

# WELCOME EVERYONE TO \*WEEK 6\* OF THE CREATIVE SUBSTITUTE FOR “BUILDING CIRCLES OF SUPPORT!”

*Hello Everyone!*

Let's Get Back to Basics: **Paradigm Shifting- Bringing it Back to the Brain!**

*What a strange topic to present after 5 weeks of information and strategies about FASD. Now we are going back to basics???! We got so caught up in the COVID-19 pandemic, that we wanted to provide you with as many strategies as we could to ensure your survival. Although COVID-19 is still with us and we need to keep up diligently with all the great practices of physical distancing and washing our hands, etc., we thought that we would go back to a few foundational facts and ideas about FASD. For many of you, FASD 101 is something you have heard many times, so we will focus more on the parts of the brain which may be affected by alcohol in utero, and how this can often be seen in an individual's behavior, learning, and development.*

***1. FASD is a medical diagnosis which describes the effects caused by alcohol use during pregnancy. Most often there are no outward signs to show a person has FASD, but parts of the brain are still affected. Prenatal alcohol exposure may affect multiple areas (domains) of brain functioning. The new Canadian Diagnostic Guidelines (2015) require significant impairment (major differences) in at least 3 different areas of the brain resulting from prenatal alcohol exposure before a diagnosis can be made. (Source: The Hidden Disability, New Directions)***

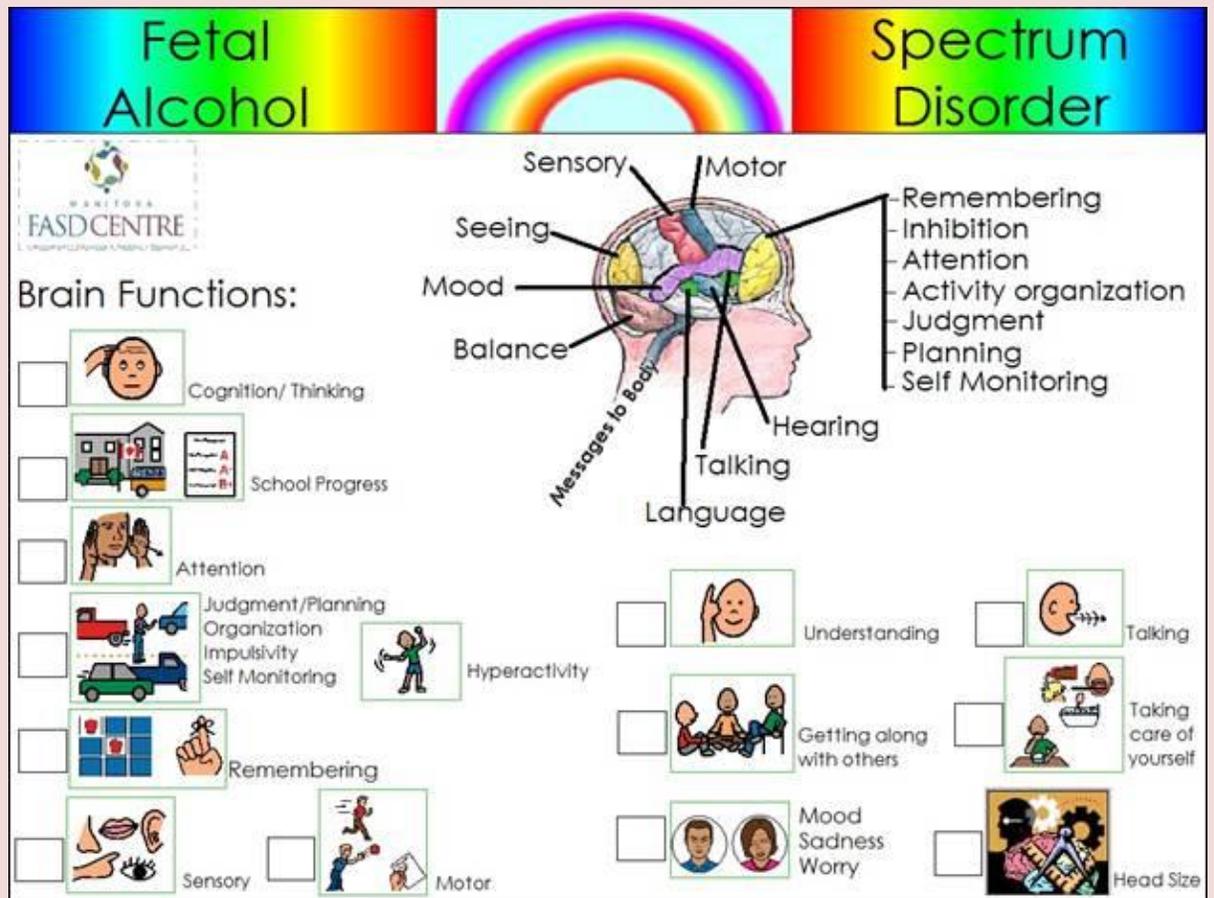
*Individuals who meet diagnostic criteria for FASD may be diagnosed with either:*

