Fetal Alcohol Spectrum Disorders Information & Resources

Educator Resources

- **FASD Webpage**: [http://www.cde.state.eo.us/cdesped/fasd](http://www.cde.state.eo.us/cdesped/fasd)
- **Brain Injury in Children and Youth - A Manual for Educators**: [https://www.cde.state.co.us/cdesped/tbi_manual_braininjury](https://www.cde.state.co.us/cdesped/tbi_manual_braininjury)
- **Centers for Disease Control and Prevention FAS Prevention Team** [https://www.cdc.gov/ncbddd/fasd/index.html](https://www.cdc.gov/ncbddd/fasd/index.html)
- **Take a First Look: A Guide on Fetal Alcohol Spectrum Disorders for Early Childhood Professionals (PDF)** [http://www.cde.state.co.us/cdesped/fasd_firstlook_ecprofessionals](http://www.cde.state.co.us/cdesped/fasd_firstlook_ecprofessionals)
- **Take Another Look: A Guide on Fetal Alcohol Spectrum Disorders for School Psychologists and Counselors (PDF)** [http://www.cde.state.co.us/cdesped/fasd_anotherlook_schoolpsychologistscounselors](http://www.cde.state.co.us/cdesped/fasd_anotherlook_schoolpsychologistscounselors)
- **Technical assistance: Fetal Alcohol Spectrum Disorder (FASD) (PDF)** [http://www.cde.state.co.us/cdesped/ta_fasd](http://www.cde.state.co.us/cdesped/ta_fasd)

Parent Resources

- **Brain Injury Webpage** [http://www.cde.state.co.us/healthandwellness/braininjury](http://www.cde.state.co.us/healthandwellness/braininjury)
- **CO Kids with Brain Injury** [http://cokidswithbraininjury.com/](http://cokidswithbraininjury.com/)
- **Colorado Fetal Alcohol and Other Prenatal Substance Prevention Outreach Project (COFAS), University of Colorado Anschutz Medical Center** [http://www.ucdenver.edu/life/services/AHEC/ProgramAreas/cofas/Pages/FetalAlcoholSpectrumDisorder.aspx](http://www.ucdenver.edu/life/services/AHEC/ProgramAreas/cofas/Pages/FetalAlcoholSpectrumDisorder.aspx)
- **Centers for Disease Control and Prevention FAS Prevention Team** [http://www.cdc.gov/ncbddd/fasd/index.html](https://www.cdc.gov/ncbddd/fasd/index.html)
- **Technical assistance: Fetal Alcohol Spectrum Disorder (FASD) (PDF)** [http://www.cde.state.co.us/cdesped/ta_fasd](http://www.cde.state.co.us/cdesped/ta_fasd)
- **PEAK Parent Center** [https://www.peakparent.org/](https://www.peakparent.org/)
- **Family Voices Colorado** [https://familyvoicesco.org/](https://familyvoicesco.org/)
- **EMPOWER Colorado** [http://www.abilityconnectioncolorado.org/empowercolorado/](http://www.abilityconnectioncolorado.org/empowercolorado/)

National Resources

- **Centers for Disease Control and Prevention FAS Prevention Team** [https://www.cdc.gov/ncbddd/fasd/index.html](https://www.cdc.gov/ncbddd/fasd/index.html)
- **Provincial Outreach Program (POP) for FASO: A British Columbia Ministry of Education provincial resource program whose mandate is to increase educators’ capacity to meet the learning needs of students with FASO** [http://www.fasdoutreach.ca](http://www.fasdoutreach.ca)
- **National Institute on Alcohol Abuse and Alcoholism (NIAAA)** [https://www.niaaa.nih.gov](https://www.niaaa.nih.gov)
- National Organization on Fetal Alcohol Syndrome (NOFAS) [http://www.nofas.org/](http://www.nofas.org/)
- Ohio Center for Autism and Low Incidence - Fetal Alcohol Spectrum Disorders (FASD) [http://www.ocali.org/project/learn_about_fasd](http://www.ocali.org/project/learn_about_fasd)
- Fetal Alcohol Syndrome: Support, Training, Advocacy, and Resources (FASSTAR) [http://fasstar.com/](http://fasstar.com/)
## Overlapping Behavioral Characteristics of FASD & Related Mental Health Diagnoses in Children

