

Class Guidelines



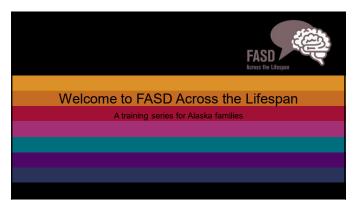
- Sign in by entering your name and location in the chat box (if you are not a foster parent, but need credit for this class, please email acrf@nwresource.org).
- Find the handouts and slides at <u>www.acrf.org</u>
- Our session will last about 1 hour, followed by Q&A.
- This session is being recorded and will be made available online.
- The same Zoom link will work for upcoming sessions.

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Netiquette



- Use the chat box to ask questions, or message one of the hosts for support.
- We will allow opportunity for phone questions at the end of the session.
- Be sure to maintain confidentiality when asking a question.



Land acknowledgment



I am presenting today from the land of the Dena'ina Athabaskan peoples. I ask you to join me in acknowledging the Dena'ina community, their elders both past and present, as well as future generations. We also acknowledge that our institutions were founded in the aftermath of influences that led to exclusions and erasures of many Indigenous peoples, including those on whose land we are currently located. This acknowledgement demonstrates a commitment to continuing the process of working to dismantle the ongoing legacies of settler colonialism including racial, cultural, and political accusations and judgments about risk and blame associated with alcohol use and the role it plays in shaping and reinforcing stigma in our communities."

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In this series



Introduction and Diagnosis

Infant Learning and Early Intervention

Preschool and Social Development

School Age and Learning

Middle School and Challenging Behaviors

High School and Transition to Adulthood

Adulthood and Interdependence





Jamie Bleakley, OTR/L

A Better Tomorrow Therapy and Wellness Center, LLC Anchorage, Alaska

jbleakley@abettertomorrowak.com

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OBJECTIVES:



- Recognizing brain-based differences that impact preschooler social interaction
- Understanding meaning behind behaviors impacting social interaction in preschoolers with FASD
- Be able to identify interventions to help the child engage within their environment

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Social Disturbances



- Expected:
 - Following classroom routines
 - Sitting on their carpet for circle time
 - Respond to group directions from the teacher to clean up
 - Potty trained
 - Providing a kind, verbal response
 - Taking turns, playing with others
- Unexpected:

 - Hyperactive, touching everything, wandering
 Leaning on others or won't sit
 - Staring blankly when given a direction or yelling "no!"
 - Messy eater, poor hygiene, bathroom accidents
 - Bossy
 - Tantrums with transitions



All behavior is a form of communication. Children use behaviors to get a need met or avoid a situation.

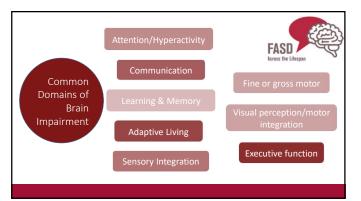
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- Becoming more independent with their adaptive living skills
- Developing sense of identity
- Increased awareness of others
- Social rules and applying them
- Beginning to be able to regulate their emotions
- Turn taking and cooperative play
- Creativity and imaginative play

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Common Overlapping Symptoms



FASD

Communication & Social language difficulties-desire to engage Sensory Integration difficulties- in all sensory areas: visual, touch, auditory, proprioception, taste, distractibility might look like ADHD

Poor adaptive functioning- dysmaturity, neural 'disconnects' hampers their move toward age-appropriate/independence skills, hygiene issues

Intellectual disability- most have average IQ but cannot reliably access it on daily

Autism

Communication & Social language difficulties-might be more avoidant, lack eye contact

Sensory Integration difficulties-hyper focus on stimuli, objects rather than people, more likely to have repetitive/restrictive behaviors and oversensitivity

Executive functions- cannot control emotions, impulses, shift, initiate, may have working memory issues unless preferred topic, lack cognitive flexibility Poor adaptive functioning- slower to achieve skills, hygiene issues

Intellectual disability but many 'high functioning'

Trauma

Communication & Social language difficulties-may not have developed receptive/social cues due to neglect, emotional abuse (dendrites were pruned when not used)

