

# Interagency Coordinating Council (ICC) on Early Intervention Meeting

August 1, 2024



# Housekeeping



Interpretación en español: haga clic en el globo blanco en la parte inferior de la pantalla con la etiqueta "Interpretation." Luego haga clic en "Spanish" y seleccione "Mute original audio."



ASL interpreters have been "Spotlighted" and live closed captioning is active.



This meeting is being recorded.

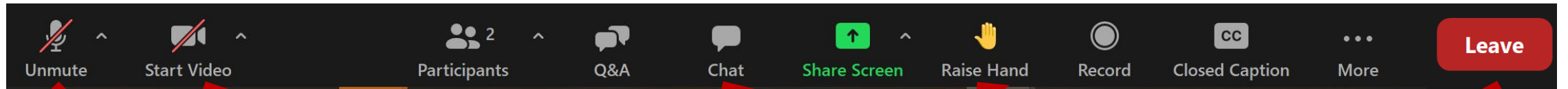


Materials are available at: <https://www.dds.ca.gov/services/early-start/state-icc-on-early-intervention-overview/>.



Submit written comments via email to: [earllystart@dds.ca.gov](mailto:earllystart@dds.ca.gov).

# Zoom Tips



Unmute mic only when it's your turn to speak



Turn your webcam on/off

All attendees can type questions/ comments in the Q&A

Chat is available for all attendees

During Public Comment please raise your hand when you want to speak

Leave the webinar at the end of the meeting



- Features will vary based on the version of Zoom and device you are using
- Some Zoom features are not available for telephone-only participants

# Housekeeping – Interpretation Services

## **ASL INTERPRETERS**

ASL interpreters will be spotlighted during the meeting.

## **WHEN SPEAKING**

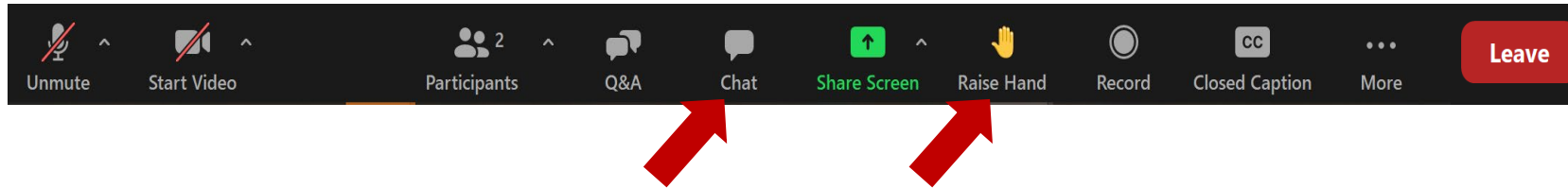
Please introduce yourself by stating your full name and who you represent.

## **PLEASE SPEAK SLOWLY**

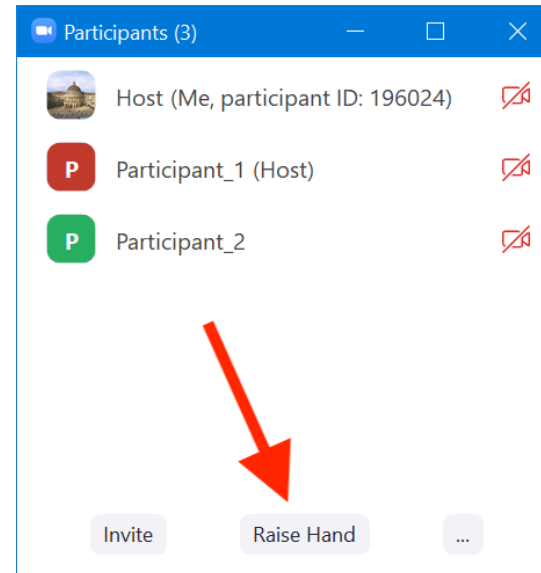
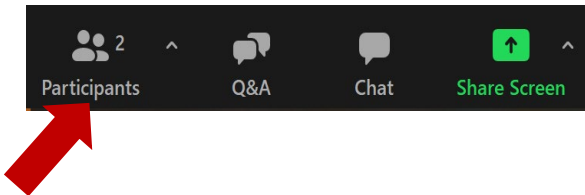
To support our interpreters with accurately interpreting the information discussed during the meeting, please speak slowly.

# Providing Comments – Appointed Members

**Appointed Members:** Please use the “Chat” or “Raise Hand” to comment



You may need to click on “Participants” and a new window will open where you can “Raise Hand”



# Agenda

- I. Welcome and Roll Call
- II. Approval of Minutes
- III. Review ICC Mission and Purpose
- IV. Part C Literacy Article and Introduction of Meeting Theme
- V. Family Testimonial
- VI. DDS Updates and Information
- VII. Break**
- VIII. Presentation: Assent Based Learning
- IX. Voices from the Field
- X. Lunch**
- XI. Presentation: Fetal Alcohol Spectrum Disorder (FASD)
- XII. Public Input
- XIII. Committee Meetings



# ICC Mission and Purpose

**To promote and enhance a coordinated family service system for infants and toddlers, ages birth to three years, who have, or are at risk for having a developmental delay or disability, and their families, by utilizing and encouraging a family-centered approach, family-professional partnerships, and interagency collaboration**



# Part C Literacy Article

“2024 California Children's Report Card”

Authors

Children Now  
children



# Family Testimonial

# ***I'M SAMUELL AND I HAVE AUTISM***

**Born in Long Beach, California at 38 Weeks, remained  
in NICU for 20 days. I couldn't eat, I needed to be fed  
through a tube**



# REGIONAL CENTER REFERRAL

At 2 years of age we noticed something wasn't right, I asked for an evaluation for autism with the pediatrician.

