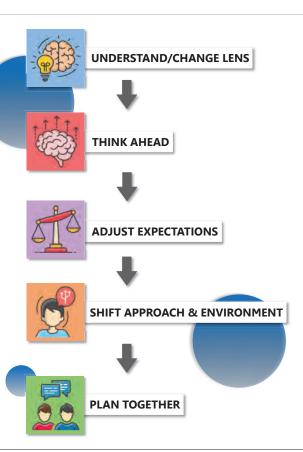
Cognitive Supports™ Presents:

Essential FASD Supports

Written and Presented by Nate Sheets
FASD and Behavior Consultant
cogsupports.com
Hosted by Shoulder to Shoulder





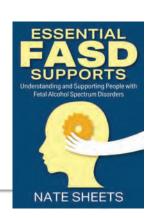
NATE SHEETS

FASD Consultant and Parent Coach

Creator of Cognitive Supports[™]

EXPERIENCE

- Foster/adoptive brother since 1993
- 14 years in developmental disabilities
- Independent behavior consultant
- Specialize in Fetal Alcohol Spectrum Disorders
- Author of "Essential FASD Supports"



EDUCATION

BA in Business Administration

NATE SHEETS



Behavior Consultant and Parent Coach

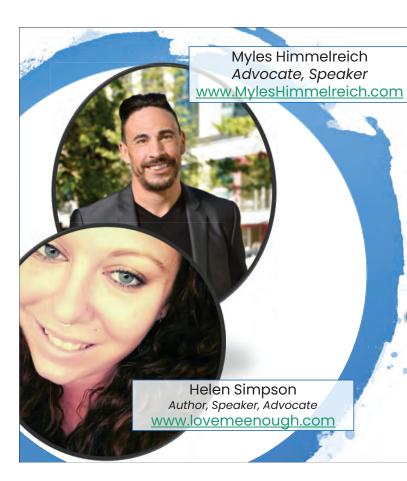
Creator of Cognitive Supports™

APPROACH/INTERESTS

Cognitive Skills/Neuroscience

- · Focus on mechanics of thought
- Polyvagal Theory
- Executive functioning
- Neurodiversity





Positive Traits & Strengths of People with FASD's

Kids and adults with FASD's have many strengths.

Good with animals

Good speakers, expressers

Empathetic

Successful in childcare, customer service, food services, and caregiving/social work

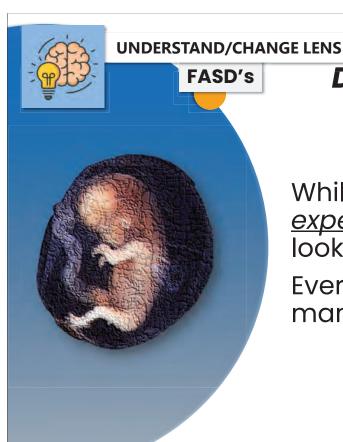
Artistically and musically talented

Good with younger kids

Motivated to help others

Friendly

Cognitive/Academic



Diverse and Individualized

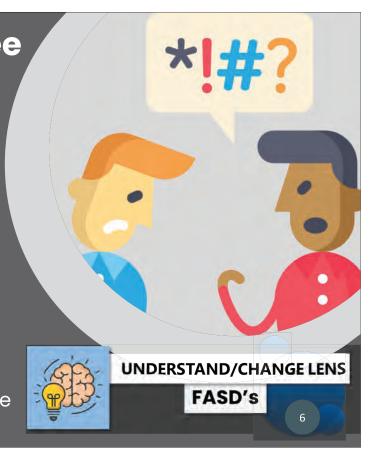
While some FASD traits are <u>expected</u>, each situation must be looked at individually.

Everyone is different, and there are many **non-FASD** considerations.

