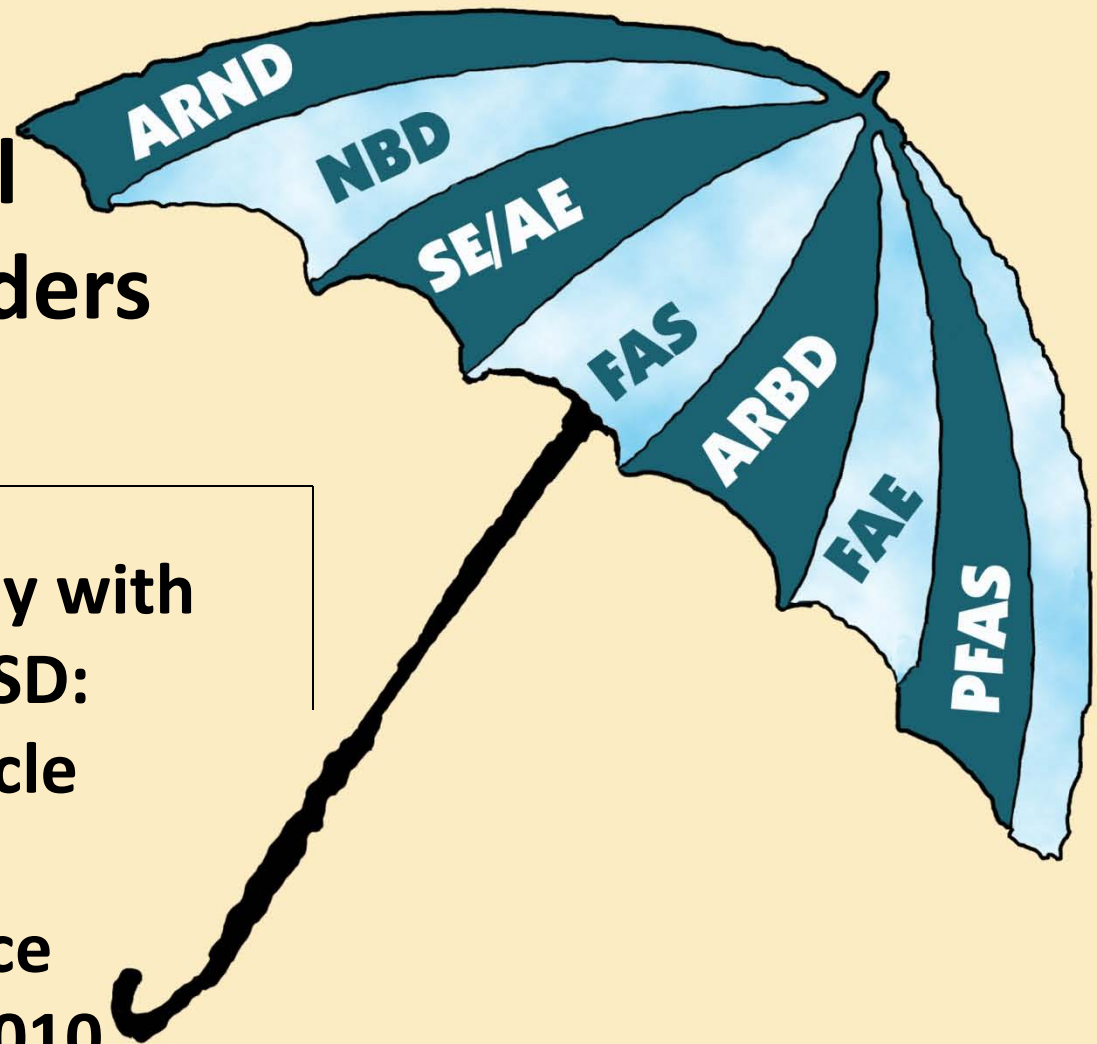


Fetal Alcohol Spectrum Disorders (FASD)

