

[00:00:01.770] - Melissa Corkum

Is your parenting journey turning out differently than you imagined? It's never too late to begin your family's transformation journey.

[00:00:09.970] - Lisa C. Qualls

Welcome to the Adoption Wise podcast, formerly the Adoption Connection podcast, where you'll rediscover the confident and connected parent you long to be. I'm Lisa C. Qualls.

[00:00:23.450] - Melissa Corkum

And this is Melissa Corkum. Don't worry, we get it, and we're here for you.

[00:00:27.370] - Lisa C. Qualls

Welcome to our workshop, accommodating and supporting kids with FASD with our expert guest, Sandra Flach. There was so much great information in this workshop that it was more than we could really put into one podcast episode. So this is a two part workshop. This is part one, and we hope you enjoy it. And you'll come back to hear part two later this month. Sandra is a mom of eight children, five through adoption, two diagnosed with fetal alcohol syndrome. She encourages and equips foster and adoptive parents through her weekly adoption and foster care journey podcast and blogs at SandraFlach.com. Flach is F L A C H. Sandra is the co-founder of Justice for Orphans and the author of *Orphans No More: A Journey Back to the Father*. She is also a trained facilitator of the FASCETS Neurobehavioral Model. Sandra and her husband, Wayne, have been married 35 years. They reside in upstate New York, where they love to spend time with family, especially their eight grandchildren. Sandra, thank you so very much for being here. Please take it away.

[00:01:39.310] - Sandra Flach

Thank you, Lisa, so much for having me. And thank you for everyone who's tuned in. It's an honor. I, like you, am an adoptive parent. As Lisa mentioned, my husband and I have five children through adoption. Our first kiddo came way back in the olden days of 1999. We were not on the track to adopt or foster. The Lord just sort of set this little girl in our family. It was a kinship placement, so we said yes. She was eight. She came to live with us, and we had no formal training, no foster parenting classes, nothing. We just knew what we knew because we had three biological children and felt like, well, we're equipped to raise this little girl who needs a family. And for any of you who know that journey, we were actually not equipped at all to parent her because we had no understanding of the impact of trauma, first and foremost, and would have never even thought about anything like FASD, fetal alcohol spectrum disorders. We did the best we could, but it was very hard, as you could imagine. Lots of behaviors and things that looked like opposition and rebellion and defiance, and we muddled through doing the best we could. But like I said, it was very challenging, and we didn't know anything about connected parenting or anything way back then. And it was hard.

[00:03:11.540] - Sandra Flach

But eventually the Good Lord led us to adopt internationally. So we pursued adopting through children from Ukraine, and we did bring home three siblings back in 2006 from Ukraine. And by that time, I knew enough that I should at least read a little something about attachment. So I read a book on attachment, and then I had heard that fetal alcohol syndrome is common with kiddos adopted from eastern Europe. So I read a little bit on the Internet about that, but it was super scary and grim and, you know, that won't happen. And we brought home our three kids, which were ages at the time, nine, seven and three. And really they clicked into our family without much difficulty. It was crazy with the language difference. And we home schooled to figuring out where they were academically and then just cooking a lot of food because they were constantly hungry. And it was crazy, but it was good. So when we found out that there was actually a fourth and younger sibling available and we decided to go to Ukraine to get him, we sort of were lulled into thinking we knew how to parent these kiddos adopted, right? So my husband and I traveled back to Ukraine to adopt one more kiddo, and we thought, well, this is easy. We're just bringing home one this time, the other three. Last time we brought home three, right? But the second we met this kiddo in the orphanage, we knew we were not equipped to parent him, just really big behaviors. He was only five years old. He'd spent all five of his years in the orphanage. And we highly suspected that he'd been prenatally exposed to alcohol. We had court records that said his birth mom was an alcoholic, so we knew enough to know we needed

to get help. So by then, 2010, when we got home with him, we began looking for some help.