He referred me to the Regional Center. Samuel received Early Start Services



# ***THE IMPORTANCE OF CONNECTING WITH A FAMILY RESOURCE CENTER***



SEARCHING FOR A RESOURCE CENTER IS VERY IMPORTANT WHEN YOU ARE TOLD YOUR CHILD MAY HAVE AUTISM OR SOME OTHER DISABILITY. FAMILY RESOURCE CENTER GIVE YOU THE INFORMATION YOU NEED AT THE RIGHT TIME.

# WHY IS IMPORTANT TO SEEK OUT OR ATTEND A SUPPORT GROUP?

Organized  
Documents

(EZ ACCESS  
BINDER  
TRAINING)

Support  
Group

Learn  
about  
Resource  
Navigation

Feeling in  
community  
with other  
parents who  
understand  
what we go  
through

# WHAT I LEARNED IN THE SUPPORT GROUP

Why Early  
Intervention  
Matters

Information on all  
services available

How to understand  
the different  
therapies and how  
to access them

Information about  
assisting  
communication  
devices

# WHAT SERVICES YOUR CHILD CAN HAVE AT THE REGIONAL CENTER

Accessing  
therapies when  
insurance denies  
them

Social Recreation  
Services

Respite

Social Skill/Floor  
Time



## ***Transitioning out of Early Start***

**I was able to communicate by pointing, pointing with my fingers and hands something that I couldn't before.**

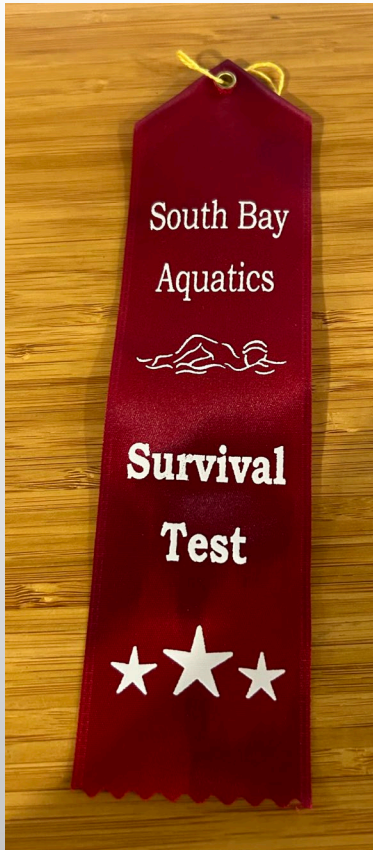
**I began to babble words**

**I learned the ABCs of sign language**

**I began to tolerate other children being around me.**



# SAMUELL'S FAVORITE ACTIVITIES



Swimming

Music

Tablet for  
communication

# **DDS Updates and Information**

**Nancy Bargmann, DDS**  
**Carla Castaneda, DDS**

**BREAK**

## Presentation

# **HONORING YOUR LEARNER: An Assent Based Approach to Learning and Teaching**

Liz Lefebre, M.A. BCBA, LBA

OCTAVE TRAINING



# HONORING YOUR LEARNER

AN ASSENT BASED APPROACH TO  
LEARNING AND TEACHING

LIZ LEFEBRE, M.A. BCBA, LBA



Behavior is complex and brings to bear a long history and a set of skills. We must be compassionate and assume that learners are doing their best with what they have as we help them learn new skills to navigate the world.





A young child with light brown hair is sitting and playing with wooden blocks. The child is holding two blocks, one in each hand, and looking down at them. In the foreground, there is a stack of several wooden blocks. The background is slightly blurred, showing a wooden chair. A semi-transparent rectangular box is overlaid on the image, containing the text 'THE LEARNER IS ALWAYS ~~RIGHT.~~'. The word 'RIGHT.' is crossed out with a blue line. There are also two purple L-shaped corner brackets, one in the top left and one in the bottom right of the image.

THE  
LEARNER  
IS  
ALWAYS  
~~RIGHT.~~

Thank you

# THANK YOU TO MY TEACHERS



# TERMS



## Consent

n. permission or agreement to do something, especially given by somebody in authority



## Assent

n. the expression of approval or agreement (without coercion)



## Assent Withdrawal

n. expression of disapproval or disagreement



# Assent

**Demonstration of agreement to participate verbally or non-verbally that is provided by those who are not of legal age or capacity to provide informed consent. Assent can be given and revoked at any time during teaching and learning.**



# HISTORY

**Education has a compliance based history.**

**Cultural norms and practices have vary in how compliance is viewed.**

**Therapies for children and those with disabilities have a history of being compliance based.**






Contributing variables

Goals must be met...

Funding sources for therapy providers require progress...

Time must not be wasted...



# PRESSURE ON TEACHERS, PARENTS AND PROVIDERS

# SOCIETAL PRESSURES TO GET THINGS DONE



**Be productive.**

**Don't waste anyone's time.**

**Help learners or loved ones to meet their full potential.**



Skill building

# SKILL BUILDING WORKS



**Most of us get into the helping professions because we love seeing the progress our client's make.**



# THERAPEUTIC SERVICES SHOULD...

- benefit learners
- improve lives
- target learner valued goals
- be responsive to learner values, preferences and needs
- be kind





