

SELF-STUDY COURSE

Fetal Alcohol Spectrum Disorder: Caring For Foster Children With FASD

Revised 6/06

5.0 Training Hours

This self-study is based on a variety of sources that are cited throughout the course. This self-study draws heavily on the work of Diane B. Malbin, Debbie Evensen, Patricia Tanner-Halverson, Barbara Morse, Sterling Clarren, Ann P. Streissguth and the collection of papers that make up the book *Fantastic Antone Succeeds: Experiences in Educating Children with Fetal Alcohol Syndrome*. Other sources include the Office of FAS Update 2001 Status Update on Fetal Alcohol Syndrome and the Office of FAS website www.dhss.state.ak.us/fas; *Fetal Alcohol Syndrome: A Guide For Families and Communities* by Ann Streissguth; *FAS: A Guide for Daily Living* published by the Society of Special Needs Adoptive Parents in British Columbia; and the many publications of Theresa Kellerman's FAS Community Resource Center at <http://come-over.to/FASCRC/>.

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FOSTER PARENT COMPETENCIES

This self-study module addresses part or all of the following Child Welfare League of America Competencies for Foster Caregivers:

939-2 The foster caregiver knows the signs and symptoms of fetal alcohol syndrome, can advocate for appropriate diagnosis and treatment, knows strategies to stimulate development, and can deal with the physical, social, cognitive, and emotional problems that effect children and youth with FAS.

FETAL ALCOHOL SPECTRUM DISORDER, *Caring For Foster Children With FASD*



Unit One: “Trying Differently Instead Of Harder”

Note: In Part 1 of this series, we explored the general impact of FASD upon children. Part 2 will look at behavior of children and effective ways of assisting children to do their best. It is strongly advised that you complete and understand Part 1 before proceeding to this self-study.

Imagine driving around the city of Portland. There are lots of different roads, and landmarks and directions. It would be hard to drive around a new city even if you had a map. But imagine trying to drive through the city of Portland with only a map of Boston. It would be impossible to follow directions when your landmarks don't match where the map tells you where to go.



Parenting a child with FASD sometimes feels like navigating a road with the wrong map. The traditional methods of parenting, guidance and nurturing may not always work with a child who experiences the world differently because his brain was impacted by alcohol. Even a foster parent who has been very successful with other children may be puzzled that things don't work as well with the child who is alcohol affected.

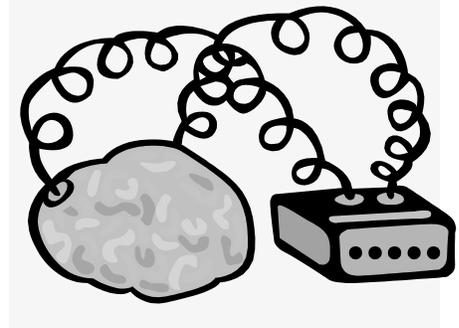
Children who were prenatally exposed to alcohol will be affected in many ways. Some will be profoundly affected, both physically and mentally, and will need constant care and support throughout their lives. Others may be able to function fairly well with minimal extra supports. All, however, will benefit from an environment where caregivers understand their disability. This is why assessment and diagnosis can be so valuable. Knowing how your child is specifically affected will help you focus your interventions. Some of these affects will be apparent to you as you observe your child and learn how he thinks, when he is successful and what is not working. Other affects may only become clear as challenges in school or social settings arise.

Children with Fetal Alcohol Spectrum Disorder (FASD) do best in an environment that is helpful, consistent, stable, and knowledgeable. As a foster parent, you will need to have good information about the medical needs of the child, as well as a developmental assessment of the child's abilities. The more you know about FASD and how your foster child is particularly affected, the better you will be able to parent and support him.

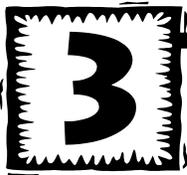
Trying Differently, Not Harder

You will be most successful as a foster parent if you are willing to “try differently, instead of harder.” Diane Malbin, M.S.W., and birth parent of child with alcohol effects coined this phrase. It means that we may need to change the ways we have worked with children in the past to help us meet their level of functioning in the world, instead of trying harder and harder to make the child fit into our way.

Susan Doctor, a researcher in the area of fetal alcohol spectrum disorders, has said about children with alcohol effects, “they need an external brain.” By this she means that just as children who have vision problems use glasses and children who can’t walk are given wheelchairs, children with brain damage from prenatal exposure to alcohol need to rely on someone else to provide a structure in which they can be successful.



