

Understanding and Applying a 21st Century Brain-Based Approach to FASD



Hallmarks of Brain-Based Neurobehavioural Supports For FASD & Other Brain-Based Conditions Mary K. Cunningham, August, 2017 ©

Background: Diane S. Malbin M.S.W. is an internationally recognized Fetal Alcohol Spectrum Disorder (FASD) authority and the original developer of the 21st century neurobehavioural algorithm or method for “what works” to support children and adolescents with FASD. www.FASCETS.org

Starting in 1986 Malbin’s work focused on the very “difficult” and disruptive brain-based behaviours often found in young children and adolescents affected by what we now call FASD. By the early 1990’s Malbin started to publish her findings and train extensively on the first successful and proactive brain-based interventions and supports for people with FASD.

Since the turn of the 21st century many contemporary Canadian and American parents of children with FASD have been well trained by Malbin and others in this neurobehavioural approach to working with their brain-damaged children. There was very little in the way of other strategies available to use, and, better still, this neurobehavioural approach could be seen to be clearly effective. Currently, most well trained parents know far more about the paradigm-shifting neurobehavioural approach than most professionals.

Sadly most of our current support practices still depend on Learning Theory as their foundation. Most professionals have little or no understanding of the neurobehavioral approach. Current practices originated in the 20th century or before. Consider the theory of Watson and Skinner; featuring rewards for desired behaviours and punishment or consequences for misbehaviour. This has worked fairly well for undamaged brains but is virtually useless in brains affected by Pre-natal Alcohol Exposure. To be successful in support and interventions for FASD we must *try differently*; advice from Diane Malbin. What we are currently doing is categorically not working.

The 7 general support and intervention neurobehavioural or brain-based recommendations in this resource will challenge most if not everything we currently do to support individuals with brain-based special needs. This refers to many of our current practices related to parenting, counselling, teaching or generally serving these individuals. In particular it applies to our practices related to brain-based conditions, primarily FASD, the most common one, but also other brain-based conditions such as ADHD/ADD, trauma/sustained abuse disorders, oxygen deprivation at birth, head injuries which can cause structural changes, functional deficits and neurobehavioural symptoms.

Ultimately what works for FASD and other brain-based conditions depends on a change of attitude. YOUR ATTITUDE. You, as the care-provider, familial or professional, are the one who will have to change because people with the permanent brain damage of FASD often can't change.

Seven Paradigm-Shifted Neurobehavioural Practices for 21st Century Success

- 1- Very early recognition and support for all young children with probable FASD or other Brain-Based conditions such as Acquired Brain Injury, ADHD and more.**
- 2- Life-long brain-based supports are started by the age of 6 or Grade One.**
- 3- All Interventions are: Concrete, Structured, Consistent, Routine, Repetitive, Simple, Specific and Supervised. They remain in place for life, as needed.**
- 4- First and foremost is a proactive focus on the individual's inherent strengths in the light of an understanding of their unique *dysmaturity* profile.**
- 5- Supports the person with FASD to be able to live well with their permanent brain deficits rather than trying to cure, normalize or fix them as a "patient."**
- 6- Features training in a life-long sense of Interdependence versus Independence from an early age providing life-long support for *dysmaturity* found with FASD.**
- 7- Fosters trusting relationships and and builds on-going Circles of Support for every person with an FASD.**



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