[00:05:15.830] - Sandra Flach

And that's when I discovered the connected parenting, *The Connected Child* book, Dr. Karyn Purvis's book, and even had the opportunity to travel from. I live in New York. We flew down to Nashville and had the privilege of being able to be in a couple of those Empowered to Connect trainings when Dr. Purvis herself taught. And eventually my husband and I even went on to become Empowered To Connect parent trainers. And we applied all of the connected parenting principles which worked. And I fully endorse and recommend, and anytime someone comes to me and says, hey, I'm thinking about adopting or fostering, it's Lisa's book, *The Connected Parent*, and Dr. Karyn Purvis's book, *The Connected Child*, two books that I highly recommend every parent read. Now there's another book also, because what we learned on our journey was every parent needs to understand prenatal exposure to alcohol. And we took our son, the youngest, the little guy, and the next one older than him, to a developmental pediatrician to see if there could be a diagnosis of fetal alcohol syndrome. So both of our boys at the age of they were six and eight, were diagnosed with fetal alcohol syndrome. But basically the pediatrician said, you might want to focus on life skills. Have a nice day. There were no resources, nothing that he recommended that we do. There was nothing.

[00:06:47.620] - Sandra Flach

So I went home and did what we all do and went on the Internet, and again tried to find some information and what I found was hopeless and grim and dark and I just shut the computer and decided that's not going to happen to us. And then just really focus on the connected parenting TBRI stuff. And we were able to get through for a number of years. We had attachment and connection and applying all those principles really did help because our kids did have trauma, right? So we needed to do those things, and every parent does. But we reached a point when they became teenagers where the train was going off the tracks and we were like, what is going on? And that's when I began to realize, I think we're missing something. The one thing that we really don't know a whole lot about. Could that have something to do with it? And that's when I did what I call a deep dive into FASD. And then what I learned and began to apply at home not only helped us, but really made me passionate about equipping every adoptive, foster and kinship caregiver with what I've learned about FASD so that they, because it's highly prevalent, which we'll get into shortly. But most caregivers don't know that that is something that is happening is going on, so that's what we wanted to do today, is really not only inform you about FASD, but also add to your parenting toolbox with some great brain based parenting tools that really mesh beautifully with TBRI. So if you're already TBRI trained, and I trust probably most of you are, this is not going to be something other than to do or something different to do. It just adds to your toolbox and really helps support our kids who are prenatally exposed. And I do. As I share some stories about our family and some things we encountered, I have permission from my kiddos to share the stories that I do share.

[00:08:54.490] - Sandra Flach

So the technical definition of fetal alcohol spectrum disorder, it is a brain based, lifelong condition that affects the brain and body of people who were exposed to alcohol in the womb. FASD, in and of itself, is not a diagnosis. It's the spectrum of disorders. And then under that umbrella, we have other diagnoses, which I'll share in a moment. But just to note here that there is no safe amount of alcohol that can be consumed during a pregnancy. There's no safe timing in a pregnancy to consume alcohol, and there's no safe type of alcohol to consume. Alcohol is toxic. It causes cell death in a developing fetus. It's also a teratogen. It alters cells. Alcohol affects the structure and the function of the developing brain. So the impact is longer lasting than just drug exposure. So it's not like a newborn will go through withdrawal from alcohol and then be fine afterwards. It's not that type of an impact. This is literally changing the structure and the function of the brain, and it will then work differently than a neurotypical brain. And this isn't because it's a spectrum and so many variables depends on how much mom drank, when mom drank, as to what kind of effect a child is going to have. But we'll see some of those symptoms as we go through looking at this.

[00:10:51.010] - Sandra Flach

So the diagnoses under FASD include fetal alcohol syndrome, that is on the end of the spectrum of the most severe. My two boys are diagnosed with fetal alcohol syndrome. Individuals will get that

diagnosis if they have not only the behavioral symptoms, but also the facial features associated with fetal alcohol syndrome, which I will go over shortly, as well as often maternal admission of alcohol consumption during pregnancy, which we don't often get with kiddos, especially in adoptive or foster placements. In addition to FAS, we have partial fetal alcohol syndrome, alcohol related neurobehavioral disorder, and neurobehavioral disorder with prenatal exposure. So those are the four different diagnoses. The last one, the NDPAE, that is actually found in the DSM five and is recognized as a neurobehavioral condition or disorder that would be diagnosed.

