

How Can You Help?

Be Consistent:

- Ensure that environment is stable and consistent from day to day
- Individuals may rely on certain objects and people for security
- Changes in environment may cause stress

Repetition:

- Be prepared to repeat and re-teach instructions even on simple tasks
- Remind individuals many times in order for them to remember

Positive Strength Based Approach:

- Identify individual's strengths and learning style and teach appropriately
- Strive to build competency and confidence
- Instead of punishment, teach individual to understand the behaviour and its consequences in order to change reactions

Simplify:

- To avoid over stimulation, keep interactions simple
- Ensure tasks are simple and relevant
- Break down complicated tasks into easy to follow steps

Communication:

- Keep communication short, ten words or less
- Ensure directions are direct and to the point
- Individual may require more time to understand and fully process what is being said
- Avoid the use of sarcasm, speak in literal terms

Visual Aids:

- Use picture cards to help individual remember certain things
- Often seeing the picture of an item is more helpful than seeing the word
- Use pictures to demonstrate how to accomplish a task

Praise Success:

- Focus on what the individual can do rather than what they can't do
- Highlighting accomplishments will help build individual's confidence

Provide Supervision:

- Recognize the individual's challenges while at the same time respecting their independence
- Monitor tasks and provide assistance when needed, but give them enough space to try things on their own

Plan Ahead:

- Practice the use of planning before beginning a new task
- Encourage individual to plan before acting rather than impulsively starting
- Use repetition to assist individual in seeing the consequences of various actions
- Importance of prioritizing: Use calendars, timelines and clocks to help outline the amount of time a task should take. Some individuals race through tasks without paying attention to detail, while others dwell on one thing to the point where they run out of time

Set Goals:

- Set realistic goals that individuals can successfully accomplish
- Make it harder to fail than to succeed
- Focus on creating interdependent individuals rather than completely independent

Long-Term Planning:

- Integration planning is essential
- Ensure long-term support systems are established

Ineffective Approaches:

- Shame and blame
- Zero tolerance and lack of patience
- Approaches that assume the individual can function at chronological age
- Traditional behaviour techniques—time out
- Expecting that the individual can transfer learning and generalize i.e. often repeats mistakes

FASD Resources

FASD Hamilton: www.fasdhilton.ca

FASD Ontario: www.fasdontario.ca

FASD Waterloo: www.fasdwaterlooregion.ca

John Howard Society of Ontario. (2010). Fetal Alcohol Spectrum Disorder and the Criminal Justice System: A Poor Fit. Issue 26.
National Organization on Fetal Alcohol Syndrome. (2014). FASD: What the Justice System Should Know About Affected Individuals. Retrieved from: <http://www.nofas.org/wp-content/uploads/2014/05/Facts-for-justice-system.pdf>

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Fetal Alcohol Spectrum Disorder (FASD)

A RESOURCE GUIDE FOR FRONT LINE WORKERS



Halton
FASD
Fetal Alcohol Spectrum Disorder

What is FASD?

Fetal Alcohol Spectrum Disorder is a generalized term used to describe neurological, behavioural and physical effects that can occur due to prenatal exposure to alcohol. This brain-based disorder is permanent and irreversible with varying symptoms. Although individuals with FASD cannot be cured, they are able to still lead rewarding and successful lives.

What Does It Look Like?

Effects of FASD can take many forms; however, not all effects are present in every individual.

Signs and symptoms of FASD are a mixture of physical and behavioural defects.

Physical Symptoms (not always present):

- Growing deficiencies
- Visual and hearing problems
- Heart defects
- Facial features—thin upper lip, flatness under nose and smaller eyes

Behavioural Symptoms; exist in three layers:

- Primary symptoms are permanent and reflect how the affected brain functions
- Secondary symptoms and Tertiary symptoms are usually preventable and are repercussions of the Primary symptoms

Fetal Alcohol Spectrum Disorders



Did You Know?

