

# FASD News and Views



A Michigan Coalition for Fetal Alcohol Resources, Education and Support (MCFARES) Newsletter



Established in 2003

## Questions We Are Asked

**Question:** *My nine-year-old daughter accompanied me to the craft store. Back at home she was playing with several bright-colored glass stones. When asked, she said she got them “at the store.” She said, very innocently, “They were pretty, I liked them and I wanted them.” How do I handle this kind of situation when my daughter takes something that doesn’t belong to her?*

**Answer:** This situation is a great example of acting out of impulsivity, inability to establish boundaries and delay gratification. After all, the stones were just sitting there in a bowl, didn’t seem to belong to anyone, they were pretty so she took them. She wanted them. There was no apparent thought that “it was wrong” or there might be consequences.

Our kids are immature, it has been written, that maturity level can be at least two years younger than their chronological age. We have to remember the behavior is a function of brain damage. The kids act first. Impulsivity is a dysfunction of the brain’s frontal lobe. The nerve cells are not wired properly, there are “black holes” in the connections. Thought processes are interrupted, information is not available to

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allow understanding, decision-making or cause-effect relationships.

Part of the child’s interpretation was an issue of ownership. To the child the stones were just sitting there, didn’t belong to anyone, no one was around them. “I see them, I want them, they are mine.” She did

not understand that belonged to someone else, that taking them was hurting someone, or that it was wrong.

As a parent it remains our responsibility to hold them accountable and teach at their level of function. They will learn it is wrong and they are capable of learning what does and does not belong to them.

### Key Actions

1. Be patient.
2. Discuss how they would feel if something of theirs was taken.
3. Identify consequences: write a letter of apology, go with them to return the item and apologize.
4. To help the child by prevention-supervise at each outing, hold hands, keep close, and keep valuables put away.
5. When taking them on trips repeat your expectations, remind them of consequences they can expect. Do it before leaving home and again before entering the store. They learn by repetition, concrete, simple instructions. May try having them repeat the instructions back.
6. Remember their behavior is not purposeful, manipulative or calculated. They often leave a “trail” behind them.
7. Be calm, patient, gentle and non-blaming.

This Q&A answer was provided by Teresa Kellerman. Ms. Kellerman has written several articles on stealing behavior in children with FASD. They can be found at <http://come-over.to/FAS/causedefect.htm>.

[http://come-over.to/FAS/FAS\\_and\\_stealing.htm](http://come-over.to/FAS/FAS_and_stealing.htm) and <http://come-over.to/FAS/impulsecontrol.htm>.

*If you have an FASD-related question that you'd like answered, please submit it to: [charisse@mcfares.org](mailto:charisse@mcfares.org). You may find your question answered in our next newsletter.*

## Donate Time – Work with Us!

Do you have a few hours to spare? We have several different opportunities to help you put your spare time to good use. Do you like kids? Maybe you can enjoy Project S.A.F.E. with us and supervise the children after dinner so that parents have some time to talk. Do you have website-building skills? We'd love your help re-designing and updating the MCFARES website. Do you have newsletter-designing skills? We could use your help putting the quarterly MCFARES FASD News and Views newsletter together (we'll develop the content and you can organize it into the newsletter).

### Things Our Kids Say

Reuben (11 years old) was set to play baseball in the Miracle League. However, when he heard he was playing for the Pirates he said he wasn't going to do it because he wasn't going to “wear that stuff”. When asked, “What stuff?” he replied, “You know, that pirate stuff! The beard and earrings and stuff.”

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## Surviving Teenager Behavior

by Sharon Chisholm, Professional Health Coach

All children are capable of posing challenges to even the best parents. Children with FASD possess the ability to present parents with especially unique challenges. But the best and the biggest challenges for parents are awarded to teens with FASD. A different approach to surviving the FASD teenage years is offered here. Use this method to create unique moments and fantastic opportunities for your teenager. Also build hope and love into your continuing parent-teenager relationship.

Does this claim generate a “Pie-in-The Sky” thought for you? I don’t blame you, but give it a try. It has worked for me with my teenage daughter with FASD.

As a parent of a teen who has FASD have you heard “just tell them what their limits are,” “take control and let them know you mean what you say,” and other such comments? Maybe teachers tell you, “he just doesn’t listen,” and “we are going to have to take him out of class or suspended him for his behavior?” This is one I heard all the time, “She is just like all teenagers who are trying to gain their independence, don’t be so hard on her.”

