

FASD Solutions

Education & Behavioral Strategies

Deb Evensen MA

Disclosure

• The presenter has no financial relationship to this program.

Objectives

At the end of this presentation, participants will be able to follow the SOAP method to evaluate their program when dealing with the unique challenges faced by students with FASD.

- 1. Identify changes in a student with FASD's functioning.
- 2. Evaluate and identify neurologically driven behaviors.
- 3. Determine a method of accessing student functioning as compared to accessing a neuro-typical student.
- 4. Describe how to implement brain-based, developmentally appropriate interventions toward individual planning and student success.

Children with FASD are:

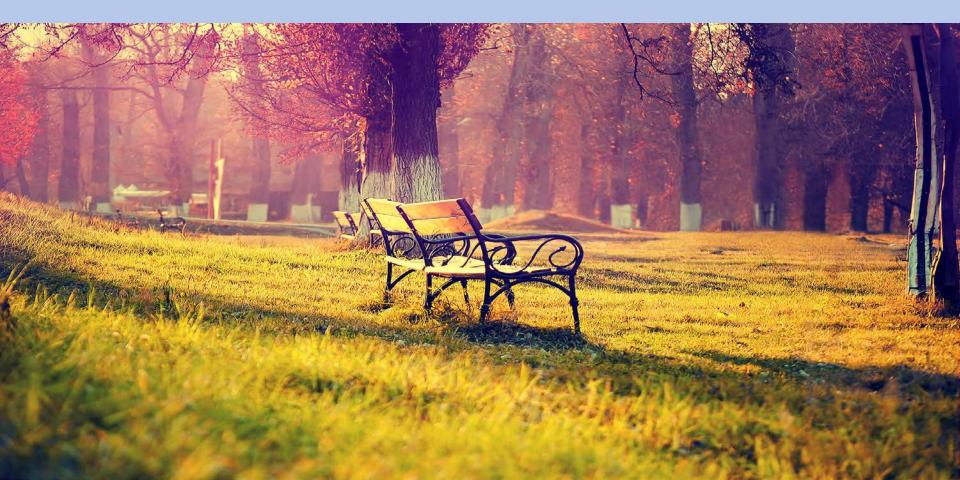


the educational system's *Canaries in the Mine*



Children always do their best.

Remember a favorite teacher in school or in life.



What did he or she actually DO that helped you?

Students with FASD are some of the most vulnerable in our education system. Why?



What is the same about students with a FASD and neuro-typical students?

We are all human beings trying to do our best.
 We all have the same basic human needs.

WILLIAM GLASSER



Survival & Security Food, clothing, shelter, breathing, personal safety and others

Belonging Connecting/Love/Esteem/Value

Power Influence/Significance Competence/Efficacy

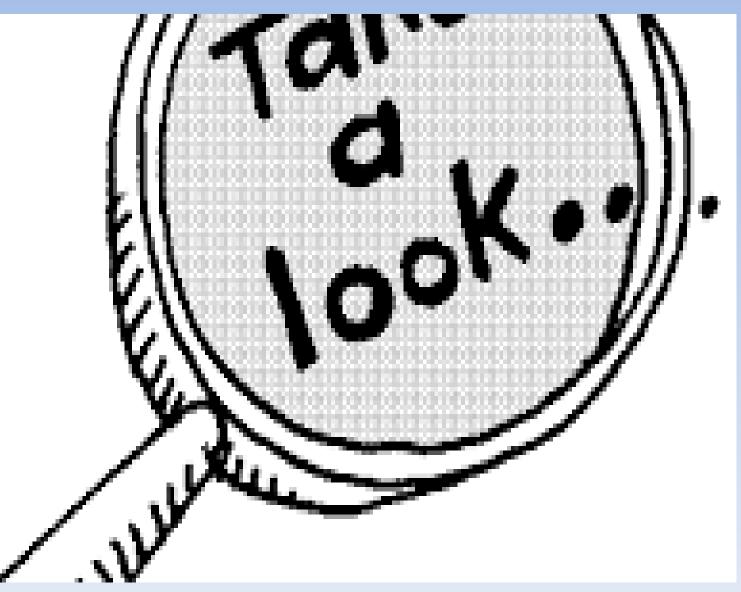
Freedom Autonomy/Choice/Liberty

Learning Fun/Experiencing/Growing

Glasser's 5 Basic Needs

- Need for survival
- Need to belong and be loved by others
- Need for power and importance
- Need for freedom and independence
- Need to have fun





Think ...

- What need is the child trying to meet?
- Is it working?
- What can the child do to get what he or she wants more effectively?

Pay attention to everything.



Always Remember Principle of Positive Reinforcement!



Reinforcement is one of the most powerful ways teachers can

encourage good

avior

Behavior that gets Attention INCREASES!



Behavior that does not get Noticed ... DECREASES!



How much positive reinforcement ?



Warning! We are always teaching. Intermittent Reinforcement can teach the opposite of what we want them to learn. Be very consistent with the rules.

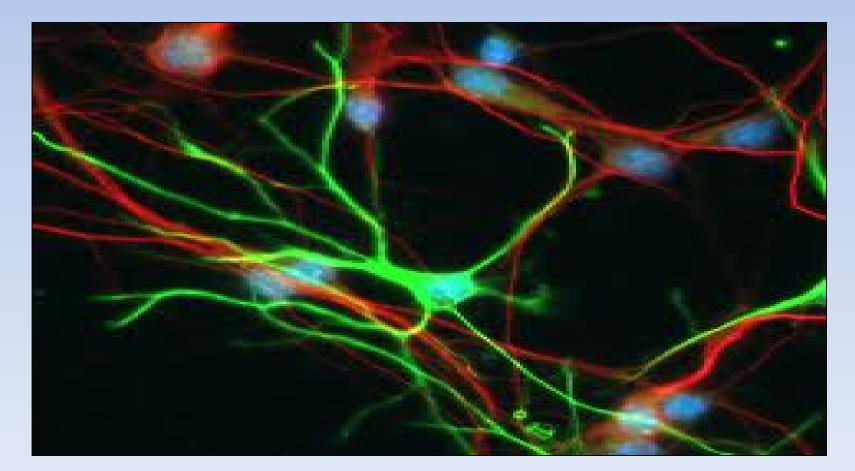
What is different about students with a FASD?