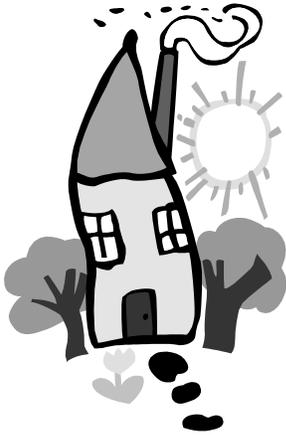
Children with FASD may need an “external brain” to do some of the thinking for them.



Things To Remember When Working With A Child Or Adolescent With Alcohol Effects

- 1. Children and youth children with subtle brain damage typically require more external support, prompts, and cues than others might expect.** Provide external support such as routines and visual pictures of what the child needs to do instead of trying to control the child and setting up power struggles.
- 2. Children with alcohol effects tend to be visual and concrete in their thinking.** Combine verbal instruction with visual aids, such as gestures, sign language, flicking of lights, posting of routines. Over time, children will internalize some of this structure, though may always need “an external brain” to help organize their world.
- 3. Children with alcohol effects may have strengths in areas like sports, dancing, painting, music, or sewing that should be encouraged.** A foster parent should be helping children find their strengths and their abilities. Helping children identify and build these help children master skills, ease frustration, and build up self concept.

-- By Antonia Rathbun, in “Overcoming the Cycle of Failure and Frustration in **Fantastic Antone Succeeds**.”



IDEAS FOR GENERAL HOUSEHOLD MANAGEMENT:

- *Keep it simple.* Especially in a child's room, keep clutter, posters, furniture, toys, and knick knacks to a minimum. Don't move furniture around. Use color coated hangers to help children sort out clothes that go together.
- Organize the environment so that it makes sense and children know where everything goes. Use pictures to label, use plastic covered tubs to store toys, clothes, supplies and organize by item (all dolls in one place, all socks in another.)
- Use lots of visuals and charts. Make house rules clear, simple and consistent and help children succeed by listing routines or using pictures or drawing to prompt children's actions.
- Keep television, radio and loud music to a minimum. Try to have quiet places or time out spaces in your house so that children can learn to calm themselves by leaving situations.
- Look carefully at your child's needs. What would help him be successful? Try different techniques, and if they don't work, don't give up. Try something else.
- Develop routines for children. Figure out a routine for bedtime, eating, getting dressed and washing up in the bathroom. As much as is possible, keep these routines the same everyday. (Meals are everyday at 5:30. Everyone has his or her space at the table.) If children get disrupted, go back to the routine and re-teach.
- Teach children concrete relevant skills, such as hygiene or learning how to ask for help. Break the process down into small steps and teach a step at a time. Remember, re-teaching and consistent review is especially needed for children with memory problems.
- Learn to work with and communicate with the professionals in your child's life: social workers, physical therapists, speech therapist, doctors and educators. Keep a developmental journal and see your role as an educator and advocate.

FETAL ALCOHOL SPECTRUM DISORDER, *Caring For Foster Children With FASD*



Unit Two: How Does Alcohol Affect Development?

The following is an overview of possible effects of prenatal exposure to alcohol upon major developmental tasks of infancy, early childhood, and school aged children. As is often repeated, a thorough evaluation is necessary to understand how your child is affected. Children share some common characteristics but every child will be affected differently. Observe your child carefully and consult your physician or developmental specialist for an accurate assessment of your child.

Infancy: Surviving the First Years of Life¹

If you are caring for an infant with severe Fetal Alcohol Syndrome, you may know this at the time of placement. Children with the other forms of Fetal Alcohol Spectrum Disorder may not be diagnosed until later in early childhood. Babies born with alcohol effects suffer from a variety of physical symptoms. Alcohol affected infants may exhibit any of the following characteristics: born small, facial abnormalities, unusual crease in palms of hand, joint abnormalities in the elbows, hands and feet, cardiac abnormalities, urinary disorders, heart murmurs, heart disease, poor motor control, irritability and altered muscle tone (being very stiff or not firm enough).

If his mother drank heavily up to the time of delivery, it is a possible that a baby will experience alcohol withdrawal symptoms during his first 24 hours, Withdrawal symptoms in the newborn include being jittery, irritable, rigid, extremely sensitive to sensory stimulation, vomiting, dehydration, diarrhea and possible seizures. Some infants may need to be medicated in order to make it through this painful phase.