<table>
<thead>
<tr>
<th>Overlapping Characteristics &amp; Mental Health Diagnoses</th>
<th>FASD</th>
<th>ADD/ADHD</th>
<th>Sensory Int. Dys.</th>
<th>Autism</th>
<th>Bipolar</th>
<th>RAD</th>
<th>Depression</th>
<th>ODD</th>
<th>Trauma</th>
<th>Poverty</th>
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<tbody>
<tr>
<td></td>
<td>Organic</td>
<td>Organic</td>
<td>Organic</td>
<td>Organic</td>
<td>Mood</td>
<td>Mood</td>
<td>Mood</td>
<td>Mood</td>
<td>Environ</td>
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<tr>
<td>Easily distracted by extraneous stimuli</td>
<td>X</td>
<td>X</td>
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<td>Developmental Dysmaturity</td>
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<tr>
<td>Feel Different from other people</td>
<td>X</td>
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<tr>
<td>Often does not follow through on instructions</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Often interrupts/intrudes</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>Often engages in activities without considering possible consequences</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Often has difficulty organizing tasks &amp; activities</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Difficulty with transitions</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>No impulse controls, acts hyperactive</td>
<td>X</td>
<td>X</td>
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<td>X</td>
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<tr>
<td>Sleep Disturbance</td>
<td>X</td>
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<tr>
<td>Indiscriminately affectionate with strangers</td>
<td>X</td>
<td></td>
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<tr>
<td>Lack of eye contact</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td></td>
<td>X</td>
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<tr>
<td>Not cuddly</td>
<td>X</td>
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<td>X</td>
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<tr>
<td>Lying about the obvious</td>
<td>X</td>
<td></td>
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<td></td>
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<tr>
<td>Learning lags: “Won’t learn, some can’t learn”</td>
<td>X</td>
<td></td>
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<tr>
<td>Incipient chatter, or abnormal speech patterns</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
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<td>Increased startle response</td>
<td>X</td>
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<tr>
<td>Emotionally volatile, often exhibit wide mood swings</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Depression develops, often in teen years</td>
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<td>Problems with social interactions</td>
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<td>Defect in speech and language, delays</td>
<td>X</td>
<td></td>
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<td>Over/under-responsive to stimuli</td>
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<td>X</td>
<td>X</td>
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<tr>
<td>Perseveration, inflexibility</td>
<td>X</td>
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<tr>
<td>Escalation in response to stress</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
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<td>X</td>
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<tr>
<td>Poor problem solving</td>
<td>X</td>
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<td></td>
<td></td>
<td>X</td>
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<tr>
<td>Difficulty seeing cause &amp; effect</td>
<td>X</td>
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<tr>
<td>Exceptional abilities in one area</td>
<td>X</td>
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<tr>
<td>Guess at what “normal” is</td>
<td>X</td>
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<tr>
<td>Lie when it would be easy to tell the truth</td>
<td>X</td>
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<td>X</td>
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<tr>
<td>Difficulty initiating, following through</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td></td>
<td></td>
<td>X</td>
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<tr>
<td>Difficulty with relationships</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Manage time poorly/lack of comprehension of time</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Information processing difficulties speech/language: receptive vs. expressive</td>
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<tr>
<td>Often loses temper</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Often argues with adults</td>
<td>X</td>
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<td></td>
<td></td>
<td>X</td>
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<tr>
<td>Often actively defies or refuses to comply</td>
<td>X</td>
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<td>X</td>
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<tr>
<td>Often blames others for his or her mistakes</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>Is often touchy or easily annoyed by others</td>
<td>X</td>
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<td></td>
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<td>X</td>
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<tr>
<td>Is often angry and resentful</td>
<td>X</td>
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</tbody>
</table>

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Cathy Bruer-Thompson, Adoption Training Coordinator, Hennepin County, MN  
612-543-0014  
cathy.bruer-thompson@co.hennepin.mn.us  
7/22/08  

With much appreciation to the many who edited and contributed
References and Resources for

“Overlapping Behavioral Characteristics and Related Mental Health Diagnoses in Children”

Diane Malbin: Clinical social worker, program developer, nationally recognized trainer on FASD and consultant, co-founder of FASCETS (Fetal Alcohol Syndrome Consultation)

