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no
more™**
BY FOCUS ON THE FAMILY



RAISING CHILDREN WITH

fetal alcohol spectrum disorder

SANDRA FLACH

welcome

I'm so encouraged that you've picked up this booklet.

Has God been nudging you to think about fostering or adopting a child from difficult circumstances? Are you interested in learning how you can encourage parents who have made a decision to move in that direction? In either case, this booklet is for you.

I wound up in the foster care system when I was only 9 years old. I know from experience how critical it is for frightened kids and their new caregivers to form close bonds. *The good news is that your support can help these families perfect the skills they need in order to build those life-changing relationships.*

Focus on the Family's Child Advocacy Team is here to help you understand and negotiate the challenges that come with caring for orphans. In this booklet you'll meet Sandra Flach, an incredible adoptive parent who was presented with the particular challenge of raising children living with fetal alcohol spectrum disorder (FASD). Inside, you'll find out exactly what this term means. You'll learn the risks of prenatal alcohol exposure, the signs and symptoms of the condition and some of the things that can be done to counteract its negative effects. Best of all, you'll be introduced to new parenting and educational strategies designed to meet the problem head-on.

Adoption and foster care aren't easy, but they are a sacred calling. I hope this resource will aid you in your efforts to demonstrate the healing power of God's love in the lives of kids who come from "hard places."

For more information, visit WaitNoMore.org.

Jim Daly

President, Focus on the Family





our story

As adoptive parents of 5 kids, we were trauma informed and equipped with connected parenting tools. When our youngest two children were diagnosed with Fetal Alcohol Syndrome (FAS) at ages 6 and 8, we received no guidance or resources for parenting kids prenatally exposed to alcohol.

Determined to learn more, I turned to the internet to research FAS. The information I found back then pointed to a grim and hopeless future for our children. I decided that would not be our story and instead focused on connected parenting principles — which worked well, until it didn't.

By the time our boys were teenagers, it became clear we were missing something. We had attachment and connection but still struggled with huge challenges every day. I wondered if their difficult behaviors were from early trauma or because they were now teens? Or perhaps the one thing we knew little about — FAS?

That's when I took a deep dive into Fetal Alcohol Spectrum Disorder (FASD) and truly discovered what every foster and adoptive parent must know...

what is fasd?

Fetal Alcohol Spectrum Disorder (FASD) is a brain-based lifelong physical condition that affects the brain and body of people who were exposed to alcohol in the womb. The spectrum of FASD covers diagnostic terms like fetal alcohol syndrome (FAS), partial fetal alcohol syndrome (PFAS), neurobehavioral disorder associated with prenatal alcohol exposure (ND-PAE) and alcohol related neurodevelopmental disorder (ARND).

Simply put, when a pregnant woman consumes alcohol, it can lead to physical, behavioral, mental, and learning disabilities for her child.

SIGNS AND SYMPTOMS¹

Unfortunately, an FASD is often misdiagnosed because it mimics other disorders such as autism and attention deficit hyperactive disorder (ADHD). Symptoms of prenatal alcohol exposure can include:

PRIMARY SYMPTOMS OF FASD

- > Dysmaturity
- > Nutrition problems
- > Slower processing pace
- > Abstract thinking (money/time)
- > Executive functioning deficits
- > Sensory processing problems
- > Language and communication difficulties
- > Learning and memory problems

FASD AFFECTS THE EXECUTIVE FUNCTION - THE BOSS OF THE BRAIN

- > Organizing
- > Goal-setting
- > Self-regulation
- > Focus/attention
- > Impulse control
- > Planning
- > Transitioning from task to task
- > Self-inhibition
- > Short-term memory

OVERCOMING CIRCUMSTANCES

Our youngest son, Slava, was adopted at age 5 from Eastern Europe. We knew he'd been born to an alcoholic mother and suspected prenatal exposure. He never sat still, broke toys instead of playing with them, was impulsive, had learning problems, and acted much younger than his age.

Seeking a diagnosis, we brought Slava and his older biological brother, Jordan, to a developmental pediatrician. Both boys were diagnosed with FAS. While the diagnosis was important, the only resource provided by the doctor was a printout about ADHD.

Lacking resources and supports we survived the best we could. When the boys became teenagers the journey grew increasingly difficult. Impulsivity, poor judgement, memory problems, poor focus, and not comprehending time or money concepts led to serious trouble for our boys.

Praying for solutions, I finally discovered help and hope in a brain-based approach to parenting children with neurobehavioral conditions like FASD. Once I began to understand how alcohol changes a developing baby's brain I was able to switch my thinking from behavior modification to supporting my children for success.