Gaining independence and wanting control over their own life dominates their thinking. Characteristically they go through the same significant changes of puberty, including hormonal changes, peer pressures, desire for social friendships and making their own decisions, like all other teenagers. The want friends, boy-girl relationships and want to

separate from parents. The distinguishing factor is their mental age. The teen may be considerably younger in age than their chronological age. They still function at the behavioral, emotional, and intellectual and skill level of a much younger age. They do not have the tools to deal with these pressures and may respond immaturely with behaviors such as tantrums, aggression or meltdowns. Their physical growth makes management more threatening for parents.

Our teens don’t understand what and why their feelings and behaviors are incongruent or why their parents continue to hold tight reins on their activities. They may have low self-esteem, be out of control, confused, unloved, unliked, out of place, not good enough; embarrassed or inadequate. Previous physical features of FASD may have disappeared or lessened due to growth. They have become quite good at “talking the talk,” but are unable to “walk the walk.” Typical problems still exist, but to “outsiders” it appears that they are capable of performing at a higher level than they are.

Problems still exist: poor peer judgment, easily overstimulated/overwhelmed, difficulty determining and maintaining appropriate boundaries and social skills, emotional outbursts, impulsivity, and inability to deal with abstract or predict consequences. So supervision still must be maintained. Our goal becomes how to provide it without denying the “teenage fun” experience they desire. From my experience, when I gave my daughter permission to go

somewhere, to a dance or elsewhere, I was at home thinking, “what is she doing?” My mind overflowed with questions, “How are other people responding?” “I hope everything is ok.”

A parent may feel helpless, hopeless, frustrated, want give up, try to control, inadequate, clueless about how to manage the behavior, or like nothing works. They have tried and things haven’t always worked out well. For example:

*My daughter was allowed to go to a dance with her boyfriend. After the dance they decided to walk to his house just behind the school. She was home on time and did not call to have me pick her up. I laid in bed and worried. She came home two hours late.*

*Another parent told how her son lashed out at a teacher when he became frustrated because he could not get what was being taught.*

*Another parent told how her daughter had a tantrum in the middle of the classroom because another student said something unkind to her.*

We can help our teenagers. It will take time and consistency to implement, but the results can be remarkable. I have develop a tool called “A Teenager Behavior Wheel” that is a variation of the wheel I use in coaching. I know this method don’t always work with our children. I know this one works. We need to keep in mind that they will have a change the choices as frequently as our teen loses interest in them. The teen has to be

engaged in the development and implementation of the tool. The tool can be adjusted and used in a different way as your teen progresses and demonstrates improved behavior. Parenting has to be consistent.

I believe that the key to using the tool is the degree to which the parent can give control to the teen in the development process and the degree of control given in developing rewards and consequences. Control and decision making give the teenager a sense of power over their own life. This is an age appropriate task. The second key is to teach at whatever their actual level of functioning is, 5 or 8 years old. Think “younger” when identifying the expected behaviors especially when this one isn’t working. Don’t generalize from one situation to another, be specific by saying what you mean, use repetition and provide structure to decrease anxiety and enable learning. If something is not working: stop the intervention, observe what they are doing, make eye contact and listen carefully to what they say. Ask them what is hard for them or what would they like to have help with. Ask what is stopping them or in their way of achieving what they would like. Then redo the wheel.