During the first year of life, other symptoms that babies with FASD babies may show include:

- Feeding difficulties
- Poor sucking or trouble sucking and swallowing
- May not demand food as other babies do
- Take longer time to feed or more frequent feedings
- Do not develop routines or regular schedules for sleeping and waking
- Give fewer signals to cuddle, coo, smile or respond to eye contact. Signals may be faint or subtle
- Growth is slower than normal; Failure to gain weight, even if good nutrition and stable, loving home environment
- Difficulty with developmental milestones such as raising the head, rolling over, grasping

¹ This section uses materials from the following sources:

“Fetal Alcohol Syndrome” from Caring for the Medically Fragile Infant, Kentucky Dept. of Social Services

“FAS: Parent and Child” by Barbara Morse and Lyn Weiner, Fetal Alcohol Education Program, Boston University School of Medicine, 1992.



IDEAS FOR FOSTERING THE ALCOHOL AFFECTED INFANT²

1. *Put infants in cribs when drowsy (not yet asleep) so they learn to fall sleep there.*
2. *White noise (such as fan, quiet static on the radio, a humidifier, or putting the infant seat atop an active dryer) can mask other house noises and help a child calm.*
3. *Follow a regular schedule for a baby's eating and sleeping times, especially when a child is having a difficult time setting his own schedule.*
4. *If a child gets overstimulated, swaddle baby in a tightly wrapped blanket to give security.*
5. *Sit the child in an infant seat instead of laying him on his back. This is less stimulating than the prone position. When rocking or calming a baby, use an up-and-down movement instead of side-to-side. This is less stimulating for babies who are easily overwhelmed. Rocking chairs are also soothing.*
6. *Keep lights low in the nursery, avoid dangling mobiles, noisy, jangling toys or rough textures or feathers in toys.*
7. *Avoid picking a child up too quickly. Roll the child on his belly and pick him up with his face turned away before turning him towards you.*
8. *Sometimes a soft blanket put on the chest of a child helps him calm down or make transitions when being picked up, changed, or put down. Help a child attach to a blanket or other object and use it in transitions.*
9. *Work with Infant Learning Program staff to devise activities to help a child with development such as rolling over, grasping, and holding up the head. Work in one developmental area at a time.*

² This section includes ideas from [Caring for the Medically Fragile Infant Training Manual](#) , Kentucky Dept. of Social Services, [FAS: Parent and Child](#) (Morse and Weiner) and the video [The Caregiver's Guide to the Drug Affected Infant](#).

Toddlers And Preschoolers: Learning To Impact The World

The ages between when a child first begins to walk (usually between 10 months and 15 months-- alcohol affected children may walk later) until the child reaches five is a time that lays the groundwork for school, social relationships, and intellectual development. To understand how FASD impacts the toddler or preschooler, it is good to know what “normal” development is.

Normal Toddler and Preschool Development

Think of all the things that happen in a child in this age! Children learn skills of independence: eating by self, toilet training, walking and movement, dressing self. Language development goes from the few words of the one-year-old to complete sentences and conversations of the four-year-old.

Children master their bodies. Gross motor skills develop in running, walking, jumping, moving, hopping and climbing, going from the clumsy, awkward toddling of the beginner walker to the smoother walk of the preschooler. Fine motor development develops from the full hand grab of the infant to better use of the fingers to pick up food, toys, pointing, grasping intentionally to the more advanced motor skills of using crayons, scissors, lacing shoes, using pencils, manipulating buttons, zippers and laces.

Children begin to understand time concepts better by the end of the preschool age. Children ages 3 to 5 are very imaginative and like to play pretend games (showing a certain level of abstraction.) Children begin to learn intellectual concepts of big and small, letters, colors, over and under. Socially, children go from the parallel play of the toddler (next to but not with) to more interactive play of children playing house and taking on roles. Friendships develop in preschool age and children begin to notice sexual differences between boys and girls.

Development in the FASD Child

Children with FASD may exhibit delays in any of these areas. Children who are very low on the growth charts may be delayed in the area of motor development. Crawling, rolling over, walking and running smoothly may lag many months behind. Toilet training may be a challenge. Physical affects may affect learning some basic skills to be learned during this period. For example, one adoptive mother of FAE twins found teaching children how to brush their teeth was a challenge since both girls were very sensitive around the mouth and would scream as if in pain when she would try.³ Other parents have found that children actually seek stimulation by head banging or running into objects around the house.

Language may be delayed. A child may not speak or only know a few words by age two. Because abstraction is so difficult for some children, these children may not play imaginative games, or dress up or costumes or Halloween masks. They may play best when an adult guides them to how to play with the toys.