- An estimated 300 000 people in Canada currently live with FASD (1)
- There is no safe amount or time to drink alcohol during pregnancy
- FASD is the most common type of developmental delay in Canada
- Effects of FASD are not always known at birth – behavioural and learning disabilities are often not known until a child reaches school age
- There is only ONE cause of FASD – prenatal exposure to alcohol
- Approximately 60% of people with FASD over the age of 12 have been charged with, or convicted of a crime (2)

(1,2) John Howard Society of Ontario. (2010). Fetal Alcohol Spectrum Disorder and the Criminal Justice System: A Poor Fit. Issue 26.

Primary Symptoms:

Dysmaturity:

- A gap exists between their chronological and their developmental age
- People expect individuals to 'act their age' when they do not have the skills to do so

Slower Processing Speed:

- Require more time to form connections and respond to surroundings
- Teaching in a slow method is usually effective

Memory Problems:

- Difficulties in storing, retrieving and processing information
- Gaps exist in learning due to remembering one day and forgetting the next
- Stronger visual memory and weaker short term memory

Trouble with Abstract Thought:

- Difficulty grasping concepts that are not concrete
- Space, money and time are usually difficult to understand
- Trouble generalizing concepts over multiple associations

Language:

- Expressive language is often stronger than receptive language
- May be able to repeat instructions but are not able to comprehend
- Social cues are difficult to interpret

Difficulty in Making Predictions:

- May not be able to imagine something that they have not already experienced
- Usually not able to determine consequences to an action or form associations
- Weakness in problem solving

Sensory Challenges:

- Overly sensitive to light, sound, texture or smell
- Easier for individuals to focus when sensory issues are calmed

Inconsistent Performance:

- Individuals usually seen as difficult and unwilling to try; in reality, they are trying just as hard on good days as bad days
- Generally 'people pleasers'. Will react to a situation the way they think the other person wants them to, without complete comprehension

Attention Deficit – Hyperactive:

- Reduced attention span
- May require constant supervision through transitions

Secondary Symptoms: Tertiary Symptoms:

Develop by interaction of primary symptoms with their environment:

- Frustration
- Fatigue
- Anxiety
- Irritability
- Anger/Aggression
- Disengagement

The final effects that emerge from secondary symptoms:

- Trouble at home and school
- Delinquent or criminal activity
- Mental health problems
- Alcohol/Drug use

FASD Myths & Facts

Myth: FASD only occurs when mothers binge drink or are alcoholics

Fact: There is no known safe amount of alcohol during pregnancy. There is no "safe time" to drink alcohol during pregnancy.

Myth: You can tell if someone has FASD by the way they look

Fact: The majority of FASD people have no physical characteristics of the disability; often being misdiagnosed.

Myth: Only a few people with FASD over 12 years old have been charged with or convicted of a crime

Fact: Approximately 60% of people with FASD over 12 years old have been charged with or convicted of a crime.

Myth: Behaviour is a choice. People with FASD just need to learn and try harder

Fact: FASD prevents people from being capable of controlling their own behaviours. For that reason, we must change our assumption that 'they won't behave' to 'they can't behave'.

Myth: People with FASD socially mature at a rate appropriate to their chronological age

Fact: Many with FASD will never mature beyond the level of a 6 year old.

Myth: Over time, and with the right interventions, a person with FASD can be cured

Fact: FASD is a brain-based physical disability. As such, FASD is permanent and cannot be cured.

Myth: It takes an increased amount of consequences for a person with FASD to learn from his/her mistakes

Fact: People with FASD generally have trouble connecting cause and effect. They may not be able to draw a connection between two events; therefore, punishments are unlikely to have any impact on deterring similar future behaviour. This is seen in repeated offending behaviour of same or similar charges. They will often make the same mistakes numerous times.

Myth: FASD is just the latest trendy disability

Fact: Only recently have we been able to recognize the enormous prevalence of this disorder, although there have always been people affected by FASD. It is often misdiagnosed as ADHD, ODD, etc.