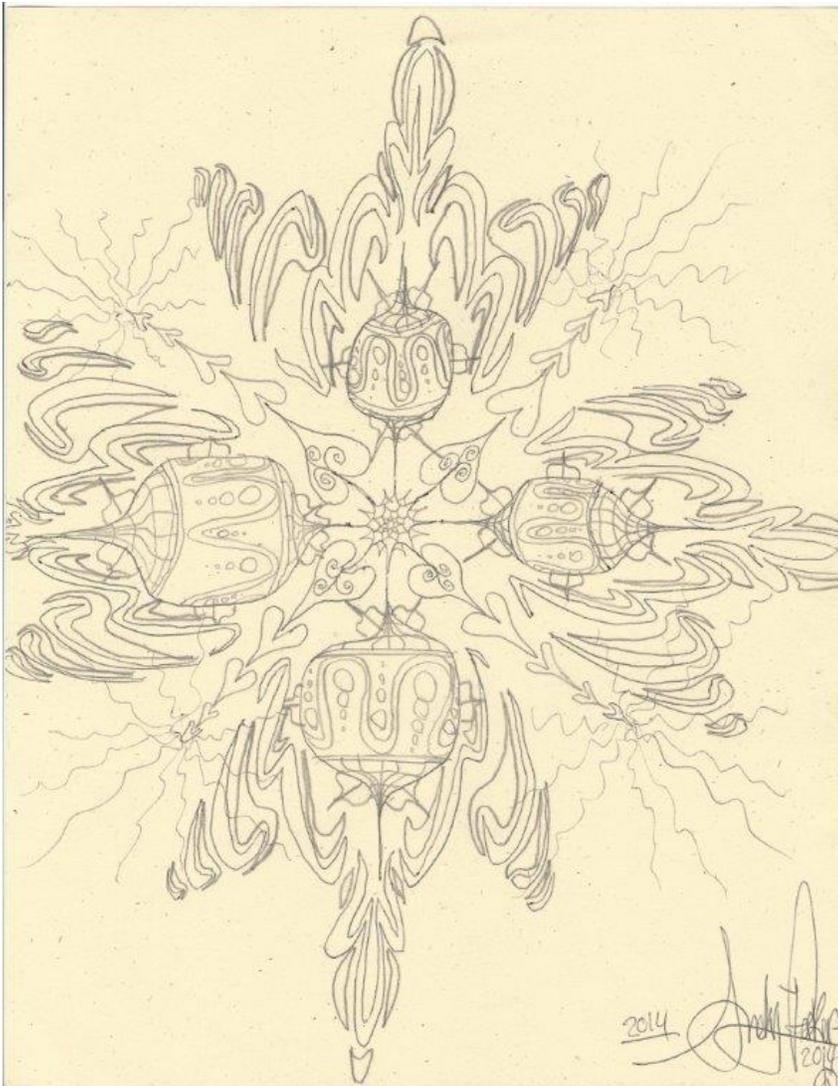
The teen should be allowed to work on the section they want to. With each change or from month to month the progress in the inner circle can be demonstrated to show overall improvement. It is a visual showing how hard each has worked. It is a great opportunity for the parent to show love and support for the effort and improvement the teen has achieved.

I found that sitting with my daughter initially and weekly provided a great opportunity for honest discussion. I usually took her to dinner, without siblings, to have a discussion because I found it easier to maintain her attention and it was a reward to begin a new project.

Let me know what your experiences are using the tool and how your teen responded.

Write me at [sheronchisholm@gmail.com](mailto:sheronchisholm@gmail.com). You may also use this same e-mail to ask questions or help. I look forward to hearing from you.

Note: If your teen identifies changes they would like to see in the parent role it may also be helpful to have a parent wheel that you are willing to work on at the same time. This make demonstrate your ability to listen and is a form of treating the teen with respect and as an adult.



*Drawing by Andy P.*

## GoodSearch

Please consider using [GoodSearch](#) for your internet searching needs and designate MCFARES as your charity of choice. Also check out other ways to earn funds for MCFARES by using [GoodShop](#) when you shop on the internet and [GoodGames](#) when you want to play on-line games. Funds raised will help MCFARES to continue providing resources, support, education and prevention information to the community.

## Free Book

*Addressing Fetal Alcohol Spectrum Disorders* is available for free from SAMHSA, and may be downloaded. See <http://store.samhsa.gov/product/TIP-58-Addressing-Fetal-Alcohol-Spectrum-Disorders-FASD-/SMA13-4803>

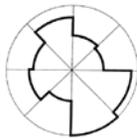
# The Teenager Behavior Wheel

by Sharon Chisholm, Professional Health Coach

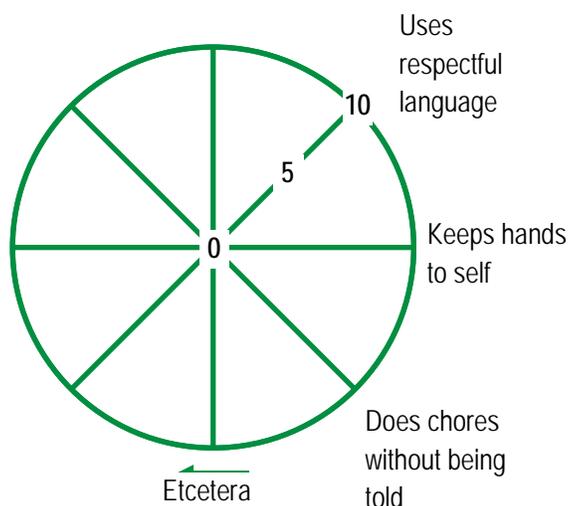
## INSTRUCTIONS:

