Transcript

Dr McGinn provides further insight into FASD – July 2014

An Auckland Region Child, Youth and Family resource

Dr Valerie McGinn:

So you have to talk to kids with FASD at a younger level and keeping in mind that they’ve probably got attention deficits, they’ve probably got memory deficits and they will have trouble with their reasoning and their thinking through. They take things black and white – you have to explain things simply and just not expect too much of them and slowly talk to them and explain everything. Then they settle and can understand.

When you talk too much to a child with FASD they get overwhelmed and when they’re overwhelmed their emotions start to explode and they get angry and irritable.

**More about behaviours**

Children with FASD, they’re not bad at all, they’re actually good kids but they don’t follow the rules; they don’t get the rules. So for instance, things around ownership, they will realised if you bag is in your hand that it’s your bag but if they see your bag sitting on a shelf over there and you’re not directly with it they don’t get the link that that’s not your bag and so they actually just take it impulsively and they don’t think through to the consequences of taking something that’s not theirs. So often in teenage hood they are moving into offending.

People once they realise that child’s got a problem with taking things, we need to not leave things around them for them to take.

Over time you can teach them things and they do learn but they might still do the wrong thing even though you just taught them what to do.

60% of them run into trouble with the law and often it quite minor things but then they have real trouble not doing it over and over. So they don’t learn from the sanctions that the Court imposes and punishment is not effective in changing a brain based disability.

They very much are only able to see from their own perspective, so they can’t do that cognitive mental flexibility of stepping outside of themselves and taking into account other people’s points of view. So they very much are me-me-me children, not meaning to, it’s part of their brain impairment. So they will literally wrangle everything to get what they want and what looks like a selfish way, in fact they are lovely children and they are actually caring and giving but they know how to systematically get what they want. Once you see what that’s about it doesn’t seem manipulative but they are described as manipulative children. And they also lie and that’s part of their brain function as well because they can’t tell always clearing fact from fiction. They will say anything to suit themselves and that’s because they can’t see from another point of view and it looks as if they’re lying through their teeth but they’re just saying what suits them because they don’t realise how that comes across.

So I think the more people who come to understand how their brains are working and what is the nature of that disability the more you know what to do when that happens and how to make your way around it.

**Working with the school**

They didn’t know how to manage Ryan. He was often getting angry and running away and from the first time I went in there I could tell they were pitching the work at a too higher level for Ryan and he was doing his best but getting confused easily. We know that there’s certain teaching techniques - kids with FASD they can’t learn through their mistakes so you can’t put them in a situation where they try, fail and then you correct them and then they learn. You’ve actually got to use what’s call error free learning. So you’ve got to lead them in the right direction in a way that they’re not making any mistakes and that they’re doing things right the first time.

So I taught the school just a few teaching techniques how to better teach students like Ryan, and also how to manage his behaviour and his emotions because children with FASD find it very hard to regulate themselves and they get very emotionally distraught and when they’re like that you have to back off and assist them to calm down. I think what would happen before is they would follow him and talk to him too much and expect too much of him and he would get worse and worse and perhaps even run away which he used to do. But now they know how to manage those little outbursts and actually he doesn’t even have those little outbursts anymore because they’re pre-empting that may stress him and making sure they don’t do it so it’s not getting stressed and therefore he’s staying calm.

**Diagnosing FASD**

So the diagnosis for FASD is it’s a medical condition. It’s brain-based and it is a medical diagnosis so it requires a neuro psychological assessment and a medical assessment. It looks at the child’s brain function on testing whether they have attention deficits, memory deficits, executive function which is like planning and problem solving. So their whole level of function needs to be looked at and it’s only when the child is functioning at the lowest third percentile, so that’s three out of a hundred, on three different brain areas that the diagnosis would ever be made. So we’re not just diagnosing any child with mild problems with FASD, these are children who have got serious brain based problems. The medical side has to exclude all other conditions. So of course our children in care have suffered many adversities prenatally and post-natally, and in our diagnostic process we take into account everything that’s happened in that child’s development. So it is a thorough neuro developmental workup by a medical doctor and a neuro psychologist.

It’s also a process, as we diagnose, to start addressing the problems. From the day I met Ryan I was not just assessing, I was intervening and advising on how he should be managed and quite quickly that can make a significant change.

**Understanding their diagnosis**

With Ryan we’ve only recently told him, it just now had his sixteenth birthday, and that was because not that we really wanted to keep it a secret but because we wanted him to be at the right point of being able to understand it. In Canada children get told very young and it’s like when kids are adopted and they get told young and they grow up knowing it then they don’t ever reach a day where they have to be told.

But because he had such a set of problems and his thinking was so disconnected, I didn’t actually feel as though he as mature enough to understand. He is now and he knows now that he has FASD and that that’s not a reason for him to be naughty or an excuse. But it’s reason why he had these problems when he was a child, why he had trouble learning at school, why he was out of control and it wasn’t his fault and we certainly don’t blame his mum at all. But I explained to him that since we’ve known that he has FASD that we’ve cared for him differently and that’s worked really well and he’s succeeded and that having FASD doesn’t mean that you’re not going to succeed – it means you’re different to other people, you’ve got a set of difficulties to manage but it’s not a hopeless case at all. There’s lots that can be done.

**What social workers can do**

I think all social workers should be keeping FASD in their mind for all children. Because we know children in care are a heavily alcohol exposed group. Sometimes they come into care because their behaviour is so difficult that families can’t manage. So they don’t necessarily come into care because their families are mistreating them. But families that have alcohol rife within them are going to be at risk of having children with FASD but also they are going to find it very difficult to raise those kids. Once you’ve worked with a few children with FASD you start to see the signs of the child being immature, many had ADHD symptoms, 70% of them sometimes they might have little autistic features, they have learning problems and you know mostly their moods are up and down and their behaviour is poorly controlled so you can start to see FASD.

Every child warrants a proper diagnosis but in the meantime, sometimes we just suggest if there are all those red flags that you treat a child as if they’ve got FASD. So start to talk to them simply, do things very one at a time, don’t expect them to be able to manage themselves, change the environment so that helps them manage themselves.

And I guess social workers can take that into mind.

And also I think with FASD social workers might start to think differently about families. Sometimes you think the child has got these problems because the family hasn’t managed right and they might want to send them off to parenting courses. But sometimes those courses aren’t suitable for a child with FASD. They may have been trying their hardest to parent a normal child but not succeeding. So I think that link with families for social workers to start thinking ‘gosh, this child has got FASD, that must have been really hard for this family to manage’ and ‘what can we do to try to strengthen that family to do that’.

Whenever I’m working with child I’m always working with an aim that they can be reconnected with their families. And often an FASD diagnosis can reconnect a child to a family because all of a sudden people can start realising what’s happening.

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