*FASD With Sentinel Facial Features: short palpebral fissures (small eyes), smooth philtrum (smooth skin between the nose and upper lip) and a thin upper lip.*

**OR**

*FASD Without Sentinel Facial Features: Most individuals receive a diagnosis of FASD without facial features, and they look very typical in their appearance. This is significant because their brain functioning will still be impaired in various ways, and this can have an impact on their behavior, learning, and daily functioning. They are therefore often more “at risk” than the individual diagnosed with FASD with facial features. Therefore FASD is often referred to as the “Invisible Disability.”*

*The following brain domains are evaluated by a diagnostic team during an FASD assessment:*



2. This next diagram points out the various behaviors one may see in an individual, if that particular Brain Domain has been affected. It is important for parents and professionals to understand how the affected brain domains are often the underlying reason for the most difficult behaviors of children and adolescents with FASD.

**Ten Brain Domains (Functions) Affected by FASD**

Alcohol affects the growth and formation of the brain, and this is often seen in an individual's behavior and development. The following brain functions or domains are evaluated by a diagnostic team during an FASD assessment.

<div style="background-color: #4F7942; color: white; padding: 2px;"><b>ACADEMIC ACHIEVEMENT</b></div> <ul style="list-style-type: none"> <li>May have difficulty in school: reading, math, comprehension (understanding) and abstract concepts</li> </ul> <div style="background-color: #4F7942; color: white; padding: 2px;"><b>ATTENTION</b></div> <ul style="list-style-type: none"> <li>Can be easily distracted, difficulty paying attention and sitting still</li> </ul> <div style="background-color: #4F7942; color: white; padding: 2px;"><b>COGNITION</b></div> <ul style="list-style-type: none"> <li>Difficulty reasoning, planning, solving problems and understanding complex ideas</li> <li>Wide range of IQ scores are found</li> </ul> <div style="background-color: #4F7942; color: white; padding: 2px;"><b>LANGUAGE (Expressive and receptive)</b></div> <ul style="list-style-type: none"> <li>Delay in language development</li> <li>Difficulty understanding lengthy conversation and instructions</li> <li>May speak well, but not fully grasp the meaning</li> <li>Can repeat instructions or rules, but may not follow through</li> </ul> <div style="background-color: #4F7942; color: white; padding: 2px;"><b>MEMORY</b></div> <ul style="list-style-type: none"> <li>Difficulty with long-term, short-term and working memory</li> <li>May appear to lie, but is actually filling in the blanks when unable to remember</li> <li>Trouble with memorizing and may seem forgetful</li> <li>Difficulty with accessing, selecting and organizing information when needed</li> </ul> <div style="background-color: #4F7942; color: white; padding: 2px;"><b>NEUROANATOMY/NEUROPHYSIOLOGY (Brain structure and function)</b></div> <ul style="list-style-type: none"> <li>Could have a smaller head, brain size, seizure disorder and/or abnormal findings on a scan (ex: MRI or EEG) consistent with prenatal alcohol exposure</li> </ul>	<div style="background-color: #4F7942; color: white; padding: 2px;"><b>EXECUTIVE FUNCTIONING</b></div> <ul style="list-style-type: none"> <li>May have trouble with planning, sequencing, problem solving and organizing</li> <li>May be impulsive and/or hyperactive</li> <li>Difficulty understanding cause and effect and controlling behaviour</li> <li>Challenges with transitions and change</li> <li>Often repeats mistakes</li> <li>Difficulty with concepts, abstracts ideas, consequences and managing time</li> </ul> <div style="background-color: #4F7942; color: white; padding: 2px;"><b>ADAPTIVE BEHAVIOR, SOCIAL SKILLS AND SOCIAL COMMUNICATION</b></div> <ul style="list-style-type: none"> <li>May not understand personal boundaries and have difficulty reading social cues</li> <li>May be socially vulnerable and easily taken advantage of</li> <li>Difficulty seeing things from another's perspective</li> <li>Socially and emotionally immature and may behave younger than actual age</li> <li>May have trouble with hygiene, money and coping skills</li> </ul> <div style="background-color: #4F7942; color: white; padding: 2px;"><b>MOTOR SKILLS</b></div> <ul style="list-style-type: none"> <li>Difficulty with balance, strength, endurance, coordination, reflexes and muscle tone</li> <li>Difficulty with printing, using pencil and scissors</li> </ul> <div style="background-color: #4F7942; color: white; padding: 2px;"><b>AFFECT REGULATION</b></div> <ul style="list-style-type: none"> <li>Includes anxiety, depression and mood imbalance in the severe range meets Diagnostic and Statistical Manual-V criteria</li> </ul>
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*The Canadian FASD Diagnostic Guidelines were revised in 2015 and the Sensory Domain has been removed from the list above; however, the Manitoba FASD Centre will continue to measure and consider sensory functioning (see below) during an FASD assessment.*