[00:11:52.130] - Sandra Flach

One of the biggest challenges with FASD is that it's really an invisible disability. You can't really tell someone has the disability by looking at them. While there are facial features, which we're going to go over, it's not obvious. Even if an individual has the facial features, most people don't even recognize what those facial features are. They're not necessarily something that's really going to stand out, whereas we would recognize if an individual has down syndrome, right? We all kind of know that classic presentation, but it's not so obvious with FASD unless you know it and you can look for it. But it's an invisible disability with behavioral symptoms, which makes it a little bit more challenging because our kiddos especially can look like that they are neurotypical, that they can do everything that their peers can do. However, there is a brain based condition that actually stands in the way of them being able to do a lot of those things, but the expectations are set upon them that they should be able to, and if they don't, then they're just being defiant or difficult, and then they're punished or given consequences and things for really their disability. So we're going to dive a little bit more into that.

[00:13:14.130] - Sandra Flach

Some statistics FASD is the leading cause of birth defects in developmental and learning disabilities worldwide. And then how common is it? Recent studies have presented that or show us that one in 20 school age children in the United States have been prenatally exposed. That is actually more prevalent than autism, which I believe currently one in 35 children are affected by autism. The reason why we know so much more about autism, or everybody's heard of autism, we all know at least someone with autism. It wasn't that many years ago really where it was more unknown, but it was advocate, parent advocates that really made a difference there. And the FASD community is beginning to rise up and bring awareness around this condition as well, because it is so prevalent. And because 86% of all people drink and 45% of pregnancies are unplanned. So birth moms can be drinking and not even know that they're pregnant for many weeks. In fact, we discovered that our oldest daughter, the little girl who came in at eight, who we took in as a kinship placement, we knew her mom was not an alcoholic, she was in her 30s, she had a professional career, was not married, and was actually told she could not conceive. So when she discovered that she was pregnant, about twelve weeks into the pregnancy, she had been just drinking socially on the weekends. And that's all it really takes, right? So this is why it's way more prevalent than most people realize. It's not just a condition that affects children born to alcoholic mothers or kiddos in foster and adoptive placements. Although there's a higher percentage in that category, which we'll look at momentarily. 90% to 95% of FASDs are still not diagnosed. And I've interviewed some doctors in New York state where I'm from, who specialize in FASD and ask that question, why is it so hard? Because we may highly suspect it. And then you go to try to get a diagnosis, and I've heard from parents all kinds of things, from a pediatrician saying, well, that's not really a thing to, well, they can only be diagnosed at birth and other inaccurate information.

[00:16:01.060] - Sandra Flach

But the two doctors that I interviewed, one being Dr. Christie Petranko from the University of Rochester, and they have an FASD clinic out there. She said that she maybe read a paragraph in medical school and a textbook about FASD. The other doctor is Dr. Douglas Waite, and he's based in the Bronx. He's a developmental pediatrician. And he said pretty much the same thing by saying he got maybe ten minutes in a lecture in medical school. Doctors don't like to diagnose this because it stigmatizes the birth mom. And it also labels a child with this dreadful thing, with this dreadful label, which years ago was much more dreadful. It was very grim and doom and gloom, kind of a label that would be put on someone. Doctors are also relying on outdated measures to diagnose. For example, they want to rely on those facial features, which we're going to see momentarily. A very low percentage of people who are prenatally exposed actually present with the facial features. And they're