**Adults have “capacity” to understand and consent.**

**Children don’t have “capacity” nor age requirements to provide consent.**

**Intellectual disabilities can effect ones “capacity” fo provide consent.**



# ASSENT BASED LEARNING

Designed based on learner values, preferences and needs

Focuses on building self-advocacy skills

Honors learner assent withdrawal

Requires clear boundaries and flexibility

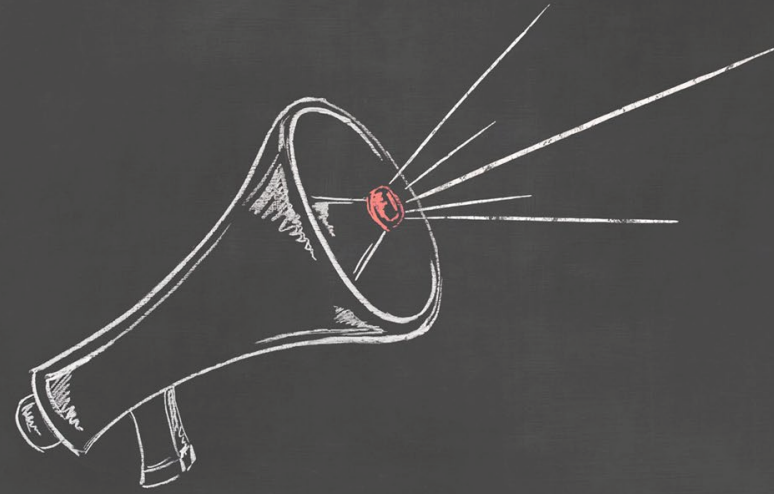
Requires instruction that is responsive to learner feedback

# Learner values, preferences and needs

Selection of goals, teaching methodologies and strategies should be selected based on learner values, preferences and needs.



# SELF ADVOCACY SKILL BUILDING



**Assent based learning requires instruction to be designed and delivered to all learners to increase their ability to advocate for themselves in whatever capacity they can.**





## HONORS LEARNER ASSENT WITHDRAWAL

**When learners communicate withdrawal of assent, instructors respond by stopping, listening and changing the way they move forward.**





# CLEAR BOUNDARIES AND FLEXIBILITY



**Assent based learning requires clear boundaries for all involved that promote and protect safety, health, values and shared space.**



## **Flexibility needs to be bi-directional.**

**Instructors should be flexible with how they instruct.**

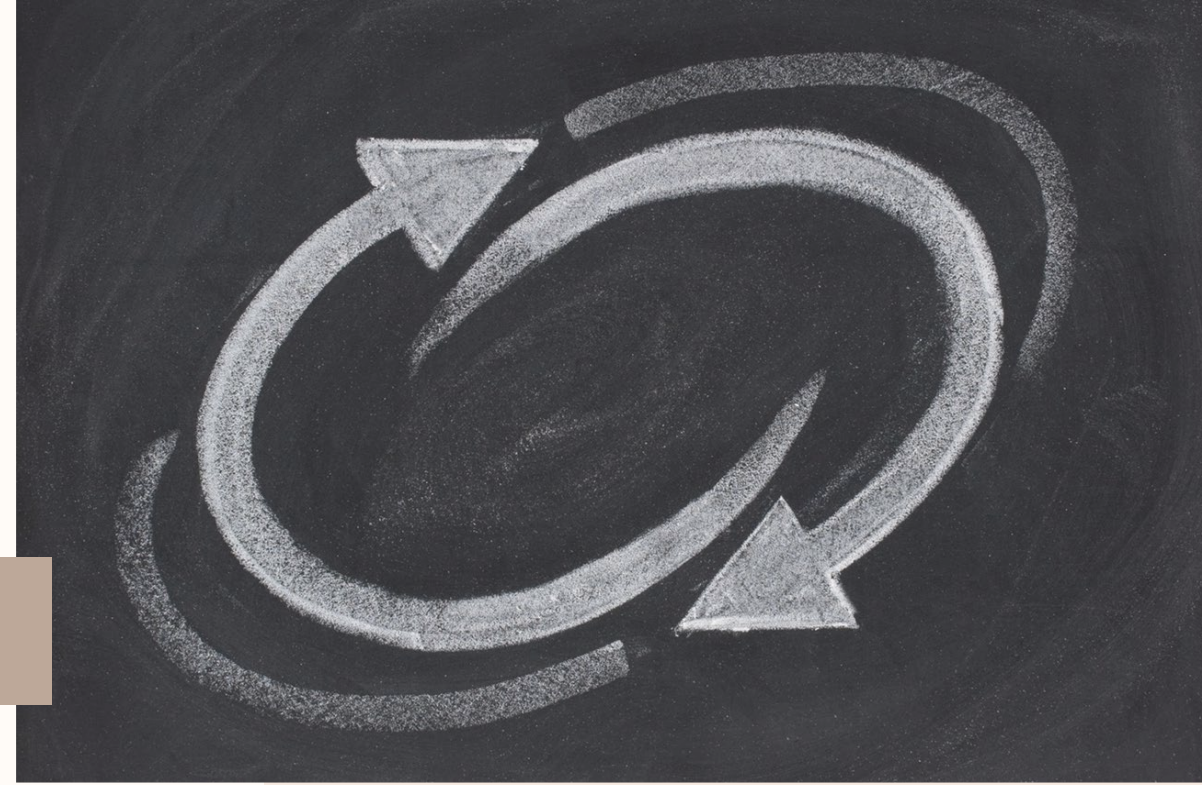
**Learners need to learn to be flexible to live in the world we live in.**





Responding to learner feedback

# INSTRUCTION THAT IS RESPONSIVE TO LEARNER FEEDBACK



When a learner communicates (in any way) that they enjoy, or do not enjoy the instruction, we listen and adjust and do our best to modify and meet their needs.

A young child with light brown hair is sitting and playing with wooden blocks. The child is holding two blocks in their hands, and several other blocks are scattered on the surface in front of them. A semi-transparent rectangular box is overlaid on the image, containing the text 'THE LEARNER IS ALWAYS ~~RIGHT.~~'. The word 'RIGHT.' is crossed out with a blue horizontal line. In the top-left and bottom-right corners of the image, there are purple L-shaped brackets.

