



# CARING FOR CHILDREN WITH FASD

Continuum Consulting Australia PTY. LTD.

## WHAT IS FASD?

FASD - Foetal Alcohol Syndrome Disorder - is on the more severe end of the Foetal Alcohol Spectrum. This is the term used to describe the impacts on the brain and body of individuals prenatally exposed to alcohol. FASD is the diagnosis of lifelong physical or neurodevelopmental effects for individuals experiencing challenges in daily living, needing support with motor skills, physical health, learning, memory, attention, communication, emotional regulation, and social skills. Each person with FASD is unique and has areas of both strengths and challenges.

## THE CAUSE OF FASD

When a female is pregnant and consumes alcohol, the alcohol enters the bloodstream and reaches the developing foetus through the placenta. The alcohol is more concentrated in the foetus, and it can prevent enough oxygen from getting to the foetus' vital organs. A developing foetus does not process alcohol the same way an adult does.

Alcohol is considered to be a teratogenic - an agent that can disturb the development of a foetus.



## FASD DIAGNOSIS

The Australian FASD Diagnostic Instrument is a tool used to assist health practitioners in diagnosing FASD. This tool evaluates individuals for prenatal alcohol exposure, neurodevelopmental problems, and facial abnormalities. FASD may also co-exist with other conditions and alternative diagnoses being considered during this process is important.

Ideally, the assessment should be carried out by a multi-disciplinary team of health professionals.

## POSSIBLE EFFECTS OF FASD

### Physical

- Distinctive facial features that include: small eyes, thin upper lip, upturned nose, and smooth surface between nose and upper lip.
- Slow physical growth.
- Small head circumference and brain size.
- Vision or hearing difficulties.
- Limb deformities.
- Heart, kidney, and bone problems.

### Brain and Central Nervous System

- Poor memory.
- Learning disorders or intellectual disabilities.
- Poor co-ordination.
- Difficulty processing information.
- Frequent changes in mood.
- Hyperactivity.
- Difficulty when reasoning, identifying consequences, and problem-solving.
- Internalising and externalising behaviour problems.

### Social and Behavioural

- Poor social skills.
- Difficulty at school.
- Difficulty changing from one task to another.
- Impulsive behaviour.
- Difficulty planning and understanding the concept of time.
- Difficulty focusing on a set task.

### Potential Life Outcomes

Adverse life outcomes are referred to as 'secondary disabilities'.

- Being stigmatised by peers and family groups.
- Disrupted school experience.
- Trouble with the law.
- Early pregnancy.
- Inappropriate sexual behaviour.
- Alcohol and drug related problems.
- High risk activities.
- Mental health issues.

# CARING FOR CHILDREN WITH FASD

The Australian Institute of Family Studies identified a set of guiding principles that carers of children with FASD should attempt to put in place. These include:

- Ensuring children are supported by ongoing and specialised case management.
- Ensuring the environment is simplified, structured and supervised.
- Teach (and re-teach) children missing skills using enhanced methods.

A range of health professionals could be consulted for their expertise, such as a geneticists or radiologists and:

- Pharmacologists.
- Occupational Therapists - This consult entails an hour long assessment to assess motor skills, sensory processing and visual perceptual skills,
- Speech Pathologists - An hour long assessment of understanding of language, use of language, verbal reasoning and use of speech sounds.
- Psychologists - Psychological assessments may take approximately 2 hours and involve testing memory, problem solving skills, academic abilities and cognitive abilities. This is achieved through answering questions, and for young children working on puzzles, blocks and some writing activities.



## TEACHING STRATEGIES

- Implementing consistent and predictable routines.
- Lots of practice.
- Be really clear about changes.
- Small steps and breaking down big tasks.
- Visual cues and aids to accompany instructions.
- Minimise visual and auditory distractions.
- Tuition.
- Educational video games.
- Enriched spaces.
- Space for voluntary physical activity.

## THERAPEUTIC PARENTING STRATEGIES

- Use touch or parental presence to regulate.
- Identify your own triggers.
- Time in rather than time out.
- Use curiosity.
- Accept the child.
- Use silliness or playfulness as it reduces feelings of anger or fear.
- Remove the audience.
- Distraction.
- Set your expectations so they are consistent with the child's capabilities and emotional age.
- Showing sorry.
- Watch what the child is doing rather than what they are saying.
- Name the need.