

Into Action

Fetal Alcohol / neurobehavioral conditions: FA/NB A brief introduction to a brain-based approach

For parents, professionals and community partners



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Logic model:

Is FA/NB a physical condition?

1. Alcohol, drugs, other teratogens and trauma kill cells and cause physical changes in the brain
2. Physical changes affect the structure and function of the brain
3. Behaviors are usually the only symptoms, most people have no physical features.
4. FA/NB is an invisible physical disability with behavioral symptoms



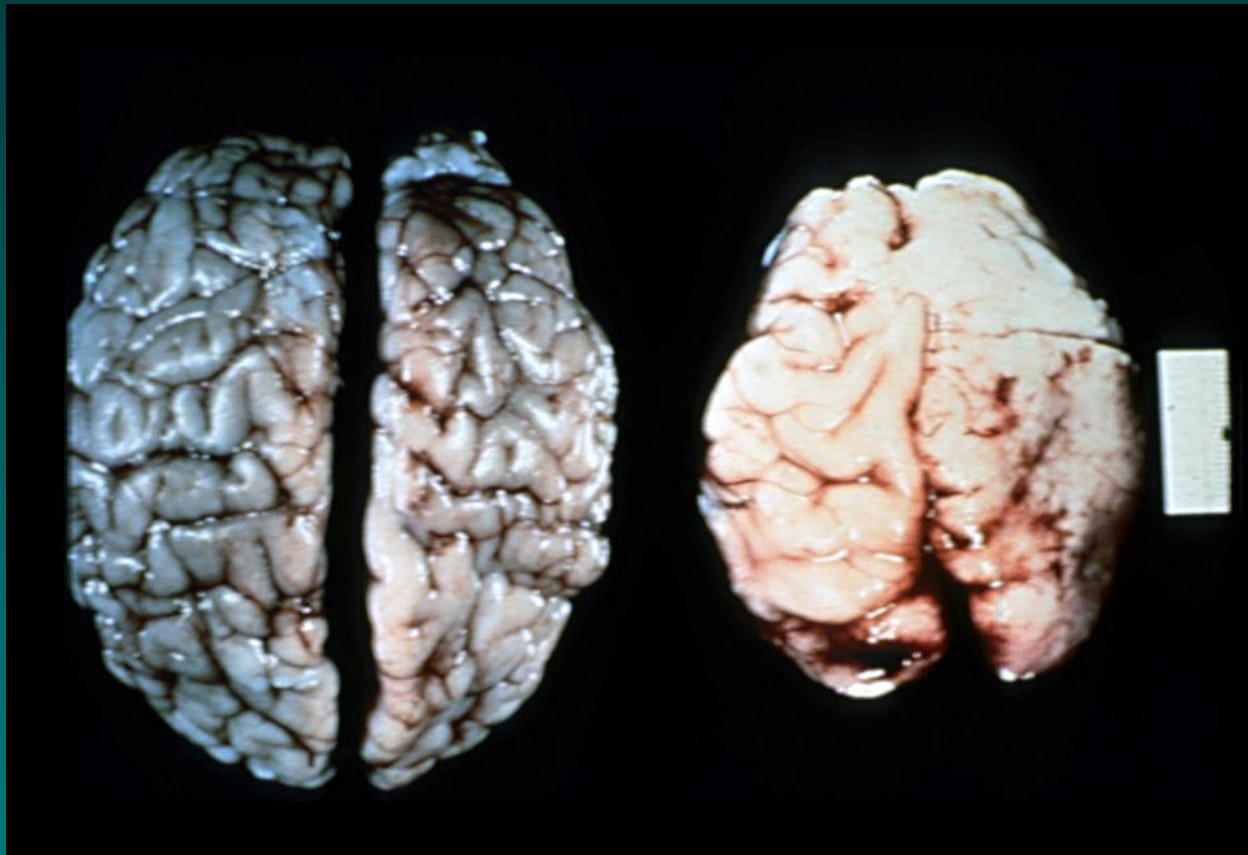


Photo courtesy Sterling Clarren, M.D.