THE  
LEARNER  
IS  
ALWAYS  
~~RIGHT.~~

Thank you

# Thank you!

if you have any questions,  
you are welcome to contact me  
[liz@octavetraining.com](mailto:liz@octavetraining.com)

Linked In: @Liz-Lefebvre

# **Voices from the Field Updates**

# Fran Chasen

## Infant Development Association of CA



# Marty Omoto

## CA Disability Community Action Network

# Ana Seda

## Family Resource Center Network of California

**LUNCH**  
**Return by 1:00pm**

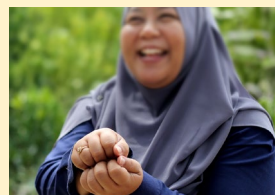
# Fetal Alcohol Spectrum Disorder (FASD): Implications for Infants, Toddlers, Children and Youth

Date: 8/1/2024

Presenter: Lucy Esralew, PhD Senior Psychologist Supervisor CSB/OSCS



CLINICAL  
CORNER  
CLINICAL SERVICES BRANCH  

# Objectives for Today's Talk

1. Describe the ways in which Fetal Alcohol Spectrum Disorder (FASD) affects young children, school age children and adolescents.
2. Identify ways in which families, school personnel, service providers and other stakeholders can support children affected by prenatal alcohol exposure.



# What are Fetal Alcohol Spectrum Disorders (FASDs)?

- Fetal Alcohol Spectrum Disorders refer to the effects on the development of individuals prenatally exposed (in utero) to alcohol resulting in brain damage. Although each person with FASD is affected differently, there are predictable challenges that the individuals with FASD encounter.
- Individuals with FASD have many strengths as well as challenges.
- The effects of pre-natal alcohol exposure are lifelong and can include mental health conditions, learning disabilities, sensory issues, social challenges and physical/medical challenges such as heart defects, hearing and visual impairments, and more.
- FASD is a lifelong neurodevelopmental condition. Early diagnosis and appropriate supports are essential to ensure success in the family home, in school, at work and set the stage for independent living.

# Lifespan challenges associated with FASDs

Common challenges experienced by someone with FASD throughout the lifespan can include:

**Infancy:** Birth defects (structural changes present at birth that can affect almost any part or parts of the body), feeding and growth problems diagnosed as “failure to thrive.”

**Childhood :** School learning and social challenges, developmental delays affecting ability to acquire age-relevant adaptive skills, behavior issues.

**Adolescence :** Behavior issues, including risk taking, poor decision-making and impulsivity and mental health struggles which may include depression,

**Adulthood :** Challenges in obtaining and sustaining employment, housing, satisfying relationships and a heightened risk of substance use and legal issues.



# Key Points about FASD

- FASD may go unrecognized.
- Individuals with FASD are often misdiagnosed due to lack of awareness of FASD among healthcare professionals; there is considerable overlap between neurobehavioral symptoms of FASD and symptoms of other neurodevelopmental disorders.
- It is important to note that some infants with FASD may appear typical and unaffected at birth. Children may not show deficits until they are much older, making screening and rescreening at appropriate intervals vital to children who are suspected as meeting criteria for FASD.

# Prevalence

- Using records, CDC studies have identified about 1 infant with FAS for every 1,000 live births in certain areas of the United States. The most recent CDC study analyzed medical and other records and found FAS in 0.3 out of 1,000 children from 7 to 9 years of age.
- Studies using in-person assessment of school-aged children in several U.S. communities report higher estimates of FAS: 6 to 9 out of 1,000 children.
- Few estimates for the full range of FASD are available. Based on the National Institutes of Health-funded community studies using physical examinations, experts estimate that the full range of FASD in the United States might number as high as 1 to 5 per 100 school children (or 1% to 5% of the population).

<https://www.cdc.gov/ncbddd/fasd/data.html>

# Diagnosing Fetal Alcohol Spectrum Disorders (FASDs)

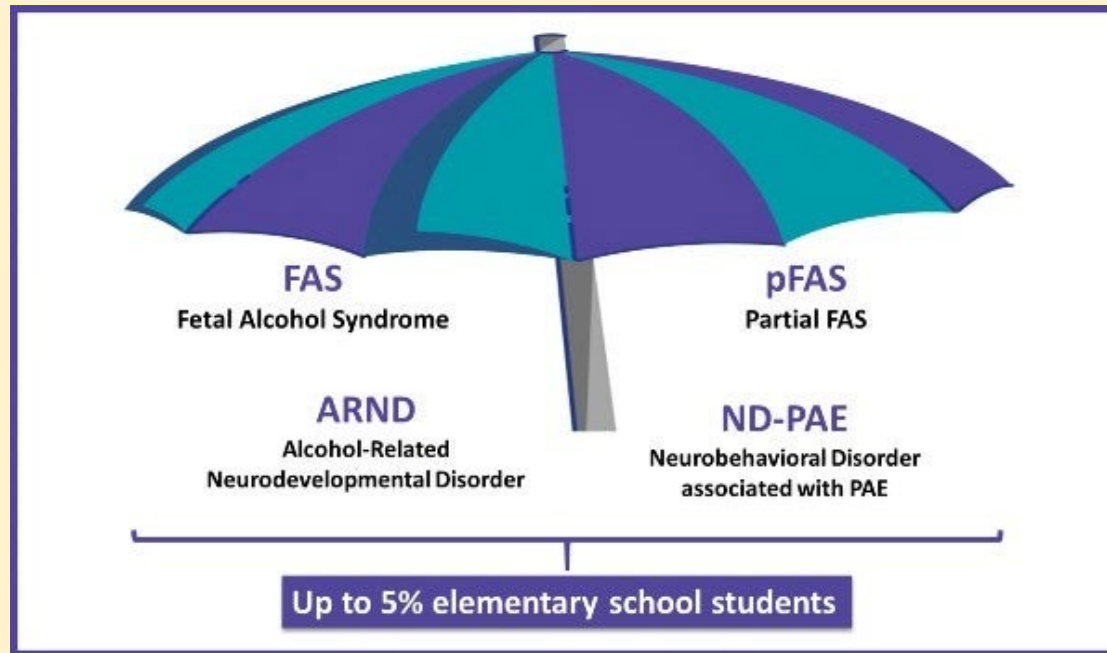
Diagnosing FASDs can be challenging because other disorders, such as ADHD (attention-deficit/hyperactivity disorder), Williams syndrome, autism spectrum disorder have some symptoms that may resemble FASD.

