Fetal alcohol spectrum disorder

FASD - Social work in action

Launching FASD eyebite cards

An educational resource developed for Child, Youth and Family staff.

September 2015

Our expectations

We expect our mokopuna to be successful.

Helping mokopuna with a lifelong condition

Mokopuna with FASD have a lifelong condition.

To help them be successful, we need to:

get to know our mokopuna well, and

understand how to manage FASD.

Success for FASD:

– prevent secondary disabilities

It’s not easy for our mokopuna with their primary brain disability from FASD.

The mahi of professionals, including social workers, is to help mokopuna to avoid secondary disabilities.

Secondary disabilities to prevent include:

Being excluded from school

Need for out-of-home care

Mental health conditions

Criminal justice system

Losing jobs

But how to enable success?

Enabling success is step-by-step and on-going

getting things on track, then

enabling one-off success, and then

supporting on-going success, and

recovering from set-backs

FASD eyebite cards

FASD cards will prompt your practice for success, at any stage.

Every social worker will now have a pack of cards to help support mokopuna with FASD.

FASD - social work in action

Now, watch a social worker demonstrate the principles in practice.

I guess one of the examples is I'm working with young boy, James, who's  just turned 15. He's been diagnosed with fetal alcohol so this boy James has had a lot of changes throughout his life he's been in multiple multiple placements he's had a lot of different social workers and I think one thing that he needs is ongoing structure and stability

***The 5S Model:***

***Structure***

***Support***

***Supervision***

 ***Keep it Simple***

***Build on Strengths***

**At school and de-escalation**

 There's been occasions when he will damaged property, assault people. He will smash windows within the school and the police needed to be called for that.  He also threatens self harm. He will become very verbally abusive to anyone who's around. What works with James is distraction, is very important.

***Are they definite or insistent?***

***Or, maybe stuck on a topic?***

***Distract, divert,***

***re-direct***

Not focusing on the behaviour is huge. Focusing on the behaviour will escalate further.

Another thing is, try and decrease the amount of stimulus or stimulating environment.

***Change the environment***

***Not the person***

 Often when there is a period of chaos or the behaviour is challenging or there's property being damaged everyone runs to that and everyone wants to be a part of it, wants to help, but limiting that is really important. So I spoke to the policeman and I said to him that I guess the best approach is to be quite straight  but also I spoke to him about that this is a boy who is not functioning at his age group

***Talk to like a***

 ***much younger child***

and I guess the way you speak to him you need to be very clear and give simple instructions. They said "we are going to be taking you home' and sticking with that

***No***

***wriggle***

***room***

 'you are going to be taken home' 'you're going home' and I guess not opening up the conversation for further things

***Don’t reason***

***because they can’t***

 I also spoke to them about trying to, the way to calm him is through distraction.

***Are they definite or insistent?***

***Or, maybe stuck on a topic?***

***Distract, divert,***

***re-direct***

I also talked to him that this boy loves a laugh, he likes jokes and joking with him really works.

***Give your***

***Attention***

***Not  "he's attention-seeking"***

We talked about how he had been spoken to about bullying another child and that had happened earlier in that day but it sat with him for that day around being told off and I think for him it's just I guess festered and it escalated and escalated and then he wanted a reaction from the situation so he broke the glass and everything and I said to him so were you aware that you were feeling angry and he said yeah I knew I was angry and I said can you think of other ways you could have -  what could you have done differently and he said to me that he could have gone around and kicked the soccer ball around the field. He could have got a teacher aide and gone and talked to them and done that.

***Teach one thing at a time***

***over and over***

***again and again***

***and again***

…***..***

 Which was really good Insight for this boy.

INTERVIEWER "Will he do that next time?"

"No,"

But so that's why I think it's

***Do alongside***

***rather than independence***

He won't consciously go out and say I'm angry so I'm going to kick the ball.

***Anticipate problems***

***Reduce demands***

 I think it's up to the people working with him to see what's the triggers see if there is triggers coming.

***Decide for***

***Based on the relationship and***

***knowing the person***

 I guess know him I know when things are starting to escalate and do that.

**The Shopping Mall**

He started throwing books around the book store and so because it was a big public area what I did was actually walked away from him and I told him I was going to be sitting down and I pointed to where I was and so I wasn't going to look straight at him where he was in the book store but he came over to me and wanted to talk to me and he sat down

***De-escalation - come***

 ***underneath***

***Not above***

***Not control***

***Not restraint***

and he said are you angry at me? do you hate me? And so I said to him 'No I'm actually very worried about about you, worried  about this behaviour what's happening'. I guess he was trying to I guess rile me up he was being quite

***Oppositional?***

***Overwhelmed or confused***

verbally abusive and for me I know that's not him I think it was just in the situation that he is in so I just ignored that type of comments and that behaviour.

***It's in the brain***

***So don't***

***take it***

 ***personally***

We just sat down there in while for a silence for about, it would have been about half an hour we just sat in silence and then I just started

***Are they definite or insistent?***

***Or, maybe stuck on a topic?***

***Distract, divert,***

***re-direct***

speaking to him about various different things and then we came back.

With children with fetal alcohol spectrum disorder it's a brain disorder or brain damage

***It's in the brain***

***So don't***

***take it***

***personally***

and I guess you've got to look at it that although they may be look like a 15 year old boy

***Talk to like a***

 ***much younger child***

and maybe able to hold a conversation with you and  they're quite engaging  they're still limited in their  level of understanding of things.

**Other situation/advice**

And I guess things that I do with with this boy there's been times when he's called me up really heightened anxiety and saying that he's got a knife and he wants to stab himself, he wants to harm himself he wants to damage property,

***Give your***

***Attention***

***Not  "he's attention-seeking"***

he wants to run away from home. So for me I don't even ask him about those things I don't even mention them.

