

Prevention Conversation Short Script

1.Prevention Conversation & Toward Healthy Outcomes Foundations Training – title slide

2.Towards Healthy Outcomes: We Go Where We Look

- *Presenters note: Read slide title*
- Today we are going to be learning about perspectives. Specifically, we will talk about mindset, the way we usually think. ‘The direction we look in,’ often shapes ways we think and then act.
- In simple terms, where we look is often where we go – physically but also in our interactions, planning and support of others. Our mindset tells us what to focus on and can be shaped by fear or worry. So, we may focus on risks in an effort to avoid risks.
- Because of this, we may fail to spend time and effort on the things that may protect us from risk or help us to avoid risk.
- In other words, by focusing only on fear, we may increase the risk of something bad happening, rather than move in a safer direction.

3.Metaphor Slide (Bike)

- Let’s talk about this using an everyday example:
- *Note for presenters: if you are able, feel free to adjust this metaphor to a personal story/experience that you have had if it is a good fit here. Otherwise, please use the following example. You can adjust the words to fit your own style as needed.*
 - One day, a little boy is out riding on his bike with his parents. Helmet on and training wheels ready, he is excited to be riding his big boy bike all by himself!
 - He is riding his bike on the sidewalk while his parents walk behind him and watch his progress.
 - There are lots of cars parked beside the sidewalk, close enough that the mom, who is watching her son ride, a little unsteady but excited, is beginning to worry that he is going to hit one of the parked cars. So she decides to warn him by saying “watch out, don’t hit the cars!”
 - Her son hears her and begins to pay more attention to the parked cars. At first, the mom is relieved. But as she watches her son continue to bike along

the sidewalk, her worry increases, as do her warnings: “watch out!” “Not so close!” “Look out for the cars!” “Don’t hit anything!”

- Despite the mom’s warnings and her son’s concentration, he eventually hits the car. Much to his mom’s dismay.
 - When asked why he didn’t watch out for the car, the son says, frustrated, “I did mom! I was watching the cars!”
 - **It’s then the mom realizes her mistake:** In focusing so much of her attention on the cars, her son also became more focused on the cars than the clear path in front of him.
 - **In focusing on avoiding risks, she had steered him right into one.**
- The same is true in other parts of life too: **Where we put our attention and effort is where we move towards.**
 - Now it is fair to say that life is often not this simple. Sometimes a path is not clear, and we cannot ignore the risks. This example shows the risk of OVER focusing on the worry, rather than clearly defining the desired path.
 - Even in complicated situations, like addiction, a clear definition of healthy living, healthy coping, self-care and/or stability, can lead to new ideas. It gives people something to work toward.
 - Also, and perhaps most simply, it reminds all of us that there is something positive to work towards. There is *hope*. This can change how we interact with other people and can build a foundation towards healthy outcomes.
 - Today we are going to talk about the impacts of where we look and **how we can change where we look in two ways:**
 1. The way we **interpret behaviour** and how we interact with other people, and
 2. The way we **set goals and plan** with people with FASD and their support teams.

4.Presentation Outline

- *Presenters note: read outline*
- This presentation is about increasing our brain responsiveness, so that we can promote relationships with the people we are supporting.

5.Attitudes & Perceptions: The Direction We Look Towards

- Our attitudes and beliefs are the foundation for our thinking, or **mindset**.
- **Mindset** is the direction we look towards.

- By thinking about our own mindsets, we become more aware of how our beliefs influence our thinking and our behaviour. Our behaviour then impacts how we interact with others.
- This reflective process helps us to explore how small shifts in our thinking may create opportunities in our work with others.

6. Mindset in Action: How Our Thinking Shapes Interactions

- Let's unpack mindset.
- We all hold basic beliefs about what is important. These shape our priorities and interactions.
- We also hold beliefs about what we think behaviour means – this is what we refer to as **behavioural interpretation**.
- This means that when we see someone's behaviour, our brains automatically "make sense" of what we see. We assume something about the person (ex: "they're rude" or "they don't care") or something about the situation (ex: "they must be having a bad day, "maybe they didn't notice me.")
- We interpret what we see through the lens of our own experiences, our current mood or stress level, and often incomplete information.
- **That process of making sense is guided by our mindset** or the internal framework of beliefs, attitudes, and expectations that influence how we understand others.
- For example, what sort of assumptions might we make when someone cuts us off in traffic? Or when a pedestrian yells at us about where we parked our car?
 - Or when a friend cancels plans at the last minute, a neighbour ignores our wave, or a client doesn't show up for their appointment?
 - In each of these moments, **our mindset is quietly at work** - guiding how we interpret what's happening.
 - Depending on how we think about the situation, we might feel angry, dismissed, understanding, or simply curious.
- The situation doesn't change, but how we understand it does. That changes how we feel and act.