³ Christine King, “Raising Alcohol-Affected Twins” from [Fantastic Antone Succeeds](#)

Children begin to lag behind other children in the preschool years. Children with FASD don't seem to pick up many of the skills that most children seem to spontaneously start on their own. With children with alcohol effects, adults may need to actively teach a child how to do these things. This lag, even with good intervention services, may widen during early childhood and the school aged years. For example, the above mentioned mother of twins reports that her twins were about 12 months behind developmentally at the age of two. By 5, her daughters, even with a good intervention program, were assessed to be 19 to 36 months behind other children in different areas. Some children will be very strong in one area (for example, verbal skills) but may show difficulty in another area, such as motor skills or showing hyperactivity.



IDEAS FOR FOSTERING THE ALCOHOL AFFECTED TODDLER OR PRESCHOOLER⁴

1. *If your foster child is not already involved with some kind of developmental program such as Infant Learning Program, get him assessed and involved. The success of these programs is directly related to what parents do at home. Work with the staff to develop activities or games to continue at home.*
2. *For children with language delays, or who know what they want to say but have trouble finding the word, some foster parents have found success using a combination of verbal communication and simple sign language. The visual clue helps children with auditory problems.*
3. *Keep toys and play materials sorted into small containers (not the big toy box that jumbles everything together and is hard to sort). Keep toys to a minimum or play becomes overwhelming and pointless.*
4. *Help children make transitions by using visual, not auditory clues. Blink lights to cue time to go, or use lots of eye contact and smiles. Practice getting the child to look at you. Put hand on chin, tilt face up, touch his nose then yours and gently remind to "Look here."*
5. *Close supervision is important to help children keep on track and remember what they need to do.*
6. *Try to use the same language for what you want. Consistency routines and repetition is essential. Instead of saying it two different ways such as "time to sit down." and then "in your chair now!", try "Cindy, sit now" and use it consistently.*
7. *Develop a routine for getting up in the morning and going to bed at night. Do it every day in the same order and in the same way. Consistency, routine and repetition are essential to help children with FASD learn.*

School Aged: Learning To Learn, Learning To Get Along

⁴ This section includes ideas from the following chapters in Fantastic Antone Succeeds : "Getting Jeffrey Ready for School" by Michelle Siaz , "Parental Advocacy for Alcohol Affected Children" by Jan Lutke and previously cited chapters by Jan Hinde and Christine King..

Usually around age five, a child expands his world by entering a formal classroom. These are the years of academics, more contact with the world, developing relationships with adults outside of families and negotiating friendships. It is a time when peers, group games, sports, and neighborhood pals teach children about social relationships and learning to get along.

For the child with FASD, these goals are the same. But for many alcohol affected children, the school years are a challenge. Emphasis is put on academics, reading, and abstraction skills. School is where children are usually first identified with learning disabilities or behavioral disorders. Teachers may have classrooms that are stimulating to some students, but might be too chaotic for the child with alcohol effects. It is easy for a child to get lost in a busy classroom, especially if this child can succeed only with a large amount of individual attention.

What are the results of alcohol effects on this age group?

Hyperactivity or Attention Deficits: Because children are asked more often to sit and concentrate for longer periods of time as they get older, hyperactivity or attention deficits begin to be diagnosed during this time.

Impulsivity: Children may act impulsively, having trouble waiting in lines or taking turns. Children may use things that belong to others without thinking about asking to borrow them. They may impulsively take things that are not theirs or jump from one activity to another.

Abstraction Difficulties: A common effect of alcohol exposure is difficulty with abstractions. Children struggle with the ability to determine sequence (what happens next?); with time (clocks with hands are particularly difficult); with math (such as long division and fractions); and generalizing concepts from one place to the next.

Developmental Delays : Delays that are identified in early childhood may become more apparent during the school age years.

Social intrusiveness: Alcohol affected children have a difficult time with the subtle clues of boundaries, facial expression, and body language. They may seem to over step social boundaries by talking too much, trying to touch or hug someone who doesn't want it, constantly repeating a phrase or gesture that got a laugh or a response previously.

Judgment Difficulties: Because of the difficulty in generalizing and predicting, and a reliance on visual clues, some children have trouble making good judgments. For example: A child may be susceptible to peer modeling and may participate in vandalism without knowing it is wrong. A child may have difficulty distinguishing between friends and strangers, and may be susceptible to exploitation or abuse.

Memory Deficits: Some alcohol affected children have chronic memory problems. Material that is mastered one day, seems to disappear the next. Children

start on a project , but then forget what they were supposed to do. Often these children depend heavily on structure and verbal clues to function. Some children have trouble with word retrieval--the word is on the tip of their tongue but they just can't think of it, even if it is the name of a friend or a simple word like "breakfast."

