

Acronyms, Complexity, and TruValue Hardware: Part III

Looking back on my illustrious tenure of past employment at the local TruValue store, I vividly recall one pervasive feeling that permeated my compromised late-adolescent consciousness: relief.

Relief in that one day I would no longer be working at TruValue Hardware...

Being an overzealous, Type A, anal retentive, born-west-of-the Mississippi young whipper-snapper, I knew it was only a matter of time before I would escape the titillating daily routine of sorting nuts and bolts. Or negotiating long snake-like strands of PVC pipe resembling a diabolical plastic anaconda which inevitably would curl around my legs and torso. Ditto for assembling grandiose barbeque grills with long/tedious assembly manuals clearly written from the bowels of Hell.

Yes, I would one day escape TruValue. Even if it meant tunneling to freedom, similar to childhood heroes Steve McQueen, James Garner, and Charles Bronson in their cunning feat of self-extraction from a Nazi concentration camp depicted in the 1960's movie, *The Great Escape*.

Thus, there was great relief to know that better days were ahead for me. As we all know, it is a good deal easier to endure adversity if hope exists for something better down the line.

So parents, don't worry; be hopeful!

And so it is with Fetal Alcohol Spectrum Disorder (FASD). FASD does not have to be a death sentence for a child and her adoptive parents. There ARE interventions. And, knowing that interventions do exist give hope to the dedicated adoptive parents of these kiddoes.

In the previous edition of *Connections* I spoke about the marvelous synergistic effects on a young brain affected by FASD via the proactive Vulcan mind-meld of combining neurofeedback and appropriate medications. But what about additional resources for FASD brain-healing? Please see the cleverly titled "Table 1" on the next page for a brief description of some other FASD interventions.

In closing, I do have to give TruValue one snippet of Kudos: the store does contain a wonderful panoply of "home fix-it" options. Similarly, our field contains several options for fixing an impaired young brain. And unlike the maddeningly tedious Barbeque grill assembly booklet, FASD intervention choices come straight from Heaven. Even if the complexity and acronyms may not.

Table 1

Additional FASD Interventions

Sensory Integration Therapy (SIT): specialized activities performed by an occupational therapist (OT) designed to promote link together, or integrate, various sensory modalities (visual, auditory, tactile (touch), proprioception (balance/equilibrium) for the child, all of which involve helping brain regions/function to “play together” optimally.

Neurodevelopmental Training: somewhat similar to SIT inasmuch as specific exercises are used to help a child’s brain overcome various weaknesses related to FASD, such as motor coordination, auditory processing, visual tracking while reading, etc. Brain Gym and Learning Rx are two examples of neurodevelopmental training, but several others exist.*

Specialized Tutoring: targeting specific academic skill weaknesses as a result of FASD, such as difficulty with math computation, reading comprehension, phonics/word attack, or compositional writing.

Speech/Language Therapy (SLT): for youth who struggle with everything from poor articulation to language comprehension—conducted by a certified speech/language therapist. Often, SLT works on improving function within Broca’s and/or Wernicke’s areas of the brain.

School Modifications: making sure a child receives a competent Individualized Education Plan (IEP) via the school system, to ensure that academic accommodations, specialized tutoring, enhanced classroom structure, etc are put in place. In most states, a child with FASD diagnosis qualifies for Other Health Impaired (OHI) status, which then opens up a slew of services within the school milieu.

Nutritional/Herbal Modifications: recognizing that a subset of children suffer from food allergies which can deleteriously affect academic performance and/or behavior, addressing what nutrients the youngster does or doesn’t ingest can be important. For example, a percentage of children can be helped by various herbal supplements, while others may benefit from avoiding certain food dyes, wheat products, etc.

Case Management: or as I like to call it, “quarterbacking” the team of allied healthcare and school professionals can be huge. This way, the left hand knows what the right hand is doing, vis-à-vis all treatment team members—serving as coordinator, making sure to integrate the adoptive parents into the “big picture” and keeping them abreast of each piece of the intervention puzzle.

*As we all realize, no single intervention works for all children, whether a youngster presents with FASD or whatever. Especially with regard to various marketed Neurodevelopmental Training programs, there are individuals who swear by them, as well as those who swear at them. Thus, parents must perform careful due-diligence, realizing the complexity involved with FASD, employing their best powers of discernment in choosing from the tool box of interventions.