7. Mindset in Action: How Our Thinking Shapes Interactions (with animation)

- Often in these situations, especially when we are frustrated, we assume a negative motive is behind the behaviour. This assumption of a negative motive changes the way we interpret the behaviour and how we see the person. So, because of the negative interpretation, we may view these people in a negative light.
- *Presenter's note: Read slide.*
- These assumptions then directly inform our interactions and relationships with those people.

8.Mindset in Action: How Our Thinking Shapes Interactions

- We are using simple, day to day examples. These examples show us that even small changes in how we think can make a big difference in how we support people.
- This shift reminds us that everyone wants to move towards a clear path forward. Even when their actions do not make sense to us, we can understand that those actions were trying to meet a need.
- As we support individuals with FASD on their path to success, we need to understand that what we see (i.e., their behaviour) is not the end of the story. We are building relationships and these relationships become the heart of the support we provide.
- **The first step is to understand that all behaviour is functional.**

9.All Behaviour Is Functional

- It's important that we understand that we can only see the behaviour; what is missing are the reasons behind the behaviour, and what that behaviour is trying to accomplish.
- For example, we might not fully understand why someone is late to an appointment with us, or why a stranger yelled at us when we parked our car. But we definitely won't understand if we do not consider the reasons behind the behaviour.

10.All Behaviour Is Functional

- We will not be able to understand what is causing a behaviour when we then jump right into thinking: What do I do? How do I solve this problem?
- When we do that, we are likely to miss two big pieces of information:
 1. The **underlying intention** or the "why" behind the behaviour and
 2. The **function of the behaviour**, or the need the behaviour is meeting.

- Understanding the underlying causes of behaviour makes our lives easier.
- Before trying to fix the problem, we pause and ask “what do we know” about the person and situation.

11.The Direction We Look Matters

- So going back to our earlier examples with our new mindset of asking “What do I know?’, let’s revisit what we might assume about these people based on these observed behaviours.
- *Presenters note: read slide*

12.The Direction We Look Matters (with animation)

- *Presenters note: Read slide*
- As with our bike metaphor, when we only focus on problems, it becomes much harder to think about anything else.
- We can always learn to shift our focus, our mindset.
- When we start to shift our focus, it becomes easier with practice and time. And growth becomes easier to see.
- Instead of feeling offended or disrespected, we may start to feel more curious about why the behaviour is happening.

13.Shifting From What Do I Do to What Do I Know?

- This shift is an important first step in working with folks with FASD.
- When we take this balanced approach, we can think more creatively about solutions and build on strengths.

14.Activity

- *Presenter Note: If time allows, select one of the story options from Activity 1 in the Activity Appendix document.*
- The best way to shift our mindset is to practice!
- Now we’ll take a short activity break to practice what we’ve learned so far.

15.Activity: Pause, Reflect, Reframe

- *Presenter Note: If time allows, include an activity here. Select one of the story options from Activity 1 in the Activity Appendix doc. Can be selected and tailored to the audience.*

16. Story Option 1: Pause, Reflect, Reframe

- *Presenter Note: Remove or Keep slide depending on selection from Activity Appendix.*

17. Discussion: Pause, Reflect, Reframe

- *Presenter Note: Remove or Keep slide depending on selection from Activity Appendix.*

18. Story option 2: Pause, Reflect, Reframe

- *Presenter Note: Remove or Keep slide depending on selection from Activity Appendix.*

19. Discussion 2: Pause, Reflect, Reframe

- *Presenter Note: Remove or Keep slide depending on selection from Activity Appendix.*

20. Fetal Alcohol Spectrum Disorder: Establishing Shared Understandings

- Now that we have talked about HOW mindset affects what we think and do, let's shift to building our knowledge about FASD: **WHAT we know.**
- When we build a shared understanding of what FASD is, and how it affects the brain and body, we can better understand daily challenges and how to support healthy outcomes.

