



FETAL ALCOHOL SPECTRUM DISORDER

A Guide to Awareness and Understanding

FASD 
NETWORK

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ABOUT THE NETWORK

The FASD Network of Saskatchewan is a provincial organization that works with families, children, and adults affected by Fetal Alcohol Spectrum Disorder. A group of dedicated parents came together in the early 1990s seeking support and understanding. They had common concerns about the challenges related to parenting children affected by pre-natal exposure to alcohol. When the Network began, very little was known about FASD. Families faced stigma, lack of services, and misunderstanding.

Now, 30 years later, the Network is a community-based provincial organization with offices in Saskatoon and Regina. Over the years, the level of knowledge and understanding in Saskatchewan communities has grown along with the Network. The Network has expanded from a group of concerned parents into an organization led by a 12-member board of directors offering support, training, and events across the province.

Close ties and partnerships with community members, professionals, funders, and all levels of governmental departments aid the Network to accomplish activities aimed at improving the lives of individuals and families living with FASD.



Our vision is:

“to cultivate a society that comprehends the intricate nature of Fetal Alcohol Spectrum Disorder (FASD), becoming more FASD-informed, and thereby fostering a supportive community that empowers individuals impacted by FASD.”

TRAINING

The Network offers a variety of tailored training sessions to organizations that work with individuals living with FASD.

These training sessions provide an in-depth knowledge of FASD presented by qualified instructors with a background in the disability. The Network continuously works on updating and developing curriculums for frontline workers, foster parents, educators, post-secondary students, community organizations and others.

These sessions can be held anywhere in the province. By receiving training on the disability, organizations that work with individuals living on the spectrum can gain a better understanding of FASD and tailor supports to the individuals' needs.

SUPPORT

The Support Program was created to give families direct support in their daily lives.

The program aims to work with families and circles of support to gain positive outcomes for those with FASD. A Support Worker will work to clarify the individual's short-term goals and determine a plan to reach these goals. The program provides assistance via case management, employment services, peer support, strategies, justice system navigation, referrals to community programs, and more.

The Network's Support Workers have an in-depth understanding of FASD that can be shared to help individuals and families living with FASD achieve success.

EVENTS

Along with our training sessions, the Network offers several annual events that provide education and training on FASD.

These events include an annual conference tailored to meet the needs of different sectors, workshops that travel across the province to provide professionals with an introduction to the disability and strategies for success, as well as events created specifically for caregivers and individuals with the disability.

The Network regularly updates its website to provide information on upcoming events and appreciates feedback on the types of events communities would like to see in Saskatchewan.

To access these services contact us at 1-866-673-3276 or visit www.saskfasdnetwork.ca

UNDERSTANDING FASD: BASIC INFORMATION

What is FASD?

FASD stands for Fetal Alcohol Spectrum Disorder. It is a lifelong disability that affects the brain and body of people who were exposed to alcohol in the womb. Each person with FASD has both strengths and challenges and will need special supports to help them succeed with many different parts of their daily lives.

How does alcohol harm a fetus?

Alcohol is a teratogen, meaning that this substance is toxic to, and can negatively influence, prenatal development. When a woman is pregnant and drinks, the alcohol passes freely through the placenta and enters the system of the developing fetus. Alcohol remains in the system of the fetus longer than that of the mother. The alcohol injures the body systems and organs that are developing at that stage of the pregnancy.

Our brains continue to develop after birth, so alcohol should also be avoided when breastfeeding. Many factors influence the amount of injury resulting from prenatal exposure, including the amount of alcohol consumed, how often alcohol is consumed, the timing of consumption, the general health of the mother, stress levels, exposure to other substances and genetic makeup.

The central nervous system (CNS) is particularly vulnerable for two reasons:

- The CNS develops throughout the entire pregnancy so injury to neurological functions can occur over the entire nine months.
- Alcohol acts as a solvent on the rapidly developing cells of the CNS and causes significant injury, primarily to the brain.

Can FASD be prevented?

