

Strategies for Children (3 – 12) with an Fetal Alcohol Spectrum Disorders (FASD)



Introduction

The information presented represents a collaborative venture of community agencies providing services to individuals and their families with Fetal Alcohol Spectrum Disorders (FASD) as well as foster and adoptive parents. The booklet is designed for parents, other caregivers, and professionals who in their everyday lives encounter children and youth affected by FASD.

Complex problems like Fetal Alcohol Syndrome and Alcohol-Related Neurobehavioral Disorders do not have simple or quick solutions. There is no single “right” way to parent a child with FASD. Each child is unique. The goal is to recognize each child’s strengths and weaknesses in order to understand the best ways to teach, nurture, and parent the child. Parenting a child with FASD is likely to be a long-time effort with success measured in small increments.

Not all of the strategies listed will apply to your child. The strategies are also suggestions and should not be regarded as hard and fast rules. **At all times work with your pediatrician and other intervention specialists concerning your child’s special needs.**

[Content excerpted from: FASD Strategies not Solutions, City of Edmonton, Region 6 FASD Child and Youth Sub-Committee, 2004; and Parenting Children Affected by FAS, A Guide for Daily Living. Ministry for Children and Families, British Columbia, 1998]

Feeding and Eating Strategies for Children

Young children may forget to eat, become easily distracted at meals, won't eat multi-textured foods, can't tell if the food is too hot or too cold, may prefer to stand when eating or need to swing their feet under the table.

Older children may overeat, never feel full, try to be in other people's eating space at the table, or they may forget to eat for days, or want lots of salt or spice on their food.

Feeding and Eating

- Consider developing a mealtime walk routine either before or after the meal. Getting some physical exercise can help children settle at mealtimes and can begin to establish lifelong healthy living habits.
- Never give food or withhold food as reward or punishment.
- Try to have meals at the same time, everyday including weekends.
- Consider having the same meals on the same days for both dinner and lunches (example, Monday dinner is chicken). This helps children to "know" the days of the week through association with other senses.
- Avoid long mealtimes; they are distracting.
- Always serve three meals a day.
- TV or radio should not be part of mealtime. Keep interruptions to a minimum including phone calls.
- Try to always have snack times. Make eating a habit, reducing the need to rely on internal hunger cues.
- Seat the child next to the most tolerant individual.
- Assign your child a specific seat at the table, preferably at the end of the table. Try to always make this the child's place.
- Put a stool under your child's feet if her feet don't reach the floor.
- If applicable, allow an older child to sit on an exercise ball when at the table.
- If your child has trouble sitting for a long time, let him stand.
- Use placemats or masking tape to delineate personal space at the table.
- Put tennis balls under the chair legs to reduce noise.
- Let your child start to eat before others if she is distracted by many people at the table.
- Allow your child to stop and start eating many times during the meal if necessary.
- Serve your child first if he has trouble waiting.
- If he has trouble making decisions, place his food on his plate.
- Some children do not like the different foods on the plate to touch. If this is your child's preference, a plate with separations may be helpful.
- Try adding foods that provide some texture, such as bacon bits, granola, bran buds for texture and crunch. Hypo-sensitivity to certain food textures, especially smooth things like mashed potatoes or yogurt, can cause eating problems.
- Remind your child to swallow. Children with FASD may chew and chew without swallowing.
- Dessert should not be put on the table.

Play and Activity Strategies for Young and Older Children

Younger children affected by FASD often get into arguments with siblings and others over toys (issues of ownership). They may be unable to choose what to play with so everything is played with. They may have difficulty understanding when play time starts and when it stops, which leads to arguments about when it's time to clean up. In addition, children may not know how to play with other children. They may talk about playing together but end up in "parallel play."

Older children may "borrow" CDs, DVDs, etc and not understand the need to return the items to the owner.