21. FASD Is...

- FASD is a neurodevelopmental disorder that is caused by prenatal alcohol exposure. It is estimated that approximately 4% of people in Canada have FASD.
- Prenatal alcohol exposure is the most common cause of neurodevelopmental disability in Canada, more common than Autism, cerebral palsy, down syndrome, and Tourette's syndrome combined.
- **People with FASD are all different:** Prenatal alcohol exposure can affect thinking, behaviour, and physical development in many ways. Each person with FASD has unique strengths and needs.
- People from all social, cultural, economic, and ethnic backgrounds can be affected by prenatal alcohol exposure.

22. FASD Is... (with animation)

- After being diagnosed with FASD, people with FASD and their families may experience a wide range of feelings, like relief, validation, empowerment, or feeling more understood and supported. They may also experience feelings of grief or worry.
- This means that a diagnosis of FASD can also lead to many questions, as people with FASD and their families try to understand how this will impact daily life.
- **This can be a chance for** supporters to help set goals and think about what a healthy and meaningful future looks like.
- Supporters can help by finding ways to work together to offer help where it is needed, while drawing on the person's unique strengths.
- Too often though, these questions are accompanied by fear and worry. Sometimes the risks feel serious, and we may react by focusing only on safety. This is called **reactive responding – when we focus only on reducing risk and ignore any other goals.**
- While safety is an important priority, this can sometimes set a pattern of focusing on risks rather than finding a balance between navigating risks and working towards goals.
- The **mindset** shift we have been talking about is an essential early step when we are supporting individuals with FASD to achieve success. By understanding brain-based differences in FASD, we are better prepared to manage risks and work towards meaningful goals.

23.FASD: Brain Domains

- *Note for presenters: The pictures of the domains are in the same order as those listed below starting in the top left-hand corner and then moving towards the right. The first picture on the top line represents academic achievement, and the first picture on the bottom line represents neuroanatomy.*
- The **Canadian Guidelines for FASD Diagnosis** identify 10 areas of brain functioning that may be affected by prenatal alcohol exposure. These are the areas of functioning that are assessed during the diagnostic process to gain an understanding of the unique needs of each person with FASD. The areas assessed include academic achievement, attention, cognition, language, memory, neuroanatomy, executive functioning, adaptive behaviour, motor skills, and affect regulation. Even though they are listed separately, these areas are all connected. **No part of the brain works by itself.**
- Your role as supporters is not to recognize brain areas, but to understand how brain-based differences may affect each person's strengths and challenges. Then you can adjust your support to match their needs. This is called being **brain responsive.**

24.FASD: Brain Domains (What I might see...#1)

- To connect brain differences to everyday life, we created tables to help guide support.
- Here you see three columns. The first *What I might see* describes some common stories we've heard from support workers that they have experienced working alongside folks with FASD.
- The next, *why I might be seeing this*, lists some possible brain-based reasons for the behaviour you are seeing.
- Finally, the column *what can I do* offers some suggestions for discussion prompts and questions to ask the person you are working with.
- *Presenters note: read through the slide, if time allows, open the floor for discussion with the audience as you walk through these points.*

25.FASD: Brain Domains (What I might see...#2)

- *Presenters note: Read through the content on the slide row by row (rather than going through each column). If time allows, feel free to make this slide more conversational and incorporate audience feedback.*
- This helps us to understand that the people with FASD we are supporting are likely to interact with the world in a different way than we do.
- **Brain-responsive approaches** encourage creative, and responsive solutions as we navigate towards our goals.
- We will return to goals later.

26.Towards Healthy Outcomes: Using Shared Understanding to Pursue Goals

- Now we will shift our focus from one-on-one interactions, to consider broader thinking and planning: how we support people with FASD to set goals in a way that makes sense for their unique strengths and needs.
- The framework, Towards Healthy Outcomes, explains how to *identify* and set goals, and the ways we might adjust strategies in a brain responsive way.
- Towards Healthy Outcomes framework, or the THO, offers a different approach to setting goals. It provides guidance on how supports can help people with FASD, and suggestions for future planning – geared towards destination goals.

- The Towards Healthy Outcomes framework is meant to be a guide for supporters, like families, caregivers, service providers, and other professionals working to help people with FASD achieve healthy outcomes.

