

Questions-Megan Tucker

1. **I'm assuming a PSY Eval is much different than a functional assessment?**
 - a. I am not a psychologist but my understanding is that functional assessments can be a part of a full psychological assessment or in addition to. Here is a link explaining SIB-R and other related assessments: [Adaptive Behavior - AssessmentPsychology.com](http://AdaptiveBehavior-AssessmentPsychology.com)

2. **How do we do this situation; for IEP when the school wants the the student to sign the IEP. Wouldn't the IEP say a parent should be involved**
 - a. Yes, the parent should be involved since they will be the best at indicating whether or not a goal is attainable because the individual with FASD will likely just want to either get the meeting over with or be eager to please, in either situation the individual will sign almost anything without understanding what they have signed. Often in a meeting setting where things are calm the individual will feel able to meet many of the goals but in the middle of a meltdown that perspective often changes to "I don't want to do any of this" and the school staff will say "well you said you could do this" but the people creating the goals need to understand the extreme highs and lows experienced from day to day and this is why parents should always be involved in goal development of any kind.

Comment-Canadian Canine Training

ALBERTA: in Sherwood Park is willing to train dogs for FASD. They are officially approved by the Alberta Government and train mostly for Autism, but are willing to train for FASD. <https://www.canadiancaninetraining.com/> Here is a link to information for Alberta in reference to Service dogs: Service dogs in Alberta | Alberta.ca

ONTARIO: Unfortunately, there are very few places in Ontario that provide training for FASD Service dogs. The following link provides some information on Service Dogs in Ontario that may be of assistance <https://shop.jwalkerdog.com/blogs/news/service-dogs-in-ontario-the-nuts-bolts>. For info on the Accessibility for Ontarians with Disabilities Act with respect to service dog laws in Ontario, please refer to the following link <https://aoda.ca/service-animal-laws-for-ontario-workplaces/>

3. **Are there any assessments that you feel are really necessary and helpful for a 16 yr old boy as we prepare him for adulthood?**
 - a. I recommend starting to create an inventory of skills, strengths and interests. That can be done at home and will be beneficial for planning in a holistic way (really looking at what he'd like in his life on a daily basis). I also recommend getting an updated psychological assessment to get a really clear understanding of ability level in multiple areas and this can help if he wants to attend post-secondary (either regular or transitional vocational in nature) because that assessment can make it so that he is eligible for multiple types of academic assistance.

4. my daughter has a large amount melt downs that spiral out of control and we are noticing that they are becoming more of the escalating nature

- a. without knowing all the specifics, I can tell you my first thoughts: pay attention to the expectations you have for her, meltdowns are often a sign that we are asking too much of an individual's brain. Also try modeling de-escalation techniques when things are calm, and what I mean by modeling is for you to take ownership of your own feelings that are emerging throughout the day and show her how you calm yourself. For example: say it out loud (calmly) "I am frustrated right now, can you see the wrinkles on my forehead?" Then follow it with "When I am frustrated it really helps me to take deep breaths and count to 10". Use this emotional modeling with all your emotions, not just emotion that can be interpreted negatively then once you've owned it and talked about solutions model it, model it, model it (repetition is good for the brain). "I am feeling angry right now, I must not have gotten enough sleep and it's harder for me to stay calm. I think I need to go for a walk, can you walk with me?" So, what this does is, takes the responsibility away from the child and teaches them that everyone struggles with emotions and dealing with them is beneficial. When she sees you doing this repetitively, she will start to learn de-escalation skills and in moments when she starts to escalate you can ask her if she'd like you to breath with her. Breathing is just one example another great one is going for walks or listening to music.

5. So, if these kids are "doing the best they can with what they have" how do we help them move forward and learn things like hygiene, not lying, following directions

- a. That's a whole other training 😊. I usually do a full day training to address that question but I will do my best to give you the quick tips: if we keep stress and stress response to a minimum, we are allowing the brain to stay in learning mode which will help on its own but then you can also incorporate visual schedules, routines, repeated opportunities to learn skills in multiple environments, clear and simple instructions given as concretely as possible, lots of modelling just to name a few.