"Think of the unjustness of being visited by an affliction of *appearing to understand more than you do.*"

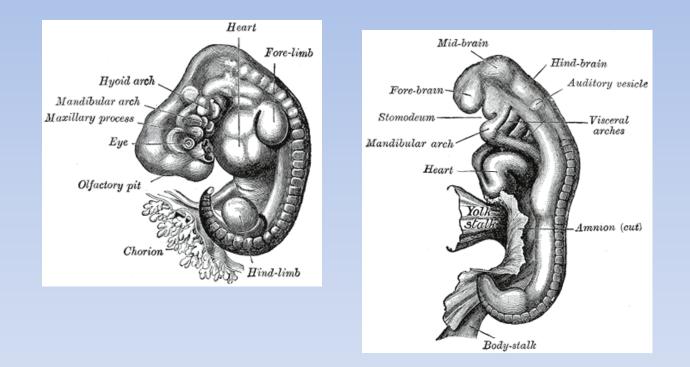
(Stuart Whitley)



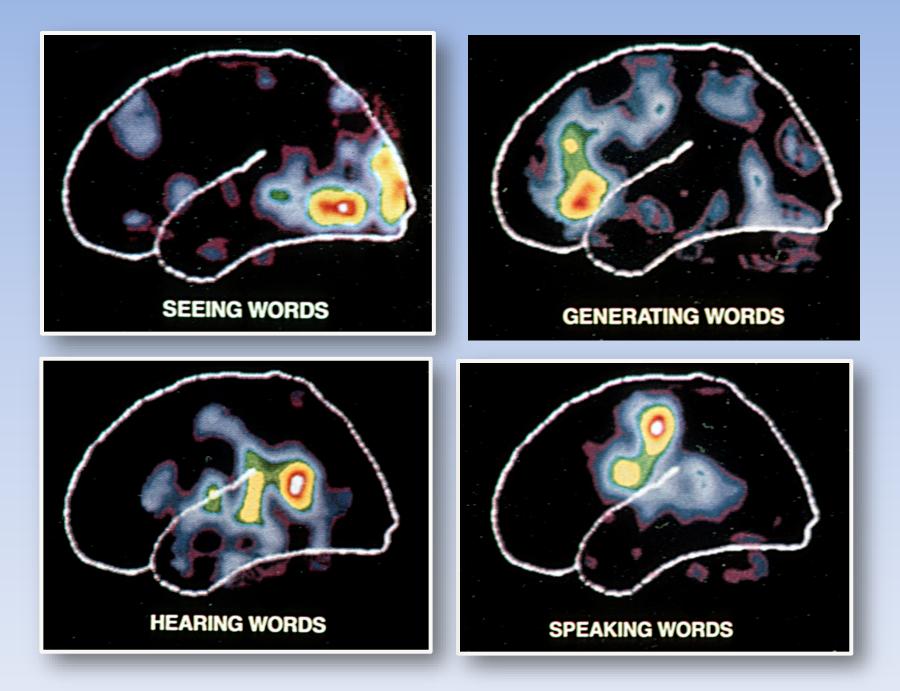
Prenatal Exposure to alcohol causes the brain to actually be **"built**" differently ...



Where does the damage occur?

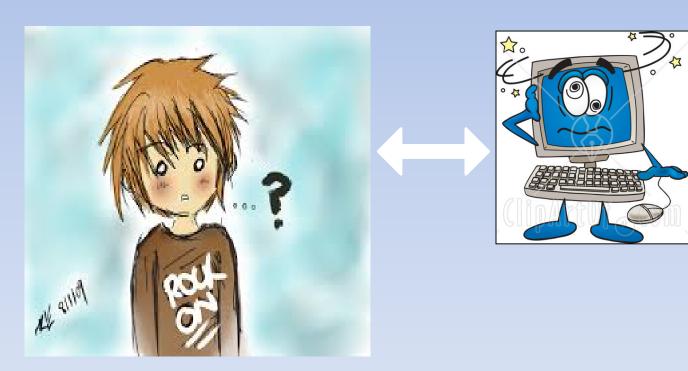


Damage to the developing fetus depends on what areas were developing at the time the alcohol was consumed. Since the brain develops throughout pregnancy, the brain is most vulnerable to damage from alcohol exposure.



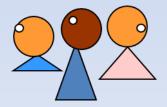
Problems Processing Information and "Ongoing Information"

- Input
- Integration
- Memory
- Output



Brains at Work

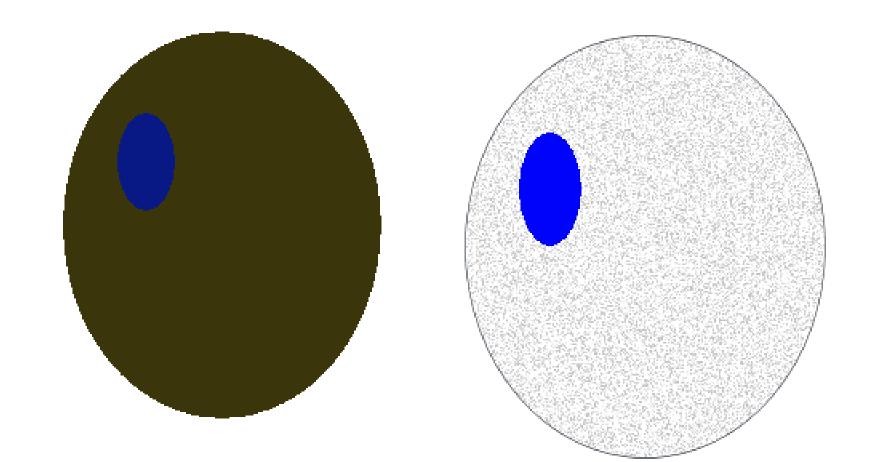
-Kee Warner (2012)



