

APPENDIX II: OVERHEADS

LEARNING OUTCOMES

The caregiver can:

- describe some of the effects of prenatal exposure to alcohol and describe some of the characteristics of children with Fetal Alcohol Syndrome.
- describe some of the consequences in the neonate of maternal drug and alcohol abuse (NAS).
- explain the value of a diagnosis of Fetal Alcohol Syndrome and indicate why diagnosis of this condition is difficult.
- indicate how many children are likely to be affected by FAS and explain why this knowledge is important to caregivers.
- describe some of the later life problems that may affect children with FAS.
- describe effective parenting approaches for responding to the particular needs of children with FAS.
- describe the particular demands on caregivers of children with FAS, and ways of providing support for themselves.

- identify community and other resources that may be of assistance to families caring for children with FAS.

OVERHEAD #3(A)

THE NATURE OF FETAL ALCOHOL SYNDROME

- **What is Fetal Alcohol Syndrome?**
- **What is the impact of alcohol on fetal development?**
 - **Teratogen**
 - **Can lead to effects such as:**
 - **Attention deficits**
 - **Learning disabilities**
 - **Mental disabilities**
 - **Specific effects of alcohol depend on:**
 - **Dosage, timing, pattern of alcohol exposure**
 - **Mother's nutrition, health, child's genetic factors**

OVERHEAD #3(B)**The Nature of Fetal Alcohol Syndrome****Characteristics of young children with FAS**

- **hypersensitivity to touch**
- **Attention Deficit Disorder (ADD)**
- **hyperactivity (“always on the go,” “never sits still,” “never seems to listen”)**
- **impulsiveness**
- **accident prone (possibly a combination of hyperactivity and poor coordination)**
- **extreme mood changes (laughs or cries too readily)**
- **heightened anxiety**
- **constantly demands attention**
- **low threshold for frustration**
- **unusual aggressiveness**
- **frequent temper tantrums over trivial problems**
- **disobedient in response to requests from parents**
- **unable to adapt easily to changes in routine activities**
- **requires more direct supervision than other children**
- **difficulty forming friendships with other children**
- **overly friendly and social toward adults**
- **does not distinguish friends from strangers; has no fear of strangers**
- **overly talkative; little meaningful content to speech**
- **talks at inappropriate times**
- **sleep problems**
- **lack of coordination**

OVERHEAD #3(C)

The Nature of Fetal Alcohol Syndrome

Parents' description of children with FAS

- **Over-reacts**
- **Chats, no content**
- **Talks about unusual topics**
- **Demands attention**
- **Seems unaware of consequences**
- **Does not complete tasks**
- **Likes talk**
- **Interrupts**
- **Likes to be center of attention**
- **Touches others frequently**
- **Can't play on a team**
- **Can't take a hint**
- **Has sleeping problems**
- **Poor manners**
- **Is over-stimulated**

OVERHEAD #4

Neonatal Abstinence Syndrome (NAS)

- **What is Neonatal Abstinence Syndrome (NAS)?**

- **Drugs that can induce NAS:**
 - **heroin**
 - **cocaine**
 - **amphetamines**
 - **alcohol**
 - **other drugs.**

- **Common symptoms in the neonate:**
 - **irritability**
 - **excessive crying**
 - **hypersensitivity**
 - **feeding problems**

 - **may also occur: tremors, seizures, sleep disturbances.**

- **Initial treatment for withdrawal symptoms is in a medical setting, followed by care by a knowledgeable caregiver with advanced training.**
- **Longer term effects – variable, may include:**
 - **delayed motor development**
 - **lowered cognitive development**
 - **distractibility**
 - **hyperactivity.**

OVERHEAD #5

DIAGNOSIS OF FAS

- **Importance of diagnosis:**
 - **direction for intervention**
 - **opportunities for assistance and support**
 - **early detection can lead to significant improvement**
 - **reason to learn about FAS**
 - **basis for understanding the child**
 - **can lead to realistic expectations for the child.**

- **Three types of Fetal Alcohol Syndrome (FAS) diagnoses:**
 1. **FAS with confirmed maternal exposure.**
 2. **FAS without confirmed maternal alcohol exposure.**
 3. **Partial FAS, with confirmed alcohol exposure.**

- **Two types of Alcohol Related Effects**
 1. **Alcohol Related Birth Defects (ARBD)**
 2. **Alcohol Related Neuro-Developmental Disorder (ARND)**