Play and Activities

- Supervise family time. This includes free play with siblings, TV and computer time.
- Play things are best either put away or out of sight. Sheets may be used to cover book shelves, TV, etc. when not in use.
- Teach how to take turns. You may need to literally tell your child what to say to another child; for example, "May I have the ball?" "Yes, in two more minutes."
- Provide your child with his own seat in the family room. "John, this is your seat, this is where you sit."
- Many children enjoy sitting in a chair with arms that can wrap around their body. A comfy sweater over the chair can be used to create such a chair.
- If your child does not like to sit in a chair, you can buy foam wedgies to provide lumbar spine support while sitting on the floor.
- Use a pictorial timer to show when play time starts and ends.
- Label toys with different stickers or colors for different siblings to show ownership.
- Make visual boundaries in the living room; masking tape may be used on the floor.
- If the family is scheduled to go out to a movie, dinner, or other event teach/show your child what he is expected to do. Model the behavior for him several times.
- Allow your child some sort of sensory tool, i.e. elastic band, squishy ball they can touch while doing homework.
- Create a "chores chart" to remind your child what needs to be done each day.
- For sensory stimulation, glue different fabrics on a bulletin board and place on the floor for your child to touch with his feet or hands while watching TV or playing a game.
- When you see an outburst coming, distract your child with a short funny story or provide something to look at, or touch, or eat, etc.
- Provide an "angry room" for your child, especially your older child, where they may stomp around when they are upset.
- If your teen gets worked up about something and is angry, redirect her with deep muscle work.

Parents' Needs - Taking Care of You

Parenting can be challenging at the best of times. Parenting a child with fetal alcohol spectrum disorders is even more demanding, frustrating, and exhausting. It's important not to lose sight of your needs when you are busy taking care of your child. Taking care of yourself is a crucial part of your job. After all, you are the most important person in your child's world!

- Make time for yourself to read, journal, get some physical activity. Maintain a sense of yourself beyond your child.
- Identify and practice stress reduction strategies.
- Maintain a sense of humor. Let yourself laugh.
- Establish reasonable expectations regarding what you can do for your child. Focus on what you can do and seek help for the things you can't.
- Tap into resources – family, friends, church, federal, state, and county government, community agencies. You have an important, difficult job, and you don't have to face it alone.
- Keep on educating yourself about FASD. Books, magazines, newsletters, videos can provide practical information and serve also sources of support and inspiration.

RESOURCES

Intervention Programs in Hawaii - (Children 3 - 20 years of age)

Hawaii Dept. of Health FASD State Coordinator
(808) 733-9018

Family Guidance Centers.

Support for emotional and behavioral development. (For children and adolescents who have Hawaii Quest or Medicaid Fee for Service health plans.) Centers on all islands.

<http://hawaii.gov/health/mental-health/camhd/fgc/index.html>

Oahu: Honolulu - (808) 733-9393
Central Oahu - (808) 453-5900
Leeward Oahu - (808) 692-7700
Windward Oahu - (808) 233-3770

Hawaii: Hilo - (808) 933-0610
Kealahou - (808) 322-1541
Waimea - (808) 887-8100
Kauai - (808) 274-3883

Maui: Wailuku - (808) 243-1252
Lahaina/Lanai - (808) 662-4045
Molokai: (808) 553-5067

Hawaii Dept. of Education

Special Education Services Branch (ages 3 – 20)

Oahu: Honolulu – (808) 733-4977, 733-4940
Central – (808) 622-6425, 733-6432
Leeward – (808) 675-0384
Windward – (808) 233-5710, 233-5717

Hawaii: East Hawaii – (808) 974-4535
South Hawaii – (808) 982-4252
West Hawaii – (808) 323-0015

Maui: (808) 873-3520, 873-3527 ext. 221

Molokai/ (808) 553-1723

Lanai

Kauai: (808) 274-3504

Hilopa‘a, Family to Family Health Info. Center

For families with special health needs

Oahu: (808) 791-3467

Hawaii: (808) 333-3053

Maui and

Lanai: (808) 270-1536

Molokai: (808) 660-0063

Kauai: (808) 447-1749

Kapiolani Medical Specialists – FASD Diagnostic Clinic:
<http://www.kapiolani.org/women-and-children/health-services-for-children/genetics.aspx>

Hawaii Community Genetics - (808) 973-3403

National Websites

(The sites listed are a small selection of websites addressing fetal alcohol syndrome.)