We need to keep in mind the various factors surrounding the consumption of alcohol during a pregnancy when we talk about prevention. The public requires clear and accurate information about the harmful effects of alcohol on a fetus. There is no known safe amount of alcohol or a known safe time during pregnancy to consume alcohol. For these reasons, it is best for women to abstain from alcohol throughout the entire pregnancy. This information and message needs to be widely available and consistent in communities and throughout the health-care field. We also need to understand that many people may be living with substance use or mental health issues. They may have a history of abuse or lack of supports. Alcohol may also be a societal norm within some communities (statistics

show that about 80% of society consumes alcohol and 60% of pregnancies are unplanned.) Women will need support from family, friends, partners, and communities to abstain from alcohol.

How many people are affected by FASD?

Researchers currently estimate that at least 4% of individuals in Canada have FASD.

However, it is difficult to know just how many families are affected by FASD as a lot of individuals go undiagnosed their entire lifetime. The signs and symptoms of FASD often go unnoticed and are masked by other factors in the individual's life or are attributed to other causes. This is why FASD is often called an invisible disability. Individuals with invisible disabilities in many cases do not receive the support and accommodation they need. Many people with FASD have an IQ in the normal range, but the various cognitive processes have been altered. With appropriate supports and changes to their environment, individuals can be productive and successful members of society.

DIAGNOSTIC TERMS

In 2015, changes were recommended to the diagnostic guidelines for Fetal Alcohol Spectrum Disorder. The guidelines were changed to improve diagnostic criteria and capacity for FASD based on emergent evidence and current practice.

Diagnosis and assessment of prenatal exposure is a complex process best completed by a multi-disciplinary team of professionals that must include a physician specially trained in diagnosis and assessment.

Diagnostic and assessment services are available throughout the province but families continue to face barriers to these services. Barriers include long wait lists, services that are more widely available to children and youth rather than all age groups, lack of trained professionals, difficulty for families in remote and rural regions to access diagnostic and assessment services due to cost of travel and long distances to services.

We understand that there are challenges when accessing diagnostic and assessment services, but this is an important process that can improve outcomes for individuals and families.



A common area of confusion for families and professionals is the language used around diagnosis.

The following are the diagnoses that can be received within the spectrum of FASD.

FASD with sentinel facial findings (FAS, pFAS)	FASD without sentinel facial findings (ARND)	At Risk for neurodevelopmental disorder and FASD (included as designation)
• Prenatal exposure to alcohol confirmation not required • Three facial features • Three brain domains of impairment under the 3rd percentile	• Prenatal exposure to alcohol confirmed • No facial features required • Three brain domains of impairment under the 3rd percentile	• Prenatal exposure to alcohol confirmed • OR must have all three facial features • Clinical concern about development

The 3 facial features refer to: thin upper lip, short palpebral fissures (the opening between eye lids) and smooth/flattened philtrum (the groove between the nose and lip).

The 'domains of impairment' refer to how an individual rates in the following areas: motor skills, neuroanatomical/neurophysiology, cognition, language, academic achievement, memory, attention, executive functioning including impulse control, affect regulation (mental health), adaptive behavior (social communication).

The former diagnoses that may still be encountered include: Fetal Alcohol Syndrome (FAS), Partial Fetal Alcohol Syndrome (pFAS), Alcohol Related Neurodevelopmental Disorder (ARND) and Alcohol Related Birth Defect (ARBD), Fetal Alcohol Effects (FAE).

It may take time for individuals to decide if they would like to seek a diagnosis. You can help by being patient and understanding throughout the entire process.

PRIMARY DISABILITIES

Fetal Alcohol Spectrum Disorder (FASD) describes a lifelong disability resulting from prenatal alcohol exposure. Maternal alcohol consumption can injure the structure, function, and design of the brain resulting in a brain disability that is invisible to us. What is visible to us are the primary disabilities and adverse outcomes. It can be helpful to understand the various primary disabilities as well as the adverse outcomes associated with FASD.

Primary disabilities are those disabilities that are directly caused by the prenatal exposure to alcohol. Primary disabilities may impact physical, cognitive, behavioural, or sensory functioning.