Since FASD is a brain-based physical disability, providing accommodations for children and adults with FASD is just as vital as providing them for people with any visible disability.

My boys, now 18 and 20, are facing a brighter and safer future. Today we focus on how their brains work and provide accommodations to support them.

Slava is homeschooled and prefers a quiet, slow paced environment. Jordan graduated from high school, works as a welder, and is a volunteer fire fighter.

God gave all children gifts and talents. By focusing on their strengths and providing accommodations as needed, they can grow up to become all God created them to be.

[He has sent me] to bestow on them a **crown of beauty** instead of ashes, the **oil of joy** instead of mourning, and a **garment of praise** instead of a spirit of despair.

— ISAIAH 61:3, NIV



the risks²

- › 1 in 20 school-aged children in the U.S. have an FASD
- › 90-95% of FASDs are undiagnosed or misdiagnosed
- › Children with an FASD are 17 to 19 times more likely to be in foster care
- › 86% of children with FASD in child welfare are undiagnosed or misdiagnosed
- › Only 10% of individuals with an FASD actually have the facial features associated with FAS
- › There are 428 comorbidities (more than one condition) associated with FASD - including vision, hearing, cardiac, auto-immune, musculoskeletal, and respiratory conditions

No amount of alcohol is safe during pregnancy. There currently is no cure for FASD.

IF YOU SUSPECT PRENATAL ALCOHOL EXPOSURE

- › Get educated.
- › Seek a referral to a neurodevelopmental clinic or a fetal alcohol clinic.
- › Find medical and mental health professionals with experience evaluating and/or treating kids with neurodevelopmental disorders — especially FASD.

Seek out the assistance of a medical or mental health professional with extensive training or experience in evaluating or treating kids with neurodevelopmental disorders, with the understanding that kids with FASD are often quite complex and the input of professionals from multiple disciplines (including pediatrics, developmental pediatrics, child psychiatry, pediatric neurology, psychology, speech and language pathology and occupational therapy) may be necessary.

THINK BRAIN & BUILD CONNECTION

Madison came to live with us through a kinship placement when she was twelve years old. I knew her birth mom and had no reason to suspect prenatal alcohol or drug use. Since we already had biological children we thought we knew how to parent this sweet girl.

As time went on, however, Maddie became oppositional. While she could repeat directions she wouldn't follow them. Maddie often forgot things like homework and would lose personal items. She had a hard time staying focused and finishing tasks. Correction and consequences never seemed to work.

When told to clean her bedroom, for example, Maddie would obediently go to her room but wouldn't clean it. Later I would discover her sitting in the middle of the mess playing a video game. Consequences would be issued for her disobedience and a meltdown would follow. I was frequently frustrated by her defiance.

After learning about FASD, I recognized Maddie had many of the primary symptoms. After a little investigating, I learned early prenatal exposure to alcohol was possible since her birth mom didn't discover she was pregnant until 12 weeks gestation.

While we didn't obtain a diagnosis, we did implement a brain-based approach to our parenting. We realized Maddie wasn't being defiant by not cleaning her room. She lacked the cognitive skills necessary to do so without support.

God created mankind in His own image,
in the image of God He created them,
male and female He created them.

– GENESIS 1:27, NIV

Some of the brain tasks required for anyone to clean a room include:

- > organizing
- > decision making
- > planning
- > focus & attention
- > managing time
- > filtering distractions

These brain tasks require executive functioning — which is significantly impaired by prenatal alcohol exposure.

Once we understood FASD and how Maddie's brain worked differently, we were able to support her for success. She needed help knowing where to begin cleaning her room — what task to start with. For example, we now start by asking Maddie to bring her dirty clothes to the laundry room. Once that step is complete, we work together to sort her clean clothes and put them away.

Maddie is successful when we give her one-step directions. She also does best with one-on-one support. Working together, making it fun, and building connection in the process. In the end, her room gets clean — usually without a meltdown!



overcoming shame

Alcohol exposure carries a stigma for both the mother and the affected child. The most important step in FASD prevention is to educate women about the dangers of prenatal alcohol consumption. What families already affected by FASD need is the ability to seek specialized resources without fear of embarrassment. Shame isolates but understanding brings hope.

EDUCATION

Children with an FASD are often characterized as disobedient, disrespectful, hyperactive, or defiant. In fact, children, with an FASD can often qualify for an Individualized Education Program (IEP) or a 504 Plan, which include accommodations for specialized behavioral and academic support.


