

FAS Issues At All Ages

PSYCHOSOCIAL NEEDS ASSOCIATED WITH FAD

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General Issues

- Early and adequate identification and diagnosis
- Safe, stable and structured home or residential placement
- Unrealistic expectations of persons with FASD due to the outward appearance and verbal, gregarious manner
- Appropriate academics, vocational and living skills training programs

Infancy & Early childhood:

Ages 0-5 Years

Problems and Concerns

- Poor habituation
- Sleep disturbances; poor sleep/wake cycle
- Poor sucking responses
- Failure to thrive
- Delays in walking and talking
- Delayed toilet training
- Difficulty following directions
- Temper tantrums and disobedience
- Distractibility

Recommendations

- Early identification
- Intervention with birth and/or foster parents
- Education of parents regarding physical and psychosocial needs of as infant or child with FASD
- Careful monitoring of physical development and health
- Safe, stable and structured home
- Assignment of a case manager for coordination of services and support to parents
- Placement of the child in preschool
- Respite care for caretakers

Latency Period:

Age 6-11 YEARS

Problems and Concerns

- Easily influenced and difficulty predicting and/or understanding consequences
- Give an appearance of capability without actual abilities
- Difficulty separating fact from fiction
- Temper tantrums, lying stealing, disobedience and defiance of authority
- Delayed physical and cognitive development
- Poor comprehension of social rules and expectations

Recommendations

- Safe, stable and structured home or residential placement
- Careful and continued monitoring of health issues and existing problems
- Appropriate education and daily living skills placement
- Help caretakers establish realistic expectations and goals
- Caretakers establish realistic expectations and goals
- Caretaker support group
- Psychological, educational and adaptive evaluations on a regular basis
- Use of clear, concrete and immediate consequences for behavior
- Respite care for caretakers
- Case manager role expands to include liaison between parents, school, health care providers and social service agents

Adolescence:

Ages 12-17 Years

Problems and Concerns

- Lying, stealing and passivity in responding to requests
- Faulty logic
- Egocentric; has difficulty comprehending and/or responding appropriately to other people's feelings,, needs, and desires
- Low motivation
- Low self-esteem
- Academic ceiling, which is usually around grade 4 for reading and grade 3 for spelling and arithmetic

Recommendations

- Education of caretakers and patients regarding sexual development, birth control options and protection from sexually transmitted diseases
- Planning and implementation of adult residential and vocational training and placement
- Appropriate and mental health interventions as needed
- Respite care for caretakers
- Caretakers support group
- Safe, stable and structured home or other residential placement
- Shifting of focus from academic skills to daily living and vocational skills
- Careful monitoring of social activities and structuring of leisure time
- Working towards increased independence by teaching to make healthy choices (taught at the child's level)

Adulthood:

Ages 18+ Years

Problems and Concerns

- Residential placement
- Economic support and protection
- Job training and placement
- Depression and suicidal ideation
- Pregnancy or fathering of a child
- Social and sexual exploitation, or inappropriate behavior
- Increased expectations of the patient by other people
- Increased dissatisfaction towards the patient by others
- Withdrawal and isolation
- Unpredictable behavior

Recommendations

- Guardianship for funds
- Specialized residential and/or subsidized living
- Specialized vocational and job placements
- Medical coupons
- Acceptance of the patient's "world"
- Acknowledgement of the patient's skills limitations
- Patient advocates to ensure the above occurs