PHYSICAL DISABILITIES

Prenatal exposure to alcohol can affect how a body grows and develops. People with FASD can have differences in how their bodies are formed and how they move.

Physical disabilities can include:

- Slow to meet developmental milestones
- Problems with fine and gross motor control – things like throwing and catching a ball, holding a pencil, hopping on one foot, riding a two-wheel bike, or using scissors
- Poor balance and co-ordination – clumsy, bumping into things
- Lower height or weight
- Auditory impairments
- Weak heart, heart murmurs, frail bones, and other body system abnormalities

COGNITIVE DISABILITIES

Cognitive functioning refers to intellectual tasks like thinking, reasoning, and remembering, which are crucial in our everyday functioning.

Cognitive disabilities can include:

- Difficulty with memory
- Confabulation – filling in gaps in memory with storytelling
- Slower to process information
- Short attention span
- Impaired executive functioning
- Difficulty setting and reaching goals
- Problems generalizing from one situation to another
- Problems connecting cause and effect
- Poor receptive language skills
- Trouble understanding abstract concepts like time, money, or math
- May have lower IQ

BEHAVIOURAL DISABILITIES

Your brain controls your behaviour in social interactions. Individuals with FASD may seem to display strange or inappropriate behaviours because their brains do not process other people's actions and words in the same way.

Research on FASD has found learning and behavioural differences between people with FASD and others in relation to their developmental age. Reference page 21 for more information on dysmaturity.

The behavioural symptoms of FASD may include:

- Impulsive actions
- Mood swings
- Inflexibility
- Lack of inhibitions
- Reacting poorly to changes in routine
- Poor understanding of ownership
- Poor understanding of personal space
- Poor ability to express emotions
- Repeated mistakes
- Vulnerable to peer pressure
- Easily overwhelmed
- Grandiose or unrealistic expectations
- Problems with social skills
- Problems with interpersonal skills
- Trouble reading social cues

SENSORY DISABILITIES

Every day, your senses take in a huge amount of information from your environment. Receiving and interpreting this range of information is called sensory processing. Because the brain takes in so much information, the sensory system works best when all senses work together, which is called sensory integration.

Prenatal exposure to alcohol can damage the central nervous system and cause sensory processing or integration problems. Generally this looks like over- or under-sensitivity in taste, smell, touch, hearing, sight, vestibular input (movement sensation), and/or proprioception (a sense of where your body is in relation to your surroundings). This can result in sensory seeking behaviours such as unusual hyperactivity or avoidant behaviours such as shutting down to any responsive actions.

Sensory disabilities may look like:

- Poor sense of smell
- Trouble discerning objects in clutter
- Becomes carsick easily
- Hand on wall while walking
- Unusually low pain tolerance
- Craves touch
- Overwhelmed in noisy spaces
- Overactive gag reflex



FASD is a unique
disability that affects
each individual
differently

OVERLAPPING BEHAVIOURS

Overlapping Characteristics & Mental Health Diagnoses	FASD	ADD/ ADHD	Sensory Intl. Dys	Autism	Bi-polar	RAD	Depres- sion	ODD	Trauma
Easily distracted	X	X							
Developmental dysmaturity	X			X					
Does not follow instructions	X	X					X	X	X
Often interrupts/intrudes	X	X	X	X	X		X		
May not consider consequences	X	X	X	X	X				
Difficulty organizing tasks	X	X		X	X		X		
Difficulty with transitions	X		X	X	X				
No impulse controls	X	X	X		X	X			
Sleep disturbance	X				X		X		X
Affectionate with strangers	X		X		X	X			
Learning lags	X		X			X			X
Chatter/abnormal speech patterns	X		X	X	X	X			
Increased startle response	X		X						X
Wide mood swings	X	X	X	X	X	X	X	X	X
Develops depression	X	X				X			X
Problems with social interactions	X			X	X		X		
Defect in speech and language	X			X					
Over/under-responsive to stimuli	X	X	X	X					
Perseveration, inflexibility	X			X	X				
Escalation in response to stress	X		X	X	X		X		X
Poor problem solving	X			X	X		X		
Difficulty seeing cause & effect	X			X					
Difficulty initiating, following through	X	X			X		X		
Difficulty with relationships	X		X	X	X	X	X		
Manages time poorly	X	X			X		X		
Information processing difficulties	X			X					

chart adapted from Cathy Bruer-Thompson, "Overlapping Behavioural Characteristics & Related Mental Health Diagnoses in Children"

