at all. And you may in fact be doing exactly what you were doing before. The difference is that this time you're choosing to do it, rather than doing it unquestioningly and on "automatic pilot".

Your challenge

STOP is a really useful tool – but you'll forget it if you don't start using it. So take some time right now to practice. Get a project in mind that's filling up some of your time. Work through the STOP model. See what's different. If you want, drop me an email at Michael@BoxOfCrayons.biz to let me know how it's going.

You can sign up for Michael's monthly newsletter "Outside the Lines" at www.BoxOfCrayons.biz

Don Triggs, CEO of Canada's largest winery Vincer International.



On October 2nd, 2003 Don Triggs, honorary director and long time supporter of AboutFace, won the Ernst & Young's Ontario

Entrepreneur of the Year Award. Then on November 6th, 2003 Don won the Ernst & Young's Canada's 2003 Entrepreneur of the Year Award. He will now vie for the title on the global stage at the World Entrepreneur of the Year Awards in Monte Carlo. Congratulations Don!

Celebrating Children

2004 AboutFace Gala

Our annual gala this year was one of the most successful events we have ever had, raising over \$60,000 net profits to AboutFace! We would like to thank all the sponsors, prize donors, volunteers and guests who helped to make this event a wonderful success!

Prize Donors

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Gala Chair Diana Abbott & her husband David



Ms. Kaylin Berlett, Guest Speaker





The Bob De Anglis Band

Bob Pielsticker, Charman



Anna presenting the 2004 Golden Pin awards to John Pileggi, Bob Pielsticker on behalf of his wife Sharon, David Abbott,----- and Eileen Triggs

The Big Winner



Karijm plays piano at the reception



WHATEVER YOU DO DON'T READ THIS ARTICLE!!!

Cathy, Adam and Greg, three old friends, were fortunate enough to win a three-day camping trip in Algonquin Park at the silent auction for AboutFace Annual Gala. Randy Pielsticker was kind enough to donate his time, supplies and camping expertise. Here are some postcards from their adventure.

Day 1

It is sunny and 25 degrees. Not a cloud in the sky, or bug in sight! Met our guide Randy, he's the man with the plan and had a big smile to welcome us. He has all of our equipment down to the sleeping mats to keep our city bodies safe from the hard wilderness. We found a rope swing and had some fun on the first lake. Randy showed us to a gorgeous camping site and then cooked us a tasty meal before settling down to star gaze. Mars was an incredible sight. Getting back to nature is a beautiful and amazing thing.

Cathy



Day 2

It was great to wake up to the smell of coffee this morning. Randy was up before everyone getting breakfast prepared. Went for a morning swim to shake off the cobwebs. A leisurely morning around camp and then back on the water in our canoes. The weather is beautiful! The sun and the wind are at our backs. We have been able to check a couple of things off of our "Must See" list. So far, we have seen blue herons, loons and mergansers. Our portages weren't too difficult as Randy was picking up our slack! It is so nice to be up north away from everyone – there is not another soul in sight!

Adam



Day 3

Okay, its official, Randy makes the best GORP known to mankind!! Not only that, he spent days marinating vegetables and brought them along for tonight's feast under the stars. All we have to do is paddle and play, it's like being a kid all over again. Today we saw a moose and a beaver dam of the most delicate architecture. Our route has been carefully thought out and delivered with the greatest of care. In Randy we have found a new friend, and in Algonquin, a breath of fresh air.

Greg



The moral of this tale? We had such a great time that we want to win this trip again for next summer!!

When your child/teen has the blues....

For years depression was considered an adult issue. Only in the last twenty years has depression in kids and teens been seen as a real problem, and it's escalating at an incredible rate. There are many reasons why kids or teens become depressed. It could be triggered by a life experience like the death of a friend or parent, or if the child becomes ill. However, there are "modern day" issues that are causing an increase in child and teen distress and depression such as the frantic academic and social schedules we keep; economic stress in the family; the anxiety of world issues and threat of terrorism. All or any of these could cause children and teens to feel sad, but what do you do when your child has the blues and it doesn't go away....

As parents, we need to be sensitive to the signs of emotional distress or depression in our kids. Understanding what is depression, recognizing early symptoms, and what we can do will help us focus on the mental stability of our children. It's important to know that depression is treatable, and that symptoms in children and teens may be different than those of adults. Depression in young children is tricky to diagnose, but if left untreated it can reoccur with longer and more severe episodes.

Most individuals experience varying degrees of emotional distress/depression at some point in their life. Depression is when the "sad mood" doesn't go away (more than two weeks). For kids ages 12 and under, depression is often connected to issues, i.e. learning disability or behavior disorders. It is estimated that 3-5 per cent of the teen population, experience emotional depression because of social influences, relationships or low self-esteem. If allowed to overwhelm children and teens, it can affect their perception of themselves and their abilities. They will begin to blame themselves for failures. This in turn will cause kids to avoid challenges and underestimate their abilities. It can become a vicious cycle. Most children, who have a brief or mild depression, usually bounce back and regain their confidence in their abilities.

Understanding some of the symptoms of depression will help you identify early signals and take action immediately.

- Being sad, crying for no apparent reason
- Irritable, moody or angry
- Loss of interest in activities or hobbies
- Decline in academic performance
- Low energy or nervous energy
- Refuse to go to school
- Social isolation or difficulty with relationships
- Feelings of worthlessness or guilt
- Excessive worrying
- Poor concentration
- Disruption in eating or sleeping patterns
- Frequent and unexplainable physical illnesses, i.e. headaches, stomachaches

If a child or teen is exhibiting some of these symptoms, you should talk with your doctor. In addition, you should:

- Take the problem seriously – show them that you are noticing the changes in them and are concerned.
- Encourage them to talk with others – ask if there is a teacher, adult friend or healthcare professional that they would be comfortable talking to and together you can work through some of the issues.
- Maintain usual routines – try to keep them on a schedule and regular routine.
- Limit the time they spend alone – avoid having them spend time alone in their room as it contributes to the feelings of isolation.
- Offer to join them in a fun activity – provide an outlet to clear their mind and have some fun.
- Let them know you care – stay in touch, invite them to do things with you, stick with them.
- Be willing to listen – take time out to really pay attention to their concerns or listen to the issues they are struggling with.

Dates to Remember

AboutFace Golf Tournament

Tuesday, August 17th, 2004
Royal Woodbine Golf Club,
Toronto, Ontario



AF walk-a-thon

Scotiabank Toronto Waterfront
Marathon

Sunday, September 26, 2004

Come walk or run with us!

You can register online at

www.torontowaterfrontmarathon.com



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