27. Towards Healthy Outcomes Visual

- The THO framework offers a shared understanding of goals and pathways to success.
- Notice we are using the word *shared*. Understanding must be created through collaboration between the individual with FASD and their support team. Shared understanding can include knowing why a person may be struggling, how they have experienced success and/or challenges.
- **Shared understanding allows for flexible and creative goal setting that is tailored to the person.**
- With this shared understanding, THO provides a map that can help service providers understand the unique developmental considerations that people with FASD experience, and potential areas for growth when planning for the future.
- Using a framework like THO allows for greater consistency among service providers. It also helps connect research knowledge with real-world experiences.

28. Towards Health Outcomes: Underlying Philosophies

- These three philosophies guide the design and implementation of the THO framework.
- *Presenter Note: read the three bubbles.*
- At the heart of these philosophies is the understanding that we have already talked about - **all behaviour is functional**.
- In the following slides, we will review and explain these underlying philosophies.

29. Towards Healthy Outcomes: Developmental Lifespan Perspective

- The figures in the middle of the visual represent that we move through developmental stages as we grow. This means we are influenced by the past while also looking towards the future.
- Like all of us, people with FASD continue to grow and develop throughout their lives. The 10 THO pathways are also represented in an order across the lifespan, showing how development changes over time. This shows that **intervention is lifelong**; it does not begin or end at any specific point.

- Recognizing that development is ongoing, we must also base our goals on the unique strengths and needs of the individual. I wouldn't set the same goals for myself as another person in this room, so why would we treat people with FASD any differently?

30. Towards Healthy Outcomes: Interactive Systems

- People with FASD often interact with many different systems, such as housing, healthcare and education. As they age, these systems can become more complex.
- Each system is **connected** to both the individual and to other systems. These connections are often interactive and impact each other. For example, someone who struggles with housing may interact with housing systems and mental health and medical systems.
- Given the number and complexity of these systems, support workers need to work with these systems in flexible and cooperative ways.

31. Towards Healthy Outcomes: Strengths-Based and Empowered

- The strengths-based philosophy helps us to consider challenges *and* strengths.
- Our **mindset** - where we focus our attention and effort - shapes the direction we move.
- Remember, everyone has different resources, abilities, and strengths, which can help support areas where someone is struggling.
- The strengths-based philosophy of THO reminds us that everyone wants to succeed, even though success may look different for each person.

32. FASD Brain Domains

- When we go back to these brain domains, you might notice that they are slightly different from the THO pathways in the previous slides. The goal today is not to match each brain domain with a THO pathway, because we would likely find that many domains connect and overlap.
- What these brain domains help us to do is to be **brain-responsive** in our interactions with people with FASD as they work toward the developmental goals in THO.
- The THO helps us to see how we might use a developmental and goal-focused lens to seek supports and connect with systems.
- So, we go from looking inward - at our own attitudes and beliefs that make up our mindset - to looking outward at how this mindset shapes how we see others.

33. THO Visual

- We want to encourage service providers like you to focus on the person we are supporting, and the unique way their brain-based differences affect how they work with services.
- Here we have pulled out our little stick figure from our visual to demonstrate that at the centre of this framework is a neurodiverse *person*.
- Because their brain is unique, the way they move toward goals may look different from how we would do it ourselves, but it makes sense for their unique brain.

34. Towards Healthy Outcomes: The Direction We Move Towards

- So far, we focused on *where we look*: how our attitudes and beliefs, shape how we interpret behaviour.
- Now we want to make it more practical.
- To make that shift, we begin with the **relational mindset** - a collaborative way of thinking about our work that shapes how we interpret, respond to, and work with others.
 - Relational Mindset shows how our beliefs and experiences affect how we connect and communicate with others.
- We can think of the **relational mindset** as the foundation for two systems that work together:
 1. a **brain-responsive mindset** that helps us understand the “how” and “why” of behaviour, and
 2. a **growth-oriented mindset** that shapes what we expect is possible in learning and growth.

35. Metaphor Slide: Driving a car

- In Section 1, we used the bike metaphor to show that where we look shapes where we go.
- Now, we are expanding that idea with a new metaphor: driving a car. This metaphor helps us talk about how people move toward healthy outcomes in different ways.
 - First, imagine the destination. Maybe it is Calgary. The destination represents our growth mindset: the direction we are aiming for and the belief that progress is possible.

