Agenda

9:30am – 9:45am | Introduction, housekeeping items and welcome Presented by: CAN Board Members: Kathy Palm & Jess VanKuyk

9:45am - 10:45am | Building an Alliance: Understanding FASD Makes a esented by: Shauna Feine, Senior Training Coordinator

10:45am – 11:25am | Proof Alliance Birth Mother Panel <u>Moderated by</u>: Angie Graves, Chemical Health Coordinator <u>Panelists include</u>: Carol Peterson & Sara Studniski

11:25am – 11:30 | Overview and wrap up Presented by: Shauna Feine, Senior Training Coordinator

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Housekeeping Items

- · To receive your certificate of attendance, please complete the brief survey following today's event.
- Materials and handouts can be found in the . chat box
- · All attendees have been placed in listen only mode. However, this is an interactive training. Questions will be addressed at the end of each section as time allows.

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Anoka County Plan of Safe Care Collaborative

Collaborative Partners:

- Anoka County Children and Family Services
- Anoka County Public Health and Environmental Services Nurse Home Visiting Program
- Allina Health Mercy Hospital Unity Campus Addiction Services
- <u>Allina Health Mercy Hospital</u> Social Worker Services and Mental Health
- Lee Carlson Center
- NorthStar Behavioral Health Cranberry Acres Nystrom and Associates
- PR%F Alliance
- Anoka County Behavioral Health Services Alexandra House
- Anoka County Community Corrections Adult
- <u>Coon Rapids Preschool and Family Place (ECFE)</u> Anoka Hennepin Schools
- <u>Canvas Health</u> Parent Child Safety Coordinator
- County Resident/Parent Valerie Gustafson, UM LADC Intern/MPS
- Addictions Counseling and Certified Peer Recovery Specialist
- Head Start Early Head Start Anoka County Community Action Program
- Mental Health Resources Minnesota Alternatives
- Neighborhood Health Source North Metro
- Renewed Life Counseling Services • The Dwelling Place

Facilitation and Planning Services - contracted provider. The Improve Group

PR%F Alliance Building an Alliance: Understanding Fetal Alcohol Spectrum Disorders (FASD) Makes a Difference

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Anoka County - Children and Family Services

Compassion Nerprofit - County - Faith Action Network

Our Mission:

To foster collaborative opportunities to creatively address community needs in Anoka County.

www.compassionactionnetworkanoka.org

If there is a topic you would like CAN to cover at the next event, please talk to us after or visit our website and send us a message





Our mission is to prevent fetal alcohol spectrum disorders and to support all impacted throughout Minnesota and beyond.

Our vision is a world in which alcohol is not consumed during pregnancy and people living with fetal alcohol spectrum disorders are identified, supported and valued.

* Disclosure *

Proof Alliance acknowledges that not every person who can become pregnant identifies as a woman. We try to use gender-neutral language as often as possible, much of the current research available currently refers only to "women" when discussing the ability to become pregnant. When citing this research, we refer to the language used in the study. In these cases, "woman" refers to someone who was assigned female at birth.



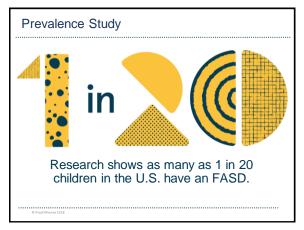
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Learning Objectives

- · Discover what are fetal alcohol spectrum disorders
- · Explore common myths & discuss risk factors
- · Discuss the impacts prenatal exposure to alcohol may have on brain
- · Learn strategies to support individuals with an FASD
- · Hear first-hand experiences from birth mothers raising children with an FASD



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FASD is more

common than

Syndrome.



FASD is more

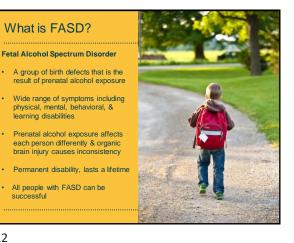
common than

autism.



True or false?

FASD is the leading cause of intellectual disabilities in the U.S.



FASD is	s Not a Diagnosis
FAS	fetal alcohol syndrome
PFAS	partial fetal alcohol syndrome
ARND	alcohol related neurodevelopmental disorder
ARBD	alcohol related birth defects
ND-PAE	neurobehavioral disorder associated with prenatal alcohol exposure (mental illness diagnosis)
FAE	fetal alcohol effects (outdated term)

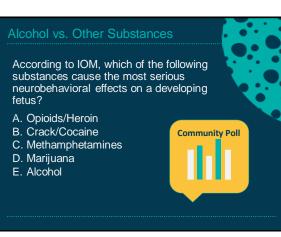


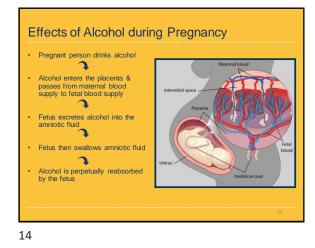


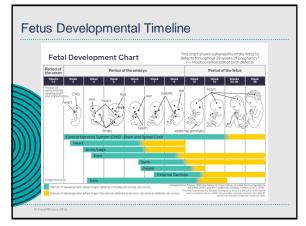
Factors of Severity

- Factors that impact fetal
- vulnerability:
 - Dosage/BACResiliency of the fetus
 - Mother's health, age, etc.
 - Genetics
 - Other substance exposure
 - Timing of the exposure
- Remember: • PAE does not always result in an FASD
 - FASD is not generational
 - Manifestations are unique in
 - each muiniuai