also relying on maternal admission of alcohol consumption. And especially with our kiddos, we may not know that alcohol was consumed, or we may know drugs were used, and maybe nobody asked about the alcohol, when alcohol actually does more harm and the harm is longer lasting. So these things are a big part of the problem, why it's under diagnosed or misdiagnosed so much of the time. So for children in the adoptive and foster placement category here, our kiddos, 17 to 19 times more likely are kids with an FASD to be in the child welfare system. I have some information, some stats from the state of Minnesota, which in many cases is far beyond many of the other states in our country. They actually screen every kiddo coming into foster care for an FASD. And FASD training is part of their foster parent training classes. So most states have nothing like that going on. So that's why often it goes unchecked. But in Minnesota, because they do screen, they have been able to uncover that 41% of the children with FASD in Minnesota are in foster care. And then Dr. Ira Chasnoff, who also specializes in FASD, he has done some research, and he found that 86% of children with FASD in child welfare are either undiagnosed or they are misdiagnosed. These are our kiddos who have the whole Alphabet soup of diagnoses from ADHD, ODD, RAD, ASD, all kinds of things, right? PTSD, which those diagnosis may or may not be accurate. It's highly likely that they come under this umbrella of FASD.

[00:19:13.970] - Sandra Flach

So the facial features that I talked about earlier include a small head circumference. These kiddos tend to have an underdeveloped jaw, a thin upper lip, and then the philtrum, that space between the bottom of our nose and the top of the upper lip, where we typically see a little groove there. These kiddos tend to have a smooth one. There's really not a groove there. Short nose, smaller eye openings, low nasal bridge, underdeveloped jaw. I may have mentioned their face may appear a little, the mid face may appear flat looking. There is a classic look if an individual was prenatally exposed and has a diagnosis of fetal alcohol syndrome. But only about 10% of individuals with FASD will actually present with these facial features. And that's because the facial features would only be present if the fetus had been exposed to alcohol between days 15 and 18 of gestation. So a very small window of time that birth mom would had to have been drinking for the facial features to be affected. So literally when the face was being formed in the womb, if alcohol was coming into play, that would affect the facial features. So it's a very low percentage. So this is why diagnosing based on the facial features misses 90% of the people with an FASD. They don't get a diagnosis at all. Because if a provider is looking for the facial features to diagnose, they're going to miss most of the cases.

[00:20:59.890] - Lisa C. Qualls

Is your adoption journey turning out differently than you imagined? You had so much love to give, but now you feel ashamed and bewildered by your lack of compassion. You may be experiencing blocked care, a self protective mechanism in your nervous system that makes it difficult to connect with your child and maintain compassion. When this happens, it's like your heart seems to have left the relationship. But the good news is you are not a bad parent. You can heal from blocked care, and compassion can be rekindled in your heart.

[00:21:31.310] - Melissa Corkum

This episode is sponsored by our book *Reclaim Compassion: The Adoptive Parents Guide to Overcoming Blocked Care With Neuroscience and Faith*. This practical and powerful guide offers a simple step by step process for reclaiming compassion for your child and yourself. Included in the book is a blocked care assessment, which is now free to you, our listeners. You can take the assessment@reclaimcompassion.com/assessment.

[00:21:59.290] - Sandra Flach

I don't go too deep here. But there is a study that you can google or search out on the Internet. If you just type in FASD and 428 comorbidities, you can see the science, the research that was done. And what was discovered is there are many co concurring health conditions that are highly prevalent among the population of people prenatally exposed. So this isn't saying alcohol exposure in the womb caused these other conditions, but what has been found is people with an FASD, there's just a high prevalence of these conditions, such as vision problems. I know my two boys with an FAS diagnosis, both had crossed eyes when we adopted them and they had to have surgery. That's not saying everybody with crossed eyes was prenatally exposed, but there are a lot of vision problems. One of

my boys actually has a smaller optic nerve. One of his eyes has a smaller optic nerve than the other, so he has really poor vision in his left eye. And the eye specialist was kind of like, oh, yeah, we don't know what caused that. And I'm like, I think I do. But again, a lot of the providers and doctors who specialize in these other health conditions haven't necessarily studied FASD or understand that there could be a link.