- Everyone is heading toward healthy outcomes, but each person’s route and pace will look different.
 - Now, consider the vehicle each person is driving.
 - Some cars have quick accelerators. Some have soft brakes. Some can handle rough roads, and others need smoother roads.
 - The vehicle represents our brain-responsive mindset. It reflects each person’s unique brain-based differences and the conditions they need to feel safe, capable, and calm.
 - Understanding the vehicle helps adjust our expectations. We are not judging the car. Instead, we are learning what kind of support it needs to drive well.
 - None of us drive alone. We use a GPS, we ask for directions, or sometimes we need **co-pilots**: someone who can point out turns, help track the route, or remind us to slow down.
 - Some people may need someone with an extra brake pedal or someone who can “step in” and help when things feel overwhelming.
 - These co-pilots represent our relational mindset. They are the supportive people and relationships that make the journey safer and steadier.
 - A strong relational mindset means understanding when to step in, when to guide, and when to share responsibility along the drive.
- It is not about better or worse vehicles. Instead, our hope is you will begin to recognize what each driver needs to stay safely on the road.

36.The Path to Success: Destination Vs. Detour

- Progress isn’t straight —it depends on a person’s readiness, the supports available to them, and the environment. That means the process is just as important as the goal, and sometimes the process includes barriers.
- **Success is not the same for everyone.**
- Growth happens when goals fit the person, when they feel possible and meaningful. These are **destination goals**; they give us direction and the opportunity to grow.

37.The Path to Success: Destination vs. Detour

- For people with FASD, barriers may need to be addressed with different timing or tools. **Barriers do not mean failure.**

38. Title Slide: Motivation & Readiness: How we move towards goals

- Our mindset shapes what we believe we can do.

39. Mindset Matters: Fixed Vs. Growth

- A fixed mindset frames abilities as hard to change.
- Different mindsets help us think about the journey, the people we work with, and the barriers we meet differently:
 - A **brain-responsive mindset** helps us understand why the vehicle may be slowing down or moving too fast. It helps us understand the vehicle's unique needs.
 - A **growth mindset** gives us a destination to move toward, it gives us hope. It helps us see *potential* - that skills can be developed with consistent and supportive conditions. A growth mindset helps us see barriers as opportunities for learning and helps us to think about possibilities rather than limitations.
 - A **relational mindset** shapes how we travel together. It is the part of the journey that involves trust, shared understanding, and creating space for detours when needed. It reminds us to invest time, adjust goals, and celebrate small, but meaningful success.
- When we use these mindsets together, **we focus on movement, not perfection.**

40. How to Shift Where We Move: Mindset (Slide 1)

- This slide gives examples of how the same behaviour can be understood very differently depending on our mindset.
- If a student fails several math quizzes, a fixed mindset might conclude that they will never be good at math. A growth mindset, on the other hand, sees that with the right strategies and support, students can learn and apply the material more effectively.
- When a client misses appointments, a fixed mindset might make us assume they do not care. A growth mindset looks deeper, asking what barriers may be getting in the way, and how we might problem-solve together.
- When someone gives up quickly on a work task, a fixed mindset might label them as lazy. A growth mindset recognizes that they may not yet have the skills or confidence to keep trying.

41. Title Slide: The Direction We Move Towards Goal Attainment

- Up to this point, we have considered how goals give us direction, how motivation shapes readiness, and how mindset influences what feels possible.
- Now we shift to **goal attainment**. We focus on the practical aspects of reaching goals:
 - setting goals that fit for the individual,
 - collaborating through the process, and
 - using tools to guide progress and adjust when things do not go as planned.
- This shift takes us from thinking about goals to thinking *how* to move towards them.

42. Collaboration Matters: Co-Creating Goals

- Goal setting is a first step in turning our mindset into action.
- As we talked about with the motivation theories, goals are most effective when they are created *with* the individual, not for them. When we build goals together, we respect their experiences, preferences, and the realities of THEIR daily life by setting goals that are **attainable** and **meaningful**.
- **Co-created goals** - meaning goals that we create alongside the person with FASD we are supporting - reflect their unique experiences and goals, and the systems that affect their growth.
- When goals are built based on *shared understanding*, the individual is more likely to stay engaged, even when progress is slow or when plans need to be adjusted.
- When we collaborate with setting goals, we are also building connections that will help us move forward in a meaningful way.

