

FA/NB and standard interventions: Potential poor fits

Most parenting and professional approaches to changing behaviors do not recognize brain dysfunction and associated primary and secondary behaviors. Instead, interventions often target presenting behaviors for change. Strategies are usually based on assumptions about brain function and include behavior modification techniques whose goal is to change behaviors.

In work with people with FA/NB of all ages, we are by definition working with people with a degree of organic brain changes that affect learning and other behaviors, a brain-based physical condition. A brief look at learning theory-based assumptions about cognitive abilities that are required for behavioral techniques to work clarifies how these assumptions are often incompatible with the strengths and neurobehavioral symptoms of people with FA/NB.

Although the following example is for a child, the same principle applies for adults.

Example: Consequencing behaviors

Fred at age ten fails to follow through on a simple set of instructions: Pick up your room, take out the garbage, and set the table for dinner. Since this is the tenth time this same set of requests has been made and "ignored," his parents impose a consequence for failure to comply: "Go to your room and think about your behavior."

Goal: For the unpleasantness of the consequence to result in changed behavior now and forever in the future --including other occasions which may be similar in nature though not identical.

Unspoken expectations

There is an unspoken expectation or assumption that the person's brain is able to:

1. Process language quickly
2. Associate the consequence with the behavior
3. Integrate the meaning of the consequence with future behaviors
4. Predict different outcomes based on anticipated future different behaviors
5. Retrieve and apply this information in different circumstances at some other time

Further, it is expected that the person will have good memory storage in order to be able to recall consequences for past behaviors, compare and contrast options, and predict future negative consequences that could be imposed on current actions. In addition, the person is expected to have good memory retrieval and is expected to automatically integrate the memory of punishment used to deter behaviors in the past, which would be an effective impetus to choose what others would expect to be appropriate behaviors.

Fundamentally, this approach is not bad. It may work for people of all ages who have the ability to process, store and retrieve information at will, link behaviors with auditory input, compare and contrast information, anticipate consequences, develop abstract reasoning, predict, evaluate similarities and differences and generalize.

Research on FA/NB has found learning and behavioral differences between people with FA/NB and others, and includes gaps in cognition in these areas:

1. May be functioning at a much younger developmental age (dysmaturity); the 7-year-old may be more like a competent 3-year-old; the 16-year-old may be more like an 8-year-old. In order to be appropriate and effective, expectations need to be based on developmental level rather than chronological age.
2. Slow processing pace -- may only hear every third word of a request
3. Difficulty linking from one modality into appropriate behavior, e.g., hearing into behavior (may "talk the talk but not walk the walk"), thinking into speaking, seeing into writing
4. Difficulty with memory storage or retrieving previously stored information
5. Difficulty making associations
6. Difficulty comparing and contrasting
7. Difficulty generalizing, remembering and applying information in different settings
8. Difficulty abstracting--predicting future behaviors and outcomes requires the ability to abstract and generalize
9. Difficulty seeing similarities and differences
10. Besides, by the time Fred reached his room to "reflect on his behavior," he may well have completely forgotten what just happened and why he was sent to his room because of his short-term auditory memory problems.

The above are just a few of the common gaps that compromise the effectiveness and appropriateness of behavioral interventions. Of course not all people will have difficulty in all areas, but what if they have difficulty in even one or two?

Whether time out, lecturing, grounding, or incarceration, the underlying brain requirements in order for these to work are the same. Examining any technique for underlying assumptions, as in the example above, simply helps clarify whether the technique is a good fit for the person with this neurobehavioral condition, and whether accommodations rather than punishment would be more appropriate and effective.

The point is not that the technique or approach is bad; it's just that it is essential if our goals to support all people are to be met that recognition of organic challenges be consciously integrated into our understanding and interventions.

No one would tell a paraplegic to do a high jump, that they could do it if they just tried harder. Asking people with FA/NB to do mental gymnastics of the kind which are inherent in a learning theory/ behavioral approach is tantamount to asking the paraplegic to jump. We change environments to support people with other physical conditions. Organic brain differences are another kind of physical condition; environments need to change.

The goal is to provide support and prevent deterioration, neither limiting people nor enabling inappropriate behaviors. Improvements occur when appropriate, realistic, and effective brain-based approaches are used in working with people with FA/NB.