

Homework #1: CARING FOR A CHILD IMPACTED BY FETAL ALCOHOL SPECTRUM DISORDER

A foster child has been placed in your home. You are told that she has been prenatally exposed to alcohol and has a Fetal Alcohol Spectrum Disorder. What does this mean? Will she act differently from other children? This packet will answer some of these questions.

WHAT DO WE MEAN BY FETAL ALCOHOL SPECTRUM DISORDER?

Fetal Alcohol Spectrum Disorder (FASD) describes a range of conditions caused by drinking during pregnancy. When a pregnant woman drinks, her unborn fetus is also exposed to the substance. Because brain cells, nerves, skin and bones are being developed at this time, all can be affected. The brain may not develop normally because of the powerful effect of the alcohol. FASD does not mean a child is developmentally delayed or cognitively challenged though some children may be. FASD means that alcohol has affected the child's development in such a way that his mind and body are impaired from the alcohol.

FASD cannot not be reversed, cured or made to disappear. But if a child receives early and effective intervention and consistent support, these children can be supported to reach their best potential.

Children who are alcohol affected often come into foster care because of other reasons. These may include neglect or physical abuse or sexual abuse or abandonment. Children with alcohol effects are born into a family that is impacted by alcohol abuse. This makes a family less able to cope with a child who may need a lot of patience and extra help.

Alcohol effects can impact children in some or all three of the following categories.

Pre and Post Natal Growth Retardation

Children are born smaller and shorter than normal and continue to be small throughout their development

Central Nervous System Damage

Children are affected in their thinking patterns, brain function and motor development

Facial Characteristics

Some children have a smaller head, short eye openings, flat midface, thin upper lips and a poorly developed philtrum (groove between lip and nose).

The presence of one or all of these characteristics plus a history of drinking during pregnancy may indicate a child is alcohol affected. A true diagnosis of Fetal Alcohol Syndrome can only come from medical professional and includes all three categories plus a history of maternal drinking. A social worker, judge or foster parent may suspect a child is alcohol affected, but cannot diagnose a child. This is important to know. If a child is going to be with you for a while, she may not be eligible for special education services unless there is a medical diagnosis.

HOW DOES FASD AFFECT CHILDREN?

Children will be affected in many different ways. How a child is affected depends on what was developing in the fetus at the time the drinking occurred. Some children have many physical and mental disabilities as well as health problems. Other children seem to be affected most heavily in the area of learning ability.

Observe your child carefully. How does she get along with others? Does she have a hard time listening? Is she showing any overactive behavior? Is she sensitive to light, sound or clothes? Watching your foster child can give you clues to understanding her unique characteristics.

Following on this page is a list of commonly observed effects in alcohol affected children. Your child may show some of them but probably not all of these signs. If you suspect a child is alcohol affected, contact your social worker. Arrange for a developmental screening of the child either through your health provider, the Infant Learning Program for birth to 3 years, or the school district to ask about screenings.

STONE SOUP GROUP

Is a peer to peer parent run agency that supports families caring for children with special needs, including children impacted by prenatal alcohol exposure. They are an excellent resource for materials, resources and a friendly voice. Call them at 1-877-786-7327 to find out about resources in your community.

PHYSICAL EFFECTS

- ❖ Small for age
- ❖ Small head
- ❖ Facial traits
- ❖ Central nervous system damage
- ❖ Clumsiness, accident prone
- ❖ Feet turned inward
- ❖ Crowded or malformed teeth
- ❖ Heart or breathing difficulties

BEHAVIORAL EFFECTS

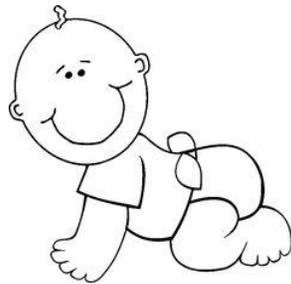
- ❖ May seem to tell stories, fantasies & lies
- ❖ Problems with abstractions, math, telling time, planning managing money
- ❖ May be socially immature, like to play with younger children
- ❖ May have trouble with transitions (going from sleep to wake, leaving an activity and going to another, leaving the house)
- ❖ Physical stiffness, difficulty walking, or running smoothly
- ❖ Sensitive to light, touch, heat, and noise
- ❖ May crawl, walk, talk later than other children
- ❖ Difficulty learning from consequences
- ❖ Trouble generalizing rules from one situation to another

WHAT DO CHILDREN WITH PRE-NATAL ALCOHOL EXPOSURE NEED FROM THEIR FOSTER HOME?

What the alcohol affected child will need in your home depends on how the child is affected. Watch your foster child carefully and look at his listening, understanding, physical, and thinking skills. Look at how she follows directions and how she interacts with other children. This will give you a clue as to her coping skills and areas that she may need some help.