43. Activity Break

- *Presenters Note: If time allows, select one activity from Activities 2 or 3 in the Activity Appendix document.*

44. Activity Break: Pursuing Goals

- *Presenter Note: Remove or Keep slide depending on selection from Activity Appendix.*

45. Activity Discussion

- *Presenter Note: Remove or Keep slide depending on selection from Activity Appendix.*

46. Activity Break Option 2

- *Presenter Note: Remove or Keep slide depending on selection from Activity Appendix.*

47. Activity Discussion 2

- *Presenter Note: Remove or Keep slide depending on selection from Activity Appendix.*

48. Title Slide - A Framework for Action: Mindset & Possibility

49. A Framework for Action: Decision Tree Visual

- Here is an example of a decision tree that supports reflection and action during goal pursuit.
- It highlights barriers, adjustments, and options for next steps.
- This process helps us move from feeling stuck to making progress with support.
- In the next slides, we will review the different components of this decision-making tree.

50. Pausing with Curiosity: Recognizing Barriers

- The first step in the decision tree is to **pause with curiosity**. Instead of reacting quickly or with blame, we take a moment to ask: what might be getting in the way?
- Barriers may be emotional, like anxiety or frustration. Or practical, like transportation or scheduling. Or signs of changes in interest.
- When we understand the cause, we have an easier time identifying supports.

51. Adjusting to Strengthen Readiness

- Once barriers have been recognized, the next step is to think about **how planning and support can be adjusted**:
 - Emotional barriers may be eased with reminders, supportive people, or extra time.
 - Practical barriers often need clearer planning, added structure, or helpful routines.
 - If the client has lost interest in the goal, then the goal can be adjusted. We will discuss this more in a moment.
- These adjustments build confidence, reduce frustration, and make it more likely that the person with FASD can continue moving toward their goals.
- This is one of the key ways the decision tree helps us visualize progress as possible, even when challenges arise.

52. Adjusting the Goal: Reframing the Challenge

- At other times, the goal itself needs to shift.
 - We may need to reduce the challenge, extend the timeline, or change the approach using a growth mindset.

- Breaking a larger goal into smaller, more manageable steps helps the person experience success and keep moving forward.
- Or perhaps the goal itself needs to be shifted or changed to meet the changing needs of the individual we are supporting.
- In these instances, the relationship between people with FASD and their supporters is useful for exploring goals.

53. Taking a Pause: Stepping Back to Re-Engage

- Sometimes the best option is to pause. Whether for a few hours or longer. Sometimes we need time to reflect before returning to the conversation.
- **Stepping back lowers pressure.**
- When the goal is revisited later, it can feel more meaningful and thought out.

54. How to Use THO When Goal Setting

- By mapping this process onto the Towards Healthy Outcomes framework we can set goals using three steps outlined here on this table.
- The steps are 'what to know', 'what to do' and 'what to plan for'.
- Within THO, each pathway, for example here we have Physical Wellbeing, starts with basic information about the importance of health care across multiple areas of functioning, and then goes on to include resources and recommendations. Using this information, short- and long-term goals can be set.
- **What to know** covers the basic information about the pathway we are on, in this case physical wellbeing, along with the relevant characteristics, strengths, needs, and areas of interest of the person we are supporting. In this example, that includes understanding the critical foundation of good physical health plays in daily life and the ways to promote physical wellbeing.
- **What to do now** is our more immediate, shorter term goals and next steps; plans for the next year or so. This also includes current resources and other evidence-based support and recommendations. In this example, it includes planning medical appointments, monitoring medications and their effects.
- Finally, the last column is **what to plan for**. This includes our longer term planning and considerations related to continuity of care. In this example, physical wellness, includes longer term planning, ongoing healthcare, and transitioning between different physicians and health care systems.

- Planning ahead helps us be proactive and focus on providing supports and achieving goals rather than only solving problems as they arise.

55. Towards Healthy Outcomes: Putting It all Together

- Now we are going to talk about how we can start applying some of the things we've learned today.
- As we do, it's important to remember that the more often we think about and apply these new ideas we've discussed today, the easier it will be to do.

56. Metaphor: Skating

- So far, we've used metaphors to explain our key takeaways from each section. We talked about learning to ride a bike and driving a far distance. Now we're going to use a sports metaphor.
- *Presenters Note: If there is a different sport that you have experience with or would prefer to talk (e.g., golf) about feel free to adjust the metaphor to that experience.*
 - Does anyone remember learning to skate? You probably started off pretty shaky, it probably felt hard to just stay standing upright in your skates when putting them on. And stepping onto the ice felt like such a slow process, it probably took you a long time.
 - For me, once I'm on the ice, all my focus on is skating. Speeding up or stopping feels impossible.
 - For some of us, we likely stopped there. So anytime we go skating it feels really hard.
 - But for others, maybe you went skating more often, maybe you even had parents who set up a rink in your backyard for you.
 - You've slated so much that you're no longer even thinking about skating. It becomes automatic. Skating becomes like walking or breathing; you don't have to give it conscious effort.
 - Maybe now your focus has shifted to skating in a certain direction, or at a certain speed.
 - You skated enough that you not only increased your abilities and skills, but your underlying belief about your ability to skate has changed.
- The same is true in our work.
- The automaticity of the practice won't come without the belief - but thinking this way repeatedly over time can help shift our beliefs.