**To diagnose FASD, doctors look for:**

- Prenatal alcohol exposure; although confirmation is not required to make a diagnosis
- Central nervous system problems (e.g. small head size, problems with attention and hyperactivity, poor coordination)
- Lower-than-average height, weight, or both
- Abnormal facial features (e.g., smooth ridge between nose and upper lip)

# Fetal Alcohol Spectrum Disorders

The effects of FASD may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications:



# Diagnoses under the FASD umbrella

:

- Fetal alcohol syndrome (FAS)
- Partial fetal alcohol syndrome (pFAS)
- Neurobehavioral disorders associated with prenatal alcohol exposure (ND-PAE)
- Alcohol-related neurodevelopmental disorders (ARND)
- Alcohol-related birth defects (ARBD)
- Static Encephalopathy/Alcohol Exposed (SE/AE)

# Fetal Alcohol Syndrome (FAS)

- **Fetal Alcohol Syndrome (FAS):** FAS represents the most involved end of the FASD spectrum. People with FAS have central nervous system (CNS) problems, may have distinctive facial features, and growth problems.
- People with FAS can have problems with learning, memory, attention span, communication, vision, or hearing. Among all individuals with FASD, they are the most likely to meet criteria for an intellectual disability.
- People with FAS often have a difficulty in school and trouble getting along with others.
- Just as FASD is the most preventable cause of neurodevelopmental disorder, FAS is the most preventable cause of intellectual disability.

# ARDN & ARBD

- **Alcohol-Related Neurodevelopmental Disorder (ARND):** People with ARND might have intellectual disabilities and problems with behavior and learning. They might do poorly in school and have difficulties with math, memory, attention, judgment, and poor impulse control.
- **Alcohol-Related Birth Defects (ARBD):** People with ARBD might have problems with the heart, kidneys, or bones or with hearing. They might have a mixture of these medical issues.



# Prenatal Alcohol Exposure

Children/youth prenatally exposed to alcohol are likely to have problems in three areas:

- **Thinking and memory:** the child may have trouble planning or may forget material they have already learned.
- **Behavior problems:** the child may display severe tantrums, mood issues (for example, irritability), and difficulty shifting attention from one task to another as needed.
- **Trouble with day-to-day living:** the child may have problems with bathing, dressing for the weather, playing with other children, and engaging in age-relevant social problem solving.

# Common challenges faced by students with FASD

Students with FASDs can have cognitive or neurodevelopmental disabilities that can affect their learning within traditional classroom settings.

## **Educators play an important role in aiding students with FASD:**

- Use direct language, engage and collaborate with the child's natural support system(s)
- Accommodate needs: many individuals with FASD have sensory sensitivities ,
- Remember that a child who is hyperactive, may be impulsive, have poor attention, and memory skills which affect their ability to complete tasks.
- The child may have challenges with social skills .
- The child may struggle to follow and/or understand rules and authority.



# Successful strategies for children with FASD

- Use concrete, hands-on learning methods
- Establish structured routines
- Remain calm and show care
- Keep instructions short and simple
- Provide consistent and specific directions
- Remind the student of tasks
- Offer frequent check-ins with the student to ensure their understanding

*My Weekly Planner*

**To Do List:**

- ☐ \_\_\_\_\_
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<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>
<b>Thursday</b>	<b>Friday</b>	<b>Saturday/Sunday</b>

**Notes:** \_\_\_\_\_

www.Creative-Calendars.com

# Executive Skills and Adaptive Function

Teachers can screen students for executive skills and adaptive functioning.

**What are Executive Skills?** They are cognitive skills that we use to complete daily tasks involving problem solving, adaptability, memory, flexible thinking, and making plans.

**What is Adaptive Function?** These are the skills needed to effectively meet the demands related to moving across multiple environments and social settings .

# **FASD is linked with mental health disorders**

- Attention Deficit Hyperactivity Disorder (ADHD)
- Depression and anxiety
- Problems with conduct and impulse control
- Increased incidence of alcohol and other substance use disorders

# What do we know about drinking and FASDs?

- All alcoholic beverages are potentially harmful to the fetus
- The type of alcohol exposure does not matter; that is, beer=wine=hard liquor
- Binge drinking is especially harmful\*
- Not every parent who drinks during pregnancy will have a child with FASD; that does not mean that the association between prenatal exposure to alcohol and FASDs is rare or random

\* Binge drinking = 4 or more standard drinks on one occasion

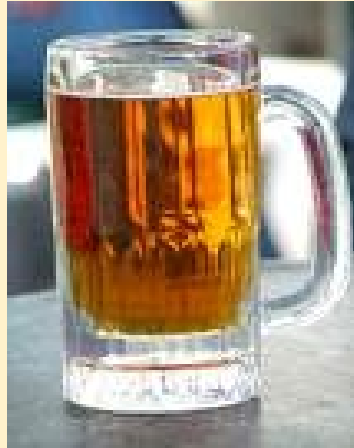
# Is there one type of alcohol that is “safe”?