[00:23:30.100] - Sandra Flach

Hearing problems, very common. We often hear of individuals who have an FASD had chronic ear infections as infants and babies. Very common. Cardiac conditions. One of my kiddos had that little hole in the heart that did not require surgery, thankfully, but cardiac conditions, circulation problems, musculoskeletal conditions. One of my boys, actually, at age three when we adopted him, had severe scoliosis. His spine was like a corkscrew, and as he grew, it twisted more, and he required multiple surgeries. And at 18, he had his final surgery, permanent rod spinal fusion. But his skeletal system is a little wonky looking, and his doctor was sort of like, I don't know where that comes from. But yet, at the same time, I'm convinced that it's so unusual for someone to have such an unusual skeletal system that I'm pretty confident that it was probably the prenatal exposure. Again, it's nothing I can prove on paper. There has to be the science behind it, and it just hasn't been researched, really. But this study, and you can go online, it reads like a scientific paper, so it's not bedtime reading, but you can research it out. And there are 428 co occurring health conditions that are very common among this population.

[00:25:02.360] - Sandra Flach

So I want to get into the primary symptoms of FASD, and again, this is a spectrum so not every individual is going to present with every symptom. And if they have some of these symptoms, it may present a little bit differently in each one. But generally, the primary symptoms include dysmaturity. So this would be where the individual is cognitively, developmentally younger than their biological age, not immaturity. They're not acting younger on purpose, but they are developmentally younger, sometimes as much as half their age. A lot of times we can look at our kiddos and say, well, my twelve year old really acts more like a six year old in a lot of ways. It's not an exact science. You can't always say they're exactly half. Sometimes we have kiddos who may be half their age in a lot of ways, but then there may be one area that they have a strength in, like maybe they have a musical gift. Or an artistic gift, and they really are beyond their years in what they're able to do. They have that strength. So, again, it's not straight across the board, but it's very common that developmentally, they are much younger than their biological age.

[00:26:18.010] - Sandra Flach

Sensory processing challenges. And we're familiar with sensory processing, especially with TBRI, right. Because a lot of our kiddos who've had trauma in early deprivation do have sensory processing challenges. But this could be from one end of the spectrum where they're super sensitive to the tag in the back of their shirt, the socks on their feet. Certain textures of food, loud noises, bright lights, those kinds of things. Or they could be sensory seeking, where they need that deep pressure touch. So just being aware of that sensory processing issues can be part of FASD.

[00:26:59.360] - Sandra Flach

Nutrition problems. A lot of our kids do have nutrition problems if they've had early food deprivation, right? Needing that snack, needing access to food, very, very common. But there's also an element of that with kiddos with FASD, where their brain does not indicate to their stomach that they're full. They don't have that sensation where they're full. So they want to eat all the time because they don't recognize that they're no longer hungry. Or the opposite of that. Sometimes they don't recognize that they are hungry and they don't ask to eat. So that can come into play as well as, in some instances, unusual sugar cravings. One of my kiddos actually presents with this. He'd rather have a sugary beverage than food, which it's beyond your typical kid. That wants junk food. It's just this driven need to have sugary beverages. And this could very well be because alcohol turns to sugar and if they've been exposed to alcohol in the womb, especially in significant amounts, they may have this sugar craving.

[00:28:14.830] - Sandra Flach

Language and communication problems. Oftentimes, these kiddos have a hard time reading body language, understanding facial expressions. Or you may teach them a rule or give them an instruction, and they might even be able to repeat it back to you, but yet they're not able to actually apply it or implement it. They have a really difficult time communicating their thoughts, their feelings. So a lot of language and communication challenges.