ADVERSE OUTCOMES

Adverse outcomes are those difficulties that arise later in life due to a poor fit between the individual's needs, level of functioning, and the environment. Complications arise most often because of undiagnosed primary disabilities, lack of intervention, lack of services, ineffective strategies or unrealistic expectations. Many organizations and people are not educated on FASD and the brain differences that influence behaviours. Having FASD doesn't mean that these things will definitely happen, just that it is more likely. If we put the right supports in place early on, we can help to avoid adverse outcomes.

Some common adverse outcomes related to FASD are:

- Mental health issues
- Relationship & friendship issues
- Healthy & safe sexuality
- Disrupted education
- Substance use disorders
- Justice issues (victims or offenders)
- Employment problems
- Housing problems and homelessness

Let's see what this may look like:

At school, students are expected to learn quickly, follow along when the teacher is talking, sit still for long periods of time and remember things later during exams. However, students with FASD can have trouble with memory, process words more slowly than most people, or get headaches and pains under fluorescent lighting. This makes it difficult to succeed in school unless the teachers, educational assistants, and other students understand that FASD makes your brain work differently.

“With the right support, adverse outcomes can be mitigated.”



FASD & STIGMA

Stigma can have a significant impact on the experiences of individuals and families living with FASD. Stigma is the process of pointing out differences in a group of people and giving negative meanings to such differences. As a result of stigma, society does not have an accurate perception of the lives and experiences of certain individuals, and the attributes and characteristics they possess.

Stigma may result in individuals being blamed for their behaviour and prevent an awareness and understanding of the root of such behaviours. Stigma, in the lives of individuals with FASD, contributes to ideas such as FASD being uncontrollable, notions of substance use, and misinformation surrounding criminality. Such inaccurate representations of individuals' experiences hide the fact that many individuals with FASD face structural and social inequalities and are often at risk of victimization themselves.

For individuals with FASD such negative feelings and experiences may lessen their ability to seek help and support, may have a negative impact on their self-esteem, add to incorrect beliefs and misinformation, and discourage individuals' confidence in disclosing their disability. Stigma, and stereotypes, prejudice, and discrimination can exist personally and structurally in families, communities, and in the policies and practices of health care providers, social supports, and community organizations.

Fortunately, there are many ways to combat stigma. Education and awareness are key. Informed individuals can become advocates to spread positive and correct information about the disability. Each of us can learn the true information about FASD and help educate our family, friends and communities. If we refuse to sit idly by, if we challenge the negative conversations about FASD we can enhance the lives of individuals and families impacted by Fetal Alcohol Spectrum Disorder.

PARADIGM SHIFTS

When families, caregivers, professionals, and community members change their own understanding or perception of FASD, this is called a “paradigm shift.”

Person first language puts the person before their disability. Person first language distinguishes an individual from the disability and emphasizes that FASD is not that person’s defining feature. For example, instead of referring to a client as “an FASD youth,” refer to that individual as “a youth with FASD.” Person first language encourages us to get to know the individual first and then explore how the disability impacts his or her everyday life. In order to support individuals with FASD, we need to understand them broadly (what do they want to achieve, what are their motivations, their likes and dislikes, their personalities, their strengths/weaknesses, etc.) while also understanding the influence of FASD.

Strength-based approaches shift our understanding away from conventional practices and encourage us to think outside the box. A strength-based approach not only draws on the strengths of the individual but on the strengths of his or her support system, family, services provider, community, and friends. Strengths are resilient characteristics which can be built on in order to achieve success. Though people with FASD may face challenges, it is important to recognize the strengths, skills, and interests of each person. People with FASD are willing and able to learn when strategies match learning styles and build on strengths rather than deficits.