MOFAS (Minnesota Organization on Fetal Alcohol Syndrome): [www.mofas.org](http://www.mofas.org)

NAMI: National Alliance on Mental Illness - factsheets on mental health diagnoses, characteristics, medications, resources, local support groups for many mental illnesses

[http://www.nami.org/Template.cfm?Section=By_Illness](http://www.nami.org/Template.cfm?Section=By_Illness)

- Attention Deficit Hyperactivity Disorder
- Autism Spectrum Disorder
- Bi-Polar Disorder
- Reactive Attachment Disorder
- Obsessive-Compulsive Disorder
- Post Traumatic Stress Disorder

Bruce D. Perry, M.D., Ph.D.: Senior Fellow of The ChildTrauma Academy

His neuroscience research has examined the effects of prenatal drug exposure on brain development, the neurobiology of human neuropsychiatric disorders, the neurophysiology of traumatic life events and basic mechanisms related to the development of neurotransmitter receptors in the brain.

Bessel van der Kolk, MD: clinician, researcher and teacher in the area of posttraumatic stress and related phenomena, Medical Director of The Trauma Center, a program of Justice Resource Institute


Also “Attachment, Self-regulation and Competency (ARC)”

Mayo Clinic: Reactive Attachment Disorder Symptoms


Walter D. Buenning, PhD, Licensed Psychologist

Reactive Attachment Disorder Child Checklist of Characteristics


Ruby K. Payne, Ph.D.: A Framework for Understanding Poverty and Bridges Out of Poverty

Research focuses on the effects of poverty on students, families, and communities and how to better understand and support people from all economic backgrounds

In addition this document was reviewed for accuracy by several Minnesota experts in Children’s Mental Health and Fetal Alcohol Spectrum Disorders
Behavior Record

Observations of positive & negative behaviors to help analysis of child’s strengths & needs

Child __________________________________ Date________________

What was the behavior?
______________________________________________________________________
______________________________________________________________________

Time of day___________________

Was the child hungry or tired? ________________________________________

Was the child being asked to transition?____________

From _____________________ to __________________________________

People present (how many and who?) _____________________________________

Is the environment familiar _____ or unfamiliar _____ to the child?

Are there unusual noises, visual stimuli, or other sensory issues? _____

If yes, what? ____________________________________________________

Have there been recent changes for the child? __________

What changes? _________________________________________________

Did the child seem lost/confused? ______________

Did the child appear to be physically overwhelmed or unable to connect with reality during the episode? ______________

What was the apparent trigger for the behavior?____________________________

After the episode did the child appear foggy and disoriented? _______________

What were the results of the behavior for the child?
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Did the child seem to expect these results? ______________

Has this behavior happened before? If so, compare with the above information.
______________________________________________________________________
## Attention Deficit vs Fetal Alcohol, How can you tell the difference?

<table>
<thead>
<tr>
<th>ADD/ADHD</th>
<th>FASD/PAE/ARND/ARBD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have trouble focusing and sustaining focus</td>
<td>Can focus and sustain focus</td>
</tr>
<tr>
<td>When focus is attained, student can learn, problem solve, etc.</td>
<td>When focused have trouble problem solving &amp; using newly learned information</td>
</tr>
<tr>
<td>Student can shift focus when necessary</td>
<td>Have difficulty shifting focus</td>
</tr>
<tr>
<td>May act impulsively without forethought</td>
<td>May act impulsively</td>
</tr>
<tr>
<td><strong>When things go wrong, person is able to:</strong></td>
<td><strong>When things go wrong person is unable (or slow) to:</strong></td>
</tr>
<tr>
<td>• process</td>
<td>• process</td>
</tr>
<tr>
<td>• understand what happened</td>
<td>• solve the problem</td>
</tr>
<tr>
<td>• problem solve</td>
<td>• take responsibility</td>
</tr>
</tbody>
</table>

Adapted from FAS Times, Summer 1997, ARC Northland, 201 Cremean Building, Duluth, Minnesota 55802. E-mail: amyb@jwil.com
Coles, Olave DNIAAA 2005 Fetal Alcohol Exposure & Attention: Moving Beyond ADHD

National Organisation for Foetal Alcohol Syndrome and Related Disorders
FASD Part II

