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**UNDERSTANDING FASD AS A BRAIN-BASED DISABILITY**

*Jenn Werden, MSW*

# JENN WERDEN, MSW



- ❑ TBRI® Practitioner, Making Sense of Your Worth and Parenting for Positive Self Worth Facilitator
- ❑ FASCETS Neurobehavioral Model and Circle of Security training informed and previous participant
- ❑ Completed numerous FASD trainings
- ❑ Mom to Jay - diagnosed by The Florida Center's Fetal Alcohol Spectrum Disorders Clinic in November 2019 with Fetal Alcohol Syndrome





Let's think  
about our  
brains!



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# ACTIVITY

Think about the steps your brain had to take from the time you went to lunch or picked up your children until the time you logged into this training.



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# FETAL ALCOHOL SPECTRUM DISORDERS (FASD)

## FETAL

Changes in normal development in utero

## ALCOHOL

A teratogen - causes cell changes and damage

## SPECTRUM

Damage/difficulties present from mild to severe

## DISORDERS

Inability to function and adapt as expected across the life span

FASD describes a range of symptoms that can occur when a person is exposed to alcohol in utero. These effects may include physical, behavioral, mental, and/or learning disabilities with possible lifelong implications. - Centers for Disease Control and Prevention, 2020



# DEVELOPMENTAL CONSEQUENCES OF FETAL EXPOSURE TO DRUGS AND ALCOHOL

“Of all the substances of abuse (including cocaine, heroin, and marijuana), alcohol produces by far the most serious neurobehavioral effects in the fetus.”

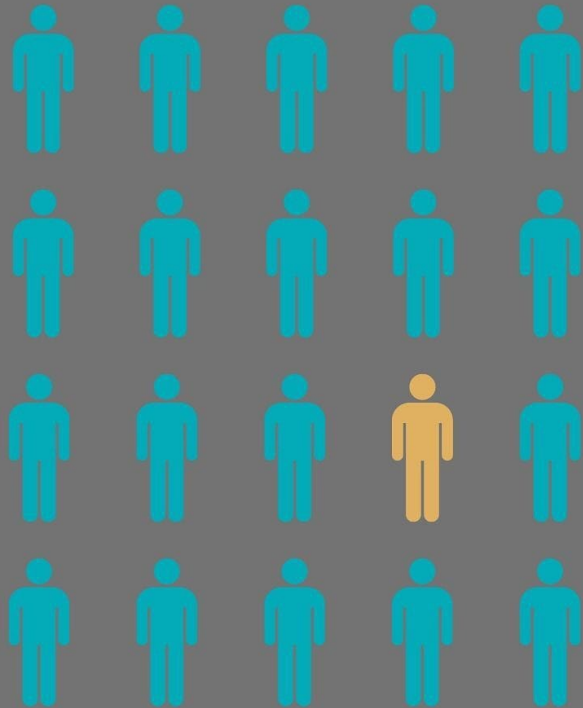
- *The impact of alcohol on the developing fetus according to the 1996 Institute of Medicine Report to Congress*

It appears that nearly all drugs impact the developing brain causing neurobehavioral effects in the fetus that can be life-long.



# WHAT IS RESEARCH TELLING US?

**1 IN 20 SCHOOL AGED  
CHILDREN HAVE FASD**



National Institute of Alcohol Abuse and Alcoholism conducted a study of 1<sup>st</sup> grade students in four US communities

Results:

222 students identified with a FASD

Overall conservative estimate of students is  
1 in 20



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# FASD AND CHILD WELFARE: THE NUMBERS ARE SHOCKING!



- ❑ It is estimated that 50% of the children in foster care are affected by prenatal alcohol exposure in varying degrees.
- ❑ According to research, 86.5% of youth involved in child welfare who qualified for a diagnoses of FASD, had never been previously diagnosed or had been misdiagnosed.
- ❑ Prevalence of Fetal Alcohol Syndrome in the foster care system is 10 times higher than in the general population.