REFRAMING PERCEPTIONS

From seeing the child as:

Bad, annoying
Lazy, unmotivated
Lying
Fussy
Acting young, babied
Trying to get attention
Inappropriate
Doesn't try
Won't

From personal feelings of:

Hopelessness
Fear
Chaos, confusion
Power struggles
Isolation

Professional shifts from:

Stopping behaviours
Behaviour modification
Changing people

To understanding them as:

Frustrated, challenged
Trying hard, tired of failing
Story telling, filling in the blanks
Oversensitive
Developmentally younger
Needing contact, support
Behaviour of a younger child
Exhausted or can't get started
Can't

To feelings of:

Hope
Understanding
Organization, comprehension
Working with
Networking, collaboration

To:

Preventing problems
Modeling, using visual cues
Changing environments

A background image of a park with lush green trees and a playground. In the lower left, two children are walking on a path. The right side of the image is covered by a semi-transparent blue overlay containing text.

COMMON BELIEFS ABOUT

Belief: All people who have FASD have below-average IQ. THIS IS NOT TRUE.

The truth is:

- Some individuals with FASD have below-average IQ.
- Some individuals with FASD have average or above average IQ.
- Because of the damage to the brain and central nervous system, individuals with FASD may have troubles learning in different environments.
- Individuals with FASD are usually at a lower developmental age than their chronological age.

Belief: Individuals with FASD will outgrow their difficulties. THIS IS NOT TRUE.

The truth is:

- FASD is a lifelong disability.
- With the right supports in place, they can learn to make adaptations to support their disabilities.
- An individual may need your support throughout adulthood as well.

Belief: The behaviour problems of individuals who have FASD happen because their parents are not doing a good job of parenting. THIS IS NOT TRUE.

The truth is:

- Brain damage can lead to primary disabilities. These primary disabilities can mean that an individual does not always behave as others expect them to.
- Individuals with brain damage can be challenged in everyday tasks but by educating yourself, you can better understand and help to support them.
- Parents, caregivers and individuals living with FASD need the support of family, friends, and the community. It is very difficult to go it alone.

Belief: Because an individual with FASD has brain damage there is no point in helping them. THIS IS NOT TRUE.

The truth is:

- If individuals with FASD are supported throughout their lifetime they will succeed.
- We need to adjust our expectations to match their developmental age and redefine success.
- Advocating for an individual will help family, friends, and professionals to better understand the individual's behaviour.

FASD THAT ARE NOT TRUE

Belief: A diagnosis of FASD is a label that will make people want to give up on the individual. THIS IS NOT TRUE.

The truth is:

- A diagnosis tells you where their strengths and deficits are.
- A diagnosis helps you understand how to help the individual.
- A diagnosis can help an individual to understand his or her own disability and help with feelings of being misunderstood.

Belief: Individuals with FASD are unmotivated or unwilling to take responsibility for themselves. THIS IS NOT TRUE.

The truth is:

- Individuals with FASD are not trying to be difficult. There is usually an underlying reason for the behaviour.
- Individuals with FASD may not understand cause and effect and therefore not understand the implications of their actions.

Belief: Mothers know that they could harm their babies by drinking during pregnancy but they still do it because they don't care. THIS IS NOT TRUE.

The truth is:

- Pregnant women do not purposely harm their babies.
- Family, friends, and the community all play a role in helping pregnant mothers to not drink while pregnant.
- Some women do not know that they are pregnant right away.
- Some women are dealing with substance use issues, trauma, abusive relationships, or mental health issues.
- Some individuals living with FASD may not understand the implications of their drinking because of their disability.