**Sensory Processing**

Student with Sensory processing issues may be over or under sensitive (or both) to different sensory stimuli eg. Touch, taste, visual, auditory, smell, movement and body awareness. This may present as:

- May be easily overwhelmed by bright lights, people, noisy crowded overstimulating environments (eg. recess, gym and music class, lunchroom, assemblies, field trips)
- Easily startled by loud sudden noises or unexpected touch
- Avoids touching people or hugging them. Refuses to wear certain clothing or touch certain textures
- Invades other people's personal space
- High or low tolerance for pain
- Clumsy and uncoordinated
- Gets upset by small changes in routine or environment and avoids trying new things
- Difficulty self-regulating
- Overwhelming sensory experiences may trigger a fight, flight or fright response

3. Watching this [You Tube Video by Myles Himmelreich](#) will give you an idea of how brain differences in FASD can have an impact on behavior and learning. He also points out that FASD might not only affect the brain, but rather needs to be seen as a Whole Body Diagnosis. He talks about the results of a Health Survey of 500+ adults diagnosed with FASD, and how people with FASD experienced physical health problems at a rate much higher than the general population.
4. Diane Malbin, an expert of FASD and brain based behavior, suggests that since often the individual with FASD's behavior is a result of brain "differences", this warrants a different approach to managing the individual's behavior. When we "reframe a behavior" and shift from seeing an individual with FASD as one who won't do something (defiant, deliberate, non-compliant, aggressive behavior), to one who possibly can't due to brain differences, we shift from personal feeling of hopelessness, anger, and confusion, to one of understanding and hope. This should lead us to "Trying Differently and Not Harder".

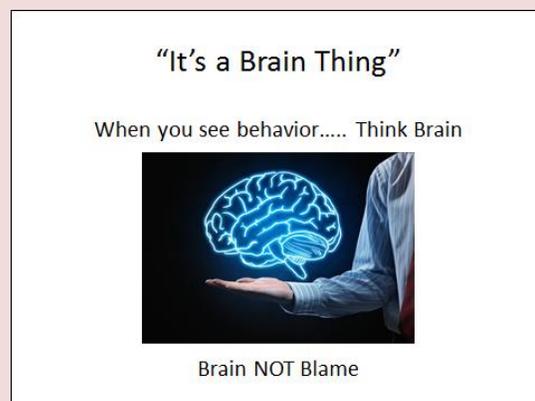
Reframing Perceptions From "Won't" to "Can't" (Diane Malbin)	
The shift is from seeing a child as one who <b>won't do something, to one who possibly can't.</b>	
The shift includes moving from:	
<b>FROM SEEING CHILD AS:</b>	<b>TO UNDERSTANDING CHILD AS:</b>
won't	can't
bad	frustrated, defended, challenged
lazy	tries hard
lies	confabulates/ fills in
doesn't try	exhausted or can't start
mean	defensive, hurt, abused
doesn't care, shut down	can't show feelings
refuses to sit still	overstimulated
fussy, demanding	oversensitive
resisting	doesn't get it
trying to make me mad	can't remember
trying to get attention	needing contact, support
acting younger	being younger
thief	doesn't understand ownership
doesn't try	tired of always failing
inappropriate	may not understand proprieties
not trying to get the obvious	needing many reteachings
<b>PERSONAL SHIFT FROM:</b>	<b>TO FEELINGS OF:</b>
hopelessness	hope
fear	understanding
chaos, confusion	organization, meaningfulness
anger	reframing perceptions, defusing
power struggles	working with, rather than at
frustration	trying differently, not harder
exhaustion	re-energized, new options to try
no good outcomes	seeing, supporting strengths
isolation	networking, collaboration
<b>PROFESSIONAL SHIFT FROM:</b>	<b>TO:</b>
traditional	recognizing brain differences
applying consequences	preventing problems
traditional interventions	expanding professional options,
changing people	develop effective strategies
	changing environments
*Source: Copyright © 2002, 1999, Diane V. Malbin. Used with permission.	