57. Taking A Balanced Perspective: Moving Beyond Brain-Based Differences

- Historically, supporters have focused on solving problems for people with FASD and avoiding risks, which is important. But by doing that, we have missed parts of the story.
- Now, we are looking to shift towards understanding the whole person...

58.A Balanced Perspective: Strengths and Needs

- To understand and support people with FASD, we must understand the whole person. When we do that, we can understand what it is they might need help with, and what goals they are working toward.
- This is what creates our **shared understanding** that we talked about earlier.
- As we discussed in section 1, the Towards Healthy Outcomes framework helps us take a strengths-based approach that helps us to recognize strengths.
- We all have strengths, and our strengths are unique. For some people, that means we might overlook their strengths because they are different from what we might expect.
 - Strengths are not always “skills.” They may be the ways we relate to other people, our effort, curiosity, connection, or persistence.
 - Or strengths can show up in more obvious ways in how we live our lives.
- What’s important is that we notice strengths because they give us clues about what supports may feel natural for the person.
- Like we talked about earlier in our motivation slides, **effective support comes from meaningful goals created together.**
 - When supports match each person’s strengths, progress becomes steadier and more predictable.

59. Systems and Allied Professionals: Building Relationships

- **We do not support a person alone.** We work with family, school, community, health care, and social services systems. The systems that work together are better set up to respond to challenges.

60. Building Relationships: Navigating Systems

- With shared understanding of the unique person we are supporting, we set ourselves up to communicate with other supporters and systems in a brain-responsive way.

- Relationships help reduce mixed messages and communication problems across systems, which creates clearer paths toward goals.
- Instead of solving problems, the focus becomes **navigating systems**.
- When systems work separately or fail to share understanding, people can feel confused or overwhelmed. Systems that have a shared understanding can work together to help the person with FASD navigate their journey towards success.

61.Navigating Systems and Barriers: Building Relationships

- This table offers strategies for challenging behaviours. It also gives some prompts to ask ourselves and the people we are working with to develop a relationship that builds understanding.
- In the first column we have some behaviours that we might see in our work.
- In the middle column we have strategies that might be helpful to try in this situation.
- In the last column we have suggestions and questions we might ask to build relationship and understanding.
- *Presenters note: Read slide. Depending on time, you could make this slide more conversational and accept suggestions for strategies and relationship building tools.*

62.Activity Break

- *Presenter Note: If time allows, select activity from 4, 5, or 6 in the Activity Appendix doc.*
- Now we are going to work through a story. To respond to the discussion prompts, feel free to refer to your notes, the slides, or the decision-tree map.

63.Activity Break: Story Option 1

- *Presenter Note: Remove or Keep slide depending on selection from Activity Appendix.*

64.Activity Break: Discussion 1

- *Presenter Note: Remove or Keep slide depending on selection from Activity Appendix.*

65.Activity Break Story Option 2

- *Presenter Note: Remove or Keep slide depending on selection from Activity Appendix.*

66.Activity Break: Discussion 2

- *Presenter Note: Remove or Keep slide depending on selection from Activity Appendix.*

67.Activity Break: Story Option 3

- *Presenter Note: Remove or Keep slide depending on selection from Activity Appendix.*

68.Activity Break: Discussion 3

- *Presenter Note: Remove or Keep slide depending on selection from Activity Appendix.*

69.Wrap Up Activity: Personal Reflection Activity

- *Presenter Note: Refer to Activity 7 in the Activity Appendix document.*

70.Activity Discussion: Personal Reflection Activity

- Recall a client or individual with FASD that you worked with who was challenging for you.
- With the information presented today, how would your approach change?
- Reflect and answer the questions/prompts and please share if you feel comfortable.

71. Prevention Conversation & Towards Healthy Outcomes Foundations Training

- That brings us to the end of this presentation.
- Are there any questions?
- *Presenter Note: Provide resources and glossary of key terms if needed.*