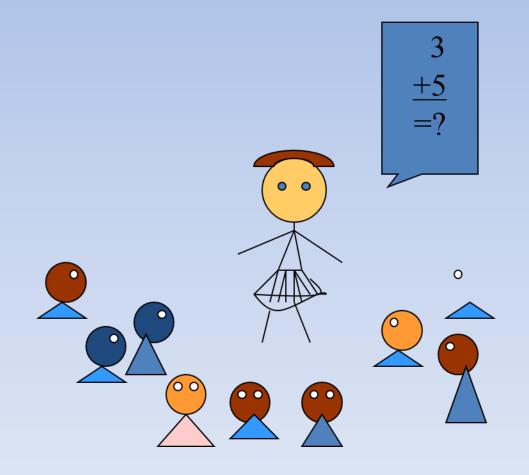
A Simple Cartoon Comparison of Brain Activity Levels

Student with FASD

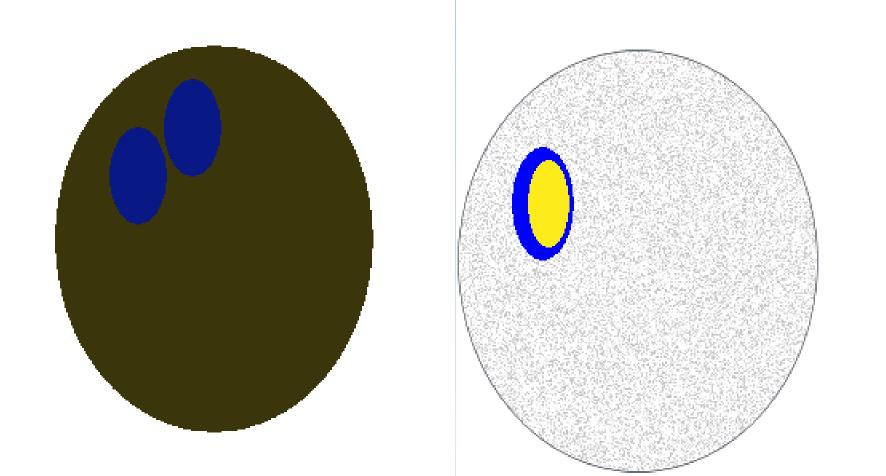
Other Student

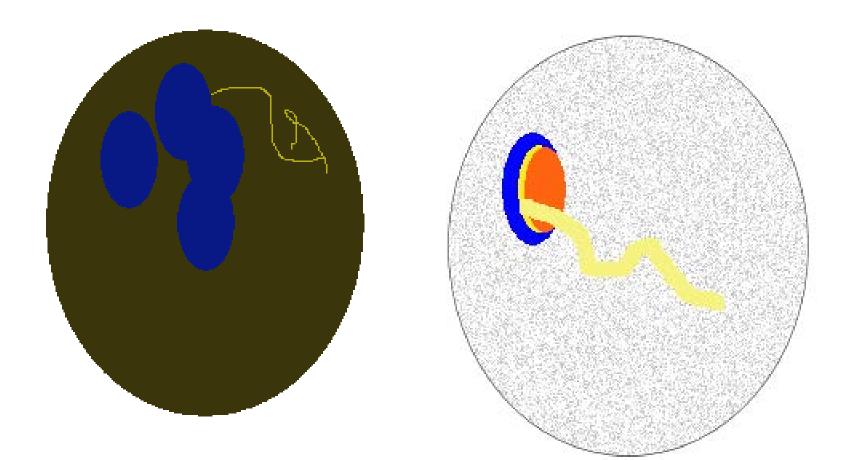


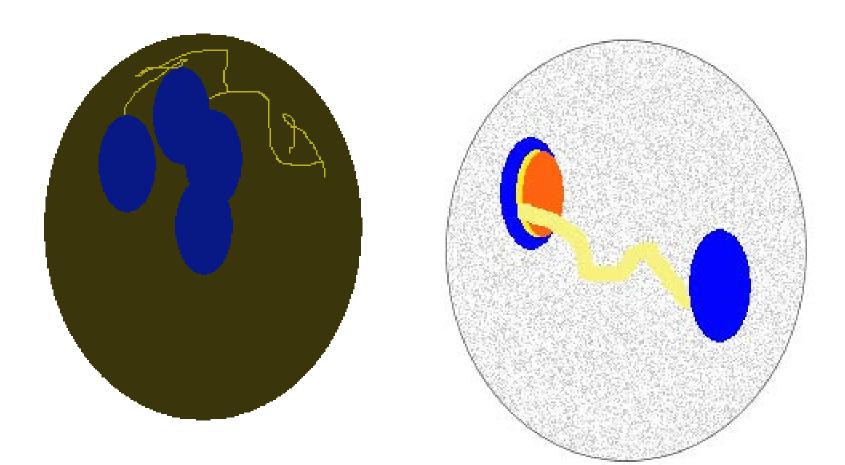
Teacher giving an instruction.