National Organization on Fetal Alcohol Syndrome (NOFAS), <http://www.nofas.org>

Great Lakes FASD Regional Training Center

Western Regional Training Center for FASD, <http://www.semel.ucla.edu/fas>

The FAS Family Resource Institute, <http://www.fetalalcoholsyndrome.org>

Fetal Alcohol and Drug Unit at University of Washington,

<http://depts.washington.edu/fadu/>

FASLINK (many articles and discussion forum), <http://www.faslink.org/index.htm>

FAS Community Resource Center (comprehensive web site with information about FAS and FASD, links, lending library, and more)

<http://www.come-over.to/FASCRC/> or <http://fasstar.com/>

<http://www.betterendings.org/>. (Informative to increase understanding, make connections with families of high risk and special need individuals with a focus on FASD.)

Books

Kleinfeld, Judith and Wescott, Siobhan. (Ed.) 1993. *Fantastic Antone Succeeds – Experiences in education Children with FAS*. Anchorage: University of Alaska.

Kulp, Liz and Jodee. *The best I can be*. 2000. A young teen with Fetal Alcohol Effects challenges the world to peer inside her life and brain. Through her own writings the reader is taken on a life changing journey that will impact their thinking about how to help and understand children with brain damage due to Fetal Alcohol.

Malbin, Diane. *Trying Differently Rather Than Harder*. 2002. Book provide an understanding FASD; reducing frustration; developing interventions and strategies. To order: contact FASCETS, Inc. at (503) 621-1271 or www.FASCETS.org.

Streissguth, Ann. *Fetal Alcohol Syndrome: A Guide for Families and Communities*. 1997. This guidebook explains how to identify and work with children and adults who have the disorder and how to educate prospective mothers and society at large. For parents, educators, pediatricians, psychologists, adoption workers, social workers, nurses, and child care providers.

Videos

Worth the Trip: Raising and Teaching Children with Fetal Alcohol Syndrome. 2001. Vida Health Communications, Inc. The first comprehensive video resource about the health, development and learning styles of children affected by fetal alcohol. The program presents strategies for meeting the developmental and behavioral challenges faced by children with FAS and the parents and professionals who care for them. (Available on Amazon)

- [Students Like Me](#): *Teaching Children with Fetal Alcohol Syndrome. 2001. Vida Health Communications. Video gives parents, elementary and special educators a clear understanding of what Fetal Alcohol Syndrome is, how it affects children's learning and behavior, and what can be done to modify classroom environments and teaching methods to allow children with FAS to learn.*
- [The Story About Iyal](#)- Uploaded on YouTube by CDC Streaming Health on Aug 25, 2009. A mother tells her compelling story about a family living with fetal alcohol spectrum disorders. Every family has unique experiences, challenges and successes. The intent is not to endorse specific interventions, but to share one family's story and hope.

Reference Materials

FASD Strategies not Solutions, City of Edmonton, Region 6 FASD Child and Youth Sub-Committee, 2004.

For a copy of the complete document please contact:

The Society of Special Needs Adoptive Parents (SNAP), Suite 1150, 409 Granville Street, Vancouver, British Columbia, V6C 1T2, Canada or email: snap@snap.bc.ca. Copies may be downloaded at: www.snap.bc.ca

Parenting Children Affected by FAS, A Guide for Daily Living. Ministry for Children and Families, British Columbia, 1998]. To download a copy, please visit:

http://www.fasaware.co.uk/education_docs/daily_guide_for_living.pdf



Neil Abercrombie, Governor

Loretta J. Fuddy, A.C.S.W., M.P.H., Director of Health

www.health.hawaii.gov/fasd

The Hawaii Department of Health provides access to activities without regard to race, color, national origin (including language), age, sex, religion, or disability. Write or call our Affirmative Action Officer at Box 3378, Honolulu, Hawaii 96801-3378 or (808) 586-4146 (voice/tty) within 180 days of a problem.