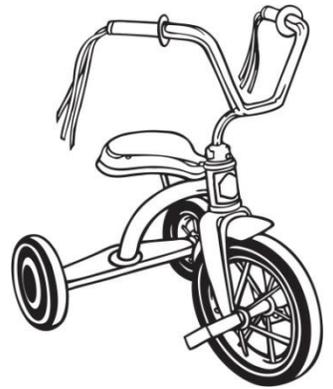
WHEN CARING FOR INFANTS

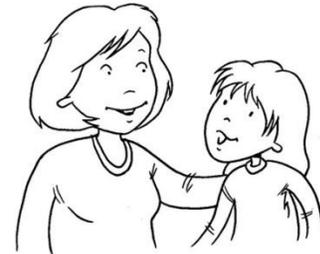
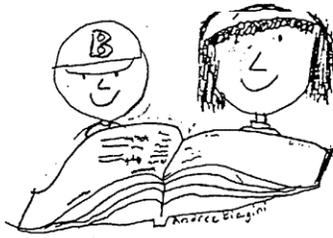
1. Follow a regular schedule for eating and sleeping times, especially when a child is having a difficult time setting his own schedule.
2. Infants with FASD may have heart or breathing difficulties. Some children may need to be on monitors. Work closely with your health provider to learn how to care for your foster baby.
3. If a child gets overstimulated or cannot calm down, swaddle the baby in a tightly wrapped blanket to give security.
4. Sit the baby in an infant seat instead of laying him on his back. This is less stimulating. When rocking or calming a baby, use an up and down movement instead of side to side.
5. Keep the light dim where the baby sleeps. Avoid dangling mobiles and noisy toys. Avoid picking a child up too quickly.
6. White noise such as a fan, static on the radio or television can mask other calm house noises and help a baby calm.



WHEN CARING FOR TODDLERS AND PRESCHOOLERS

1. Get children involved in the Infant Learning Program or find developmental activities to do with the child at home.
2. Keep toys and play materials well organized. Use small containers not big boxes. Keep toys to a minimum to prevent overwhelming the child.
3. Children with FASD often do better with visual clues (using the eyes) than with auditory clues (using the ears) Blink lights to signal a transition. Get the child to focus on you before you tell him to do something.
4. Develop a routine for getting up in the morning and going to bed at night. Consistency, routine and repetition are essential to help children with FASD learn.
5. Use the same language for what you want. Be specific. "Time to put on pajamas." "Time to sit at the table."
6. Watch for frustration or fatigue. Help children learn to regulate their emotions but keep your ears and eyes open for when they might be falling apart.
7. Plan carefully for transitions—give children warning and clues that things are





USING CONCRETE LANGUAGE

CARING FOR THE SCHOOL AGED CHILD

1. Develop a regular routine for chores, getting up and going to school, homework and bedtime.
2. Keep room neat and simple. Keep toys, clothes, and things on the wall to a minimum to avoid overload.
3. Focus on teaching basic life skills such as handling money, telling time, keeping a schedule, social skills and courtesy.
4. Help a child learn to keep on task by developing a schedule. If he does this every day at the same time and keeps it in his pocket, he will learn to use this aide to keep himself on task.
5. Use concrete language (see box) to be more effective in your communication with a child.
6. Help child learn to organize self using lists, memory aids, routines, color coded school supplies, and plenty of practice and coaching.

WHAT ABOUT FOSTER TEENS?

Do you have a foster teen? Teens with FASD have special needs for support, school assistance and help with social relationships. Older teens are also looking at working toward independences or needed supports to move into early adulthood. Talk to the teachers or counselor at the area high school. Or contact the Alaska Center for Resource Families to find out about self-study material on **FETAL ALCOHOL SPECTRUM DISORDERS** and adolescents.



A child with Fetal Alcohol Spectrum Disorder has trouble translating what you say into something she should do. The more specific you are in what you say, the more successful the child can be.

FOR EXAMPLE: Don't just say "Settle down!" to an out-of-control child. Give her something to do. Say, "Stand next to me." or "Take three deep breaths."

EXAMPLES:

Instead of "Why?" Try...

"What did you want to happen when you did that?" or
"Is there a story about what happened?"

Instead of "Wait" Try...

"It is time to go when I put on my coat."

Instead of "Clean it up" Try...

"Get a towel. Now wipe up the juice."

Instead of "Listen up" Try...

"Use your ears. Eyes here."

4. What is one (1) suggestion given in this self-study that the foster parent could do to help support the school-aged child who is alcohol affected?
5. By the time a child enters the adolescent years, he or she will have grown out of Fetal Alcohol Spectrum Disorder.
- ___ a. True
___ b. False

Return this completed worksheet to your Core Instructor for 1.0 hour of additional training credit.