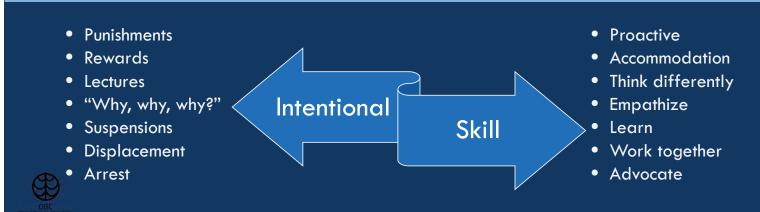


From the outside, we see behaviors, risks, and struggles:

- Impulsive behaviors
- "Lying"
- "Stealing"
- Risk-taking
- Inability or refusal to stick to a task/start a task
- Refusal to do schoolwork
- Emotional regulation challenges
- Struggles in interactions with peers
- Difficulty sustaining relationships
- Increased likelihood of criminal justice involvement



"Your <u>explanation</u> guides your <u>intervention</u>." – Dr. Ross Greene, "The Explosive Child"



"Your <u>explanation</u> guides your <u>intervention</u>." – Dr. Ross Greene, "The Explosive Child"

When we reframe challenging behaviors, it...

- Makes things easier emotionally
- Allows us to problem solve
- Helps the person understand what's going on
- Is more accurate than our "gut" feelings



Traditional

Children learn "acceptable" behaviors when their good behavior is **REINFORCED** and when bad behavior is **PUNISHED**.

When a child or teenager refuses to do something, it's because they want to be in **CONTROL** or **GET WHAT THEY WANT**

When children or teens have bad behaviors, it's a reflection of their CHARACTER or their PARENTS' abilities

a

"Challenging behaviors" happen when someone is expected to use **COGNITIVE SKILLS** they do not have or cannot access

Children and teens want to be successful, but they needs supports to do so in a society that misunderstands them

Skills are learned when expectations, interactions, other situations are appropriately supported



- -Processing verbal language
- -Executive Functioning Deficits
 - Emotional Regulation
 - Attention
 - Working Memory
 - Planning
- -Processing Speed
- -Memory issues
 - "Short-term" memory
 - Long Term Memory
 - Memory distortions



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Traditional Strategies and Cognitive Skills



Making a verbal plan with alternatives to behavior/coping skills

- Too abstract
- Likely does not understand all that is said
- Memory distortions
- Using the plan "in the moment"
- Lack of success interpreted as lack of compliance



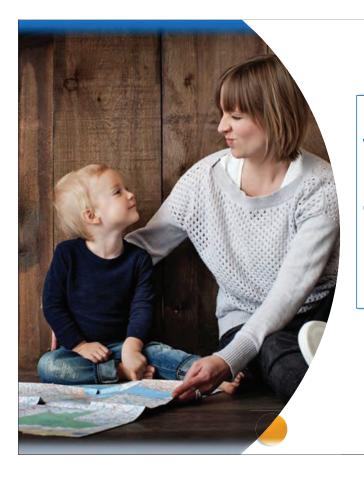
Signing a "contract" promising to stop engaging in challenging behaviors

- Does not consider why a behavior is happening
- "Try harder" with no real supports
- Lack of success interpreted as lack of compliance



Points and reward systems (a.k.a. "Yeah, Good Luck with That" plans)

- Often enthusiastic to do well
- Doesn't provide support "in-themoment"
- Long-term incentives often don't work
- Lack of success interpreted as lack of compliance



Research suggests that parents who understand the brain-based reasons for behaviors are more likely to:

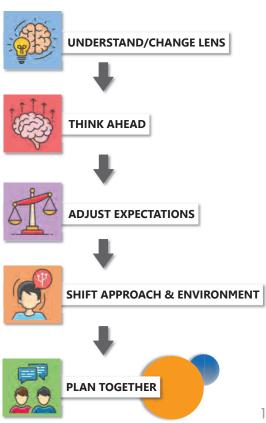
- Use proactive strategies
- Feel more successful in their parenting

(Petrenko, Pandolfino, Roddenbery)

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Cognitive Supports™ [kog-ni-tiv suh-pohrts]

1. Shifting expectations or interactions with a <u>specific</u> cognitive skill in mind.



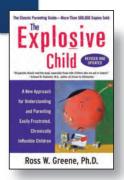
Where Does Cognitive Supports™ Come From?