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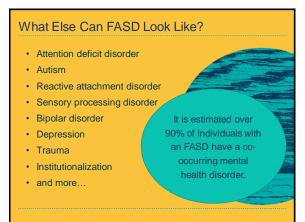
	Alcohol	Tobacco	Opioids	Meth	Cocaine	Marijuana
Growth Deficiency	х	х	х	Х	х	х
Behavioral Problems	х	х	х	Х	х	х
Cognitive Problems	х	х	х	Х	х	х
Motor Deficits	х	х		Х		
Developmental Delays	х	х			х	
Facial Anomalies	х	х				
Physical Defects	х	х	х	х	х	



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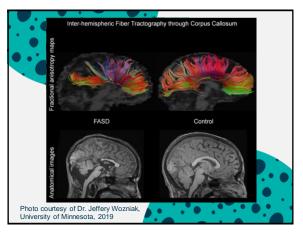
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FASD is a Complex Public Health Issue

- Unplanned pregnancy may lead to drinking without the knowledge they are pregnant
- Substance use disorders
- Form of self-medicating or coping mechanism due to external stressors or mental illness
- Binge drinking is generally socially-accepted
- · Mixed messages from family, friends, media, etc.
- Doctors implicitly give permission by not discussing alcohol use with their patients or downplaying the risks
- Public still misunderstands risks from drinking and does not recognize the high prevalence of FASD

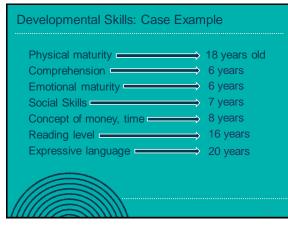
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Common Neurobehavioral Symptoms

- Ongoing sleeping difficulties
- Poor social skills/lack of boundaries
- Slower information processing
- Learning difficulties (commonly but not limited to math)
- Angry or frustrated often & may take longer to calm
- Extreme under or over-sensitivity to sensory input
- Difficulty following directions or connecting steps
- May be prone to confabulation
- Literal thinkers

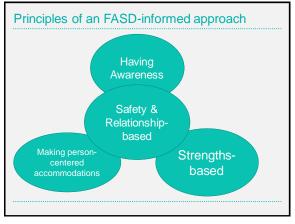


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Recognize Strengths

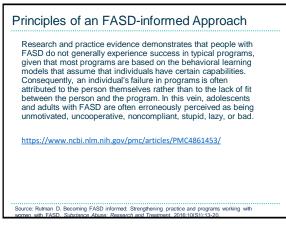
- Friendly, likable: May be outgoing & sociable & have little anxiety about strangers
- Verbal, chatty: May be very socially interested (but not necessarily socially skilled)
- Helpful, hard-working: If you ask, they will do it. They can be very good workers with the right job & training
- Determined, resilient: They don't hold grudges & will come back if rejected. Every day is a new day!
- Want to be liked: They will do whatever they can to have friends

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What Can You Do?

- Screening & assessment
- Get informed & trained; encourage others in the person's life to get informed as well
- Identify community resources which offer appropriate services for a person with an FASD (Proof Alliance)
- Identify local advocacy groups that can assist with accessing support services (Proof Alliance)
- · Read books written by & for parents
- Verify insurance coverage for specialized services such as sensory integration therapy or neuropsychological testing
- Self-care/respite





Instead of <u>perceiving</u> the person as:	To <u>understanding</u> the person as:		
laving behaviors	Experiencing symptoms		
Won't/defiant	Can't		
Refuses to sit still	Under/Over-stimulated		
Resisting/doesn't care	Doesn't get it		
Lying (Confabulation)	Memory deficits		
Doesn't try	Tired of failing		

Why We Recommend Screening

- Recognize the brain injury/disability for reduced frustration
- Approaches can be modified
- Prevention of future alcohol exposed pregnancies
- Research shows that earlier individuals can be identified the better the outcomes
- Facial features & growth changes in adolescence make it harder to recognize FAS
- Look for the characteristics and risk factors

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Strategies: Communication

- Provide a range of learning opportunities
 Visual, kinesthetic, or auditory
- · Demonstrate instructions multiple times
- Allow extra time for processing & responding
- Use positive language
- · Give alternative options to what is not allowed
- Repeat, repeat, repeat
- Role playing
- Keep conversations short

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Look for Risk Factors

- Biological family history of substance abuse
- Known drug exposure
- Children in foster &/or adoptive care system
- School difficulties starting at a very young age
- Maternal mental illness
- Siblings with an FASD or a related diagnosis
- Multiple diagnoses & meds don't work
- Regions with exceptional high rates of alcohol consumption or known cases of FASD
- Involvement in criminal justice system &/or substance use at a young age

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Strategies: Communication

- · Consistency in language
- Avoid sarcasm or idioms
- · State the obvious
- Simple, short directives & manageable tasks; break tasks down step by step
- · Concrete & specific
- · Use the same verbiage when reteaching
- · Be consistent with rules & try to limit number
- · Check for understanding

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Regulation

- <u>Co-regulate Until They Can Self-Regulate</u>
 - Be proactive versus reactive
 - Monitor frustration: Pick your battles
 - Actively listen
- <u>Transition</u>
 - Proactive transition plans are important & can help avoid meltdowns
 - Changes to routine should be communicated as soon as possible (is applicable)
 - Visual timers or personalized countdown may be helpful
 - Redirect when person is having difficulty

People with an FASD say...

- Rapport is key!
- Having one-on-one support
- · Having staff who really understand
- Allowed space when upset and time to calm down
- Help me make connections with my peers
- Get to know me!







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Proof Alliance Birth Mother Panel

<u>Moderator</u>: Angie Graves, Chemical Health Coordinator <u>angie.graves@proofalliance.org</u>

Panelists: Carol Peterson & Sara Studniski



- Public awareness and prevention
- Community grants and partners
- Family engagement and support
- Diagnostic clinic and screening
- Youth and young adult program
- Public policy work
- Professional education
- Proof Alliance website
 resources





PR%F

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