Perseveration: This means a child engages in the same behavior over and over again, or gets stuck doing a behavior without being to stop. For example, a child may have trouble stopping a game even after all her friends have gone home. It is as if a child cannot stop when they get started or can't get started once they've stopped.



IDEAS FOR PARENTING THE SCHOOL AGED CHILD WITH ALCOHOL EFFECTS⁵

- 1. Your discipline and behavior management should focus on developing self care skills and teaching appropriate behavior. Develop consistent routines of what is expected for chores, getting dressed in the morning, going to bed at night and completing homework. Develop these around the child's special needs. One adoptive mom allowed her daughter to listen to music via headphones while doing homework. The noise blocked out other distractions and actually helped her to concentrate.*
- 2. Use all the senses for teaching routines and helping children do well. Pictures or stick figures reminding children to hang coats, shut off water, or wash dishes help. Have a visual chart of what children need to do in order to get ready in the morning. Use Polaroid pictures to show the child doing the task.*
- 3. Keep rooms neat and simple. Keep things on the wall to a minimum. Help a child succeed by having small storage boxes, a minimum of toys, clutter and mess, a duvet or comforter to help with bed making. Make sure things are put away before new toys or materials come out to keep clutter to a minimum.*
- 4. Some children do better with the help of calculators and computers, especially when children have difficulty with handwriting or math skills.*
- 5. Use color coded files or notebooks to help a child keep school work organized. A file or zipped bag for each class will make sure that everything a child has for that class will be there without searching through a locker.*

⁵ This section's ideas includes suggestions from the following chapters in Fantastic Antone Succeeds: "On Raising Lisa" by Mary and David Wortley, "Nurturing the Delicate Rose" by Sally Caldwell, and "Shut Up and Talk to Me" by Maureen Murphy. Suggestions also come from the work of Diane Malbin.

6. *Use time outs to help a child learn how to calm himself and re-focus himself. Behavior modification programs (with points, rewards, punishments) often don't work well for alcohol affected children because the consequences may be too far off or not connected to the desired action. Helping children learn to organize the world around them works better.*
7. *Educate each professional who has contact with your child (teachers, therapists, coaches) about your child and how he learns. Keep a file of good articles or suggestions and share them.*
8. *Focus on teaching basic life skills such as handling money, telling time, keeping a schedule, social skills, and courtesy. Help a child learn to keep on tasks by helping him develop a schedule and a listing of what he is to do next. If he does this every day at the same time and keeps it in his pocket, he will learn to use this aid to keep himself on task.*
9. *For a wealth of ideas to share about education in a school setting, consult Fantastic Antone Succeeds: Experience in Educating Children with Fetal Alcohol Syndrome, ed. by Judith Kleinfeld and Siobhan Wescott. The work of Debbie Evensen, a teacher from the community of Homer, Alaska, is also particularly useful. These items can be borrowed through the Alaska Center for Resource Families's lending library.*

NOTE ABOUT PARENTING TEENS: For ideas about parenting the adolescent with alcohol effects, refer to the Alaska Center for Resource Families self study course "Adolescents with Fetal Alcohol Effects" or the excellent book "Fantastic Antone Grows Up" both available through the ACRF Lending Library.

EXERCISE #1: *DEVELOPMENTAL EFFECTS*

Think of your own foster or adoptive child. What is his age? Does he have any physical affects you are aware of? Where is he in his development? Do you see any lags? Is there anything in this section that is helpful to your particular situation?

Age of child in my home: _____

Physical Affects : _____

Developmental Effects: _____

Any ideas from this section that I can use? _____

FETAL ALCOHOL SPECTRUM DISORDER, Caring For Foster Children With FASD



Unit Three: Challenges Caring For Children With FASD

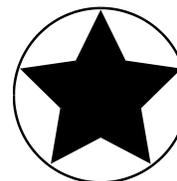
IMPULSIVE BEHAVIOR: Learning To Stop Long Enough to Think

Many children affected by alcohol are quite energetic and impulsive, often acting before thinking. They may also be diagnosed with Attention Deficit Hyperactivity Disorder. This tendency of children to impulsivity is connected to alcohol's effect on the executive functions of the brain. Impulsivity often contributes to other behavior such as *blurring out* answers in class (children may not have the restraint to wait their turn); *stealing* (children take something because they want it, but don't think about the right and wrong of who actually owns it); or *fighting* (reacting physically before thinking about the consequences.) Teaching a child to deal with their impulsiveness should start early so children can master the tools they need. Teach in a calm, non-shaming matter.