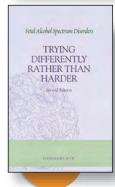
Collaborative and Proactive Solutions (CPS)

- "The Explosive Child" (Ross Greene)
- Behaviors are the result of "lagging skills"
- Collaboration ("Plan B") allows us to identify the <u>person's</u> concerns and solutions

Neurobehavioral Model

- "Trying Differently Rather than Harder" (Diane Malbin)
- FASD's are the result of neurobiological brain changes caused by alcohol
- We need to adjust expectations and remember how FASD's impact the brain, and make sure our solutions work with a person's cognitive skills set



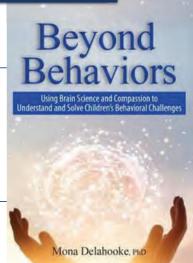


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Where Does Cognitive Supports™ Come From?

Polyvagal Theory

- Developed by Dr. Stephen Porges
- "Beyond Behaviors" by Dr. Mona Delahooke'
- Stress and trauma—in addition to many other factors contribute to cognitive skill struggles and ongoing behaviors





Every situation, expectation, and interaction demands cognitive skills.

RECIPE

SITUATION

Having friend over

Needed Skill Ingredients

- Attention span
- Distraction resistance
- Impulse control
- Emotional regulation
- Flexibility
- Shifting/Transitioning
- Abstract thought
- Sensory regulation
- Planning/problem-
- Processing and shifting to social cues

EXPECTATION

5 minutes of homework

Needed Skill Ingredients

- Attention span
- Distraction resistance
- Impulse control
- Self-monitoring
- Shifting
- Abstract thought
- Problem-solving
- Emotional regulation
- Reading
- Writing
- Recall

RECIPE

INTERACTION

RECIPE

- 3-minute talk with parent Needed Skill Ingredients Emotional regulation
- Shift and transition
- Attention
- Receptive
- communication
- Distraction resistance
- Impulse control Flexibility
- Abstract thought



UNDERSTAND/CHANGE LENS

Cognitive Skills Filter

The Cognitive Skills Filter Helps Us

Re-Frame

Traditional Terms & Interpretations

"She keeps interrupting me to get attention!"

"He won't keep his hands to himself."

"She lies because it causes drama."

"He's such an asshole!"

"They just don't want to do schoolwork."

Cognitive Skill Possibilities

"She can't hold her attention long enough to self-entertain."

"His body is dysregulated."

"She confabulates additional details, causing confusion."

"His brain cannot regulate his stress right now. This isn't about me."

"Their executive functioning fuel is out right now."



Jealousy or...?

Traditional Interpretations

- Sees sibling get attention, and wants attention for herself
- Doesn't like seeing other people be successful, and so she escalates due to jealousy

Cognitive Skill Interpretations

- Compliments are "out of nowhere", and she struggles to adjust to unexpected events (Transitions & Adjusting)
- She misinterprets compliments toward her siblings as negative statements against her (Perception)
- She is struggling with sensory dysregulation, and it hurts when someone unexpectedly talks



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Interpretation or skill chosen

PLANNING during unexpected interaction

Cognitive Support

Tell her ahead of time

<u>Is it working?</u>

Less escalated

Applying a Cognitive Support



SUPPORT SAFETY & CONNECTION

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Neuroception is our "bottom" brain's sense of safety to the environment, to situations, and to people.

Safe Neuroception

IN THE MOMENT

- We can interact warmly with others (connection)
- Our bodies feel relaxed and calm
- We can co-regulate with others when things go wrong
- We can learn

THE BIGGER PICTURE

- We move through developmental processes
- We are eventually able to use advanced ("topdown") thinking processes
- We build our own personal coping skills

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Unsafe Neuroception

IN THE MOMENT

- We are defensive
- Our body feels anxious/scared
- Our autonomic system activates a defensive state (pathways)
- We resist interaction with and reject connection
- We cannot use our executive functioning skills
- We engage in "challenging behaviors" ("bottom up" behaviors)

THE BIGGER PICTURE

- Our movement through developmental process is stalled, delayed, or inconsistent
- We struggle with relationships
- Our cognitive skill development is delayed
- We have ongoing challenging behaviors and have no coping skills
- We cannot talk about our behaviors abstractly ("topdown" thinking)

Early childhood trauma and stress create unsafe neuroception.