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Diagnostic System	Setting	FAS Only	Spectrum
4-Digit Diagnostic Code	Multidisciplinary Team		X
CDC Guidelines	Multidisciplinary Team	X	
DSM-5 TR	Individual Providers		X
Institute of Medicine	Multidisciplinary Team		X



# 4 DIGIT CODE CRITERIA

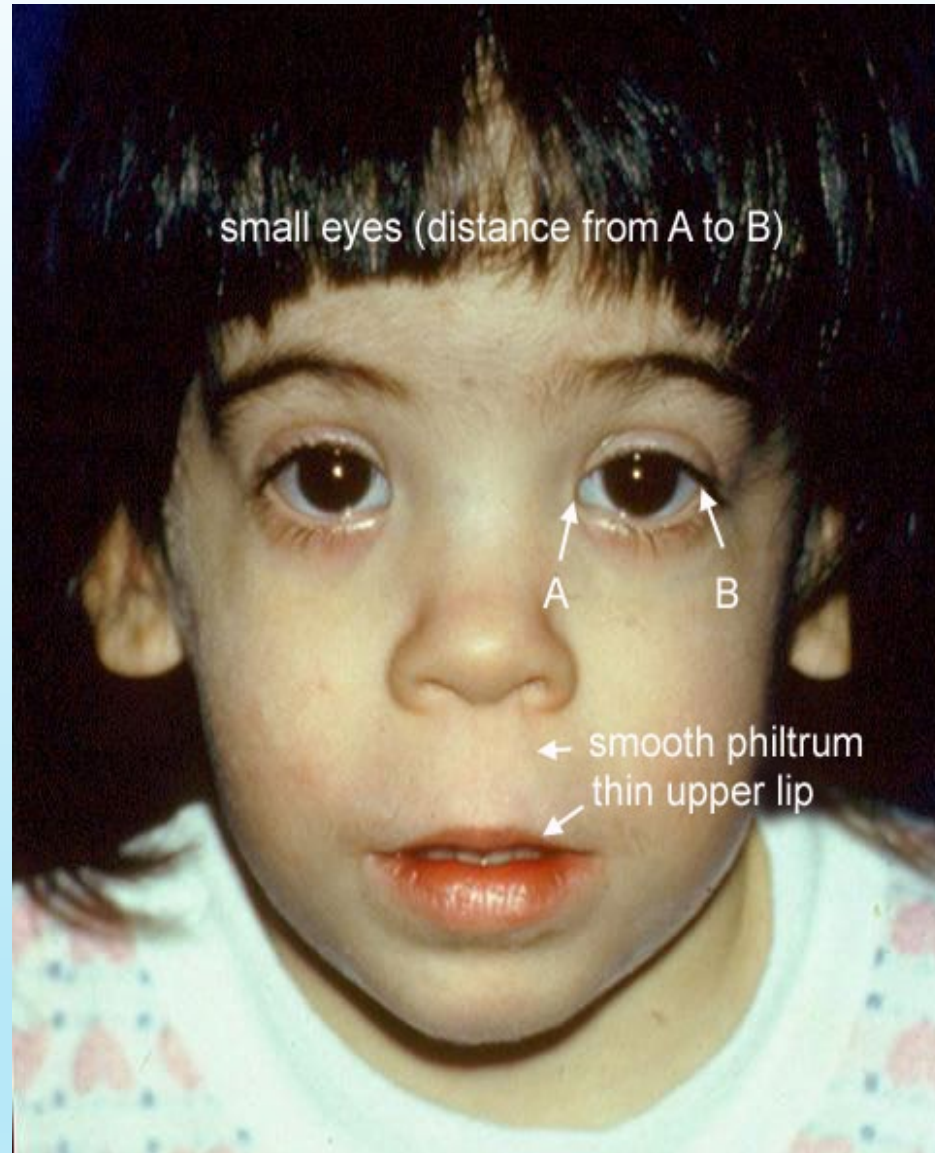
Growth

Facial Features

Brain: structure and function

Prenatal exposure to alcohol



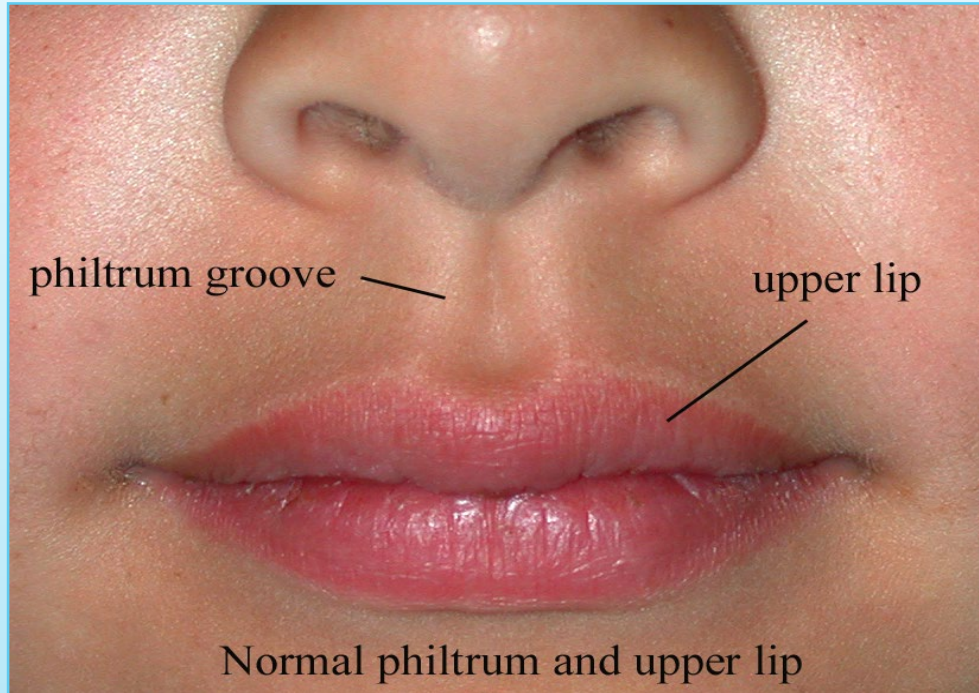


Source: <http://www.depts.washington.edu/fasdprn/face.html>

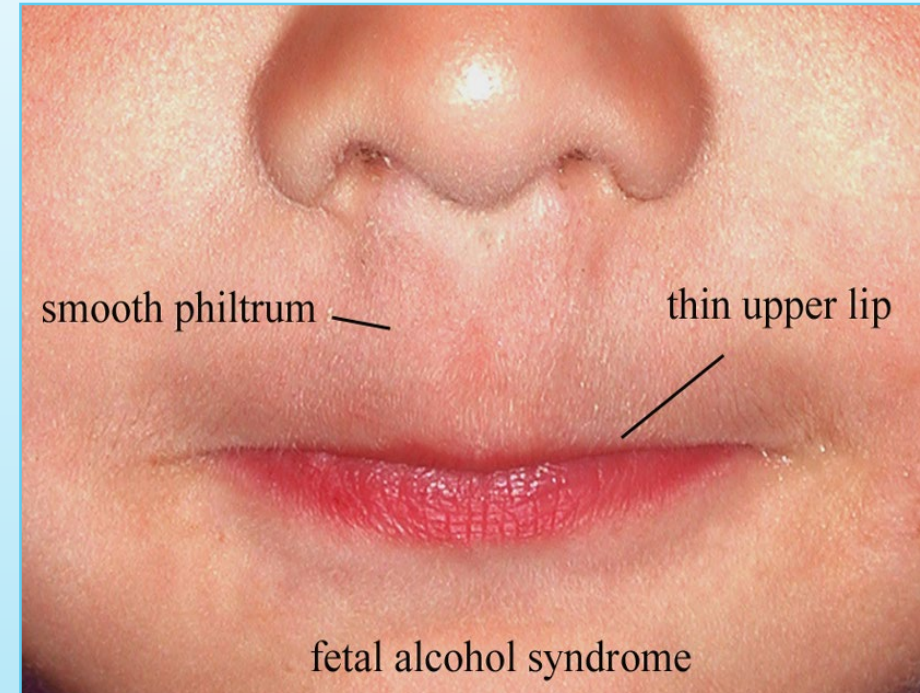


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# FASD FACIAL FEATURES