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**Behavioral techniques based on
learning theory are used in all
systems:**

Parenting

Education

Justice

Mental health

Addictions treatment

Social services

Others



Four points

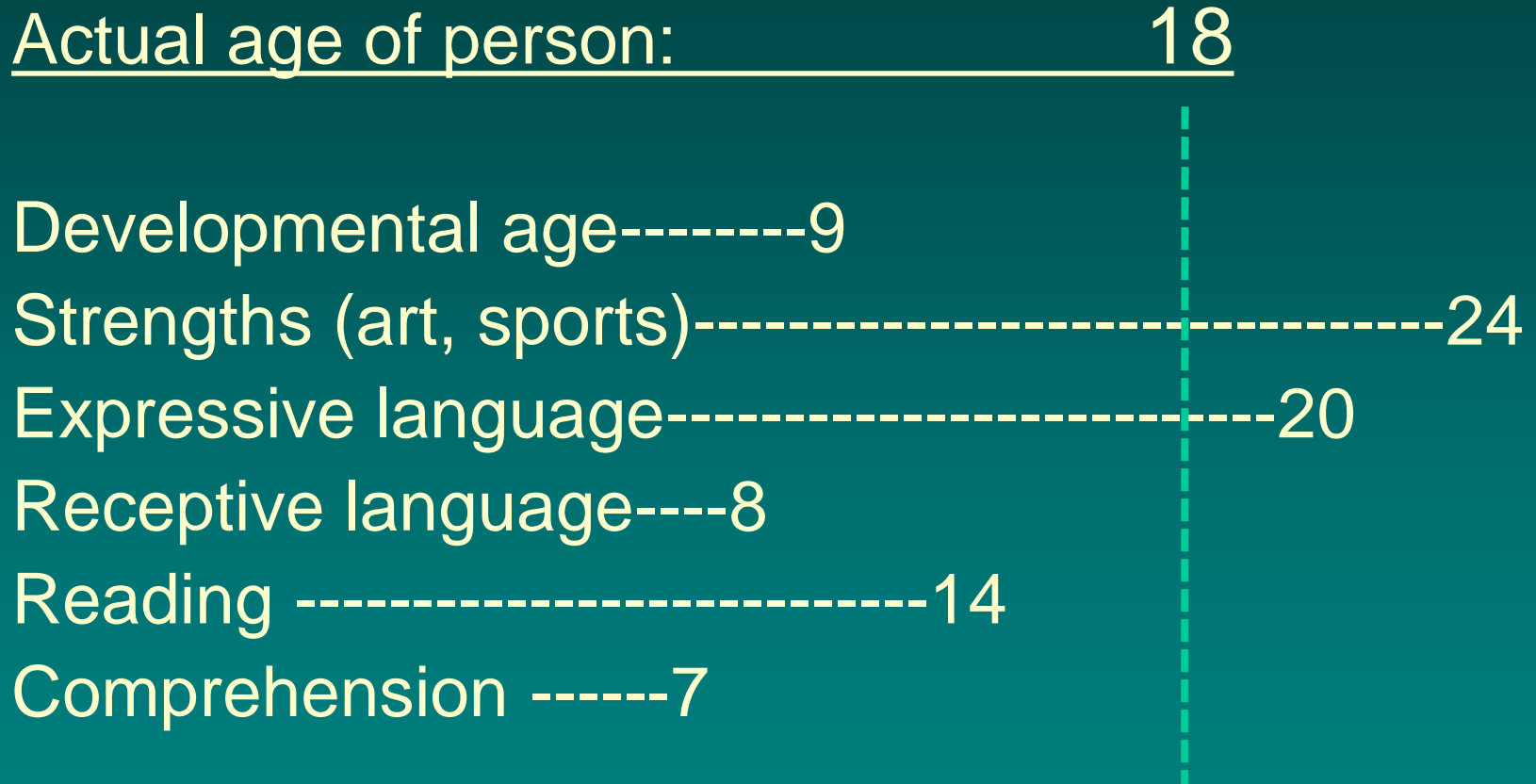
1. FA is an invisible, brain-based *physical* condition with behavioral symptoms
2. Standard behavioral strategies target symptoms; a Neurobehavioral approach recognizes aetiology, their source
3. Reframing behaviors and shifting from symptoms to source redefines problems and solutions in a manner consistent with research
4. Dysmaturity is also a factor



Uneven development 6-year-old



Uneven development adolescent



Conceptual framework:
**If FA/NB is an invisible
*physical disability***

Then Providing accommodations for people with FA/NB is as appropriate and effective as providing accommodations for people with other physical disabilities



Effects of Fetal Alcohol Spectrum Disorder

Everyday difficulties for a child with FASD

- *Problems with memory*
- *Problems with everyday language*
- *Thinking at a slower pace*
- *Trouble in taking what is learned from one situation and applying it to another*
- *Trouble paying attention and organising self*
- *Acting before thinking*
- *Trouble thinking in abstract terms*



