

Fostering Children and Youth with Fetal Alcohol Spectrum Disorder

Fetal Alcohol Syndrome Disorder (FASD) is the umbrella acronym meant to describe the prenatal effects that alcohol has had on some people. Spectrum disorders in general incorporate a wide-range of abilities and challenges. FASD is a leading cause of intellectual disabilities and birth defects.

If you suspect that the child in your care may be affected by FASD, talk to your worker and doctor. They may refer the child to a specialized doctor in order to get an FASD exam, which includes taking specific physical measurements and testing cognitive abilities and functioning. If you are fostering a child with possible FASD, remember that behaviors, abilities and physical characteristics vary greatly from one child to another.

Some Types of FASD

Fetal Alcohol Syndrome (FAS):

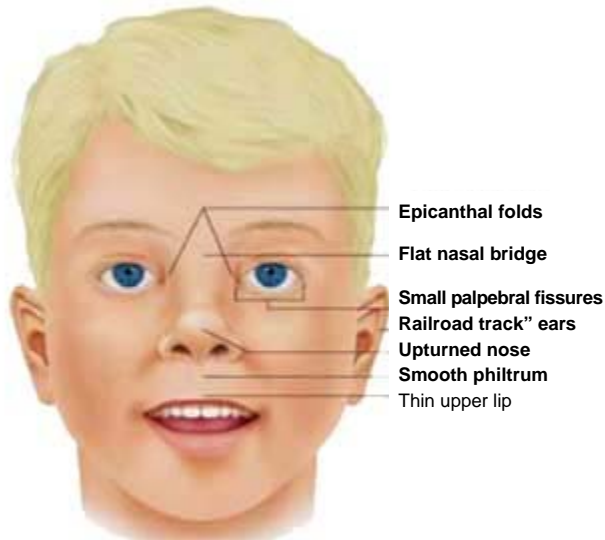
People with FAS are at the severe end of the spectrum of FASD. They may have facial and physical characteristics, as well as issues affecting their central nervous system.

Alcohol-Related Neurodevelopmental Disorder (ARND):

People with ARND have neurological

system issues, but do not have any facial characteristics. ARND was formerly known as FAE Fetal Alcohol Effects.

Alcohol-Related Birth Defects (ARBD): People with ARBN have issues with their vision, hearing, heart, kidneys, or bones. ARBD used to be known as FAE (Fetal Alcohol Effects).



Characteristics of FASD

Fostering a child with FASD may be a difficult journey for many parents. They may notice some of the following characteristics that affect the child or youth's neurological system:

- **Difficulty in understanding abstract concepts** such as time, money, or math.
- **Poor short term memory**, which effects the ability to connect a behavior to a consequence and often leads to academic problems.
- **Inability to make predictions**, which can lead to safety issues and poor social skills.
- **Poor impulse control**, which can lead to a child doing a specific behavior, but not having the result he wanted.
- **Poor judgment skills.** The "correct" choice isn't always obvious, especially when children

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with FASD have poor memory, prediction, and impulse control skills.

- **Poor boundaries.** A child with FASD might be too friendly with strangers and not understand personal space and property.
- **Hyperactivity and attention deficits,** which are seen in a large percentage of children with FASD.
- **Developmental delays,** which can affect a child in social, academic, and physical areas of development.
- **Sensory issues,** which can affect the child's mood or behavior in specific environments, as well as their personal likes/dislikes for food, clothing, lighting, or noise.

Physical Characteristics of FASD

Many children with FASD don't have *any* physical characteristics and may only display the emotional, behavioral, and cognitive concerns. A child will only have facial characteristics if the mother drank alcohol when the child's midface was developing during pregnancy.

Facial characteristics include:

- Small eye openings
- Thin upper lip
- Smooth, wide philtrum (area between your upper lip and nose)
- Smooth, wide bridge of nose

Other physical characteristics include:

- Low birth weight
- Small head circumference
- Shorter-than-average height

- Low body weight
- Poor coordination
- Vision or hearing concerns
- Sleeping or sucking concerns as a baby
- Concerns with heart, kidneys, or bones

Parenting Tips and Suggestions

Parenting strategies for children with FASD usually revolve around structure, routine, clear rules, and increased awareness of environmental factors.

- Children with FASD have a hard time connecting consequences to a behavior. Stay positive and focus on the desired outcome rather than on correcting negative behavior.
- Role play appropriate behavior before some situations and after an inappropriate situation.
- Be consistent with rules and routines, including following through every time and everywhere.
- Do not give more than one direction at a time.
- Anticipate situations where the safety of the child may be at risk, such as a parking lot or a busy street. Many kids with FASD aren't good at multitasking and may be thinking about shopping, rather than shopping *and* watching for traffic. The part of the brain that controls judgment and impulsivity is also often damaged in kids with FASD.
- Parent the child by the developmental age versus the chronological age.
- Give rewards and/or consequences immediately following the behavior.
- Try not to negotiate the basic rules. Allow the opportunity for choices elsewhere.