When it comes to learning, kids with an FASD may benefit from:

- › Hands-on learning opportunities
- › Repetition
- › Verbal and visual cues
- › Clearly defined expectations
- › A more structured environment
- › Minimal visual distractions in the classroom
- › Increased time to complete tests
- › Fewer questions on assignments
- › Adapted homework or no homework
- › Individualized instruction in math, speech, reading, remediation, or social skills
- › Sensory breaks
- › Alternative seating
- › Access to a teacher's aide

PARENTING DIFFERENTLY

Logan was an energetic 8-year-old who loved sports and video games. He was adopted through foster care at age 4. At 5, Logan was diagnosed with Alcohol-Related Neurobehavioral Disorder (ARND).

His adoptive parents were often frustrated by Logan's behaviors, which included impulsivity, short attention span, and poor short-term memory. Logan seemed to never listen to instructions or follow directions.



A typical after-school scenario included Mom giving verbal instructions for Logan to change clothes, bring his backpack to the table, eat a snack, and do homework — then he could go play. When his mom brought Logan's snack to the table, he wouldn't be there. She'd find him in the family room playing video games.

Mom would then lecture Logan about disobedience and ground him from video games — which resulted in an explosive meltdown.

Logan's mom learned that slower information processing is a primary symptom of an FASD. She realized by verbally issuing a list of instructions, Logan's brain couldn't keep up with all the information. Often, he only caught the last thing she said. Which, in the above scenario, was "go play."

When Logan's mom took his primary symptoms of FASD into consideration, she changed her approach. She began giving one-step directions, using fewer words, and giving Logan extra time to respond. This brain-based approach helped Logan to be more successful at following directions, decreased everyone's frustration, and led to fewer meltdowns.

STRATEGIES FOR PARENTING CHILDREN WITH AN FASD

- › Adjust your expectations to match your child's developmental age
- › Think "What does my child's brain have to do with this behavior?"
- › Allow ample time for behavior or plans to change
- › Stay calm and remain firm
- › Repeat, repeat, repeat
- › Whenever possible, keep schedules consistent
- › Get educated
- › Connect to other families dealing with an FASD
- › Reach out for support
- › Care for yourself

back to my story...

After taking a deep dive into FASD, I discovered the high prevalence of prenatal exposure to alcohol among children in the United States — especially those in foster, adoptive, and kinship families.

Many of these children are diagnosed with ADHD, ODD, RAD, PTSD, ASD and/or anxiety disorders, yet FASD is often missed. Several of the behavioral symptoms of these diagnoses, however, are the same as symptoms of FASD. While children can have multiple diagnoses, prenatal exposure to alcohol is a crucial part of their history that must not be overlooked. The good news is that in cases where there are multiple diagnoses, this opens up a large door to supportive resources at school and the community.

My family found hope and healing by learning about how our kids were impacted by alcohol exposure in the womb and by applying a brain-based approach to parenting.

I have a passion to support families like mine that are struggling with FASD so they can thrive too. Now I offer online and in-person workshops and coaching for families. My desire is to support families struggling with FASD so they can thrive too.

STORY AND UPDATED INFORMATION PROVIDED BY:

Sandra Flach is mom of 8 children, 5 through adoption — 2 diagnosed with Fetal Alcohol Syndrome. She encourages and equips foster and adoptive parents through her weekly Adoption & Foster Care Journey Podcast and blogs at SandraFlach.com. She is a certified facilitator of the FASCETS Neurobehavioral Model, teaches FASD workshops, and co-leads the Hope for the FASD Journey online support community. Sandra is co-founder of Justice For Orphans and author of *Orphans No More — A Journey Back to the Father*. She and her husband Wayne have been married 36 years. They reside in upstate NY where they love to spend time with family, especially their 8 grandchildren.

citations

- 1 Proof Alliance at <https://www.proofalliance.org/article/fact-sheets-and-strategy-guides/>
- 2 FASD United at <https://fasdunited.org/fasd-faqs/>

resources

- > *The Mystery of Risk* by Ira Chasnoff, M.D.
- > FASD United: [FASDUnited.org](https://fasdunited.org)
- > NTI Upstream: ntiupstream.com
- > Justice For Orphans: justicefororphansny.org
- > Centers for Disease Control and Prevention: cdc.gov/ncbddd/fasd

Focus on the Family provides a variety of resources to help parents and children overcome challenges and ultimately thrive in Christ.

WaitNoMore.org

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