6. Do individuals with FASD benefit from direct teaching of social skills and coping skills through Applied Behaviour Analysis (ABA)?

Children with FASD benefit from purposeful teaching of social skills and positive coping skills that takes into account the inconsistencies within their brain. In reference to ABA, I will share with you an answer I gave someone else who asked me this same question: in general ABA may not be the best tool but could be modified to use with individuals with FASD. The reason for this is that the inconsistent memory and performance that we see with FASD makes any type of behavior modification program difficult because they may completely grasp it one day which would give us the illusion that the individual may have mastered the skill but then they may not be able to access that information the next day and require more support than the previous day. This would be even more difficult in the situation where the child performs very well on the day of the initial assessment then receives goals and a plan tailored to their performance on that day, which would be very inaccurate because they may only be able to function at that level as a best-case scenario

where they got lots of sleep and had no stress leading up to the assessment, etc. So, although some aspects of ABA are useful such as the repetition, analysis of antecedents and positive reinforcement, we also have to recognize that the toolkit for strategies may need to be much larger and provide options for more assistance/direction as needed. Basically, the team working together to assist the child would have to be well trained in the complexities of FASD in order to understand that every day is different and thus the expectation of the individual may need to change slightly from day to day. On days when the child can't do what we expect it's up to us to modify the environment rather than placing expectation on the child to remember.

So, you can see how this question doesn't have an easy answer, it really comes down to understanding the child and the inconsistent functioning of their brain, then from there you could develop plans with lots of visual aids for reminders but also the team needs that training in order to understand that if the child can't do it that day we assist more on that particular day.

If your team providing the ABA is not well trained in FASD I would continue to say ABA isn't the best choice for FASD simply because doing it wrong could cause more harm than good.

A great resource is Diane Malbin's book: Trying Differently Rather Than Harder

7. **we have a teen that has a real challenge on social media, connecting with individuals (strangers) for connection. What is the best way of harm reduction when you can eliminate social media when they want to fit in?**
 - a. What I have done with my own child who struggles with understanding online safety is: I had a conversation with him about some of the dangers online such as people lying about who they are, people trying to take money from you by lying about having a product or deal for you, etc. then I indicated that I wanted him to be able to learn about online safety from my guidance, so we made a deal. I told him that for me to feel comfortable with him being online I needed to see that he was learning from our talks about online safety. So, I had him put all of his accounts on my phone so that I could monitor the messages coming in and so that we could have conversations about any issues that I may see. I let him know that his safety was my first concern and that I didn't want him to be taken advantage of. So, now I have his tiktok and Instagram logged in on my phone and I am able to see what is coming in and this has opened up several opportunities for me to show him examples of scams and I've also been able to delete some inappropriate message requests when needed.
8. **How does a parent or child acquire a SIBAR?**
 - a. Get in touch with a local psychologist and ask about getting an assesemtn that will give age equivilents to guide you in suitable age based accomodations. There are several options on top of SIB-R that can be utilized and each psychologist has their own favourite.
 - b. Here's a description of a few different options [Adaptive Behavior - AssessmentPsychology.com](#)
9. **What is the earliest age that a child can be diagnosed with FASD?**

- a. The answer to that question varies depending on circumstances and the capacity of your local diagnostic clinic and individual variances as well. In general, most clinics prefer to assess children that are 6 and over but in rare situations if the main facial features are present a diagnosis can be done much earlier if the clinic in your area is comfortable with doing that in other situations if there are several severe behaviors clinics may choose to bring a child in at a younger age. My recommendation is to make the referral as soon as you think that it may be FASD and be sure to include all of the issues/behaviors that are present because if the symptoms are severe many clinics look at each situation individually.