Sensory Integration difficulties-might be most impacted by loud or unexpected sounds, are visually hypervigilant, triggering

Poor adaptive functioning-were not taught behaviors/skills that their typical peers engage in, can learn with modeling Academic achievement may be behind but less likely to have an actual ID unless from another etiology

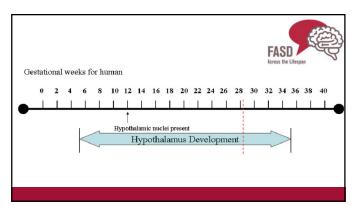
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- · Sleep disturbances
- Anxiety
- Depression
- Oppositional Defiant Disorder
- Learning Disabilities

- Bipolar Disorder
 Poor memory
 Processing disorders
 Sensory Integration dysfunction

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TOOLS FOR CAREGIVERS

- Dressing in layers
 Prompting to respond to physical cues
- Having water readily accessible and encouraged
- Having mealtime routines
- Prompting to eat healthy snacks every couple hours
 Good sleep hygiene and routines
 Using a timer for use of the bathroom

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- Expressive Language: putting thoughts into words or gestures used to communicate with others.
- · Receptive Language: understanding the words/ sentences and meanings of information being provided (verbally or written).
- Processing of Language: the ability to understand verbal information and following directions.

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TOOLS FOR CAREGIVERS

- Have the child tell you what they heard
 Ask clarifying questions to verify understanding
 Use clear, succinct language
- Rephrase your request
- Make sure that the child know that you are talking to them.
 Let the child know "what's next".
 Give preparation time for transitions
 Provide the child with modeling
 Allow "do-overs" and situations to





TBRI: **Karen Purvis**

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TOOLS FOR CAREGIVERS

- Be aware of your child's cues
- Be preemptive
 Limit information provided

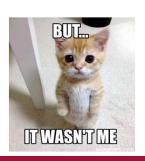
- Be patient
 Provide choices/ set boundaries
 Allow opportunity for repetition
 Set up a "quiet space"
 Use visual schedules/ calendars

4 F's of stress: Fight Flight Freeze Flop

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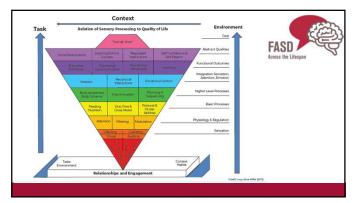
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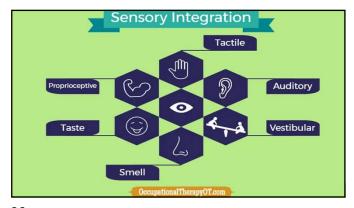




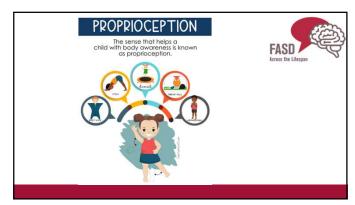
Fabrication

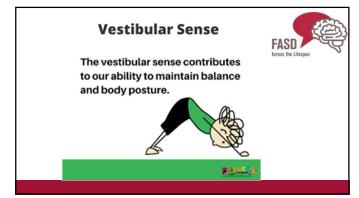
Many times, the children do not have the skills to remember and sequences events so their brain will fill in the blanks.













Intraception





Intraception is a concept developed by H A Murray to describe those who process the world primarily through their feelings or emotions.

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Theory of mind (ToM) is the ability to attribute mental states to ourselves and others, serving as one of the foundational elements for social interaction. Having a **theory of mind** is important as it provides the ability to predict and interpret the behavior of others.

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INTERVENTIONS:



Children may benefit from:

- Physical therapy for joint stability, coordination, body awareness, and adaptation to environments
 Occupational therapy for fine motor, visual motor/ perception, sensory integration, feeding, social interaction, daily living skills and executive
- Speech therapy for expressive and receptive language skills, pragmatics, & theory of mind training
 Play therapy/ Parent-Child Interaction Therapy/ Filial therapy
 Trauma-Informed daycares/ schools