[00:28:46.230] - Sandra Flach

Slow processing pace, which is one I found to be fascinating when I discovered what that was and how it played out with my own kiddos. So slow processing pace is where verbal instructions, right? This is verbal instructions and information. Their brain has a hard time taking in a bunch of verbal instructions and processing it. So I like to give an example here. It's almost like they catch one in every three words that we speak. Or if you give a list of instructions, they may only catch the last thing that we said, but yet they're in trouble. For example, if a kiddo comes home from school and we say, okay, go change your clothes, bring your backpack to the table, I'll get you a snack, we're going to do your homework, and then you can go play. And then we come back with the snack, and where is the kiddo? They're playing, right? And then they're in trouble because they're being disobedient, and they didn't get their homework done, and they didn't follow all of our instructions. And now we're giving a consequence, and we're taking away the video games. No more video games for two days. And then there's the meltdown, and everything sort of collapses. When in reality, they did follow our instructions, but they only caught the last thing that we said. So this is very common. And when I learned about this, I tried it out because I recognized one of my kiddos, I was trying to give choices because I wanted him to be able to learn some decision making. So at breakfast, I would say, what would you like for breakfast? Would you like cereal? Would you like eggs, or would you like a bagel? And it was like every morning when I presented him with these choices, he'd always pick the bagel. And after a while, I realized, I don't even think he likes the bagel. He never finishes the bagel. So when I learned about the slow processing pace, I decided, well, I'm going to switch the list around. And then I began to realize he literally only ever picked the last thing that I said because I gave him too much information, and his brain couldn't catch it all. So he would always just go to the last thing. So these are kiddos that really benefit from one instruction at a time. Less words when we talk, and talking at a slower pace and giving them an opportunity to respond. One of my kids, actually, now he's 18, if we're giving him too many prompts, because he does need verbal prompting for things, because he also has a hard time with transitions, and a lot of our kids do, right? So he needs the reminders. And I used to be able to say, okay, in ten minutes, we're going to do this. Okay, now it's five minutes. Okay. Now he gets very aggravated the more information I give him. So we've begun using note cards, which I learned from another FASD mom, where I just can hand him the note card, and I don't actually have to say anything because it's that verbal onslaught of words that is very overwhelming to their brain. So slow processing pace is a big one.

[00:31:57.300] - Sandra Flach

Learning and memory challenges. Another one. These kiddos maybe can remember what happened last Christmas, but they may not remember what they had for breakfast yesterday, right? So there's a lot of short term memory challenges. They lose things, they forget to bring home their homework, things like that, and just various learning challenges as well.

[00:32:22.030] - Sandra Flach

Abstract thinking is another area that's affected. These guys tend to be concrete thinkers. They especially have a hard time with the concepts of money, managing money, counting money, understanding money, and how it works, and time. One of my kiddos, when he finally got a he got a job and was starting to have a paycheck. He was cashing his check and putting all of his money in his wallet. And I instructed him, that's not really safe. We need to open a bank account for you to put your money in. And he said, no, the bank takes your money. And I said, yes, but it keeps it safe, and it'll give it back to you anytime you want it. But he refused. He only knew he had money if he could see money. So putting it in the bank was not something he wanted to do until he lost his money, because someone took his wallet, and that money didn't come back. So we opened a bank account, and we were able to show him now, there's an app where you can look every day at the money that you have, so you can see it right there. But it was really hard for him to trust that concept of putting his money in the bank. So things like that, really challenging.

[00:33:39.670] - Sandra Flach

And then executive functioning, which is the boss of the brain is often highly impacted by prenatal alcohol exposure. And I like to break down exactly what executive function is because I know myself, I would hear that term and I'd be like, what is it? Okay, so the boss of the brain, but what does it do? So what the executive functioning part of our brain is responsible for is organizing, planning, transitioning from one task to the next, setting goals, and figuring out the steps we need to reach a goal. Self regulation, self inhibition, attention span, short term memory, and impulse control, which probably impulse control, we should put at the top of the list, because I think a lot of us with kiddos with an FASD would say that's one of the most challenging parts of parenting them is keeping them and everybody else and everything else safe, because they can be very impulsive. So kiddos with FASD tend to struggle in all of these areas. They have a hard time organizing and planning. They have a hard time with transitions. One of my kiddos cannot stand a fire drill at school, even though his classroom is notified ahead of time when there's going to be a fire drill. He has such anxiety when he knows there's going to be one, because it's that sudden noise of the bell, and then everybody has to get up and file out. He has a really difficult time navigating that. Goal setting, like I said, all of these things are very difficult, especially poor attention span. These kids almost always get an ADHD diagnosis as well. They have short term memory deficits. And again, they lack impulse control.

