

BEAM Rules of FASD Behavior Management

1. **Brain Damage** from FASD is permanent and unchanging and impacts directly on behavior.
2. **Environment** must be modified in order to see changes in the child's behavior.
3. **Attitude** toward child should be positive and gentle to prevent frustration and depression.
4. **Medications** that work are a combination of a stimulant like Adderall and an SSRI like Paxil.
5. **Meals** provided should be additive free; avoid aspartame, preservatives, and red coloring.
6. **Expectations** should be realistic. Adjust your expectations to match child's ability to function.
7. **Understand** that FASD behaviors are primarily a matter of brain dysfunction.
8. **Punishments** like spanking or slapping should be avoided to prevent aggression and violence.
9. **Supervision** needs to be intensified; many children with FASD require 24/7 monitoring.
10. **Consequences** may not be effective but should be applied immediately and consistently.
11. **One-a-day** vitamins with minerals and B6 and B12 and extra C and E will ensure nutrition.
12. **Time out** can be a good coping tool for learning to self-calm, but should not be a punishment.
13. **Tough love** usually does not work, because the child is not capable of making wise choices.
14. **Individualize** the behavior plan to fit the unique needs of each child. Not all rules will apply.
15. **Educate** yourself about FASD, teach providers, teachers, family members, especially the child.

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13. **Don't Use "Tough Love."** It almost never works. This method assumes that the child has the ability to make wise choices if the consequences are severe enough. The child with FASD has impaired judgment and makes the same mistakes over and over, even when strict consequences are applied consistently. The child's ability to make a wise choice depends on how well his/her brain is functioning at the moment.

14. **Individualize the Behavior Plan.** Don't apply one model or method to all children with FASD. Each child is affected differently and so each child needs a plan that is based on individual needs. Not all these rules will apply to all children with FASD.

15. **Educate.** Do your homework. Read the information on the Internet (FAS Community Resource Center). Print out the brochures and articles. Teach others what you learn. Share this information with your spouse, other family members, your neighbors, the teachers and principal, the therapists, care providers, medical staff, everyone. The most important person to educate is the child. The more they know about their disability, the better they will be able to cope with their own challenges. If they understand the nature of FASD, they will be able to accept the restrictions needed to keep them safe and healthy.

Take some time to learn about Positive Behavior Supports and adapt them when necessary using the above guidelines. Read more about how alcohol exposure affects the developing brain, how that brain damage impacts behavior, and specific behavior issues that are common in children with FASD. Understanding the nature of FASD is crucial. Apply the SCREAMS intervention strategies, and remember that most children with FASD require more intense supervision than non-affected children, and that some will require round-the-clock monitoring.

www.fasstar.com

"BEAM" Behavior Environmental Adaptation Model



15 Rules of Behavior Management for
Fetal Alcohol Spectrum Disorders

"Fasstar Trek Model"

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Note that these are not typical behavior management strategies, but are ideas on how to adapt the environment to meet the child's needs, and how to modify your own behavior to facilitate a positive outcome.

More information is available at the FAS Community Resource Center website:

www.fasstar.com

Fasstar Trek Model

15 Rules of Behavior Management

1. **Think Brain Damage.** Remember that the basis for most of the challenging behaviors is neurological dysfunction. The medical term is “static encephalopathy” which means brain damage that is permanent and unchanging. The frontal lobes were damaged by the alcohol exposure. This is the part of the brain that controls behavior and judgment.
2. **Think “Environment.”** Instead of trying to change the child, change the environment. That includes the physical surroundings (minimize chaos), and people that interact with the child. When family members, teachers, and care providers all understand the nature of FASD, they can change *their* behavior and as a result the child’s behavior will improve.
3. **Adjust Your Attitude.** Be positive rather than punitive. The child cannot always control behavior. Even when actions seem deliberate or manipulative, this is the nature of FASD - brain dysfunction. Be supportive and respectful. Your role is not to watch for misbehavior to punish, but to encourage healthy, respectful behaviors. Watch what behavior you model.
12. **Medications Work.** Consider the risks of not medicating (out-of-control behavior) with possible side effects (usually minor with classic FAS/FAE and no co-occurring serious mental health disorders like Bipolar). If there happen to be side effects, doctors might suggest alternate meds until one is found that works and does not cause discomfort. Most parents of children with classic FAS/FAE report that a combination of stimulant and SSRI work best. Parents of some children report that Mountain Dew helps. This seems to have a calming effect on most children with classic FAS or FAE. This information is based on data gathered from parents and doctors and is not to be construed as medical advice. Consult your doctor.