NO! They all contain the same approximate amounts of alcohol.

Hard Liquor



Beer

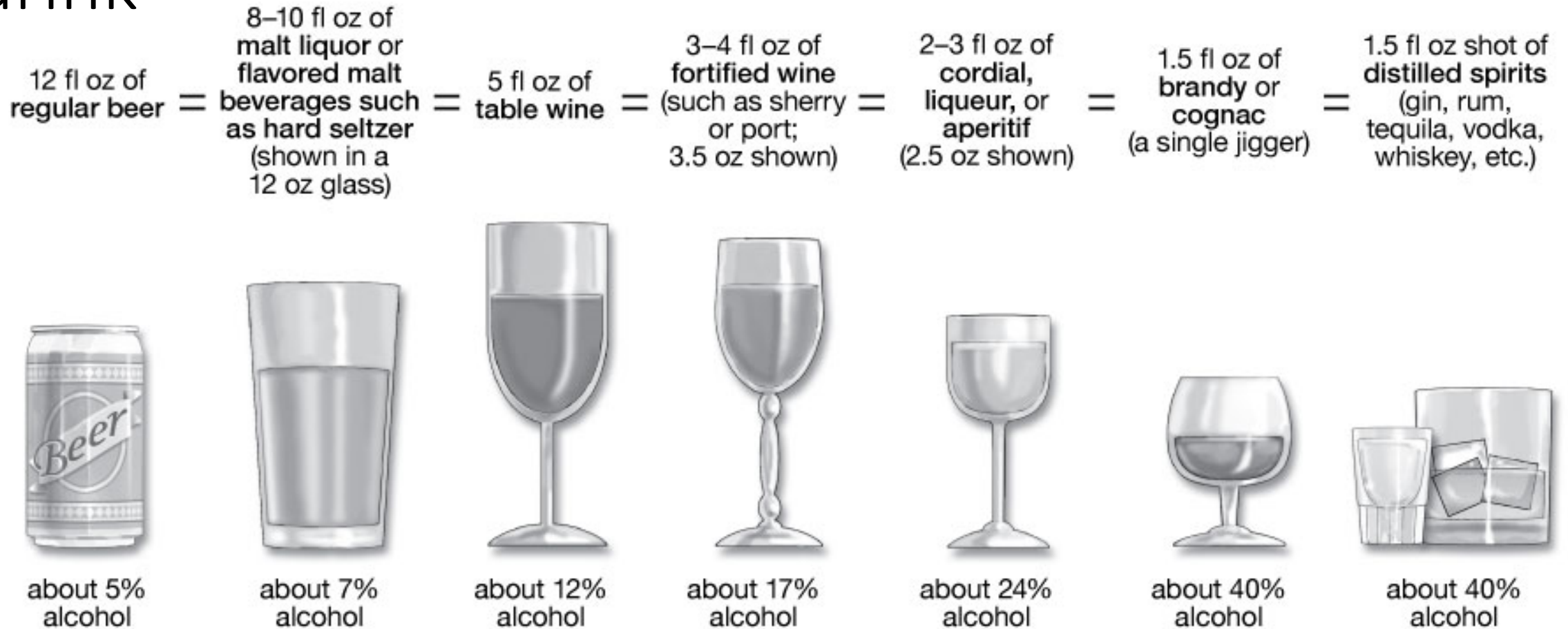


Wine





# Percent of Alcohol in each type of standard drink



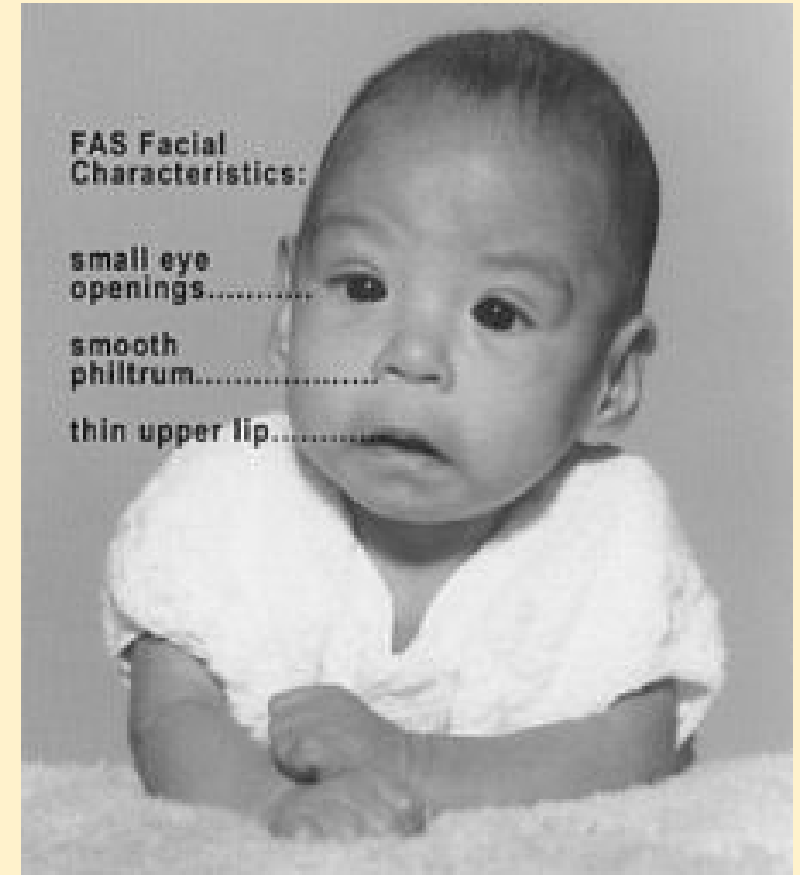
*Each drink shown above represents one U.S. standard drink and has an equivalent amount (0.6 fluid ounces) of "pure" ethanol.*

# Infants

- Sensory and regulatory problems
- Feeding problems
- Poor sleep-wake cycle
- Poor weight gain
- Failure to thrive
- Irritability
- Hypotonia (low muscle tone) aka “floppy baby”
- Challenges to fine and gross motor skills
- Poor immune system (prone to ear and respiratory infections)

## What are some considerations?:

- Consider referral to O.T. for feeding, sensory and fine motor problems and P.T for gross motor and balance problems.