STRATEGIES FOR SUCCESS

Strategies for Success with Memory Deficits

- Individuals with FASD need more time to learn some things. You can help by being patient and explaining the same things multiple times.
- It is helpful if a person receives the same message in the same form from all of his or her support workers – it is important to repeat, repeat, repeat.
- Asking individuals with FASD to repeat instructions back does not ensure that they understand the meaning of what they are saying. Requesting that they “show you” or explain in their own words will more accurately demonstrate their level of understanding.
- Re-teach rules in different settings. Use visual charts and reminders.
- Communicate while being mindful of an individual’s ability to process information, be aware of the pace and tone of your speech.
- Use agendas, cell phones, computer calendars and anything else an individual feels comfortable using to support their memory issues for important appointments and day-to-day activities.
- Use a series of notes, memos, pictures, or anything else that works around the home.

- Remind individuals of the time they need to leave, the food they should bring and where they are going.
- Be patient. Memory is a lifelong issue. However, years of practice and support can often result in self-sufficiency where otherwise you may not have expected it.
- Use concrete, visual reminders to support success

Strategies for Success with Confabulation

- Understand the difference between confabulating and “lying.”
- Avoid asking questions you already know the answer to, like “Are you sure that’s what happened?”
- Ask only for the information needed at the moment.
- Ask short questions with definite answers.
- Ask the individual to tell you the story in a different way – for example, write it out or draw it.
- If the confabulations are not serious or indicative of danger, allow them to engage you with the story.
- If the confabulation indicates danger, examine the statements further.
- Use confabulations as social stories to teach lessons and explore otherwise unexplored issues.

Strategies for Success with Cause and Effect

- Use clear and concrete words in short sentences. Say exactly what you mean with fewer words and you will find your messages are better understood.
- Try to have fewer distractions when individuals need to listen to instructions or make a decision. This could include environmental factors such as background noise, bright lighting, or the tone of your voice.
- Use a calm and clear voice. Messages can be lost when given in a highly emotional or excited tone. Simple gestures along with clear and direct language may be helpful.
- Since individuals with FASD have difficulty associating actions with consequences, make consequences as immediate and relevant as possible.
- Use positive reinforcements to encourage good behaviour.
- Create visual reminders of expectations and outcomes.
- Map out decision making so individuals have a concrete visual to represent the proper path and consequences of each path.
- Use social stories that are age appropriate to describe the effects of possible actions and inactions.

Strategies for Success with Time

- Digital clocks are easier to understand than a clock with hands.
- A person with FASD may need help being able to anticipate appointments or activities, so post calendars and schedules when possible. Pictures can be useful as well as words.
- Help to plan what to do and when by creating as much predictability and routine in one's schedule as possible.
- The use of timers is helpful for gauging time. These can be used when an activity is starting. They can also be sent with an individual if they need to take a break from a group setting to let them know when to come back.
- A simple phone call reminder can save an individual from missing an appointment or being late to work. Finding caregivers willing to do this will create a lifelong support system.
- Advocate with school and employers for later start times and increased flexibility as time is an issue most individuals will face their entire lives.

Strategies for Success with Transitions

- Provide a predictable schedule. Having the schedule on a wall, phone, calendar, fridge or any other easily viewed location is helpful.
- Recognize the potential impact of life

transitions before they happen (moving from a family home to a different home, being removed from cultural traditions).

- Prepare for transition and give plenty of forewarning.
- Practice the transition ahead of time.
- Use social stories that help to explain what will occur in future transitions. Repeat them regularly.
- Use strategies to make transitions in the day's activities. For example, use verbal prompts to initiate the end of one activity and shift to the next activity.
- Use times, activities, and television shows to indicate when a transition may happen.

Strategies for Success with Ownership Issues

- Write names on items or colour-code property.
- Teach associations between specific items and their owners.
- Establish and implement appropriate consequences for taking other people's items. Ensure this is timely and consequences are swift but efficient.
- Practice borrowing. Have an individual borrow a pen at your office and return it. Try this vice versa by borrowing their phone while they are in your office and return it before that

person leaves.

- Explain what is safe to borrow and lend – use pictures, examples and social stories. Work with individuals to understand monetary value. For example, the cost of a music player equals 15 hours of work.