IDEAS FOR FOSTERING A CHILD WITH IMPULSIVE BEHAVIOR TEACHING *From Parenting Children Affected by FAS: A Guide For Daily Living and Fantastic Antone Succeeds)*

1. *Teach the concept of "your turn" by using a physical object such as a "Talking Stick" which could be a pebble or any small portable object that is easily passed around – "if the object is in your hand, it's your turn."*
2. *Teach walk, don't run, by counting numbers between steps.*
3. *If time out is needed, consistently use the same designated place. If possible, choose a calm, uncluttered space that is used for no other purpose.*
4. *Use the image of a STAR. Teach a child to Stop, Think, Act Appropriately and Reward yourself for doing the right thing. Put a STAR on the walls of your home with the steps and remind children by pointing at it to Stop and Think.*
5. *Model and teach social skills. Teach children directly what to do in a restaurant, in the movies, how to greet someone, how to thank someone and how to ask for what you want.*



**Stop!
Think!
Act Appropriately!
Reward Yourself!**

SENSORY INPUTS: Taking in Information Through the Senses

Many children who are alcohol affected are over or under sensitive to stimuli. These means the

senses (touch, sound, taste, sight, smell and emotion) may be difficult for children to process. Some children have “tactile defensiveness,” that is they have an overly strong reaction to sensory stimuli. How may sensory overload show up in a child? He may...

- *Not enjoy hugs, being in crowds, or standing in lines*
- *Be irritated by clothing tags, seams, rough fabrics, elastic waistline, hats with ties*
- *Not like clothes changed, or new clothes or taking baths (extreme reaction)*
- *Not like textures of food such as crunchy vegetables or chunky stews*
- *Be picky or particular eaters--not liking anything spicy, hot*
- *Intensely dislike brushing teeth or going to the dentist or seem in pain*
- *Be easily overwhelmed by loud sounds such as trucks, fire alarms, rock music*

Children may also exhibit under sensitivity as well:

- *May bump into things or be rough to get sensation*
- *May not be responsive to uncomfortable or painful situations*
- *May seek stimulation through headbanging, rocking, hitting or rubbing*



IDEAS FOR FOSTERING THE ALCOHOL AFFECTED CHILD WHO IS OVERLY OR UNDER SENSITIVE TO SENSORY STIMULI:⁶

1. *Before hugging a child, wrap him in a blanket.*
2. *Dress in soft fabrics, sweat suits, roomy clothes. Avoid too many buttons, zippers, straps, buckles or irritating fabrics.*
3. *Turn socks inside out (so the seam is on the outside). Remove tags from clothing.*
4. *Provide sunglasses for a child.*
5. *Avoid crowding a child in too small a place or with too many people.*
6. *Pick food that is not too hot or cold; a little bit of texture; not too smooth, not too coarse.*
7. *Provide a bean bag, hammock, soft pillows or rocking chair to help soothe child.*
8. *Some children calm better with short periods of physical stimulation: provide cushions or beds for jumping, lots of motor activity, hanging toys. Sometimes a physical therapist may be needed to show you how to provide proper physical stimulation to help a child stay in control.*
9. *Work with the school to find solutions for children when classroom stimulation gets too much, such as headphones with access to music, permission to stand up and move, or access to a place to go when a child has to leave a classroom (such as the nurses room.)*
10. *Learn more about sensory integration problems in children. Sometimes a child will respond to techniques such as deep muscle massage or stiff brushing that will stimulate their sensory system in a way that helps them relax.*

⁶ This list of ideas comes from previously cited authors Barbara Morse and Sally Caldwell.

MEMORY PROBLEMS (But I knew this stuff yesterday!)

Children with FASD often have chronic memory problems. Their memories may be unreliable, so they are not always sure that knowledge they have today will be theirs tomorrow. Children may have trouble remembering short term information, but may have quite accurate long term memories. Sometimes, children may forget common words or names of people. If given a list of commands, they may remember one of a short list of three. These children may be mistakenly labeled as forgetful, lazy, daydreaming or spacey.

Children may begin a task and then forget in the middle of it what they were supposed to do. For example: A 14-year-old sets out to feed the family chickens on the farms and ends up feeding the cat instead.⁷ Children can forget things they want to remember (such as dates of parties or names or friends) as well as things they don't want to remember (such as chores or homework.)