# John- an infant

- John, is recently adopted by Bob and Ann, an older couple with no other children. Bob and Ann have reached out to their pediatrician because John seems inconsolable, crying often and does not drink regularly from the bottles of formula they fix for him,
- Their pediatrician has read about the psychological and social-emotional needs and development of adopted children and recently viewed the movie, ***Broken Cord*** (1992 TV movie)
- The pediatrician notices John's unique facial features such as wide set eyes, smooth philtrum and low nasal bridge coupled and his poor feeding and inconsolable crying. The pediatrician suspects this John has Fetal Alcohol Syndrome.



# Still Following John...

- During John's early intervention evaluation, the staff utilized the Infant-Toddler Sensory Profile, Brazelton Neonatal Behavioral Assessment Scale and the Bayley Scales of Infant Development to gauge John's strengths and weaknesses. Together these assessments provided the early intervention team, and the pediatrician and family with a comprehensive picture of how John's brain and body are developing
- Bob and Ann have learned what consoles John and are beginning to prevent episodes of irritability.
- Some efforts that have calmed John down are decreasing the light in his bedroom when he is awake. Bob and Ann do not have the radio tuned to the oldies station as they have found that John is sensitive to the loud sounds in many commercials. They have also learned to wash John's clothes twice with fabric softener to decrease the tactile contrast. Also, if the clothing has tags, they are careful to cut them out before putting them on him. They are also careful about what they choose for clothing and bedding...it has to be *very soft*.

# How has the family learned to support John?

- Bob and Ann have put on hold their plans for another adoption to devote their time and energy to taking care of John.
- Ann has taken a leave of absence from her job to care full-time for John. .
- Moving fast forward, Bob and Ann have discussed options and decided that when the time is right, John can attend preschool, where he will be with other children and learn to socialize. They plan to send him to a Head Start instead of a local preschool, where they believe the staff will be more sensitive to John's special needs. This decision is not without some stress, Bob and Ann worry about how John reacts to other children and how other children react to him.
- Ann has joined a parents' group at church for support and both Bob and Ann have attended the adoption center's post-adoption support group

# Toddlers & Preschoolers

- FASD may be difficult to diagnose because Executive Functioning and Working Memory (problems indicative of FASD) are still developing
- Alcohol can damage the cerebellum (part of the brain that controls movement), which leads these children to be seen as accident prone and clumsy
- May see emergence of impulsive behaviors, food aversions and food pickiness, sensory issues and irregular sleep patterns
- May see the emergence of attachment issues
- Physical Therapy can help with coordination and balance; Occupational Therapy can help with feeding and sensory issues
- Applied Behavior Analysis (ABA) can be helpful in developing age-appropriate emotional and behavioral regulation and work with parents on relevant skills development



## Miranda- a Toddler

- Miranda, an 18-month-old, is the middle child of a professor and stay at home parent, who has just given birth to their third child. Miranda has been enrolled in a nearby day care and they are awaiting evaluation for Early Start.
- Miranda has been attending her preschool for several months now and seems to thrive in the daily routine. She laughs often and is very affectionate with her teachers. She loves to play outside and dance to music at music time. However, Miranda has had several disruptive episodes during class transitions, and she hit another child while playing with blocks.
- The lead teacher mentioned several items that she wanted to work on with Miranda and her parents. The teacher noticed Miranda doesn't verbalize many words and seems quickly overwhelmed by easy instructions.



# Following Miranda...

- Miranda has wide set eyes and a smooth philtrum. She is affectionate and curious about her surroundings.
- Miranda's lead teacher has recommended an assessment with the Early Start team. She is concerned about Miranda's delayed language development and continued disruptive behavior.
- Miranda's parents are reluctant to request services because the family seems overwhelmed with caring for the new baby, twice arriving late to pick Miranda up from preschool.

# Still Following Miranda...

- The Early Start evaluator worked with the day care program to evaluate Miranda on a variety of gross and fine motor skills, language retention and pronunciation, and attention span.
- The evaluator recommended to the RC team speech therapy to help with Miranda's language development and occupational therapy to help with transitions and positive social behaviors. These services could happen at preschool during regularly scheduled class time so Miranda would keep her same daily schedule of coming to and going from school.
- This situation was beneficial to Miranda's parents who did not have to re-arrange their schedules at this time. The parents continue to report mini-tantrums from Miranda but with less intensity and her parents mentioned that using techniques recommended by the team has helped Miranda and the entire family.
- Although Miranda has not been diagnosed with an FASD, she is receiving necessary supportive services during her preschool day. She is a playful and affectionate little girl. Miranda delights in looking at books with animals that are learning their ABCs just like she is in her classroom.
- Her preschool teacher is concerned that Miranda will not qualify for these same supportive services when she turns three years old and has written up the successful strategies for the transition meeting. She also plans to talk with Miranda's parents about changes and strategies to use at home

# What are some ways to help and her family?

- Is Miranda a candidate for Provisional Eligibility?
- What do you make of the fact that she was not diagnosed with FASD?
- Is Miranda a child that may need to be tracked and re-assessed as she gets older and learning and social demands increase?