Strategies for Success with Impulse Control

- Individuals with FASD may have trouble with impulse control in social situations, thus it may be helpful to develop “role playing scripts” or social stories for common situations.
- Cues and reminders can help individuals with FASD control impulses by interrupting the process between impulse and action.
- Identify a support person (family or friend) that the individual can call when he or she has a question. This person's role is to provide judgment-free guidance upon request only.
- Model impulse control out loud (say what you are thinking). For example: “I really want to buy a chocolate bar, but I also want to save money to buy a new t-shirt.”
- Develop a plan that includes one-on-one support, wherein the individual can explore his/her perspective, discuss other perspectives and make informed decisions.



Strategies for Success with Social Skills

- Build on strengths and interests that can engage them in social activities.
- Adjust expectations to fit a person's developmental age, not chronological age.
- Model good behaviour.
- Role play different social situations. Make sure to role play each scenario in different settings and involving different people.
- Find activities that help the individual build social skills. Safe and supervised groups such as Scouts, Girl Guides, Air Cadets, or swimming/skating lessons are great.
- Teach examples of what healthy friendships look like and help to identify positive friends.
- Have open conversations about consent, sex and sexuality, including contraceptives, regular sexual testing, and other issues pertaining to sexuality.
- Avoid large groups of people for social interactions. One or two friends is often much more significant than a group.
- If the opportunity for a mentor is available to the individual, this can improve quality of life for both themselves and their family.

Strategies for Success with Sensory Dysfunction

- Think accommodations: "How can I adapt the environment to support this person to succeed?"
- Recognize the potential sensory impact of noise, smells, environment, clothing, etc.
- Limit distractions.
- If the seams in socks are irritating, try turning socks inside out. Remove the tags from clothing, as well as strings, flaps, buttons, long shoelaces, etc. if they are too distracting.
- Scents may be bothersome to some people. Use scentless detergents.
- Allow fidget toys when the individual needs to be listening or sitting still.
- Allow body breaks when needed.
- Have a separate quiet place that can be used if the individual needs to calm down.
- Try to reduce the activity/noise when the individual needs to focus.
- Behaviours may be the result of sensory overload, the individual is not trying to be difficult – try asking them what they are feeling/experiencing.

Strategies for Success with Sleep Issues

- Develop a calming sleep routine. This should include a slow transition from evening activities to getting ready for bed and going to sleep. Same bedtime every night. Avoid sleeping in. No television or computer an hour before bed. No sugar after 6 p.m. Warm bath before bed.
- Limit the amount of visual stimulation in the bedroom. Limit furniture and ensure that personal belongings can be stored out of sight.
- The introduction of relaxing music may be helpful for some individuals.
- For some individuals, taking a melatonin supplement can help to regulate sleep. Check this option with a health care professional.
- Weighted blankets may be helpful. If finances are an issue, try sleeping bags and/or heavy blankets such as wool fibre.
- Try to be aware of sensory issues – certain sheets, pillows, etc. may bother some people
- Scents can be helpful. Calm scents such as lavender can be soothing but some things, like strong detergents can be too much.