IDEAS FOR FOSTERING ALCOHOL AFFECTED CHILDREN WITH MEMORY DEFICITS⁸

1. *Help older children make a schedule of their activities for the next day. Go over it with them in the morning. When they seem lost or confused, prompt them to look at their schedule.*
2. *Music or rap lines can help children remember sequences. Teach children jingles or short songs to help them recover information.*
3. *Post lists of what needs to be done to help children stay on task. Examples include a list in the bathroom for washing up; a list in the bedroom for going to bed; a list at the back door for getting ready for school in the morning. Using pictures of the child performing the task can also be helpful to a child who learns well with visual clues.*
4. *Use technology to help children remember large amounts of information. Typewriters, computers and tape recorders can help.*
5. *Remember that children with chronic memory problems will need frequent reteaching and frequent review. Repetition is the key. Adjust your expectations accordingly.*
6. *Avoid verbal contracts with children with memory deficits. “Now, remember to wash the plates, okay? All right, now don't forget” is a verbal contract and may be easily lost. A better way would be to draw a child washing plates or make a list and post it at the sink.*

⁷ Example given in the video: “Fetal Alcohol Syndrome/Effect: Stories of Hope and Healing”

⁸ These ideas are given by previously cited authors Sally Caldwell, Diane Malbin, Maureen Murphy, and Jan Lutke.



WHAT IF WHAT YOU ARE DOING IS NOT WORKING?????

From Deb Evensen, www.fasalaska.com

*When a situation with a child FAS is confusing and if
what you are doing is not working,
then do the following:*

- **Stop What You Are Doing!**
- **Observe.**
- **Listen carefully to find out where the child is stuck.**
- **Ask: *What is hard? What would help?***

***Remember to try differently,
instead of harder!***

MEDICATION ISSUES (Better Living Through Science)

In this self study, we will not recommend any particular medical treatment of FASD. You should be working with a health provider who knows about alcohol effects in children and work together to find out if medication is right for your child. Behavior problems can be due in part to imbalance of chemicals in the brain caused by prenatal exposure to alcohol. Medication does not cure alcohol related conditions. But some children with attention deficits or other related conditions respond well to medication. Doctors recommend in general a combination of *stimulants* (for example include Ritalin, Dexadrine, or Adderall) plus a *Selective Serotonin Receptive Inhibitor* or SSRI (such as Paxil, Prozac, or Zoloft). (Theresa Kellermen, www.fasstars.com) The one side effect to watch for from the stimulant medication is reduced appetite, which is sometimes already a problem in children with FASD.



IDEAS FOR WHEN YOUR CHILD IS USING MEDICATION

1. *Psychiatric drugs need a birth parent or guardian's permission because most are considered voluntary treatment. Do not administer any drugs to a child before checking with the caseworker.*
2. *Learn about the medication your child is taking. Ask the physician for what signs of problems you should watch for and who to call if something unusual happens that you think is linked to the medication.*
3. *Make sure you understand all instructions about the medications, including when it should be taken and how, what activities should be avoided while on the medication and what foods or drinks should be avoided. Ask what happens if a dosage is missed.*
4. *Be observant when medication or dosage changes or if the child goes through a growth spurt. Dosages often need to be adjusted. A child under medication should have ongoing supervision by a medical professional and should be evaluated on a regular basis.*
5. *If the foster child is leaving your home, make sure that all medical records and written instructions regarding medication goes to the next caregiver or to the caseworker. Keep medications in their original containers and always throw unused or old medications away.*

SOCIAL INTERACTIONS (Want to be my friend?)

Children with alcohol effects may have trouble respecting body boundaries and other people's space. They may like to touch other kids or feel body contact. They may be invasive and intrusiveness. They may not be sensitive to subtle clues such as pulling the body away, pushing hands away, or a painful look on the face. So they may continue contact even if it is not wanted by the other person. They may not like to be hugged but may like to do the hugging themselves.

Some children who are alcohol affected have difficulty with the concept of strangers. They tend to be friendly and talkative to everyone who is willing to talk back and may be as willing to take off with a stranger as he would a baby-sitter. This, combined with a child's affinity for touch, puts children with alcohol affects at a risk for sexual assault. A child who has been sexually abused and has not been taught to control that behavior may also be at risk for sexually acting out on other children. Supervision is very important in these cases to help a child control his actions and protect other children.