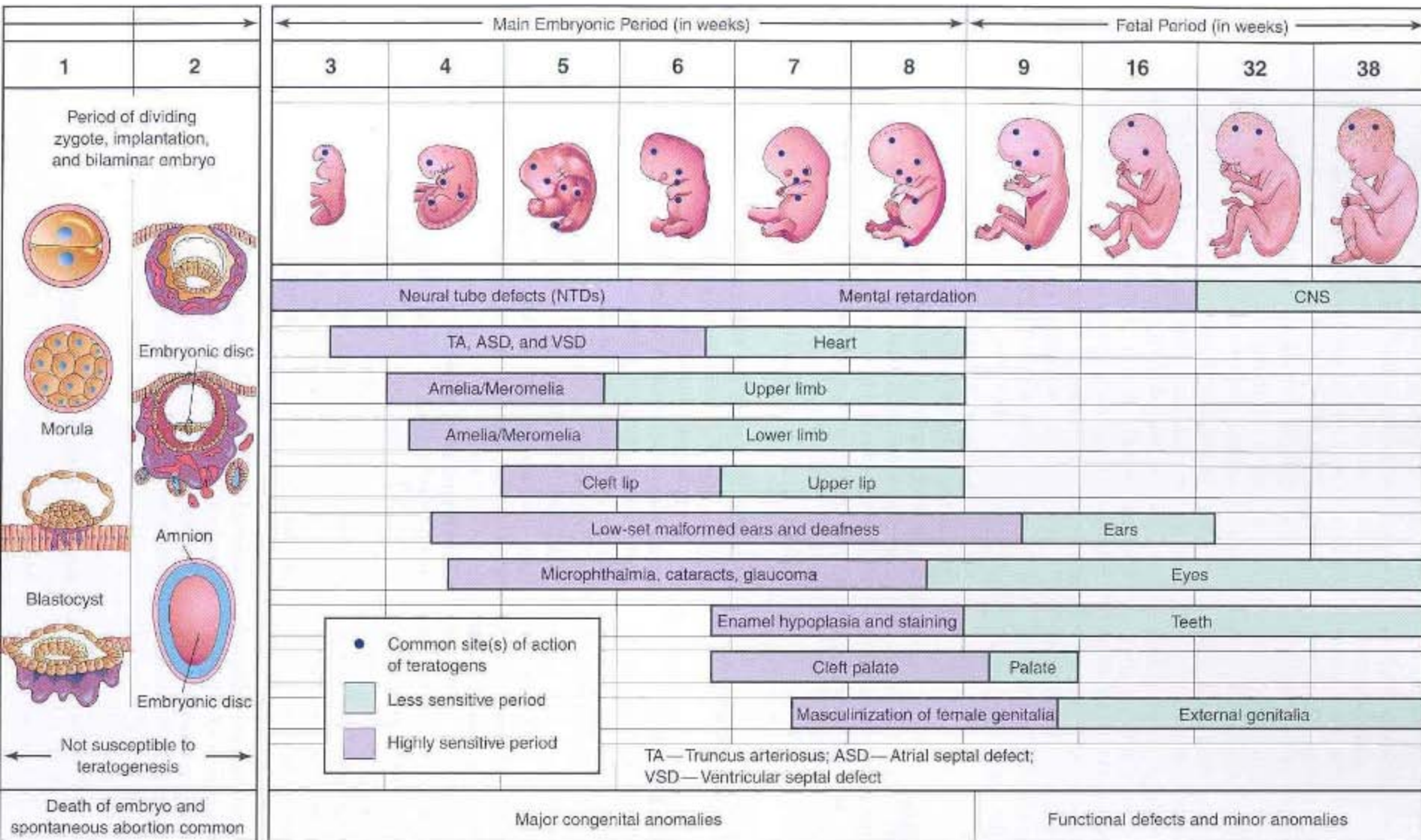
Working Successfully with
Women with FASD:
Breaking the Cycle

MCH Conference
September 27, 2010



Vulnerabilities

Different organs are more vulnerable during different phases of pregnancy



Physical Differences

- Hearing and vision problems
- Heart and kidney damage
- Low birth weight
- Cleft palate
- Liver and sinus problems
- Skeletal system
- Mild facial anomalies and other minor birth defects

