FACT SHEET

Russell Family Fetal Alcohol Disorders Association

Parenting Tips on Fetal Alcohol Spectrum Disorder

Do not take the behaviors personally: A child who has FASD is very likely to steal from the parents, lie to them, and sneak around. The parents must accept these behaviors as part of the child and work toward long-term change. This can only be done when the parents clearly understand that the child is not doing these things to them. He is simply getting through his day in the way in which his mind allows him to. He is not actively trying to harm the parents or destroy his relationship with them. In fact, the kind of plotting and planning that it would take for the child to deliberately trick or betray the parents is something of which the child with FASD is incapable.

Establish predictable routines: Keep a calendar on the wall with daily events notes so that the child can check what is happening next and perhaps begin to see patterns in the week.

Use rewards rather than punishment: There is no point in punishing someone for having brain damage. Therefore, use rewards to create a more positive atmosphere and willing participation.

Change rewards frequently: To keep the child's interest in the rewards, change them frequently and make sure they are immediate.

Teach boundaries: This was explained in the section on aggression and is highly relevant to children with FASD and other organic brain disorders.

Keep explanations short and to the point: Do not bother with lectures, they do not work with any children. Say it once, demonstrate it once or twice, and then move on.

Break chores down into small tasks: Multiple tasks will become confusing for the child. Instead of saying, 'Clean your room' say 'Pick up all the shirts from the floor and put them in the laundry basket.' When that is done, say 'Pick up all the socks and put them in the laundry basket.' However, be realistic. If there are more than one or two objects to be picked up, it is unlikely that the child's distractibility will allow her to finish the task without supervision.

Redirect and Intervene: It is important to stay one step ahead and redirect the child or intervene before problems arise. The pattern of problem situations will become apparent shortly after the placement and so the adoptive parent will soon learn what she has to watch for.

Teach relaxation techniques: The child can manage some of his behaviors when he is over stimulated by learning simple relaxation techniques. Many books are available which first teach the parent. This information can then be taught to the child.

Use the services of an occupational therapist or a professional skilled in sensory and /or auditory integration therapy: Standard counseling or therapy will not alleviate the symptoms of FASD or other forms of brain damage, but occupational therapy, physical therapy, or medically based therapies that focus on the physical aspects of the condition can be extremely useful for children whose central nervous system is either over or under functioning.

Have the child undergo a thorough medical and psychiatric exam regularly: Some children who have multiple diagnoses [such as FASD and ADHD] may be helped if the ADHD can be modified by medication. The benefits of medications may change with the child's age so it is important to keep updated with this.

Focus on social skills and living skills: These are as difficult for the child as academic skills and require the same teaching and re-teaching in order to prevent him from becoming lonely and isolated.

Help the child with transitions: Going from one activity to another, or one place to another, or one class to another, or one routine to another, may be difficult for the child. Always give as much advance warning as possible for any potential change. A large calendar on the wall [separate from the daily events already mentioned] that indicates no only family routines, but school

routines, can be helpful. Begin the day with a short discussion of what is expected to happen during the day and warn the child of any potential changes to the routine.

Attend seminars and conferences on the topic: The understanding of how best to support children and adults with FASD is changing rapidly. It is important to keep up with the newest interventions. Many conferences now include the children and youth and this is highly empowering and supportive for them.

Be actively involved in the child's school day: Develop a cooperative relationship with the school system so that issues that cross over between school and home can be dealt with in a consistent manner.

Develop advocacy skills: School systems and social settings are not accommodating to children with organically based behavior disorders. The teacher, the principal, the Scout leader, the swim teacher, etc may understand that the child has FASD, but will not likely 'put up' with the apparent defiance and consistent breaking of rules for long. Just as the parent has to constantly teach and re-teach the child, the parent will also have to constantly teach and re-teach others who are involved in the child's life.

Teach the child to substitute tracking for memory: Memory is often impaired in children who were prenatally exposed to alcohol. Therefore, teaching him how to track his day may support or enhance memory. Tracking is done by recalling the events of the last hour [eventually expanded to the last day] by beginning with 'What clothes were you wearing?' 'What shoes were on your feet?' 'Where did you go?' 'Who did you talk to first?' 'What did you talk about?' 'Then who did you see?' Have the child touch his fingers as he does this, as if he was counting each memory. The conversation does not have to be stilted and artificial, but it does have to be led by the parent and focused on helping the child to describe, in sequence, what happened over a specific period of time. After a few months, or years, of regular practice with the technique, the child will generally transfer this skill to other situations requiring sequential recall.

Say something positive to the child about herself at least once every day: This will help both the parent and the child remember that she is loved. It will also help the parent gain perspective on the days when it is difficult to feel the love for the child.

Be aware that some of the symptoms can be modified, but none will ever go away: These are lifelong problems and the parent may have to provide emotional, and perhaps financial support to the child even when he is an adult. This may include helping him to parent his own children, helping him to find and maintain a living situation, and helping him to get through life in general.

Plan for over stimulation: Children and youth with FASD may be easily over stimulated. When this occurs, have a pre-existing plan for dealing with the consequent behaviors. For example, the two weeks before Christmas are often a problem because the normal routine is varied at home and at school and the excitement of the holidays can increase over active and non-compliant behaviors. To counter this, find activities that will absorb some of the energy. The family may wish to go to the local recreation center for a swim each night. This allows the child or youth to yell without being told to be quiet, and facilitates the use of large muscle groups and gets the child tired.

Teach choice: Children with FASD rarely make a thought out, reasoned choice. Most of what parents consider to be a choice is actually an automatic response from the child. To teach choice, show him an apple and an orange and ask him which he likes best, why he likes it, and what are the differences between the two. Show him two shirts and ask the same questions. Show him two toy cars and ask the same. Look at two computer games and ask the same. This can be done informally when helping the child dress in the morning, or at snack time, or at play time. This should be done over a period of years so the child can integrate the task of considering different factors before coming to a decision.

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