***“Beliefs dictate behaviors. The belief that many primary learning and behavioral characteristics associated with FASD are the result of willful, volitional, or intentional behaviors often leads to a punitive approach to the symptoms. The key.... Is linking the idea of brain functions with presenting behaviors, reframing perceptions and moving from punishment to support.” (Source: Healthy Child Manitoba: What Educators Need to know about FASD)***

***In this video: [Fetal Alcohol/Neurobehavioural Conditions: A Brief Introduction to a Brain Based Approach](#), Diane Malbin does a great job of bringing this point across. She presents us with a brief Introduction to a “brain based” or “Neurobehavioral approach” for understanding and working with individuals with FASD and other neurobehavioural conditions more effectively. It is worth taking a look at this video.***

- 5. Additionally check out the [“This is Me” Website](#) and look at reframing the behaviors which are often seen when a specific brain domain is affected. After you view the scenario, try coming up with a brain based approach for intervention rather than a “punitive” one (e.g. time out, withdrawal of privileges, reward system). For those of you with adolescents with FASD at home, invite them into viewing these scenarios with you. After all... they are the experts and they can often give you the best input for “Trying Differently”.***
- 6. [“My Brain, Me and FASD”](#) is an Interactive Booklet for children and adolescents with FASD to help them understand their brains better. This can be a very powerful tool to help reduce stigma around FASD and help the child start seeing themselves in a more positive way.***

To sum up this module.....



<p style="text-align: center;"><b><u>In Winnipeg</u></b></p> <p><b>Dorothy Schwab (FASD Educator)</b>  <b>Phone: 204-258-6604</b>  <b>Email: <a href="mailto:dschwab@rccinc.ca">dschwab@rccinc.ca</a></b></p> <p><b>Yumna Gill: (MB FASD Center Social Worker)</b>  <b>Phone: 204-258-6611</b>  <b>Email: <a href="mailto:ygill@rccinc.ca">ygill@rccinc.ca</a></b></p>	<p style="text-align: center;"><b><u>Interlake Eastern RHA</u></b></p> <p><b>Devon Ungurain (Beausejour)</b>  <b>Phone: 204-268-7434</b>  <b>Email: <a href="mailto:dungurain@ierha.ca">dungurain@ierha.ca</a></b></p> <p><b>Andrea Dell (Selkirk)</b>  <b>Phone: 204-785-7789</b>  <b>Email: <a href="mailto:adell@ierha.ca">adell@ierha.ca</a></b></p>	<p style="text-align: center;"><b><u>Prairie Mountain Health</u></b></p> <p><b>Dawn Milne</b>  <b>Phone: 204-578-2487</b>  <b>Email: <a href="mailto:dmilne@pmh-mb.ca">dmilne@pmh-mb.ca</a></b></p> <p><b>Twyla Gilroy (Dauphin)</b>  <b>Phone: 204-622-6223</b>  <b>Email: <a href="mailto:tgilroy@pmh-mb.ca">tgilroy@pmh-mb.ca</a></b></p>
<p style="text-align: center;"><b><u>Southern Health</u></b></p> <p><b>Ashley Darling (Portage La Prairie)</b>  <b>Phone: 204-856-2044</b>  <b>Email: <a href="mailto:adarling@southernhealth.ca">adarling@southernhealth.ca</a></b></p> <p><b>Marijke Vonderbank (Steinbach)</b>  <b>Phone: 204-346-7039</b>  <b>Email: <a href="mailto:mvonderbank@southernhealth.ca">mvonderbank@southernhealth.ca</a></b></p>	<p style="text-align: center;"><b><u>Northern RHA</u></b></p> <p><b>Joanne Wyman (The Pas)</b>  <b>Phone: 204-623-9649</b>  <b>Email: <a href="mailto:jwyman@nrha.ca">jwyman@nrha.ca</a></b></p>	<p style="text-align: center;"><b><u>Norway House Cree Nation</u></b></p> <p><b>Lucy Muswagon (Norway House)</b>  <b>Phone: 204-359-6704</b>  <b>Email: <a href="mailto:lmuswagon@nhcn.ca">lmuswagon@nhcn.ca</a></b></p>

*We look forward to sharing more resources with you next week!*

*Sincerely,  
 -Manitoba FASD Center and FASD Network*