

## “Interventions that Make a Difference in Fetal Alcohol Syndrome”

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Fetal Alcohol Syndrome (FAS) is a set of physical and mental birth defects that can result when a woman drinks alcohol during her pregnancy. Fetal Alcohol Spectrum Disorders (FASD) is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. It is a known fact that prenatal alcohol exposure causes brain damage and lifetime effects, but people with a FASD can grow, improve, and function well in life with proper support.

Fifty to eighty percent of parents of children in foster care have substance abuse histories. Eleven children out of 471 have FAS while 172 out of 471 have FASD. Early identification of FAS/FASD can lead to the prevention of secondary disabilities such as mental health problems, drug or alcohol problems, criminal behavior, employment problems and problems with independent living. Some facts for those 21 to 51 with FASD are:

- 95% will have mental health problems
- 55% will be confined in prison, drug or alcohol treatment centers or a mental institution
- 60% will have “disrupted school experience”
- 82% will not be able to live independently
- 70% will have employment problems
- More than 50% of males and 70% of females will have alcohol and drug problems
- 60% will have trouble with the law
- 52% will exhibit inappropriate sexual behavior

Individuals with FASD have difficulty organizing and sorting information to be able to use the stored information properly (recalling when necessary and appropriately). They have to work very hard to accomplish things. Some primary disabilities of persons with FASD include: a lower IQ, impaired ability in reading, spelling and arithmetic and a lower level of adaptive functioning which leads to being at a disadvantage in most cases. Persons with FASD have sensory integration issues. Other typical difficulties include:

- information processing problems – they learn not to ask questions to avoid being humiliated
- inability to complete task or chores - this may be seen as being oppositional
- determining what to do in a given situation; when under stress they will go back to old behavior that has worked for them

### Interventions:

- Comprehensive assessment is critical as is comprehensive intervention strategies that should include classroom strategies, occupational therapy, integration treatment and psychotropic medication.
- Providers need to tailor the intervention to what the person with FASD can do, identify the individual’s strengths and encourage them to do what they do well – provide them with a window in which they can do their best.
- Strategies that work include: creating achievable goals, using first person language, not isolating the child, not blaming them for what they can’t do, addressing issues of loss and grief, teaching parent how to self-calm so they can help the child.
- Need to provide the child with: a balance between limits, rules, boundaries and atonement, humor and appropriate expectations, support for child’s changing needs as they gain more responsibility, empathy, love, rewards for doing what is expected, supervision, clear limits, consistency, time for calming and adjusting and a safe place – providers often assume the child is safe when they are not feeling safe.

When an intervention is not working, stop the action, observe, and listen carefully to find out why the child is stuck, and ask, “what is hard” and “what would help?”

### What does not work:

- threats of punishment (simply raises the anxiety)
- removal of privileges or possessions
- physical punishment
- behavioral plans or contracts (these depend on memory and attention motivators). We need to develop a plan to help the child stay in school.