Parenting Children With Fetal Alcohol Spectrum Disorders
Summary

• Primary Behavioral Characteristics
• Secondary Behavioral Characteristics
• Basic Interventions
Incidence of FASD

• New research indicates 2-5% of all children born in the United States may have FASD
• Incidence higher in foster care
• May be as high as 15-25% in Juvenile Justice
Effect on the Brain

Typical Infant

Infant with FAS
Every Individual is Different

Some Have Many Effects,
Some Have Fewer
or None
Characteristics of Affected Infants

- Feeding difficulties
- Erratic sleeping patterns
- Irritability
- High-pitched cry
- Vision problems
- Conductive hearing loss from recurrent ear infections
- Seizures
- Other physical defects
- Sensory Issues
Behavioral Characteristics

• **Primary Characteristics**
  Behaviors that reflect differences in brain structure and function

• **Secondary Characteristics**
  Behaviors developed over time because of a “poor fit” between the child and the environment

Diane Malbin, M.S.W.
Primary Behavioral Characteristics

Behaviors that reflect differences in brain structure and function

Diane Malbin, M.S.W.
Understand cause and effect less than other children

- Impulsive Decisions, surprised at outcome
  - Tend to blame others for the outcome
- Behavior plans with consequences and time constraints don’t work
- Unusual understanding of common situations
Unusually Concrete Thinking

• Black and White Thinking
• Don’t understand teasing or jokes
• Respond inconsistently to facial expressions, tone of voice, other body language
• Don’t understand friend vs. stranger, safety from danger
• Can’t figure out what to do when told “Don’t do it”
Difficulty with Transition

• Fear because they can’t predict what comes next
• For some – need for routine because they are disorganized
• For others – perseverate on tasks and can’t change easily
A 30-second kid in a 5-second World

- Slower Thinking or Hearing
- Takes longer to respond
- Only hears/understands part of what’s said (despite normal hearing test)
- Becomes overloaded by normal conversation
- “Off the wall” comments or filler speech
**Perseveration (Rigid Thinking)**

- Once something is learned, hard to re-learn or change it.
- May repeat things over and over
- Compulsive about organizing
- May refuse to stop what they’re doing or change tasks
- Angry at being interrupted
- Need closure
Memory Problems

- Poor Short Term Memory
- Memory comes and goes
- Can’t follow directions
- May be only visual or auditory memory issue
Disorganized Mind

• Can’t organize their life
• Don’t know how to get started on things
• Get very tired
  – Disorganized brain = more effort = tired
  – May be angry and irritable and not realize that they’re tired (or hungry)
Sensory Issues

- Over or Under Sensitive to:
  - Touch
  - Things they see
  - Things they hear
  - Smells
  - Taste/food texture
  - Gravity/their space in the world
Brain deficits affect behavior!
SECONDARY
(Developed)
BEHAVIORAL
CHARACTERISTICS
• **Avoidance Causes:**
  – Shut Down
  – Appearing Not to Care
  – Running Away

• **Overload, Fatigue Cause:**
  – Frustration
  – Disruptive Behavior
  – Tantrums
• **Need to Control Environment Causes:**
  – Rigidity
  – Resistance
  – Bossiness
  – Arguments with peers, adults

• **Feeling Different from Peers Causes:**
  – Isolation
  – Few (or negative) friends
  – Being picked on or taken advantage of
Fear Causes:

- Poor self concept, esteem
- Depression
- Hypochondriac, somatic complaints
  - May take the place of communicating emotional needs
Common Mis-Diagnoses

• **Hyperactivity & ADHD** (e.g., Coles et al., 1997; Mattson & Riley, 2000; Nanson & Hiscock, 1991; Kodituwakku et al., 1995; Connor et al., 1999).