Central Nervous System Differences

- Problems with the sensory system (over- or under-sensitivity to noise, light, touch, taste, etc.)
- Learning difficulty
- Memory impairment
- Speech and language difficulties

Central Nervous System Differences

- Difficulty with regulatory activities like sleeping and eating
- Impairment in executive functions like planning and sequencing
- Problems with visual/spatial skills

Corpus Callosum Damage



**14-year old control
subject with a normal
corpus callosum**



**12-year old with FAS and a
thin corpus callosum**



**14-year with FAS and agenesis
(absence due to abnormal
development) of the corpus
callosum**

(Alcohol Health and Research World 18, #1, 1994)

Corpus Callosum Damage linked to:

- Attention problems
- Reading difficulty
- Learning disabilities
- Verbal memory
- Executive and psychosocial functioning

Missing Brain Matter



Range of Possible Damage



Photo credit: Sterling Clarren, Canada Northwest FASD Research Network

Brain Response

Prenatal alcohol exposure impacts the electrical response times in brain activity

- Intellectual functioning
- Adaptive functioning
- Fine motor performance
- Gross motor performance

FASD Disabilities

- Primary Disabilities
- Secondary Disabilities

Primary Disabilities

- Speech and language
- Processing deficits
- Cognition and learning

Speech and Language

- Individuals may have trouble “finding the words”
- Can speak well, but not comprehend
- Can “talk the talk” but not “walk the walk”

Processing Deficits

- Generalizing information
- Understanding rules
- Abstract reasoning
- Memory deficits
- Time management concepts
- Judgment skills
- Socialization and independence

Cognition and Learning

- Slow processing
- Concrete thinkers
- Struggle in various academic areas:
 - Reading
 - Writing
 - Math

Secondary Disabilities

Disabilities that a person is not born with and may be reduced or ameliorated with the right support, interventions, and accommodations.

Secondary Disabilities

- Mental health issues
- Disrupted school experience
- Trouble with the law
- Confinement
- Inappropriate sexual behavior
- Alcohol and drug problems

(Streissguth, Barr, Kogan and Bookstein, 1996)

Secondary Disabilities

- People with the **diagnosis** of FAS had fewer secondary disabilities
- Secondary disabilities occurred more frequently in individuals with higher IQ

Characteristics of Secondary Disabilities

- Fatigue, frustration
- Anxiety, fearfulness
- Rigid, resistant, argumentative
- Flat affect; appear to not care, shutdown, lie
- Poor self concept, feelings of failure and low self esteem
- Isolation - fewer and fewer friends
- Aggression

Protective Factors

- Living in a stable nurturing home for most of one's life - i.e. over 72% of the time
- Early identification of FASD, especially before the age of 6
- Not a victim of violence
- Being found eligible for DD services

(Streissguth, Barr, Kogan and Bookstein, 1996)

Reframing Success

If behaviors are believed to be willful, intentional, or the result of emotional problems...



Then interventions focus on ***changing behaviors.***

If behaviors are understood as reflecting brain differences...



Then interventions focus on ***changing environments*** to prevent frustration and provide support.

Keys to Success

- Be concrete and specific
- Keep things simple
- Repeat directions, rules in new situations
- Have a routine and be consistent
- Use structure
- Slow down

Building Success: Reframing

- Give people with FASD longer to answer, develop, and achieve
- Re-teach skills in every environment they will be used - don't assume
- Think differently
- Move from what's wrong with them to what is going on for them

More Keys to Success

- Modify the environment
- Modify expectations
- Think younger or think “stage, not age”
- Think perpetual innocence
- Make the world make sense
- Rethink, re-teach, respect
- Fair is not the same as equal