IDEAS FOR FOSTERING THE ALCOHOL AFFECTED CHILD WITH SOCIAL CHALLENGES⁹

- 1. Start teaching early the differences between strangers and friends. Talk about who comes to the house and if that person is a stranger or a friend. If children know someone or you know them well, talk about how you know them or when they saw them. Supervise children carefully.*
- 2. If excess or inappropriate touching is a problem, provide supervision when your child is playing with other children. Have simple rules that you repeat over and over again. Praise children for appropriate behavior.*
- 3. If your child likes to touch, look for ways he can get his need for touch or sensory stimulation fulfilled. Allow appropriate touching (piggyback rides, gentle wrestling) or give other experiences that allow touch. One mom lets her son play in the bathtub, sliding around in his swimsuit, sometimes for up to an hour to get his needs for sensory stimulation fulfilled.*
- 4. Teach body boundaries. This is best done visually. For a child with difficulty knowing how to respect other's bodies, draw his outline on a large piece of butcher paper and have him draw yours. Add another outline a few inches around the first and color in the space. Discuss with the child how this is your personal space and you don't like it when people poke into your space without asking. Practice asking permission to enter someone's "space".*
- 5. For sharing rooms, teach respect of boundaries and space by marking off space, dividing drawers or dressers by using masking tape to outline the space.*

⁹ The ideas in this section come from previously cited authors in [Fantastic Antone Succeeds](#), as well as "FAS: Parent and Child" by Morse and Weiner.

LYING (Are you telling the truth?)

Alcohol affect children may have difficulty with lying. Children and adults with FASD often appear to be lying when the facts are so glaringly obvious that no one can help but catch them. The concept of *confabulation* may be helpful in understanding this behavior. Confabulation is a symptom referred to in the mental health field in which the patient supplies ready answers to questions without regard for the truth. The person who confabulates appears to fill in gaps in memory with plausible facts. A child with alcohol effects may confabulate, not because they are trying to deceive deliberately, but because it is just easier than having to push his mind into gear to sort through the facts. He may know you want him to answer in a certain way, and he focuses on pleasing you as opposed to “telling the truth.” Avoid asking questions that put the child in a position to lie. Rather than begin a cycle of blame and accusation, look at the lies through the eyes of his disability.



FOR FOSTERING THE ALCOHOL AFFECTED CHILD WITH PROBLEMS WITH LYING¹⁰

1. *Role model telling the truth. Let the child know that you tell the truth and you expect him to tell the truth. Be very upfront. "That's not true. You know it and I know it." Be prepared to keep saying the same thing over and over again for years.*
2. *Keep your emotions intact when responding. Children may want to please or avoid the consequences. They can be very skilled at reading faces and body language. Keep your face neutral.*
3. *Praise behavior when a child tells the truth, even when you aren't that happy with the answer. "I'm so glad you told me the truth. It means so much to me. The problem with doing XYZ is that you could get in big trouble if you were caught."*
4. *Try to keep emotion out of the issue and focus on "You did this. Here's what must happen next to fix it." The "fixing it" part is not a punishment; it's a natural consequence.*
5. *Another mother came up with this way of confronting her son. When she anticipated he would lie to cover up a "no-no", she would give the child time to think about how to answer her request for an explanation. This lessened the boy's level of stress and his temptation to say what he thought mom wanted to hear, as opposed to the truth. It follows the advice that we help kids stop before they speak or act and think about what they really want to do.*

¹⁰ The ideas in this section come from the website www.fasstars.com hosted by Theresa Kellerman and the FAS Community Resource Center.

EXERCISE #2: SETTING UP YOUR HOME ENVIRONMENT

What are the routines in your home? _____

What visual ways do you communicate these routines to your child? (Signs, pictures, charts, list, etc) _____

How is your child's room organized? Is he able to find things and to function easily? Is he able to find and use school supplies? Clothes?

What are triggers for a meltdown in your child? Is it too much noise, stimulation, or too many words? Is he sensitive to sound, tastes, touch? How can you adapt his environment to help him cope?

Is your foster child on medication? What is it and do you understand how it works?



SCREAMS: Seven Secrets to Success

How to Cope With Fetal Alcohol Spectrum Disorder

Adapted From Theresa Kellerman www.fasstars.com

Structure with daily routine, with simple concrete rules.

Cues (again and again and again), can be verbal, audio, visual, whatever works. These are needed constantly because of memory deficits and attention deficit disorder.

Role models (family & television). Show them the proper way to act. Role play with them to teach them the behaviors you want. Practice over and over.

Environment: Home environment should not be too chaotic. Let them have a quiet place to calm down when needed. Be alert to large gatherings, and remove the child if you see signs of being overwhelmed.

Attitude: understanding that behavior is neurological, not willful misconduct. Help educate others so they can have an understanding attitude too.

Medication, in proper dose and combination, is helpful to many children with FASD. Medication puts the brain chemicals back in balance.

Supervision - All day, every day. Close monitoring means you minimize the risks of serious trouble due to lack of impulse control and poor judgment, over which your child has little control for sustained periods of time.

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