4. **Meals and Diet.** Maintaining a healthy diet goes a long way to helping the child control behavior. Avoid additives, read labels, minimize fast food and stick to restaurants that don’t use preservatives. Teachers will tell you that the worst days for behaviors are the day after Halloween, Christmas time, and Valentine’s Day. It’s not necessarily the sugar, which in reasonable amounts should not cause problems. It’s the food coloring, and red coloring agents seem to cause the most problems. Other likely culprits are Nutrisweet (aspartame) and preservatives. Try an additive-free diet for about a week, then try adding one potentially troublesome food at a time to see what affects the child and what does not.

5. **Adjust Your Expectations.** The child will most likely not be able to consistently function at age level. Divide the child’s chronological age by 2 and assume that the child’s ability to function will be around that level. A 4-year-old will act like a 2-year-old most of the time, and a 10-year-old will act like a 5-year-old. A 16-year-old may act like a 4-year-old sometimes, like a 10-year-old sometimes, and like an adult sometimes. The older the child is, the better he/she will be at acting his/her age, but it is often just an act, and the teen’s ability to function socially and emotionally is often around the 6-year-old level.

6. **Understand the Nature of FASD.** Having an awareness of what FASD is – brain damage – will help you focus on effective intervention. This message, that FASD behaviors are primarily a matter of neurological dysfunction, is repeated because it is important to remember.

7. **Avoid Physical Punishment.** Never hit or slap the child. Even spanking should be avoided. The child learns by imitating others and physical aggression can lead to violence. If physical aggression is learned at a young age, it will be very difficult for the child to unlearn this behavior later. There are ways to apply non-punitive means of discipline. It takes time and effort, but it is worth it to prevent behavior in the child that could lead to violence, abuse, injury, and/or incarceration.

8. **Supervision.** Most children with FASD require close monitoring. Most adults require at least daily monitoring, and some need 24/7 supervision. Because of frontal lobe dysfunction, the decisions they make are not always wise and may put them at serious risk. Review the history of the child’s behavior, and provide the level of supervision that will allow them maximum freedom without putting them or others at risk. When in doubt, make your decision based on what is safest for the child. Once freedom is given to the child, it is more difficult to take that freedom away later. Take very small steps toward independence only when the child demonstrates a stable long-term ability to handle time alone at home or in social situations. Don’t take unnecessary chances, and don’t give in to pressure from others if it goes against your intuition. If you give the child too much freedom and something traumatic happens, the child will not likely learn from the incident, and the child’s freedom will be severely restricted with hospitalization or incarceration. Most parents whose older children ended up in serious trouble wish they could turn back time and provide closer supervision to their children.

9. **Use Consequences With Care.** Don’t expect consequences to work effectively. Consequences must be concrete and simple and must be applied immediately and consistently. Even then, the child may not learn, or may forget or make the same mistake again. Adapt consequences to the child’s *functional* age rather than actual age.

10. **Give One-A-Day Vitamins.** The child with FASD may have nutritional deficiencies in spite of a healthy diet. Chose a one-a-day vitamin with minerals, B-6 and B-12, preferably with no artificial coloring. Extra C and E will help as well.

11. **Rethink Time Out.** Don’t use time out as a punishment. If the child is out of control it is most likely due to feeling frustrated or overwhelmed or by sensory overload. Quiet time can be used as a coping strategy to help regain control.

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