Unsafe Neuroception

There are many triggers to **unsafe neuroception** in children and adults who have been through early trauma:

- Body sensations/sensory information (e.g. smells, stomachache)
- Tones of voice
- Familiar physical environments
- Certain words/phrases
- Types of people
- Stress of any type

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FASD's and Trauma

For many reasons, people with FASD's are more likely to come from a history of early childhood trauma and stress. This includes experiences of:

- Early medical issues/hospitalization
- Neglect
- Physical abuse
- Sexual abuse
- Emotional abuse/neglect
- Homelessness

- Witnessing violence/drug use
- Removal from biological family
- Multiple caregivers/foster home placements
- Ongoing stress due to challenging behaviors
- Ongoing sensory dysregulation

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Unsafe Neuroception Clues Continual sensory dysregulation

Frequent oppositional behaviors

Easily reactive to people/situations

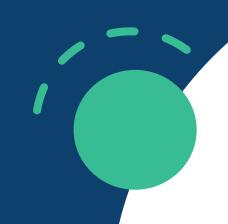
Escalates multiple times per day

"Shuts down" frequently

"Overreacts" to small stressors/has no coping skills

Rejects reasoning/comfort





Priorities for Stressed/Dysregulated Kids

- 1) Connection
- 2) Co-Regulation
- 3) Sensory Supports
- 4) Cognitive Supports[™]

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Prioritizing Connection (Connection Time)

- Each major supporter should have daily connection
- One-on-one whenever possible
- Have a goal of 5 minutes if you cannot devote more time.
- Must be easy! No games or conversations that could trigger stress or unsafe neuroception.
- Sensory activities can be good: hair brushing, back rub, cuddling, reading together.
- The goal here is to <u>send cues of safety</u>, brain to brain.
- Even if there is dysregulation and escalation later, this time is valuable.
- Successful time in neuroceptive safety together helps develop coregulation, and paves the way for collaboration or problem-solving.

In-the-Moment **Neuroception Supports**

Our Faces/Voices

- Use a soft and warm tone, even if it takes effort
 - This means you need to stop and think before talkina!
- Speak slowly and model thinking
- Have warm eyes and expressions

Our Bodies

- Don't stand over them. Move slowly
- Give space when needed, physical affection when needed
- Lean back, keep engaged and looking at them

Our Demands

- Focus on soothing first, talking later
- Avoid too much verbal
- Adjust expectations during dysregulation
- Give 1:1 help if that helps with expectations/regulations

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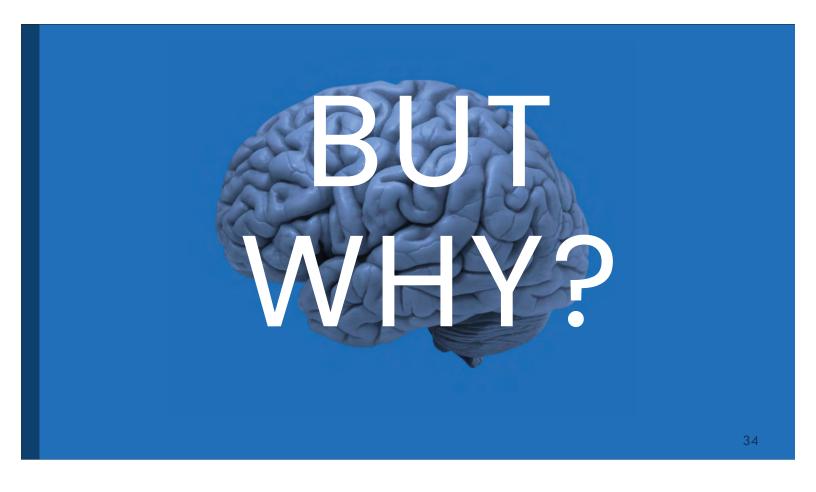
GIVE TIME TO THINK



Give time to process.