**First level of using the wheel:** Have your teen identify behaviors he/she feels need improvement. Examples might include: showing respect, showing appropriate behavior in school, keep hands to self, appropriate language- no cursing, nondestructive actions, completes assignments/requests, do chores without being asked, speaks respectfully at all times/everywhere. Put a behavior next to each section on the wheel as demonstrated in the diagram. The center of the circle is “0” satisfaction with performance in a given section. The outer ridge of the circle is “10” satisfaction with performance in a given section. Ask the teen to identify the level of satisfaction with performance in each area and place a mark along the line representing that number. For example half way on the line is “5,” the center of the circle is “0” where there is no satisfaction at all. Then when each area is rated draw an inner circle connecting the lines. The inner circle will not be a true circle but will show a “bumpy” road with some areas having more satisfaction than others.

Example:



## The Teenager Behavior Wheel



### Suggestions

1. Have teen pick the area that needs improvement (8) – gets greatest change
2. Have teen identify which area they would like to work on- The one that would give them the greatest level of satisfaction if they improved
3. After the inner circle is drawn and they have chosen an area to work on ask the teen, “What is one baby step, one small action, he would be willing to take to make a change in this behavior?”
4. Have teen identify small rewards for achieving every day in area selected.
5. Have teen identify small consequence for negative behavior each day.
6. Have teen identify a large reward & consequence for behavior on weekly basis.
7. Can put a positive marker in space each day to show achievement.
8. Can stay in same area the next week with a new baby step until the teen and parent/teen feel there’s an acceptable change or move to another area to change it up for interest
9. Eventually the teen may be able to rate on a 0-10 score how they feel they function in each area and can connect each area to show the bumpy road or areas of greatest achievement and least achievement.

## Braggs

### Marissa and Gabby

Marissa Q. and Gabby S. had a good time at a sleep over on October 17. It was a late celebration of Gabby's 12th birthday. Marissa and her mom, Linda, drove across the state to spend the night. The girls had a good time together and were asleep within minutes of the door to Gabby's bedroom closing. This was



Marissa's second sleep over and Gabby's first.



### Gabby

Gabby S. went on her first 2 night church retreat October 24-26. She packed her own suitcase, sleeping bag, pillow and several stuffed animals. Gabby had a buddy at camp to make sure things went smoothly. Her name was Chelsea. Gabby and Chelsea had lots of fun. One of the most fun things was a trail ride with a bunch of other kids. A fairy named Krissy also appeared in Gabby's cabin and liked to make messes. Krissy came home with Gabby but has not made any messes here--yet!



## Project S.A.F.E.

### (Supportive Activities for Everyone)

Project S.A.F.E. is a monthly pot-luck activity for families who are living with FASD. Our families come together for a meal, play time for the children and time for support for adults. Project S.A.F.E. is held at Fellowship Chapel at 12875 14 Mile Road, Sterling Heights, MI 48312. Our scheduled dates are: February 8, March 8, April 12, May 10. We meet from 5:30 – 8:30 p.m. If you're able to join us, please contact Charisse at [charisse@mcfares.org](mailto:charisse@mcfares.org) (unless other arrangements are made, these meeting are reserved for family members only).



## FASDay 2014

FASDay, 2014 was held at Fellowship Chapel in Sterling Heights. Twenty-five guests enjoyed a wonderful pot-luck dinner, then the children played while the adults had a chance to talk. We played a MCFARES trivia game and our guests enjoyed playing for the chance to win gift cards. Many of our guests committed to sharing information about FASD and left our evening armed with information and literature to share with others.



## NOFAS 25<sup>th</sup> Anniversary Gala

Celebrating the 25th Anniversary of the National Organization for Fetal Alcohol Syndrome was an exciting and memorable experience for our family. NOFAS is such a special gift to families and professionals alike. When we started our journey in 1973, we felt totally alone, and we were, except for the gracious listening ear and warm supportive heart of Ann Streissguth. NOFAS changed that in 1989, reaching out to all. Now on the NOFAS website, parents can learn quickly about Fetal Alcohol Spectrum Disorders, diagnostic resources and support groups in their state.

The 25th Anniversary Gala was held at the beautiful Italian Embassy. The ambassador from Italy has a nephew with an FASD, and is a strong advocate both in Italy and the US. We were able to see Ann and Daniel Streissguth, both looking vibrant and in good health. Ken Warren from the NIAAA was there as well as Jon Dunbar from SAMHSA.