Hearing the Instruction

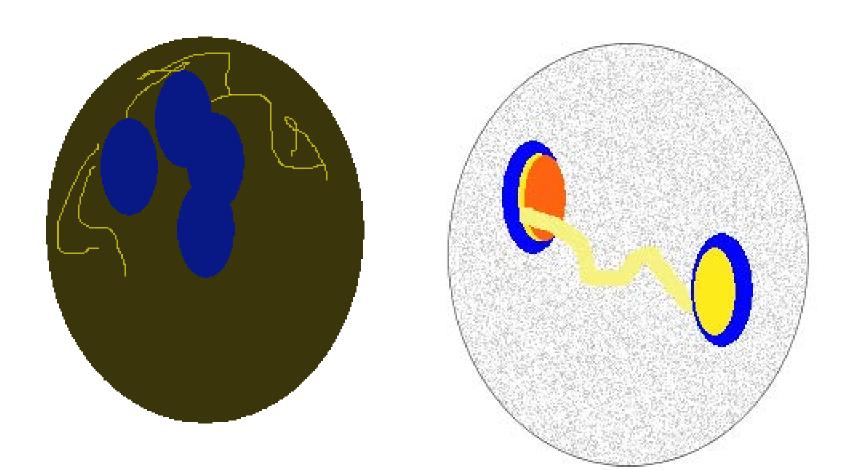


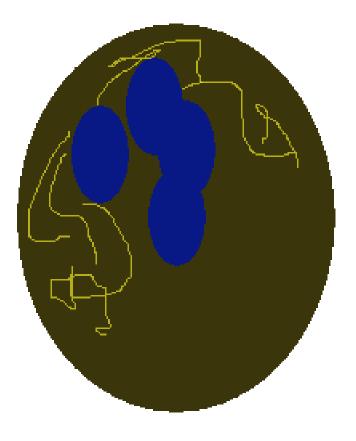


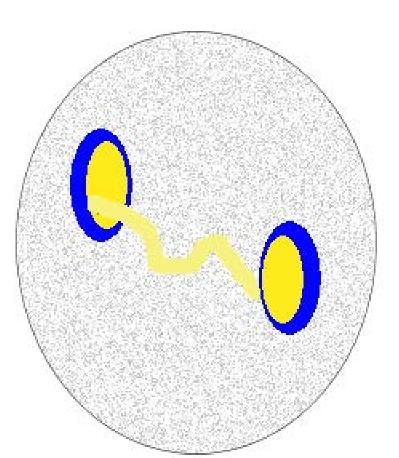


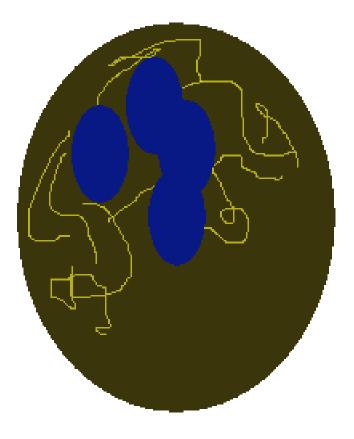
Sorting the Words

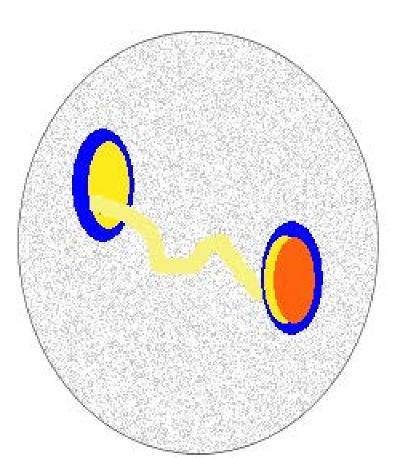
Calculating



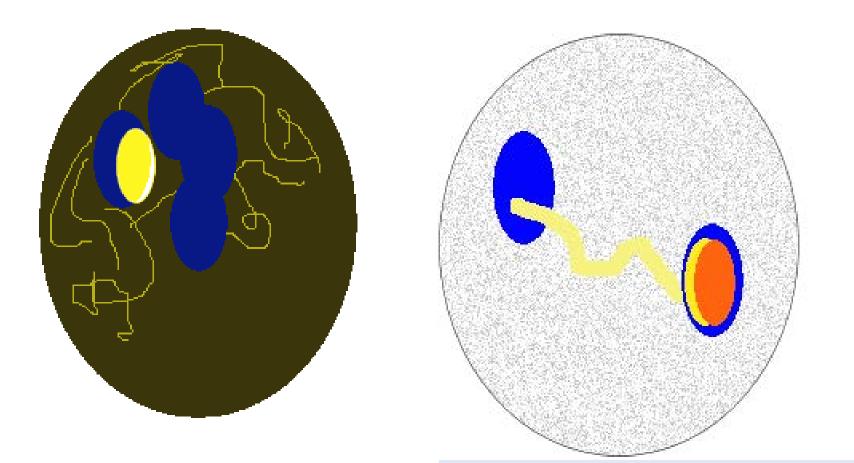




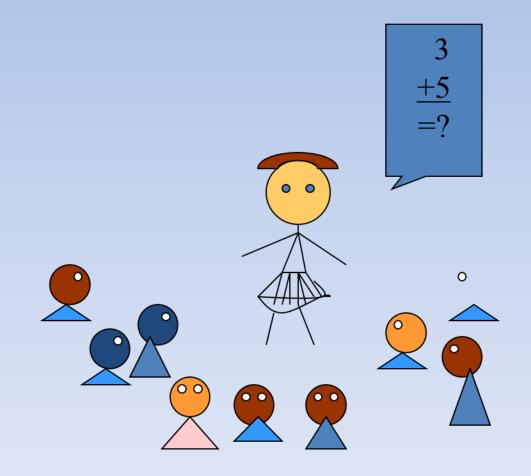


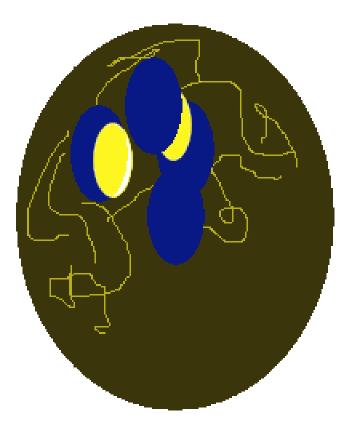


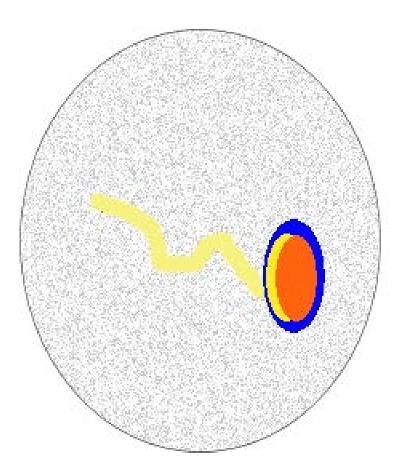
Processing Words



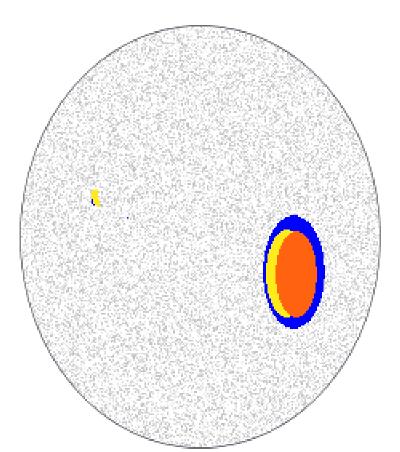
Repeating the Instruction





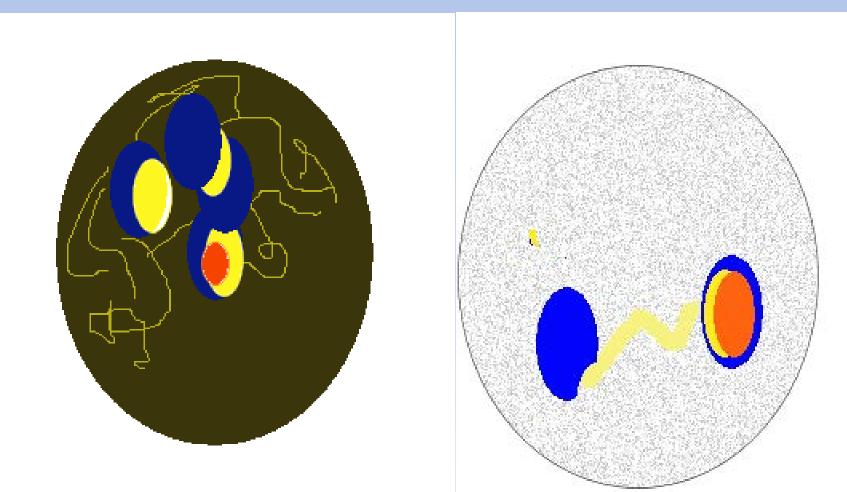


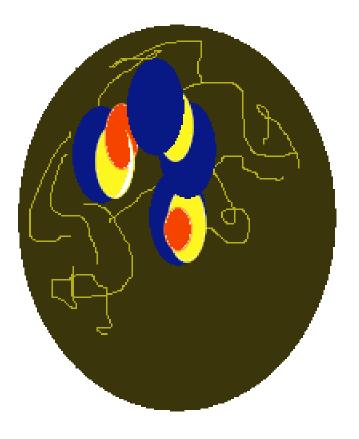


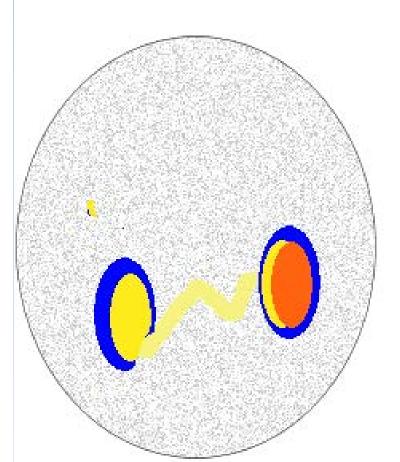


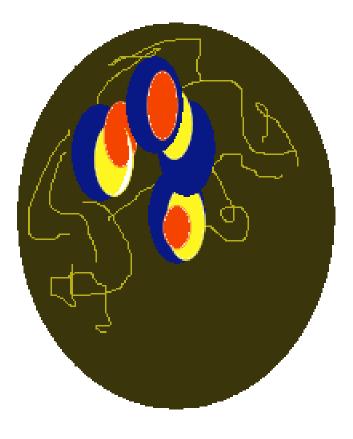
Counting on Fingers

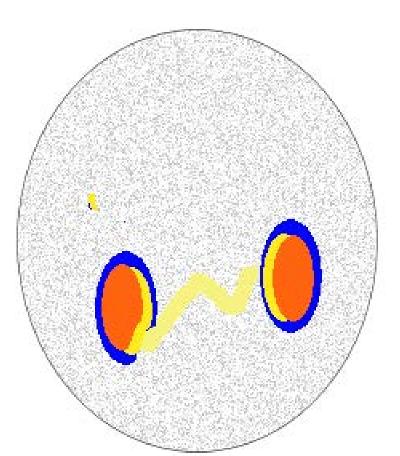
Writing

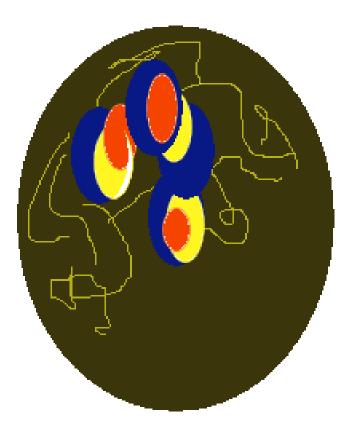


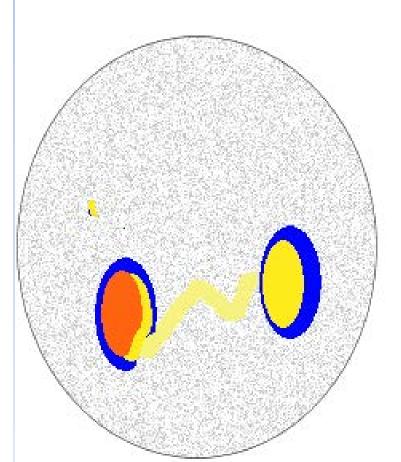


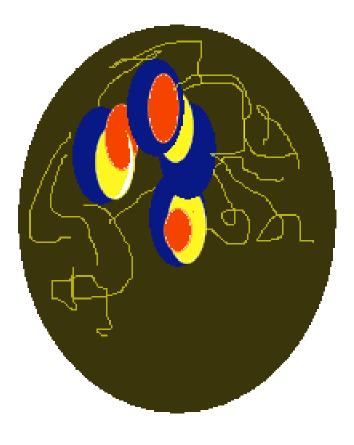


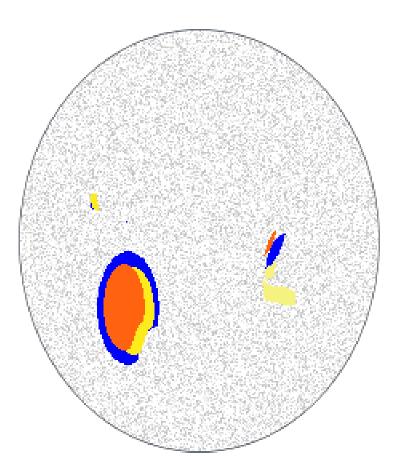




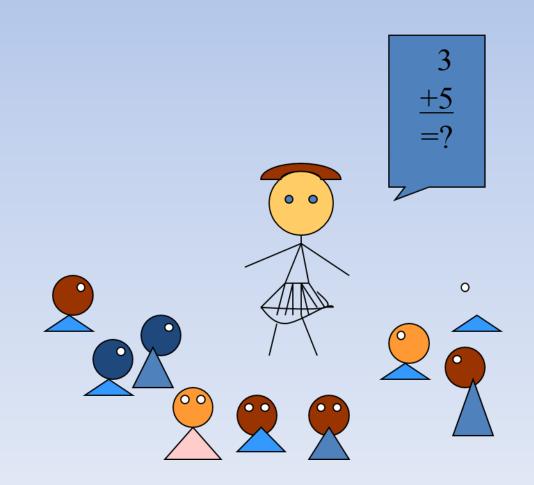






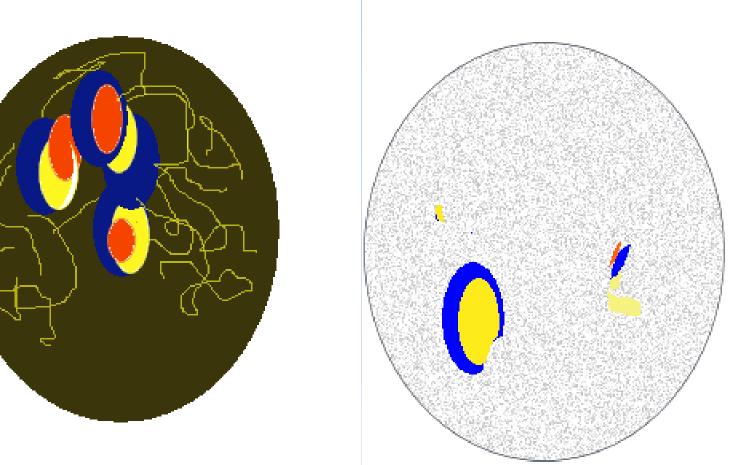


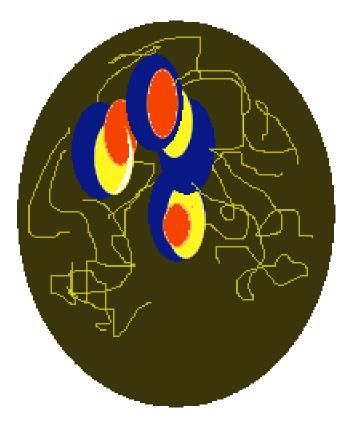
Another Repetition