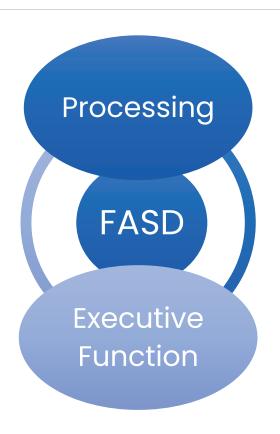
- ■This won't be easy!
- ■10-60 seconds
- Maybe more!

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Processing Verbal Language

- Demands multiple parts of the brain
 - Executive Functioning
 - Processing speed
 - Communication
- A universal struggle in people with FASD's
 - Can change depending on the day



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Processing/Receptive Communication Difficulties

Are Isolated Making

With Known Only

Consists With Often

Continuously Points Graph
Corresponding

Relation If

Curve Set Values

Variations Table Variables

One

Based on activity by FAT City Workshop

Verbal communication is often the *least* effective way to pass information along to a person with an FASD.

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Notes About Processing Verbal Language

- -Underlying reasons may be due to inner *communication* areas of the brain *or* due to executive dysfunction
- People who struggle with processing verbal speech may not always realize it, creating confusion or frustration

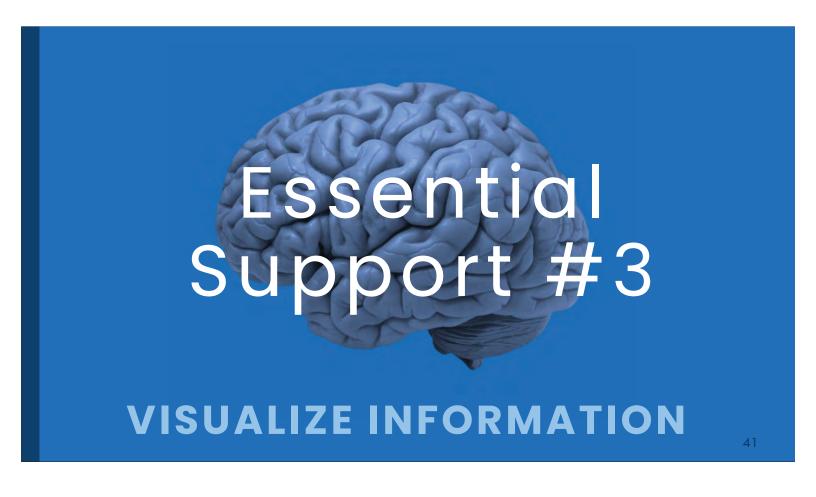
Additional Conversation Supports

- -Try to go into conversations prepared to give time to think.
 - This means stopping for a moment to think about what to say, how to say it, and how to support it.
 - Be aware of impulsively starting interactions or giving directions.
- -If you must talk, use simple language
 - Keep common phrases the same
- -Repeat what you said exactly the way you said it first
 - Re-phrase only after repeating yourself once

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Additional Conversation Supports

- -Use visuals whenever they are willing
- -Split conversations up into smaller parts if it helps with regulation or understanding
- -Be OK with them processing slowly, and allow them to change their mind or clarify with you.
- Asking questions is a sign that the person is trying to understand: don't assume they are being defiant.
 - Many neurodivergent people need to know the "why" of an expectation.



Visuals are the best support for everyone!

Visuals support many skills at once

Processing, Executive Functioning, and Memory

We often resist visuals:

They frequently don't work They take time to make The person doesn't buy-in **Processing**

FASD

Executive Function



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Starting Places—Visuals

Visuals support many different cognitive skills at once!

- Visuals can be simple!
 - Texting/messaging
 - "Notes"
 - Laminated piece of paper/dry erase marker

Think of what the visual is supposed to do:

- Remind
- Prompt to transition
- Remember
- Organize
- Be mindful/regulate

Use visuals to help you avoid verbal communication!