Source: <http://www.depts.washington.edu/fasdpn/face.html>



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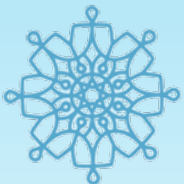


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# STRENGTHS OF INDIVIDUALS WITH FASD



- ❑ Creative
- ❑ Artistic
- ❑ Musical
- ❑ Mechanically inclined
- ❑ Athletic
- ❑ Compassionate
- ❑ Poetic
- ❑ Generous
- ❑ Friendly, outgoing
- ❑ Determined
- ❑ Wants to please
- ❑ Good with younger children
- ❑ Good with animals
- ❑ Good gardener



# PRIMARY CHARACTERISTICS OF FASD



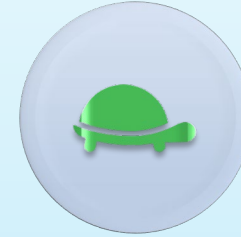
MEMORY PROBLEMS



DEVELOPMENTAL  
DYSMATURITY



MAY HAVE SENSORY ISSUES  
AND DIFFERENT  
RESPONSES TO STIMULI



MAY HAVE SLOW  
COGNITIVE AND/OR  
AUDITORY PACE



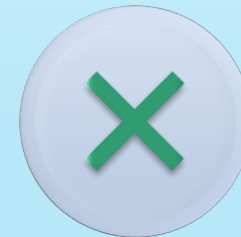
DIFFICULTY ABSTRACTING  
AND PREDICTING



ARE OFTEN VERY LITERAL,  
CONCRETE AND  
CONTEXTUAL LEARNERS



MAY HAVE DIFFICULTY  
MAKING DECISIONS

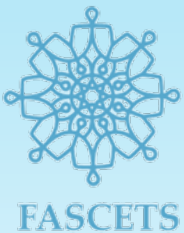


MAY BE DIFFICULTIES  
TRANSITIONING



# SECONDARY DEFENSIVE BEHAVIORS DEVELOP OVER TIME WHEN THERE IS A “POOR FIT”

*Defensive behaviors are normal  
reactions to pain and frustration and  
can be prevented, reduced or resolved*



*Adapted from: Ann Streissguth, 1996*

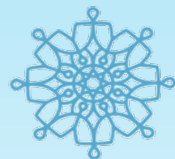




# ADVERSE IMPACTS

(FORMERLY KNOWN AS SECONDARY BEHAVIORAL SYMPTOMS)