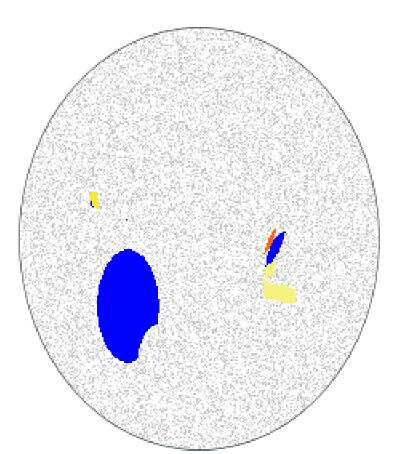


Translating from Fingers to Number Symbols

Returning to Resting

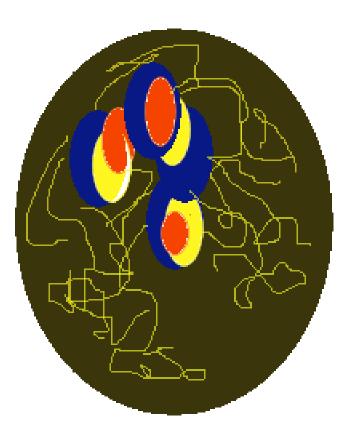


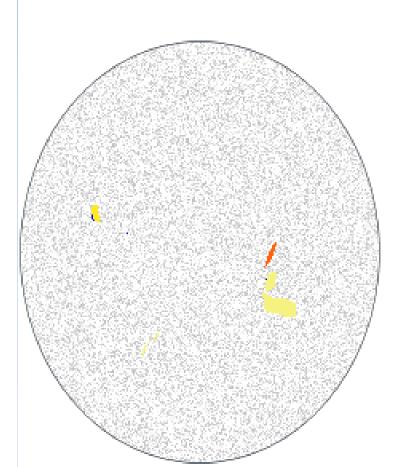




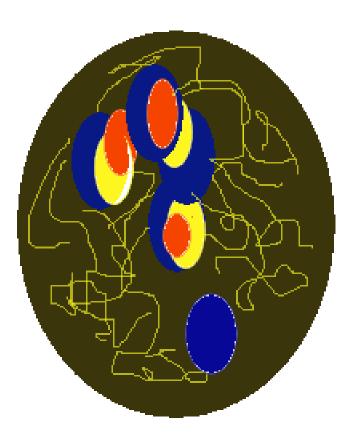
Finding Numbers

Resting

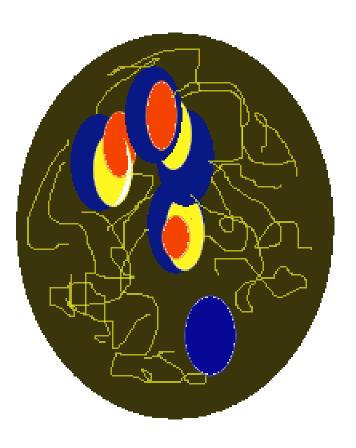




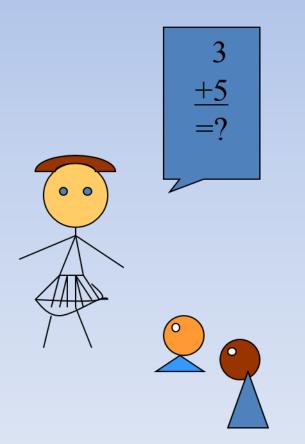
Picking up Pencil



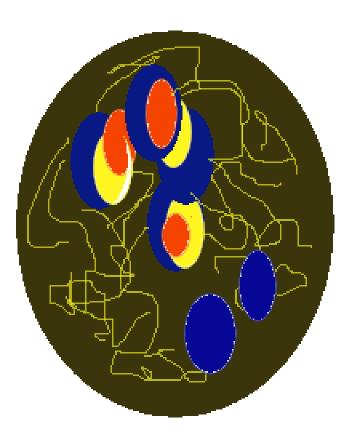
Searching Memory

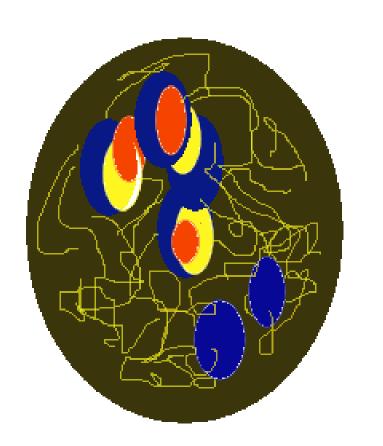


Another Repetition

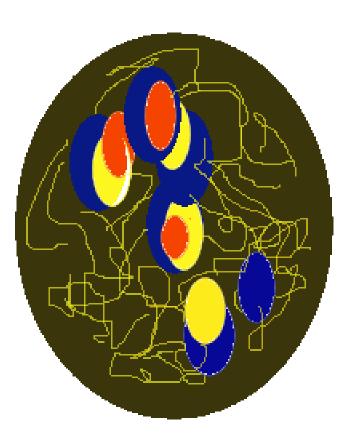


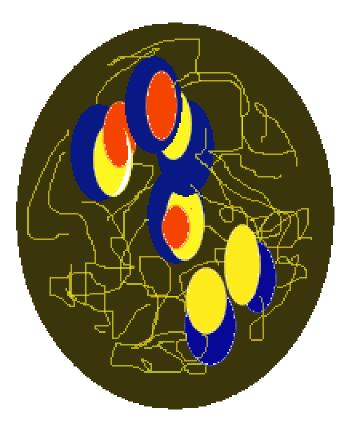
Possible Repetition of All Above Steps



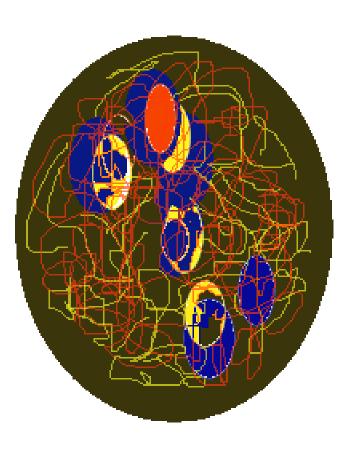


Calculating

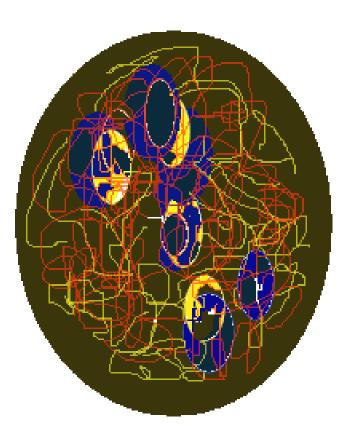


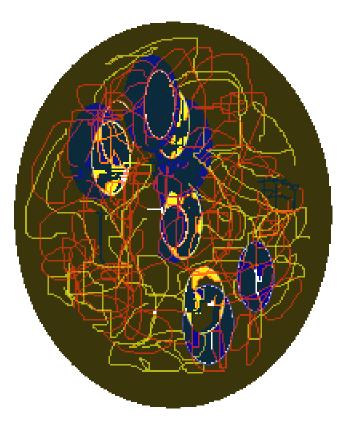


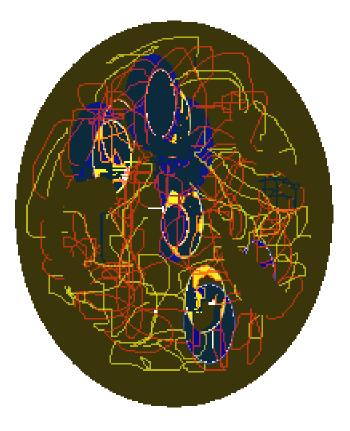
Writing

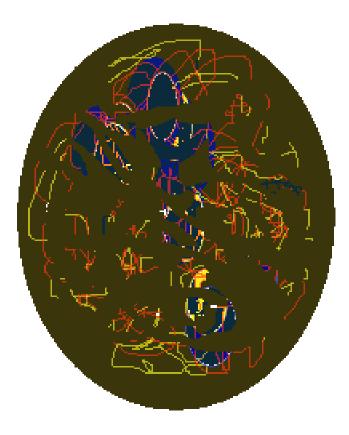


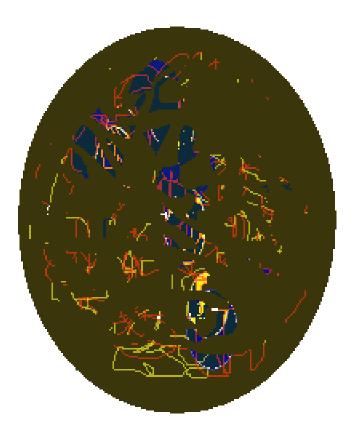
Slowly Returning to Resting

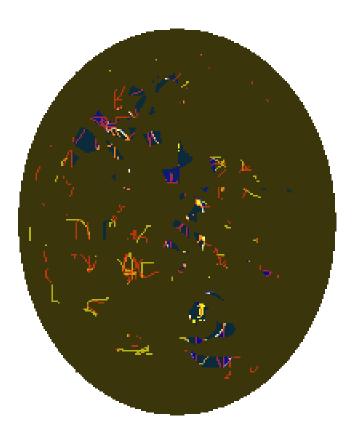




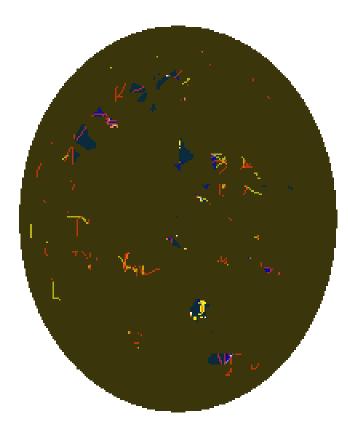


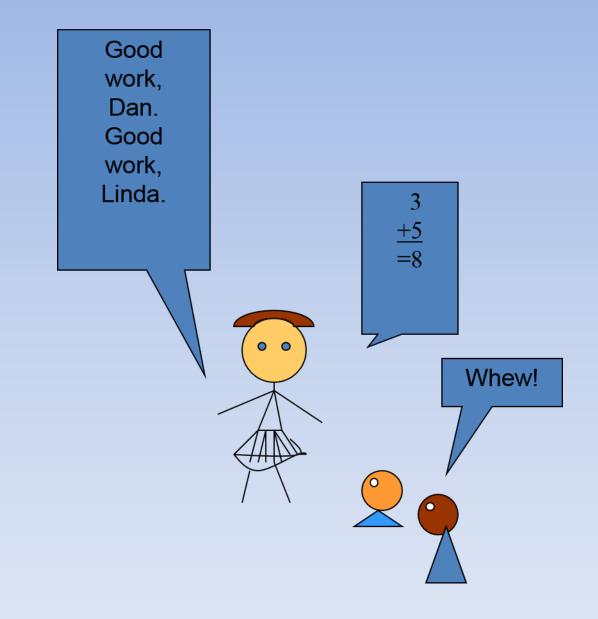






Resting





And to add to the Problem:

 Many children who were prenatally exposed to alcohol also suffer through Adverse Childhood Experiences (ACES)

So what do we **DO**?

- Adjust our Approach using Essential Elements
- Pay attention to Developmental Age
- Incorporate the 8 Magic Keys
- When things aren't working, use SOAP.



Correcting Misinterpretations

Behavior	Misinterpretation	Correct Interpretation
Non-compliance	 Willful misconduct Stubborn Attention Seeking 	 Difficulty translating verbal directions into action Doesn't understand
Repeatedly makes same mistakes	 Manipulative Willful misconduct Not trying, being lazy 	 Cannot link cause to effect Can't see similarities Difficulty generalizing Memory deficits Doesn't understand
Often late	 Lazy Poor parenting Not caring about the time 	 Doesn't understand abstract concept of time May not feel time passing
Out of seat behavior	 Willful Pest 	 Sensory overload Neurologically-based need to move while learning

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Correcting Interpretations (continued)

Behavior	Misinterpretation	Correct Interpretation
Poor social judgment	 Poor parenting Willful misconduct Making poor choices 	 Younger developmental age Doesn't understand verbal directions Not able to interpret social cues from peers Doesn't know what to do
Overly physical	 Willful misconduct Deviancy 	 Hyper or hypo sensitive to touch Doesn't understand social cues related to boundaries
Doesn't work independently	 Willful misconduct Poor parenting 	 Chronic memory problems Can't translate verbal directions into action Directions are given in abstract terms

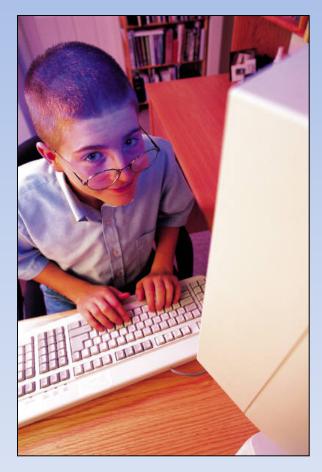
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Developmental Age!



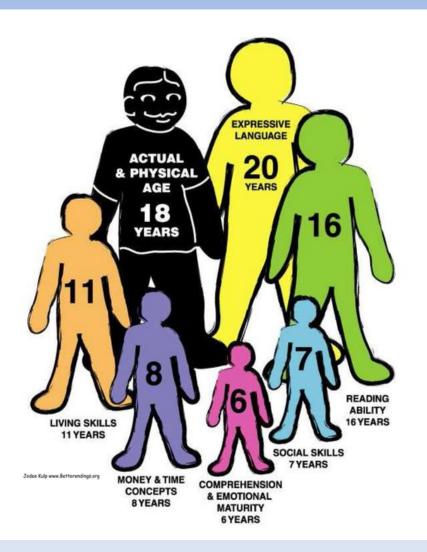
Developmental Age

vs. *Chronological* Age



< 8 years

Developmental Age!



Vineland Adaptive Behavior Scale II



25+ instead of 18





Ask 4 Thoughtful Questions

- 1. What is my student's *Developmental Age*?
- 2. Would this behavior be more normal/typical if that was his/her actual Chronological Age?
- 3. What is it that the student *does not understand*?
- 4. How can we help develop appropriate *Habit Patterns of Behavior* with or without current deeper understanding?

1st Adjust our Approach

- 1. Meet the Challenge
- 2. Families and FASD
- 3. Try a Different Approach
- 4. Establish a Structure
- 5. Observe Behavior
- 6. Interpret Behavior

- 7. The Physical Environment
- 8. Use Concrete/Literal Language
- 9. FASD and Memory
- 10. Academic and Social Skills
- 11. Transitions
- 12. Measure Success

8 Magic Keys

- 1. Concrete
- 2. Consistency
- 3. Repetition
- 4. Routine

- 5. Simplicity
- 6. Specific
- 7. Structure
- 8. Supervision

* Master Key: Trusted Relationship

What do we do when something we try doesn't work?



When things aren't working use SOAP

- Stop Action
- Observe
- Assess
- Plan



Is it Working?

- If yes, continue with that level of support
- If no, start at the beginning again.
- Where are the breaks in the chain of support?





We have had some astounding results:



Let's Practice with a few Real Life Case Studies:



Questions?

God give me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.



Additional Resources

- http://www.nofas.org/8-magic-keys-dvd/
- <u>http://www.education.gov.yk.ca/pdf/publications/fasd</u> <u>manual 2007.pdf</u>
- POPFASD https://www.fasdoutreach.ca/