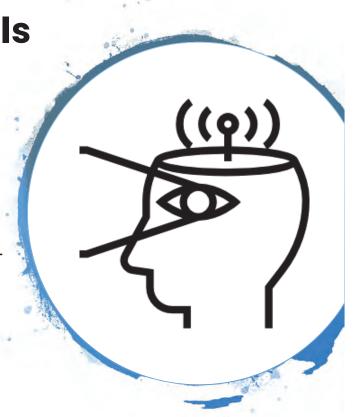
It's OK to stop talking and switch to a visual. You will forget!



Starting Places—Visuals

Make sure to "build in" an invitation to think.

- "Take a look at this and we'll talk in 5 minutes."
- "No worries about answering right now— I'll give you some time to think."
- "Choices" and Visual example





Always ask yourself: "Are the words coming out of my mouth better off visualized?"

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Directly address behaviors/challenges

Benefit from therapy/services

Develop emotional coping skills

Understand disability

Self-advocacy

Blend of interdependence and independence

Planning for future

Collaboration/Planning together



Practicing/Roleplaying

Give time to think

Use Visuals

Adjust Expectations



Think Ahead



Shift Approach



Relational and Subconscious Safety/Connection



Executive Functioning Fuel

- Executive Functioning "fuel" and skills are a limited resource*.
 - The more complicated the skill or task, the more fuel is used
 - We want to avoid wasting fuel with:
 - Unreasonable to too difficult cognitive demands
 - Negative interactions
 - Forcing our child who can "hold it together" to do so day after day
- Fuel is best replenished during sleep
 - You can get a small boost by eating food with glucose
 - Some people may get a boost (or feel boosted) by a nap



Executive Functioning Fuel

Lack of fuel or skills leads to:

- Frustration
- Agitation/escalation
- Overstimulation
- Anxiety

Things to keep in mind:

- Adjust expectations when struggling
- Evenings can be hard! Keep things consistent and try to connect once daily, despite struggles
- "Holding it together" costs more than learning a skill. But we have to be willing to do the skillsbuilding process in a way the works for them.

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"Boil It Down!"

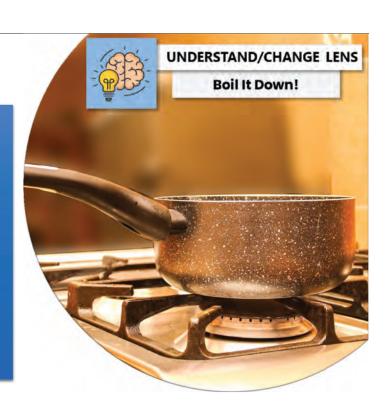
- Do our plans and supports "boil down" to more than just "try harder"?
- An incentive is not a support!
- Link supports to a cognitive skill to be more effective

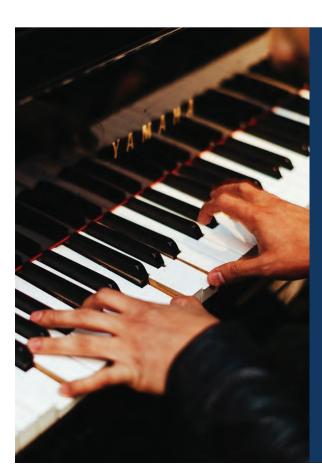


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Let's Boil it Down!

- Reward systems
- Secret signal
- Bribes
- Lectures
- Practicing
- "Get it together"





PRACTICING & ROLEPLAYING

A form of *pre-processing*

Practicing can take a load off the brain.



We always want to practice and roleplay, if possible.

They need to be developmentally able and willing

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PRACTICE THE PLAN!

Physically practicing when movement is involved makes following the plan easier in the moment

Practicing allows the person to know **WE** will be doing (being quiet!) so that it is not a surprise in the moment

Practicing helps us, too! (Running away example)



Shifts in Mindsets = Shifts in Responses

Previous Mindset/Response

Focus on behaviors and how to stop them

Lens Changes/Response Shifts

We understand that behaviors are "surface-level". They are clues to what is wrong

Many "challenging behaviors" are responses by the brain, not intentional choices.