# School-Age Children

## **Adaptive skills deficits**

- Relate to self-regulation (emotional and behavioral)
- Problems in following instructions
- Impulse control problems
- Attention, learning and memory issues
- Problems developing and maintaining friendships

## **Benefit from:**

- Structure and consistency
- Coaching
- IEP geared to special learning challenges
- Social stories

# Adolescents

## **The onset of puberty increases complexity of social relationships**

- As school and social demands increase, the adolescent with FASD looks increasingly different than their chronological peers.
- May develop self-esteem and mood issues (depression and anxiety)
- May be vulnerable or at risk for excessive drinking
- Impulsivity + poor judgement= harder to reach age-appropriate milestones such as dating, driving or just socially “fitting in”.
- Hidden nature of disorder may result in being under-supported or underserved in terms of academics and/or preparation for adulthood
- The teenager may appear to understand more than is really the case or may appear to have mastered material that they have forgotten

# What can help the adolescent with FASD?

- Early recognition which leads to early intervention
- An IEP that recognizes the adolescent's strengths and weaknesses (“peaks and valleys”) and offers scaffolding where needed
- Coping skills coaching
- Friendships with peers who do not drink or use substances
- Volunteer activity to build areas of interest, strength, and confidence

# Young Adults

- May have cognitive, behavioral, social and adaptive challenges that make it difficult to integrate into community living without significant supports
- Increased incidence of risky drinking and substance use
- May encounter legal problems because of engaging in risky behavior
- Psychosocial problems and higher likelihood of mental health problems
- Adults on the fetal alcohol spectrum may not have had their condition identified, so may not be linked to relevant disabilities services or social supports
- May benefit from vocational rehabilitation, social skills training, coping skills development, animal assisted therapy, services through Aging and Disability Resource Center (ADRC)



# What can we do to support youth with FASD?

- Educate ourselves and others regarding FASD
- Early identification and intervention
- Refer for neurological, psychiatric and neuropsychological evaluation to identify relative strengths and weaknesses within the individual's profile
- Referral to O.T. (fine motor skills, sensory processing challenges) and P.T. (gross motor skills and balance challenges)
- Referral to speech and language professionals
- Provide “external executive function” via coaching, guidance, structure, training in specific strategies
- Identify the person's strengths and build upon these utilizing a strength-based approach to supports, treatment and services
- Address accompanying medical issues

# Help with Memory

- Provide signs with pictures or photographs that show what to do
- Provide written reminders
- Provide visual timetable
- Provide an alert a few minutes before someone needs to change or transition to another activity
- Frequent checking to ensure the child or adults knows what he/she is doing
- Give one instruction at a time

# Eight Magic Keys

1. Concrete
2. Consistency
3. Repetition
4. Routine
5. Simplicity
6. Specific
7. Structure
8. Supervision



# Coaching and skills training opportunities

- Rules (social expectations)
- Saying “no” (assertiveness training)
- Problem solving, solutions focused and thinking realistically
- Coping skills
- Social interaction
- Helping individuals identify who is a good influence and who is not a good influence

# Help with Behavior

- Explain what is expected regarding how to act in specific situations (use social stories)
- Give children time to calm down before talking about situations/feelings
- Have a safe place to go for the child to go when they are angry or upset
- Provide strategies for stress and anger management
- Help the child recognize safe people and safe situations (appropriate wariness of strangers)

# Resources

- SAMHSA FASD Center for Excellence: [fasdcenter.samhsa.gov](https://fasdcenter.samhsa.gov)
- Centers for Disease Control and Prevention FAS Prevention Team: [www.cdc.gov/ncbddd/fas](https://www.cdc.gov/ncbddd/fas)
- National Institute on Alcohol Abuse and Alcoholism (NIAAA): [www.niaaa.nih.gov/](https://www.niaaa.nih.gov/)
- FASD United <https://fasdunited.org>
- <https://www.fasdnow.org/> A California Alliance
- National Clearinghouse for Alcohol and Drug Information (NCADI): [ncadi.samhsa.gov](https://ncadi.samhsa.gov)

# Resources Cont.

## **Center for Disease Control (CDC):**

Fetal Alcohol Spectrum Disorders (FASDs) | CDC Curriculum | CDC

## **National Institute on Alcohol Abuse and Alcoholism (NIAAA):**

NIAAA is one of the 27 institutes and centers that comprise the National Institutes of Health (NIH). The NIAAA supports and conducts research on the impact of alcohol use on human health and well-being. It is the largest funder of alcohol research in the world.

<http://www.niaaa.nih.gov>



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# Q& A

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# PUBLIC INPUT

# Public Input Guidelines

## COMMENTS CAN BE IN WRITING OR SPOKEN

All comments are published as part of the public record and provided to ICC members

## EACH PERSON HAS 2 MINUTES TO COMMENT

We want to make sure there's time to hear from everyone. Longer comments? Submit them in writing to ensure your full message is shared

## COMMENTING ON BEHALF OF OTHERS

One person is welcome to share input from others, please just be mindful of time, summarize key points and turn in any written statements

## PLEASE BE SPECIFIC

A clear statement-including specific suggestions for addressing any concerns you may have- is most helpful

## WANT TO SHARE A POWERPOINT OR VIDEOS AS PART OF YOUR PUBLIC COMMENT?

Email [EarlyStart@dds.ca.gov](mailto:EarlyStart@dds.ca.gov) at least 14 days in advance with any audio/visual needs

# Committee Composition and Goals

DJ Tomko, DDS

# **ICC Committee Meetings**

Improving State Systems Committee  
Communications Committee