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- Frequently review expectations for behavior and rules with the child.
- Avoid problem situations where the child may be overwhelmed like long lines, crowded places, and other unstructured environments.

If a parenting technique isn't working, replace it with another technique. Don't try harder. Not every technique is going to work all the time.

One Wisconsin foster parent talks about having a teen in care who had possible FASD, possible Oppositional Defiant Disorder, and possible Reactive Attachment Disorder.

"I did my research, only to find that techniques for FASD were contrary to those for RAD," she says. "I was a little stuck. With RAD, you should keep kids off balance and *not* do the expected thing. With FASD you're supposed to be structured and predictable."

She goes on to say, "What I figured out with my daughter was that she *has* to have some choices and control. She's gifted in passive-aggressiveness, so if you try to do the non-negotiable 'normal' household rules, she can bite her nose off to spite her face with the best of them."

"But she also needs the basic structure of having reminders to flush the toilet and wash her hands, and she needs a lot of simple reminders about

what the plan is on days when we might have an appointment after school."

The foster mom says that it's a good reminder to be looking for that balance and remembering that there are no one-size-fits-all answers.

Creating a Calming Environment

Many parents of children with FASD talk about the role that environmental factors play in how

a child behaves. A calm, plain room, free of bright colors and background noise will provide a much more relaxed environment. This is also true for the child's classroom, if possible, and some parents and teachers have found that even a child having a

locker at school can collect papers, trash, clothes too quickly and be too overwhelming.

Some suggestions include:

- Have a plain looking bedroom and things that are not easily broken.
- Use digital clocks to help the child read the time more easily, but know that he may not fully understand the concept of time.
- Post house rules specific to each room, in each room.
- Have a toy chest in a specific place for personal items that's out of the child's sight.
- Keep your furniture and the child's basic self care items in the same place everyday.

It can be difficult to know that your child in care may have mastered a skill one day, only to have that same skill "erased" the next.

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Strengths

Children with FASD likely have incredible qualities, including the tendency to be caring, creative, determined, and eager to please the adults around them. They also do best with routine, clear communication, and close supervision.

Although fostering a child with FASD may get bumpy at times, a good support network can make the ride more smooth. As a foster parent, remember to take care of yourself and do something that you love everyday.



Resources Available from the FCARC Library

Fetal Alcohol Syndrome: Lifelong Effects (DVD)

by Deborah Hage & Mary Pat Zebroski

<http://www.wifostercareandadoption.org/plugins/library/viewmaterial.asp?aid=5242>

The Listening Heart (DVD) by Dr. G. Chasnoff

<http://wifostercareandadoption.org/plugins/library/viewmaterial.asp?aid=5055>

Understanding FASD: Cause, Effects and Interventions (DVD) by Academic Edge

<http://www.wifostercareandadoption.org/plugins/library/viewmaterial.asp?aid=5505>

Issues in Parenting Children with Fetal Alcohol Effects (Tape) by Pat Krippner

<http://www.wifostercareandadoption.org/plugins/library/viewmaterial.asp?aid=3189>

Fetal Alcohol Syndrome and Fetal Alcohol Effects, Minnesota Department of Health

<http://www.wifostercareandadoption.org/plugins/library/viewmaterial.asp?aid=3187>

Acquired Substance Abuse Disorders

http://www.wifostercareandadoption.org/library/207/Aquired%20Substance%20Abuse_Aquired%20Substance%20Abuse.pdf

Adoption & Prenatal Alcohol and Drug Exposure: Research, Policy, and Practice by Richard Parth, Madelyn Freundlich, & David Brodzinsky

Center for Disease Control and Prevention

<http://www.wifostercareandadoption.org/plugins/library/viewmaterial.asp?aid=5536>

Other Resources:

Fetal Alcohol Spectrum Disorders (FASDs),

Center for Disease Control and Prevention

<http://www.cdc.gov/ncbddd/fasd/index.html>

Adopting and Fostering Children with Fetal Alcohol Spectrum Disorders, U.S. Department of Health and Human Services

http://www.fasdcenter.samhsa.gov/documents/WYNK_Adoption.pdf

The Arc of the US

<http://www.thearc.org/NetCommunity/Page.aspx?pid=183>

Pregnancy and Alcohol.org

by University of Wisconsin Madison

<http://pregnancyandalcohol.org/index.asp>