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



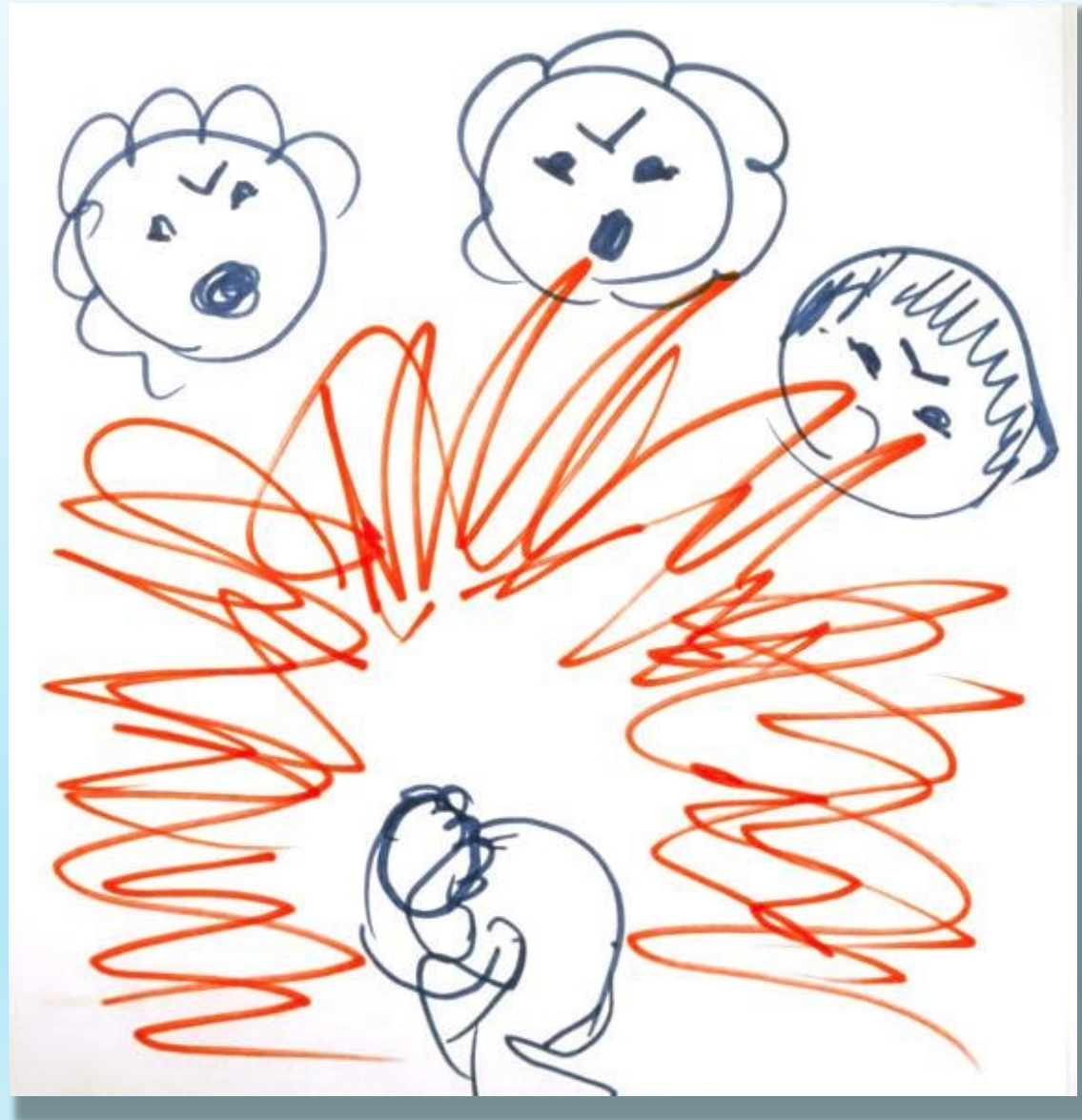
FASCETS



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**“NO WONDER HE’S ANXIOUS AND DEPRESSED.”**



*Anonymous, with permission*

Name

*ally*

Date

## Adding and Subtracting Rational Numbers

Add or subtract to solve each problem.