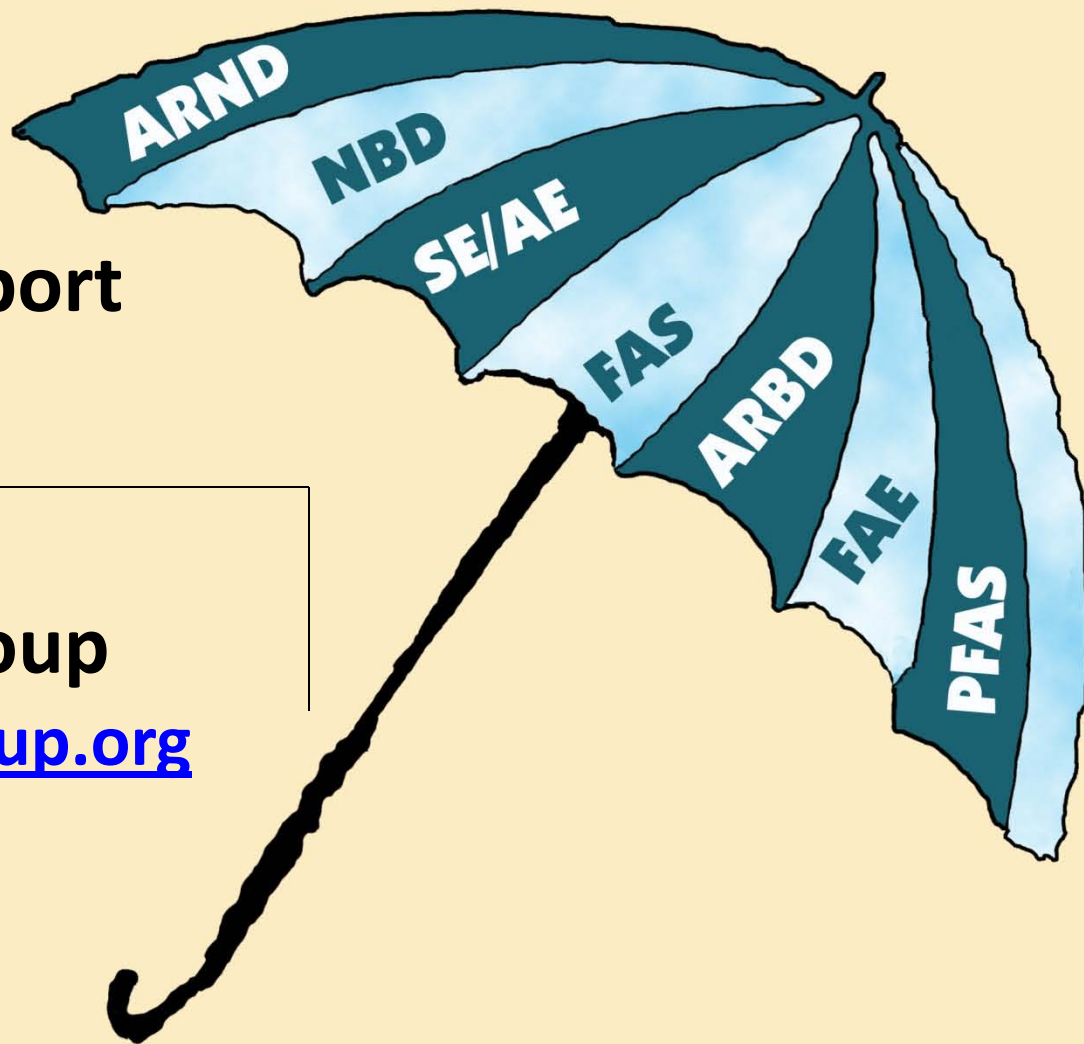
Avoiding Burnout

- Remember people with FASD are not “being bad.” They have brain damage.
- Look for resources, ask questions, ask for help.
- Know and use your strengths and the strengths of the individual with FASD.
- Admit your limits and theirs.
 - Plan for when you both need breaks.
 - Stick to your plan!

**Presented by
Cheri Scott
FASD Family Support
Program**

Stone Soup Group

www.stonesoupgroup.org



Recommendations for Improved Care Women Actively Using Substances

- Get appropriate diagnosis if FASD is suspected
- Provide regularly scheduled training in FASD and behavioral health issues for ALL agency staff
- Provide long term, one-to-one parent training and support (P-CAP model)
- Modify program materials so they are clear and understandable
- Adopt no-fail policies in programs