

**Reframe the behaviours....  
What looks like misbehaviour is  
permanent brain damage.**

**What We See**

**What's Really Going On**

Won't	Can't
Lies	Confabulates, fills in
Doesn't care	Can't show emotion
Doesn't try	Tired of failing
Steals	Doesn't get ownership
Doesn't answer	Slow cognitive pace
"Melts down"	Sensory overload
Rages	Poor impulse control
Acts young	Is "young", stays young
Forgetful	Memory is sketchy
Tardy/late	Doesn't get time
Very literal	Can't abstract
Disobeys rules	Can't generalize rules
Impulsive	Can't predict outcomes
Touches	No sense of boundaries
Can't get started	Transitions are difficult
Can't get stopped	Transitions are difficult
Repetitive acts	Unable to let go

**Environmental Modifications**

- build on the person's strengths
- reduce stimuli in calm, quiet places
- slow down your pace of talking
- absolute routine, no surprises
- make instructions visual
- provide 1:1 "external brain" supports
- repeat, repeat, repeat
- consequences do not work
- break jobs down into small steps
- use job coaches where available
- use the 8 Magic Keys <http://view.earthchannel.com/PlayerController.aspx?>

**Neurobehavioural Approach (NB)**

The NB approach, also called the brain-based approach, is an understanding of FASD as a physical (brain) disability. It encourages caregivers, family members and professionals to see the challenges and strengths of each individual with FASD and use these challenges and strengths to make accommodations that set that person up for success. Since FASD is a physical disability it makes sense to do for those with FASD the same as we do for others with more visible physical disabilities: provide accommodations and environmental change.

**Chatham-Kent FASD Network**

- Purpose:** To support the enhancement of the community's capacity to address the range of services and supports which relate to FASD.
- Vision:** Families and individuals affected by FASD will have the supports and information needed to improve their daily lives.
- Membership:** Individuals and organizations with an interest, knowledge and commitment to those living with FASD.
- Meetings:** Email the contact.
- Contact:** Chatham-Kent Public Health Unit  
519-352-7270 or  
shelleyc@chatham-kent.ca

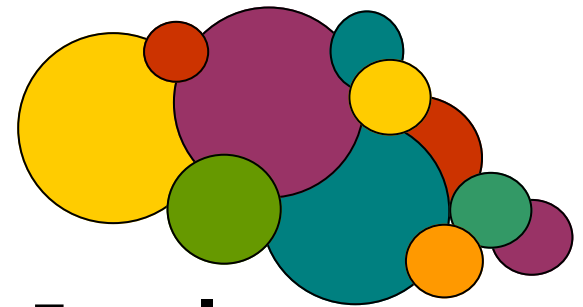
**For more information and links to FASD related research, education, resources and recommended reading visit:**

[www.chathamkentifasdnetwork.wordpress.com](http://www.chathamkentifasdnetwork.wordpress.com)



Adapted by the Chatham-Kent FASD Network  
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**Fetal  
Alcohol  
Spectrum  
Disorder  
(FASD)**

**...Information for  
everyone to know!**

**FASD FACTS:**

- ♦ Occurs in at least 1% of live births.
- ♦ The most common birth defect in North America.
- ♦ Most have few physical signs of FASD.
- ♦ Is usually an "invisible" disorder with the exception of behaviour.

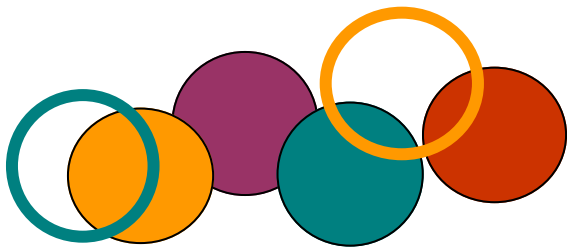
**On any given day, you may come into contact with a person who has FASD and need to know these facts.**

## What is FASD?

Fetal Alcohol Spectrum Disorders are the range of disabilities caused only by the use of alcohol during a pregnancy.

The most serious disability caused by alcohol in pregnancy is brain damage. It is permanent and can cause lifelong social, learning, and developmental disabilities.

FASD can also cause a range of physical birth defects. Most of these physical disabilities are not obvious to the observer. They are otherwise known as “invisible” disabilities.

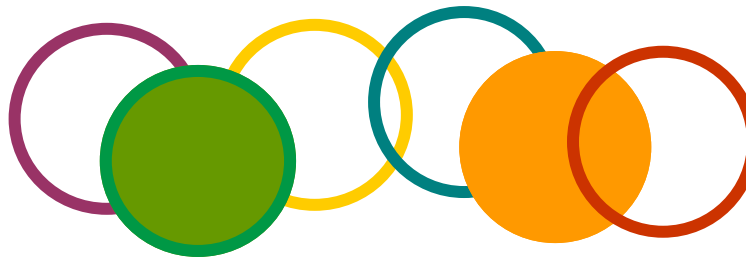


## How much alcohol does it take to cause FASD?

There is no known safe level of alcohol consumption at any time during pregnancy.

Even small, regular amounts of alcohol have been shown to cause worrisome effects in some studies.

Large amounts of alcohol - binge drinking and alcoholism have shown to be very unsafe and can produce devastating damage. (“Zero 4 Nine”)



*Most people with FASD have an IQ within the normal range of intelligence but are unable to make use of this potential. They may have learning disabilities and struggle with activities of daily life. Alcohol is a neurotoxin and causes the death of developing brain cells “in utero”.*

## FASD Diagnosis

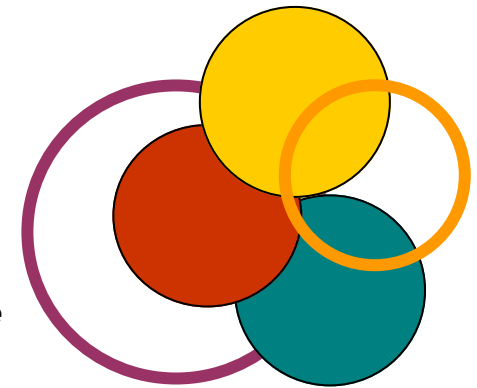
A diagnosis of FASD requires a multidisciplinary team and involves a thorough physical and neurodevelopmental assessment.

Diagnosis of FASD is critical to improve outcomes for affected individuals and families.

## Behaviours Common to FASD

*All are caused by permanent brain damage.*

- is academically poor; math, science, & reading are the hardest, has trouble with money and time
- takes the property of others
- skips school/risk for school drop-out
- can't “see” dangerous situations - lacks conscience, not sorry - is a risk taker, behaves foolishly
- can't plan ahead, is late and often forgetful
- has very poor life skills/social skills - is a follower, easily lead
- expresses self very well but is receptively weak
- confabulates, makes things up
- gets angry & can have violent reactions - makes the same mistakes over and over



## Characteristics of FASD

- A - Adapting:** great difficulties
- L - Language:** talk well, don't hear
- A - Attention:** poor (ADD/ADHD)
- R - Reasoning:** can't abstract
- M - Memory:** is very poor, varies

## Secondary Signs of FASD

All are the result of living with FASD *without supports*

- ⇒ Mental health problems
- ⇒ Difficulty living independently
- ⇒ Difficulty keeping a job
- ⇒ Early school suspension/ drop out
- ⇒ Trouble with the law
- ⇒ Inappropriate sexual behaviours
- ⇒ Alcohol & drug abuse issues