1. $-3.9 + 2.7 =$ <u>1.2</u>	2. $2\frac{4}{6} + (-\frac{3}{6}) =$ _____ $\frac{16}{6} + (-\frac{3}{6}) = \frac{13}{6} \rightarrow 2\frac{1}{6}$	3. $-3 + (-5.9) =$ _____
4. $-\frac{5}{7} - \frac{1}{7} =$ _____	5. $7.25 - (-4) =$ _____	6. $-2\frac{3}{12} + (-5\frac{2}{3}) =$ _____
7. $\frac{1}{4} - \frac{5}{8} =$ _____	8. $-6.7 - (-5.4) =$ _____	9. $-8\frac{4}{9} + 11\frac{5}{9} =$ _____
10. $2.4 - 12.8 =$ <u>-10.4</u>	11. $-8.2 - 9.18 =$ _____	12. $1\frac{1}{4} - (-2\frac{3}{4}) =$ _____

Keep going! Add or subtract to solve each problem. Remember to first rewrite the problem so that the numbers have the same form.

13. $6\frac{3}{4} + (-2.7) =$ _____	14. $-10.8 - 7\frac{1}{5} =$ _____	15. $\frac{6}{10} - (-4.25) =$ _____
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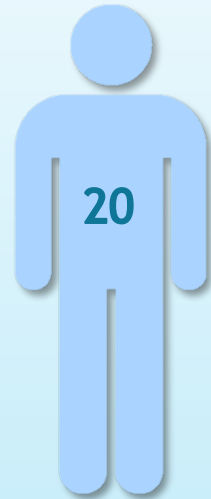
# QUESTION:

What grade  
is this  
student in?



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# WHAT YOU SEE ISN'T WHAT YOU GET



Expressive Language



Actual Physical Age



Reading Ability



Money & Time Concepts



Living Skills



Social Skills



Comprehension & Social Maturity

# EXAMPLES OF COMMENTS SENT HOME:

- UNABLE TO SIT AND WORK TODAY
- SCRATCHED ANOTHER CHILD
- REFUSED TO FOLLOW DIRECTIONS
- THROWING CHAIRS
- REFUSED TO SIT
- REFUSING TO DO HIS WORK
- KICKED A STUDENT
- NOT LISTENING
- SCRIBBLED INSTEAD OF WORKING
- TORE UP WORK
- REFUSED TO DO HIS WORK WITHOUT HELP
- UNCOOPERATIVE
- RUNNING/PLAYING IN LINE
- THREW HIS WORK
- REFUSED TO WORK
- RIPPED UP WORK
- TOLD TEACHER NO



NOW LET'S TAKE A MINUTE TO THINK BRAIN...



The teacher asks the child to do something and the child screams “no”, breaks the pencil and throws it on the floor. Why might he do that?



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IS THIS A  
SYMPTOM

OR

IS THIS A  
BEHAVIOR?



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# COULD IT BE...



He has problems with fine motor and writing is really hard for him and he is tired of trying. He also had trouble sleeping.



He has a hard time with cognitive flexibility and changing activities.



The child did not hear what the teacher said, the teacher called on him, he heard her voice a lot louder than it was, he got scared and just reacted.



The child is trying to get away with not doing the activity.



# ACCOMMODATIONS



- ❑ Accommodations for individuals with physical disabilities are not uncommon - i.e. wheelchairs, cochlear implants, glasses, etc
- ❑ It would not be appropriate to not provide those tools of assistance
- ❑ Individuals with FASD typically need some sort of accommodations to assist them with their symptoms







Some days, the FASD brain works like a bright, shining lightbulb. Symptoms are minimal. They are able to do common tasks with little or no help. They remember things they've learned with few, if any difficulties.



Some days, the FASD brain's bulb seems to have a short in it. Symptoms come and go - they seem to be misbehaving more. They can sometimes do common tasks and sometimes they can't. They sometimes remember things they've learned, but forget other things.



Some days, the FASD brain's bulb won't turn on at all. Symptoms show up throughout the day and what seems to be misbehaviors are nearly non-stop. Tasks they can often do alone, they now are completely unable to do. They can't remember things that they've demonstrated mastery of in the past.





ANY QUESTIONS?



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