• **Depression** (e.g., Famy et al., 1998)

• **Conduct Disorder, Oppositional Defiant Disorder, Behavior Problems** (e.g., Fast et al., 1999; Mattson & Riley, 1998)

• **Social Skill Deficits** (e.g., Thomas et al., 1998)

• **Alcohol & Substance Abuse** (Famy et al., 1998)

• **Bi-polar Disorder** (e.g., Famy et al., 1998)
# Overlaps - Primary Behaviors and Secondary Characteristics

<table>
<thead>
<tr>
<th>Primary Behavior</th>
<th>Secondary Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Destructive</strong></td>
<td></td>
</tr>
<tr>
<td>Curiosity, little understanding of value of objects</td>
<td>Result of anger and frustration</td>
</tr>
<tr>
<td>Saying “I don’t know” or “I don’t care”</td>
<td>Avoidance, result of frequent failure</td>
</tr>
<tr>
<td>Slow cognitive or or auditory pace</td>
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What a Caregiver Can Do For an Infant

• Hold baby frequently, pressure on stomach
• Wrap baby in soft blanket, arms bent
• Limit stimulation - use soft lights, soft sounds and no strong perfume
• Keep actions soothing - avoid bouncing, rapid patting
• Feed small amounts frequently, upright position. Offer pacifier.
What a Caregiver Can Do For an Infant

• Keep a regular routine
• Rock baby vertically
• Be careful of clothing that may be painful, such as plastic on diapers
• Consult regularly with a knowledgeable doctor
• The adult must remain calm
Parenting Appropriately

Determine whether each behavior is primary (because of brain differences) or secondary (learned)

Distinguish Between CAN’T and WON’T
Observe First

• Observe behaviors objectively
  – Time of day
  – Is the child hungry or tired?
  – Is the situation asking for a transition?
  – People present (how many and who?)
  – Have there been recent changes for the child?
  – Was there a trigger for the behavior?
  – Results of the behavior for the child
  – Does the child seem lost/confused?

• Look for patterns and what they say about the child

• Observe positive behaviors – not just negative ones
Based Upon Observation:

- Assess the child:
  - Strengths
  - Developmental age
  - Behavior when hungry or tired
  - Speed of processing
  - Ability to abstract
  - Ability to follow directions
  - Decision-making ability
Guidelines

• Look at the “fit” between the child and the environment.

• Include the child in the discussion.
Guidelines

• Ask “What if” the behaviors reflect neurological differences?
• Err on the side of assuming the child doesn’t understand or couldn’t do what’s asked.
**Intervention:**

If the child **CAN’T** do what’s asked,

Modify the Environment

Work with what he/she **CAN** DO

Modify Your Expectations
Environmental Modifications: Learning Basic Rules/Routines

• Consider child’s understanding of cause & effect when developing behavior plans
• Provide immediate & frequent feedback for positive (& sometimes negative) behaviors
• Remember all the rewards in the world will be unsuccessful in motivating a child to do something that is beyond his/her capabilities.
Guidelines

• Help child understand his condition

• Include the child in developing solutions to problem behaviors

• Identify strengths, skills and interests

• Create chances for success; limit failure
Interventions

Be Creative
Interventions

• Understand how the child processes
• Accept the child’s condition as a medical disability that will change very slowly if at all
• Identify the developmental age
• Provide routine and structure rather than control
Interventions
Decision-Making

• Give safe, simple choices
• Avoid open-ended decisions
• Create structure - consistent expectations
• Create very concrete cause and effect structure
• Catch the child doing things right and let him know
Essentials for Reward Systems:

• Rewards must be immediate
• Rewards must mean something to the child
• The child must ALWAYS win
  – Give a reward when the target number is met, however long it takes – never require success within a time limit
  – Taking away points, checks, etc. for misbehavior defeats the whole purpose – these children rarely learn anything from consequences
Interventions
Memory

• Use lists and charts to remind child
• Be prepared to repeat the same thing over and over
• Understand that a child may learn something one day, forget it the next, and remember it another time
• Give only single directions
Interventions
Concrete Thinking

• Be as concrete and literal as you can
• Say exactly what you mean
• Avoid teasing or jokes
• Avoid abstract expressions like “cut it out”, “cool it”, “get ahead”
• Tell the child specifically what you want
TAKE “DON’T” OUT OF YOUR VOCABULARY
Interventions
Disorganized Mind

• Use as much structure/routine and consistency as you can
• Be sure expectations are ALWAYS the same
Interventions
Disorganized Mind

• Communicate with the school - prepare the child if something is going to change (substitute teacher, assembly)

• Assess the schedule at school
  – Passing between classes.
  – Need for rest/food/exercise

• Work with school to get assignments home and homework turned in
Interventions
Perseveration

• If the child cries or gets angry when working, consider doing another activity before trying this again.