10. what is the difference between guardianship and power of attorney?

- a. the main difference is that power of attorney can be revoked but Guardianship is permanent. In Alberta guardianship is more suited to the situation of an adult with a disability needing assistance in decision making. There are also levels of guardianship depending on each individual and their specific needs. Here is the Alberta info: [About the OPGT | Alberta.ca](#) and here's what I could find for Ontario: [The Office of the Public Guardian and Trustee \(OPGT\) - Ministry of the Attorney General \(gov.on.ca\)](#)

11. Any suggestions for interventions with individuals who have compounded disabilities, such as FASD with both ODD and ADHD? Would all three benefit similarly from the same interventions?

- a. I do a full day training on understanding overlapping characteristics and multiple diagnoses, I recommend looking up Dan Dubovsky on YouTube he explains overlapping characteristics very clearly. My number one recommendation is to always do the FASD strategies first because if you use ODD strategies, they come from a place of thinking that the individual is purposefully misbehaving and once you understand that FASD is brain based and that the behaviors are a symptom of areas of the brain that have been damaged, it doesn't make sense to use strategies that assume full capacity of the brain.

12. Are there any assessments that you feel are really necessary and helpful for a 16 year old boy as we prepare him for adulthood?

- a. I recommend updated psychological testing to get a sense of strengths and areas of struggle, I would also ask the psychologist if they can provide some age equivalents for areas of functioning. Here is a link to a very old presentation that I did on Transition Planning to give you an idea for some things to think about when creating a plan for the future: [Transition Planning - YouTube](#)

13. My daughter has a large amount of meltdowns that spiral out of control and we are noticing that they are becoming more of the exacting nature.

- a. It's tough to say without knowing all the ins and outs of your situation but I would say the first place to start paying attention is to your expectations of her and comparing that to the age equivalent you would estimate she is at when she is having these meltdowns. So, if you think that the meltdowns are similar to that of a 3 or 4

year old then my recommendation is to make sure that none of your expectations of her are above what you would expect from a child who is actually that age. Pay attention to see if the meltdowns decrease and if so, that is an indicator that the world is asking too much of her brain causing her too much stress.

14. So, if these kids are ‘doing the best they can with what they have’ how do we help them move forward and learn things like hygiene, not lying, following directions etc.?

- a. It starts with understanding their brains and from there then we can lower their stress and provide supportive learning environments that take into account where they are at. Then it takes routine, consistency, structure and lots and lots of repetition. Here is a link to a one hour condensed version of my full day training [Understanding FASD: WP065; Understanding An Invisible and Under Diagnosed Disability FASD Megan - YouTube](#)

15. Do individuals with FASD benefit from directly teaching social skills and coping skills through Applied Behaviour analysis (ABA)?

See the answer I provided for number 6.

16. We have a teen that has a real challenge on social media, connecting with individuals (strangers) for connection. What is the best way to an reduce harm the you cannot eliminate social media when they want to fit in?

See my answer for number 7

17. Any suggestions for interventions with individuals who have compounded disabilities such as FASD with both ODD & ADHD? Would all three benefit similarly from the same interventions?

See my answer for number 11

18. How do we do this situation: for IEP when the school wants the student to sign IEP. Wouldn't the IEP say a parent should be involved? (I'm guessing this is referring to the statement about 16+ year old who is considered to make own decisions)

Yes, the parent absolutely should be involved, individuals with FASD that go to meetings without supports present will often sign what they are asked to sign without fully understanding what it all means. What I have found is that individuals with FASD often want to please those around them and will often not realize what they have missed from multiple people giving so much information all at once. These meetings can be overwhelming for the individual and the individual will often want to get it over with as quickly as possible which may lead to them agreeing to goals that may not be achievable. Remember every individual with FASD is different and I am giving you the best advice I can based on what I have experienced working with individuals with FASD but without a full knowledge of your situation I may be off base with my suggestions.