Comparing FASD, ADHD and Oppositional Defiant Disorder

Dan Dubovsky, 2008

Oppositional Defiant Disorder

Do not complete tasks

Do not complete tasks
-takes in information
-can recall information when needed
choose not to do what they are told

Provide positive sense of control; limits and consequences

ADHD

Do not complete tasks

-takes in information
-can recall information when needed
-get distracted

Limit stimuli and provide cues

FASD

Do not complete tasks

-may or may not take in information
cannot recall information when needed
cannot remember what to do

Provide one direction at a time and give time to respond

Neurobehavioral screening tool

Common behavioral symptoms



Definition:

Primary characteristics

Behavioral symptoms associated with differences in brain structure and function

Strengths are also primary characteristics

Source: Ann Streissguth, 1996



Primary characteristics

1. Developmental level of functioning
2. Sensory systems
3. Nutrition
4. Language and communication
5. Processing pace: How fast the brain works
6. Learning and memory
7. Abstract thinking
8. Executive functioning
9. ***Strengths***



Learning strengths

- Relational: 1:1
- Visual
- Auditory
- Hands-on
- Kinesthetic -- see, touch, move
- Experiential -- learns by doing
- Multimodal -- uses all senses



Definition:

Secondary characteristics

Secondary defensive behaviors develop over time when there is a “poor fit”

Defensive behaviors are normal reactions to pain and are preventable

Adapted from: Ann Streissguth, 1996



Secondary behavioral symptoms

- Easily tired, fatigued
- Anxious
- Lonely, isolated
- Shut down; flat affect
- Fearful, withdrawn
- Depressed
- Frustrated, short fuse, angry



Fit between technique and ability

Strategy example: Talking

Assumptions about Brain function:

Store information.....
Retrieve information.....
Form associations.....
Abstract.....
Generalize.....
Predict.....
Conceptualize.....
Process quickly.....

Research on FA/NB has Found brain differences:

Difficulty with memory
Difficulty retrieving information
Difficulty forming links
Concrete
Difficulty generalizing
Difficulty predicting
Gets piece, not picture
Processes slowly



Poor fit = Problems



Tertiary symptoms

Are the net result of a chronic poor fit, failure, isolation and alienation ?

- Trouble in school
- Social services involvement
- Involvement with justice
- Homelessness
- Addictions/ mental health issues, suicide



Good fit: Accommodations

FA/NB Characteristic

Strategy

Visual learner.....

Provide visual cues

Processes slower.....

Allow adequate time

Needs external support...

Provide supports

Difficulty organizing.....

Provide structure

Concrete.....

Teach experientially,
build on strengths



Application: Functional Neurobehavioral Assessment

A systematic approach to developing person-specific accommodations in all settings and managing the complexity of FA/NB



Application: Functional Neurobehavioral Assessment

Setting: _____ Age: ____ Developmental age: ____

1 Task or Expectation	2 Brain has to	3 Primary symptoms FA/NB	4 Devel. Age (estimate)	5 Secondary behaviors	6 Strengths	7 Accommodations



Application: Functional Neurobehavioral Assessment

Setting: School Age: 6 Developmental age: 3

1 Task or Expectation	2 Brain has to	3 Primary symptoms FA/NB	4 Devel. Age (estimate)	5 Secondary behaviors	6 Strengths	7 Accommodations
Sit still and listen	Process fast	Slow processing pace	3	Frustration	Visual learner	Provide visual cues, use fewer words
Be age-appropriate	Develop "on time"	Dysmaturity	3	Isolation Depression	Willing, relational	Adjust expectations, "Stretch toddler"
Sit and learn, paper and pencil	Ability to abstract	Concrete, difficulty with abstraction	2	Anger, frustration, avoidance	Learns by doing	Hands-on Kinesthetic



Starter strategies for accommodations: Home, School and Community

1. Think brain: Reframe perceptions
2. Observe patterns of behaviors
3. Identify, build on strengths
4. Write the IEP for the environment:
Modify environments for a good “fit”
5. Collaborate, coordinate



Additional starter strategies

Stop fighting

Ask: What if?

Think younger

Give time

Recognize strengths

Breathe

Be gentle with yourself



Review

1. FA/NB is a brain-based physical disability
2. Reframe behaviors: Neurobehavioral Screen -- primary, secondary and tertiary symptoms
3. Application: Fit and accommodations
Functional neurobehavioral assessment



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