***De-escalation - come***

 ***underneath***

***Not above***

***Not control***

***Not restraint***

I, there was one incident where I just spent the whole time. I know he likes Shortland Street and fortunately I watch Shortland Street so that was quite

***It's all about Relationship***

***know the person***

handy so I could talk to him about it and I spoke to him about what was

happening on Shortland Street at the moment and to start with he wanted to

***Are they definite or insistent?***

***Or, maybe stuck on a topic?***

***Distract, divert,***

***re-direct***

carry on with what he was talking about but then he got distracted by talking about Shortland Street which he enjoys and it was actually 6:30 at night so when he was talking to me and I said to him look I'm not going to be home to watch Shortland Street can you watch it for me and tell me what happens and I'll call you tomorrow and you'll have to give me what's happening because it's really juicy  at the moment. And he was like oh yeah ok and just went home.

For me I've formed a really positive relationship

***It's all about Relationship***

***know the person***

with this boy and I guess forming this relationship he knows my sense of humour and I know his sense of humour. I said to them to not focus on the

***Oppositional?***

***Overwhelmed or confused***

behaviours especially if he talks about things that he's going to do, he wants to do-

***Are they definite or insistent?***

***Or, maybe stuck on a topic?***

***Talk to like a***

 ***much younger childDistract, divert,***

***re-direct***

with him the next day

***Every day***

***is a***

***New day***

he's probably a completely different boy and he may not even remember what is talked about all what he wanted to do or anything like that and I guess when he's in the heat of the moment of that, not to take in everything that he says.

INTERVIEWER "What would happen if you did continue to talk to him about what he wanted to do when he's like that?"

" It escalates him a lot more."

INTERVIEWER "Would he want to talk about what he wanted to do?"

"Yes, yeah, absolutely"

***Oppositional?***

***Overwhelmed or confused***

He becomes very agitated, very anxious and at that time he often can't be reasoned with.

***Don’t reason***

***because they can’t***

He becomes very agitated, very anxious and at that time he often can't be reasoned with.

***Don’t reason***

***because they can’t***

 I guess with  distraction we're not  ignoring what he's saying its just diverting what he I guess diverting him into a positive way.

***Are they definite or insistent?***

***Or, maybe stuck on a topic?***

***Talk to like a***

 ***much younger childDistract, divert,***

***re-direct***

With him people say "Oh he shows no remorse he shows no empathy"

***Oppositional?***

***Overwhelmed or confused***

But I don't actually don't  think he understands what's going on when he's in that behaviour so he doesn't know what he's doing and

it's like the next day oh,

***Every day***

***is a***

***New day***

he has no recollection of what happened or the emotions that were happening at the time the feelings with that and that's I guess around to do with his brain damage, I guess

***It's in the brain***

***So don't***

***take it***

***personally***

that's he, it doesn't comprehend what's happening and it's not to say that he's shows no remorse  and and all that it's just he doesn't understand what's going on and I guess that's a better way to understand this because if you go back the day after and say now you are punished

***Support***

***not consequences***

because of what happened or you've got consequences he won't even  - it won't even register on him that there was something wrong or that something was happening for him

So just focus on getting him out of that environment  because its not a safe environment  for him and for the other children and staff.

***change the environment***

***Not the person***

If you take him home straight home, that's  his calm environment

***The 5S Model:***

***Structure***

***Support***

***Supervision***

 ***Keep it Simple***

***Build on Strengths***

because at his home, the way the caregivers  have it  is structure and routine and I guess that is an important thing to know with working with children with fetal alcohol is that structure and routine is really important for them.

***Manage***

***across the***

***whole day – Routines***

Knowing day and day out what is happening. A change in environment can be quite disruptive for them

***Anticipate problems***

***Reduce demands***

and I guess that's why you need to plan a lot of things when changes happen for them because they don't understand.

***Enable***

 ***and reward success***

The other thing that we like to do with him is when he returns to school we created this book

***Visuals***

***rather than verbals***

that would go home and it'd  talk about the good things that's happening at school that he's done I mean that would go back to the caregivers and then he would call me up everyday to tell me what's happening and I so would reinforce how proud

***Set up***

***Positive social interactions***

I am of the day he's had and how what a great day he is having and I guess just keep

***Enable***

 ***and reward  success***

reinforcing that type of positive, I mean the positive successes in his in his life.

For me I keep it my same tone and it works I just don't leave any way for leeway.

***No wriggle room***

 I've tried it in the past when I first started working with this boy

***Decide for***

***Based on the relationship and***

***knowing the person***

 - giving him options and I guess I felt sorry for what he was going through I guess

***Clear directions -***

***one step instructions***

 I wanted to make sure that he I wanted I mean I didn't want to be firm with him

***Do alongside***

***rather than independence***

or anything like that and I wanted to give him options they just don't work

***Don’t reason***

***because they can’t***

and what I found is just being quite set

***No wriggle room***

and in a nice way

***Decide for***

***Based on the relationship and***

***knowing the person***

 and for me whenever these incidents happen the next day is a new day

***Every day***

***is a***

***New day***

And I guess I never change

***Manage***

***across the whole day – Routines***

 around how I talk to him or how I treat him it's still it's always consistent and I think consistency is huge for this boy

***The 5S Model:***

***Structure***

***Support***

***Supervision***

 ***Keep it Simple***

***Build on Strengths***

 staying consistent in what I say, how I react...........................................

There's no one way for mokopuna with FASD

to live their lives

But there are principles to help support mokopuna with FASD to succeed

***Lifelong support***

 ***changing over time***

Now

You can use the cards

to reflect on your practice

to support success with FASD