We stop expecting that progress will come when the child "tries harder".

We respond with curiosity and in ways more likely to encourage co-regulation.

Focus less on the behaviors and more on meeting the person's need.

Shifts in Mindsets = Shifts in Responses

Previous Mindset/Response

Behaviors are intentional and the person lacks motivation to do better.

Lens Changes/Response Shifts

Meeting expectations for rules and behaviors *demands* skills from children. Not all children have the ability to consistently regulate themselves and their responses to stress.

Most "challenging behaviors" happen in a context of stress. Children who have been through trauma or ongoing stress often have automatic responses to stressors they encounter.

Before focusing on intentional behavior, consider the person's cognitive skills, sensory needs, safety needs, medical/bodily needs, and relational needs.

We can brainstorm external supports before putting pressure on the person to change.

Emotional Regulation Cognitive Supports

- Conserve fuel by providing Cognitive Supports to other skills
- Make a plan/prompt a plan:
 - "In five minutes we are going to talk about something, and you are not in trouble!"
 - "This could be difficult for us to talk about, so let's be ready to follow the plan if we start to get frustrated."
- Avoid talking in the moment of escalation!





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You Tube

Why Avoid Talking?

- The situations needs Executive Functioning skills, not communication skills
 - Talking can distract the person from emotionally regulating
- Talking "invites" a response—and we don't want them to respond
- Talking engages too many cognitive demands (e.g. planning) that can cause more escalation

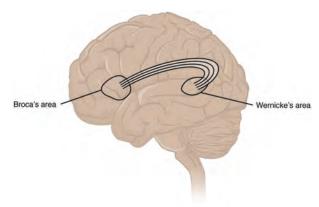


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- Stop. Breathe. Think about your brain.
- Resist impulsively answering
- There is something wrong, even if it feels like they could "just stop"
- Focus on soothing first:
 - Slow things down
 - Adjust expectations
 - Provide comfort/affection/connection
 - Avoid overloading with too many words

Responding to Dysregulation (Reactive)



Wait until you are able to move forward or help them think through the immediate issue.

Every time dysregulation occurs, there is an opportunity for us to **model** regulation through these strategies.



Responding to Dysregulation (Reactive)

While we want to listen to what our children have to say, much of what is said during dysregulation does not "mean much" in terms of what is going on.

- They probably don't yet understand their underlying physical/sensory/neuroceptive dysregulation
- Unhelpful Scripts like "I hate you", "I don't want to be in this family," or "I'm stupid"
- Responding to these messages may prevent regulation or take us down the "wrong" route
 - Address them later (if needed) when your child is doing better

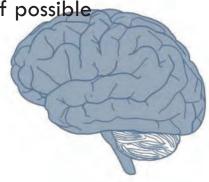


Responding to Dysregulation (Reactive)

- Respond to every 3rd statement if person is oppositional and not allowing disengagement.
- Say, "I need a minute to think" or "I'm following the plan" to try and buy time.
- Model (& achieve!) regulation by taking time to think and taking a breath before saying anything.

Escalation Plans

- -This is an advanced Cognitive Support. They must be developmentally ready and willing to have the conversation.
- -Use the Plan Together model to develop the plan
- -Everyone should practice the plan!
 - Practice the plan in all likely locations
 - Siblings/peers should practice the plan/their own plans
- -Should be consistent among settings/caregivers, if possible
- -Consider peers/distractions
- -Goal is not to teach a lesson
- -Don't respond to immediate opposition



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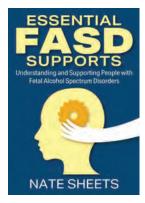
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Escalation Plans

- Adults/supporters should also plan and practice what to do if the plan is not followed for some reason.
 - Respond to every 3rd statement if person is oppositional and not allowing disengagement.
 - Say, "I need a minute to think" or "I'm following the plan" to try and buy time.
 - Model (& achieve!) regulation by taking time to think and taking a breath before saying anything.

Learn More with Nate! cogsupports.com





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