[00:35:32.490] - Sandra Flach

When we don't recognize the primary symptoms as being symptoms of prenatal exposure, right? We don't recognize that, we just think that they're being difficult. They're not listening, they're not following instructions. Whatever the case may be, the challenges that they're having, we look at as being intentional, right? That they're refusing to do what we want them to do, or they're refusing to stop doing what we don't want them to do. And we just set our expectations at what any neurotypical individual could do. And then our kids, day in and day out, have a difficult time, and they're constantly being disciplined and corrected and facing all these challenges, and in trouble at school and in trouble at home. If we don't accommodate these primary symptoms, we can contribute to what we call secondary symptoms developing. And secondary symptoms develop when we set expectations for our kids to be able to meet, that they cannot meet because they have a disability. So these include, the secondary symptoms include they become easily fatigued, anxious, they may choose to self isolate. They become overwhelmed, argumentative. They can suffer from depression, a lot of frustration and anger. They can have poor self esteem. And we see problems at home and problems in school. These symptoms present as behaviors that I find that's when families are looking for help, right? They want to fix these problems that they see, because these are the hard problems without realizing that these are really secondary to the primary symptoms. What is actually caused by the prenatal exposure to alcohol, if we don't accommodate well, we can cause these secondary symptoms, or we can parent in a way where these secondary symptoms can develop. And over time, if we're still not recognizing that this individual may have a brain based condition, their brain works differently. These are not intentional behaviors. They're not giving us a hard time. They're having a hard time.

[00:37:47.660] - Sandra Flach

But we still continue to set our expectations that they should be able to do all of these things that we expect them to do. And then we're again offering consequences and disciplining and things and correcting for behaviors that are really because of a brain based condition, over time, we really develop what we call a chronic poor fit. And that's where we can see some tertiary symptoms develop. And these are not guaranteed outcomes. These do not have to happen. But there is a high rate of individuals with untreated, undiagnosed, unsupported FASD that do end up with problems with the criminal justice system. They can turn to alcohol and drug use or addiction, social services involvement, legal system involvement, and even, sadly, suicide. These outcomes do not have to happen. If we can recognize those primary symptoms and begin to support our kiddos and accommodate them so that they can be successful. And if we're seeing any of these secondary or tertiary behaviors going on, when we begin to really look at the brain and take a brain based approach, which is what I teach with the neurobehavioral model, we can oftentimes decrease these behaviors, right. We can kind of turn the ship around, so to speak, and improve things. Just like when we begin, we learn about TBRI and we start applying those principles, we can really decrease a lot of the severe

behaviors and improve things. The same thing can happen when we begin to approach parenting and caring for our kiddos with a brain based approach, which we're going to talk about momentarily.

[00:39:31.350] - Sandra Flach

Just real quickly here, the brain domains affected by FASD, academic skills become a problem, focus and attention, thinking and reasoning, communication, memory, executive function. Again, sensory, living skills, and social skills are affected. So these are the things that often would get attention, right? And that's when a parent or a caregiver may be pursuing some kind of a diagnosis, because these things are going on, and we recognize what is going on, right? What could this be? And how can we help this, kiddo? So one of the things I like to discuss now is, what does the brain have to do with it, right? FASD is an invisible, brain based physical disability with behavioral symptoms. We oftentimes want to fix behaviors, but a neurobehavioral approach really looks at what is the source of the behavior.

[00:40:31.510] - Lisa C. Qualls

Well, thank you for joining us for part one of this incredible workshop with Sandra Flach. We hope you will join us next time for part two of accommodating and supporting kids with FASD.

[00:40:43.130] - Melissa Corkum

Before you go, we'd love to connect with you on social media. Our Instagram handle is @adoptionwise. Or better yet, join our free Facebook community at adoptionwise.org/facebook.

[00:40:57.330] - Lisa C. Qualls

Thanks so much for listening. We love having you remember you're a good parent doing good work.

[00:41:05.650] - Melissa Corkum

Music for the podcast is composed by Oleksandr Oleksandrov.