



FASD-CAN

Fetal Alcohol Spectrum Disorder
Care Action Network

FASD-CAN AOTEAROA INFORMATION SHEET

FASD and Looking Beyond Behaviourism: A Brain-based Approach to Supporting People with FASD

Fetal Alcohol Spectrum Disorder (FASD): Understanding Actions as Brain Differences

This resource is designed to help everyone—from families and whānau to teachers and professionals—move beyond old-fashioned ideas about people's actions to truly support people looking with Fetal Alcohol Spectrum Disorder (FASD). The core message is simple: **FASD is a real, lifelong, brain-based difference, and the challenging actions we see are often symptoms of that difference, not intentional behaviour or bad choices.** By focusing on the brain, not the behaviour, we can create kinder, more effective environments that allow people to thrive.

The Old Approach: What Is Behaviourism?

In everyday language, an action (or 'behaviour') is simply what a person does. The problem is how we have historically understood those actions. For much of the 1900s, an idea called **Behaviourism** was widely popular. This old school of thought claimed that all actions are learned through simple training, using rewards and punishments.

Behaviourists ignored what happens inside a person's head—things like feelings, thoughts, and intentions—because they couldn't be seen. This outdated idea is the basis for many traditional discipline methods that focus only on visible actions and consequences. However, this approach fails dramatically when a person's brain is wired differently because it attempts to punish someone for a disability they cannot control.

The New Understanding: It's a Brain Difference

Starting in the 1950s, a major shift called the Cognitive Revolution led to a "**beyond behaviourism**" approach. This new way of thinking recognised that people are not just puppets responding to external rewards; they are active, complex thinkers who process information, remember things, and solve problems. To understand an action, you must understand the thoughts and internal world that drove it.

For people with FASD, this perspective is vital. FASD is the diagnostic term for a lifelong neuro-developmental disorder caused by exposure to alcohol before birth. This means that the brain's structure and function are genuinely different—much like a physical difference affects a body part. These differences often affect a group of skills called **executive functions**, which are the "management centre" of the brain. They include:

- **Working Memory:** The ability to hold and use instructions or information in the moment.
- **Flexibility:** The ability to shift focus or handle unexpected changes.
- **Self-Control:** The ability to pause, resist a quick reaction, and think before acting.

When a person with FASD struggles with these core management skills, their resulting actions can look like a bad choice or wilful defiance. Instead, the actions are signals—they are **symptoms of a**



brain working differently. For example, a child who cannot settle in a classroom may be struggling with brain-based self-control differences, not deliberately trying to be disruptive.

Making the Shift: A Brain-First Approach

Using the old-style behaviourist methods (like punishing a child for poor impulse control) is not only ineffective but is often harmful. When a person is constantly penalised for a brain-based difference, it severely damages their self-esteem, leading to feelings of worthlessness, fear, and a sense of being unsafe in their own environment.

The brain-first approach forces us to look past the surface action and ask, "**Why?**" This new perspective means we must **change the environment, not punish the person.** It encourages us to use strategies that support the missing skills, such as:

- **Communication:** Use simple, one-step instructions.
- **Predictability:** Keep routines consistent to reduce the need for flexible thinking.
- **Support Tools:** Use visual cues (like pictures or charts) to help with memory.
- **Feedback:** Give immediate, gentle guidance rather than consequences.

By understanding the brain difference that drives the actions, we can move away from trying to "fix" the person and instead build successful, supportive environments.

Leading Experts in Brain-First Support

This paradigm shift is driven by leading experts who all share the core belief: challenging actions are symptoms of a lagging skill or a brain difference, not a choice. Their models provide practical, non-punitive tools for families, whānau, and professionals:

- **Diane Malbin (Neurobehavioural Model - NBM):** The pioneer of this approach, teaching that actions are symptoms of a physically different brain. The solution is always to adapt the environment.
- **Dr. Ross Greene (Collaborative & Proactive Solutions - CPS):** Based on the principle, "Kids do well if they can." The focus is on identifying missing skills (lagging skills) and solving problems collaboratively rather than using punishment.
- **Dr. Mona Delahooke (Beyond Behaviours):** Uses the Iceberg Metaphor to show that observable actions are only the tip. The real driver is often the state of the person's nervous system, requiring co-regulation to help them feel safe.

Other key voices like Dr. Vanessa Spiller, Nate Sheets, Eileen Devine, Dr. Lori Desautels, Maude Champagne and others, reinforce this message, providing specific strategies—from The Ability Wheel to visual routines—that accommodate a person's unique neurodevelopmental profile.

Conclusion

Ultimately, the commitment to a brain-first approach is about **maximising potential.** By shifting our focus from understanding it is not "**won't**" but "**can't**," we unlock profound new opportunities for success, recognising that people with FASD possess remarkable strengths, including creativity, loyalty, and a strong sense of humour. This understanding empowers us to collaborate with people with FASD to realise their fullest capabilities in a world that finally understands their unique support needs.