DYSMATURITY

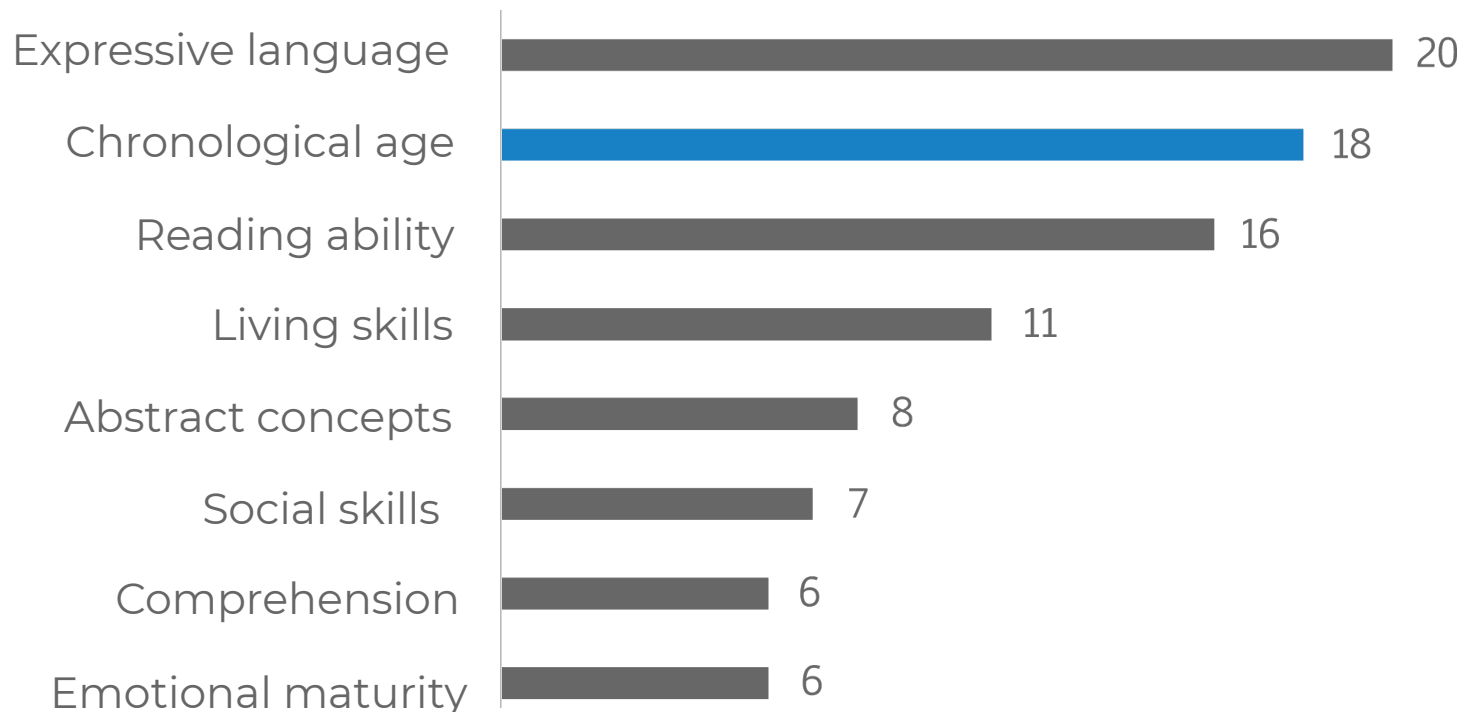
Dysmaturity is when someone's developmental age is younger than his or her physical age, so they act and think younger than they are. Most of us, whether professionals or caregivers, expect children to develop and grow according to an accepted chronological schedule and for physical, cognitive, and psychological development to occur at about the same rate. Unfortunately for individuals affected by prenatal alcohol exposure, these assumptions about development create a poor fit between abilities and the expectations placed upon individuals.

In the example below, the chart indicates the development of a youth of 18 years. You can see that the physical development seems to be on time, yet emotional maturity and social skills lag far behind. In order to be appropriate and effective, expectations need to be based on developmental

rather than chronological age.

Strategies for Success with Dysmaturity

- Adjust expectations to the level the individual is functioning at.
- Utilize strategies targeted at the level of functional, not chronological, age.
- Set up opportunities for the individual to have positive experiences
- Advocate to others when the individual needs to be treated their developmental age rather than their chronological age.
- Mentors and support workers are great resources to help individuals who are functioning at a lower level to better understand and practice age appropriate behaviours and skills.



RESOURCES

The FASD Network has a variety of resources that can be found on our website, www.saskfasdnetwork.ca.

To order resources download an order form and email it to admin@fasdnetwork.ca

Printed publications:

- A Guide to Awareness and Understanding
- Tips for Caregivers
- Tips for Individuals
- Tips for Employers
- Tips for Justice Workers
- Tips for Support Workers
- Tips for Teachers

Online publications:

- A Guide to Awareness and Understanding translated to: Cree, Dene, Saulteaux, or French
- Tips for Coaches
- Healthy Living Series
- Goal Book
- and more



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