Rob's thoughts and impressions are as follows: "I am glad that I was able to attend and see some friends that I've made over the years. I was also able to speak to people on how I've been advocating for adults with an FASD. I met Senator Lisa Murkowski from Alaska and was able to share my story about what I have been doing in Michigan related to FASD and our support group."

Looking back and looking forward, now we are not alone, every parent has a non-partisan advocate in Washington and a supportive friend through their state NOFAS chapter. Here in Michigan we are very fortunate that Charisse said yes when I asked if she could help us establish Michigan NOFAS. MCFARES took on the challenge and we have all benefited.





## Support Groups for FASD in Michigan

### (not all groups are specifically for FASD support)

(Please phone or email contact person prior to attending to ensure that group is still meeting. If information has changed, please email Charisse at [Charisse@mcfares.org](mailto:Charisse@mcfares.org)).

#### Alpena County

FASD Family Support Group, Meets 3<sup>rd</sup> Wednesday of each month; 6:30 – 8 p.m., Thunder Bay Transportation Authority, 3022 US23 S, Alpena. Contact Mary Schalk at [maryschalk@frontier.com](mailto:maryschalk@frontier.com) 989-734-2877 for more information.

#### Eaton County

Eaton County Foster Adopt Support Group, Meets 1<sup>st</sup> Thursday monthly, 6 – 8:30 p.m. Pot-luck dinner at 6:00 p.m. Group/training at 6:30 p.m. Childcare available. Eaton Intermediate School District, 1790 Packard Highway, Charlotte, MI 48813. Located right next door to Walmart. Contact Michelle for more information at [besa\\_93@yahoo.com](mailto:besa_93@yahoo.com).

#### Kent County

West Michigan FASD Support Group, Meets 3<sup>rd</sup> Tuesday of each month, 7 – 8:30 p.m., Westminster Presbyterian Church, 47 Jefferson Avenue, Grand Rapids, MI 49503. Contact Sandy Kezenius, 616-874-9522; Corry Tait, 616-550-4273; or Barbara Wybrecht, 616-241-9126 or [bmwybrecht@gmail.com](mailto:bmwybrecht@gmail.com) for more information.

Self-Advocates with and FASD in Action (SAFA), generally meets on the 3<sup>rd</sup> Tuesday of each month. The meeting is for adults age 18 and up who have an official FASD diagnosis. Contact Rob Wybrecht for more information, [rob1195@yahoo.com](mailto:rob1195@yahoo.com).

### Macomb County

Project SAFE (Supportive Activities for Everyone), Generally on a Friday or Saturday evening from 5:30 – 8:30 p.m. at various locations in Macomb County. Families meet for pot-luck dinner followed by supervised play for the children and support group time for adults. Contact Charisse at [Charisse@mcfares.org](mailto:Charisse@mcfares.org) or 586-329-6722.

Brunch Bunch, Monthly, 2<sup>nd</sup> Tuesday, 9 a.m. – 11 a.m., In Clinton Township, Contact Charisse at [Charisse@mcfares.org](mailto:Charisse@mcfares.org) or 586-329-6722 for location details.

### Washtenaw County

Ann Arbor Support Group, Meets 4<sup>th</sup> Wednesday of each month except November (meets 3<sup>rd</sup> Wednesday) and December (no meeting), 7 -9 p.m. St. Joseph Mercy Hospital, Education Center, Classroom #5, 5305 East Huron Drive. Contact Betsy for more information, [betsysoden@juno.com](mailto:betsysoden@juno.com).

### On-line Support

Families and Supports Affected by FASD: <http://groups.yahoo.com/group/FaSAFASD>

*Note: no liability is assumed with respect to use of or inability to use the information contained in this newsletter. Although every precaution has been taken, the authors assume no liability for errors or omissions. No liability is assumed for damages resulting from the use of the information contained therein.*



MCFARES is the Michigan NOFAS Affiliate

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## MCFARES Member Agencies

Arc Services of Macomb  
(fiduciary)

Macomb County Office of  
Substance Abuse

Family members of affected  
individuals

Oakland University School of  
Nursing

Macomb Intermediate School  
District, Early On

Macomb County Community  
Mental Health

Fraser Public Schools

Macomb Family Services

Macomb County Health  
Department

Madonna University



***MCFARES needs you.  
Call us at 586-329-6722  
to find out how you can  
help.***

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## MCFARES

44050 N. Gratiot  
Clinton Township, MI 48036

### RECIPIENT

Address Line 1

Address Line 2

Address Line 3

Address Line 4

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