- **Difficulties with diagnosis:**
 - **Some impairments are difficult to measure.**
 - **Some of the child's problems may be due to abuse, neglect.**

OVERHEAD #6

**HOW MANY CHILDREN ARE
AFFECTED BY FAS**

- **up to 3 births per 1000 (Institute of Medicine, 1996)**
- **1 birth per 100 in Seattle region (FAS and ARND) (Sampson et al, 1997)**
- **children in care in Alberta: 4% confirmed with diagnosis for FAS; 11% suspected (Alberta Family and Social Services, 1997)**

OVERHEAD #7**LATER LIFE ISSUES****Streissguth (1997) survey of later life problems:**

- **mental health problems**
- **disrupted school experiences**
- **trouble with law**
- **confined for treatment or jail**
- **inappropriate sexual behaviour**
- **alcohol/drug problems**
- **dependent living**
- **problems with employment.**

Protective factors (Streissguth, 1997):

- **stable and nurturant home**
- **diagnosis before age six**
- **no violence against self**
- **living situations have been stable (more than 2.8 years)**
- **good quality home between ages 8 – 12 years**
- **eligible for special needs services**
- **basic needs met at least 13% of life.**

OVERHEAD #8(A)

CARING EFFECTIVELY FOR A CHILD WITH FAS

- **Will need to supervise, monitor, teach, plan, reward, guide, and protect child more than typical parent.**
- **May need to adjust expectations for child.**
- **Guidelines for caregiving:**
 - **understand child**
 - **be understood by child**
 - **be proactive**
 - **begin with an end in mind**
 - **consider self as an “advocate”**
 - **be guided by experience and evidence**
 - **seek out further knowledge about FAS**
 - **try out approach**
 - **revise as necessary.**

OVERHEAD #8(B)

**CARING EFFECTIVELY FOR
CHILDREN WITH FAS**

- **Consider the child as an individual.**

- **Assess the child's progress taking into account:**
 - **the child's disability**
 - **attainable expectations.**

- **Recognize the child's strengths.**

OVERHEAD #9

SPECIFIC SUGGESTIONS FOR CAREGIVING

- **Environment: may need to modify to reduce stimulation.**
- **Consistency: structure and consistent routines.**
- **Learning:**
 - **distraction – free environment**
 - **immediate rewards**
 - **immediate, natural consequences**
 - **repetition**
 - **task analysis**
 - **use of modeling**
 - **generalization.**
- **Transitions, new tasks, settings:**
 - **prepare for transition**
 - **break into smaller steps.**
- **Communications: clear and simplified.**
- **Sensory hypersensitivity: may need to reduce sensory overload.**

OVERHEAD #10**Paradigm Shifts and FAS/FAE**

As our understanding of the meaning of 'organic brain differences' is integrated into everyday life, at home and in the community, parents and caregivers undergo a personal and professional paradigm shift in how they understand and feel about children with FAS/FAE. The shift includes moving from:

**From Seeing
Child As:****To Understanding
Child As:**

Won't	Can't
Bad	Frustrated, defended, challenged
Lazy	Tries hard
Lies	Confabulates/fills in
Doesn't try	Exhausted or can't start
Mean	Defensive, hurt, abused
Doesn't care, shut down	Can't show feelings
Refuses to sit still	Over- stimulated

Fussy,	Oversensitive
demanding	Doesn't 'get it'
Resisting	Can't remember
Trying to make	
me mad	
Trying to get	Needing contact,
attention.....	support
Acting younger...	Being younger
Thief	Doesn't understand
	ownership
Doesn't try	Tired of always failing
Inappropriate	May not understand
	proprieties
Not trying to get	
the obvious	Needing many re-
	teachings

Source: Diane Malbin

OVERHEAD #11

SUPPORT FOR CAREGIVERS

- **Anticipate stressful events.**
- **Use coping strategies.**
- **Learn more about FAS.**
- **Practice personal renewal:**
 - **take a break from caregiving**
 - **engage in recreational activities with friends, relatives.**
- **Advocate for child with FAS:**
 - **become knowledgeable about FAS**
 - **seek support**
 - **join parent support group.**

OVERHEAD #12

NEED FOR FURTHER TRAINING

- **further knowledge about FAS**
- **further details on providing care**
- **developing self-regulation**
- **attachment problems**
- **physical care**
- **educational support for child**
- **consideration of possible later problems at school, peers**
- **support to prevent ‘burn-out’**