• Provide enough time to finish activities – make the activities short enough to be completed in the time given.

• Create transitions between activities.
Interventions
Ability Differences

• Teach using all of the senses:
  – Tell her
  – Show her
  – Let her feel it

• Understand that the child may be able to express more than he understands

• Another child may understand but can’t communicate what’s learned
Interventions
Slow Thinking or Hearing

• Give enough time to respond
• Understand that mis-understanding may be because of guessing
• Check this issue if you think the child is “lying”
Interventions

Slow cognitive Development

• Give enrichment without overstimulation
• Work specifically on social skills
• SUPERVISE carefully
• Accept that emancipation may have to be later than for other children
Other Interventions

• Establish relationships for the child in each environment in which he/she functions
• Limit TV times - be selective
• Help develop skills for expression of feelings
• Understand that a lesson must be taught over for each new situation
Other Interventions

• Practice desired positive behavior with Role Play

• Create an “external brain”
  – Have a regular schedule with concrete reminders
  – Have a support person even for adults
  – Create clear rules and reminders
  – Have activities that support the schedule
Where to Start

Look at Developmental Age
Educational Support

- Establish effective partnerships with school, family, & all service providers, especially mental health
- Develop academic & behavioral plans that take into account brain differences
- Support the development of creative solutions to school environment issues
Educational Support

• Consider Special Education – if child doesn’t qualify for an IEP – try a 504
• Schools are supposed to try classroom modifications even without an IEP
• Get help if having problems with the schools – call the ARC in your area or the FASD/Brain Injury Specialist at the Colorado Dept of Education
Remember: The Child’s Brain Is Different

You Cannot Love, Parent, or Behavior Manage away Brain Differences
National Initiatives Providers Should Know About

• American Bar Association Resolution

• RESOLVED, That the American Bar Association urges attorneys and judges, state, local, and specialty bar associations, and law school clinical programs to help identify and respond effectively to Fetal Alcohol Spectrum Disorders (FASD) in children and adults, through training to enhance awareness of FASD and its impact on individuals in the child welfare, juvenile justice, and adult criminal justice systems and the value of collaboration with medical, mental health, and disability experts.
ABA Resolution

• FURTHER RESOLVED, That the American Bar Association urges the passage of laws, and adoption of policies at all levels of government, that acknowledge and treat the effects of prenatal alcohol exposure and better assist individuals with FASD.

• http://www.americanbar.org/groups/child_law/tools_to_use/attorneys/fasd-resolution.html
National Initiatives Providers Should Know About

• FASD Guide for Judges

• Joint project of the National Conference of the National Council of Juvenile and Family Court Judges (NCJFCJ) and the Office of Juvenile Justice and Delinquency Prevention (OJJDP)
National Initiatives Providers Should Know About

• American Academy of Pediatrics Toolkit

• The American Academy of Pediatrics (AAP) FASD Toolkit was developed to raise awareness, promote surveillance and screening, and ensure that all children who possibly have FASDs receive appropriate and timely interventions.
This comprehensive toolkit serves as the framework for the medical home management of a child with an FASD in the medical home. A multidisciplinary team approach is the best way to care for a child with an FASD, and it will generally take multiple visits to address the many facets of these conditions. Because this is a spectrum of disorders, not every child will have the same management plan. Medical home providers will need to customize the management plan based on the specific needs of each child. Additionally, resources available in one community will differ from another, so the care plan will differ accordingly.

National Initiatives Providers Should Know About

• The American College of Obstetricians and Gynecologists

• Drinking and Reproductive Health, A Fetal Alcohol Spectrum Disorders Prevention Tool Kit

Colorado Resources

Illuminate Colorado  www.IlluminateColorado.org

Parent Support Groups – Fridays 6-8:

Colorado Springs, 1st Friday, Julene Zizza
(520)234-7987

North Metro, 2nd Friday – Eileen Bisgard
(720)394-1525

South Metro, 3rd Friday – Melissa Edelman
(303)870-1907
Colorado Resources

ebisgard@gmail.com

Colorado Department of Education – Heather Hotchkiss www.cde.state.co.us

Crisis – 1-800-CHILDREN