

PSYCHOSOCIAL NEEDS ASSOCIATED WITH  
FETAL ALCOHOL SYNDROME:  
PRACTICAL GUIDELINES FOR PARENTS AND CARETAKERS

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INFANCY AND EARLY CHILDHOOD  
AGES 0 - 5

Problems and Concerns:

- Poor habituation
- Exaggerated startle response
- Sleep disturbances
- Poor sleep/wake cycle
- Poor sucking response
- Failure to thrive
- Delays in walking, talking, toilet training
- Distractibility/hyperactivity
- Irritability, temper tantrums, disobedience
- Difficulty following directions
- Inability to adapt to changes and environment

Recommendations:

- Early identification of at-risk children
  - Important for implementing needed services
  - Help maximize the potential outcome for the child
  - Important for identifying women and families at risk
  - Help in providing needed services for families at risk and maximizing the chances for the family to remain intact.
- Careful monitoring of physical development and health
- Placement of child in preschool
  - Help the child to begin appropriate socialization and communication skills and behavior
  - Provide respite care for parents and caretakers
- Intervention with and education of birth, foster, and adoptive parents
  - Referral for alcohol treatment, if appropriate
  - Referral for subsidized adoption
  - Referral for parenting skills, if appropriate
  - Education regarding normal development
  - Education regarding possible health concerns and developmental delays
- Safe, stable, structured home
  - Help child learn appropriate behavior
  - Help support the parents and caretakers, e.g., with sobriety, accessing social and health services
  - Setting appropriate goals and expectations
  - Help the parents and caretakers to better understand the child's methods of communication
- Adapting the environment to the child
  - Low to moderate level of stimulation
  - Simple, concrete directions
  - Consistent, limited rules
- Assignment of case manager to coordinate services for the child and family

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LATENCY PERIOD  
AGES 6 - 11 YEARS

Problems and Concerns:

- Continued delays in physical and cognitive development
- Temper tantrums, lying, stealing, disobedience, and defiance of authority
- Hyperactivity/distractibility
- Memory deficits
- Impulsivity
- Inappropriate sexual behavior, often with animals
- Difficulty separating fact from fantasy
- Easily influenced by others
- Difficulty predicting and/or understanding the consequences of their own or others' behavior
- Poor comprehension of social rules and expectations
- Difficulty in abstracting ideas

Recommendations:

- Continued monitoring of health issues
- Safe, stable, structured home or residential placement
- Help caretakers/teachers establish realistic goals and expectations
- Help the child make healthy choices appropriate to their emotional and cognitive level
- Use of clear, concrete, predictable, and immediate consequences
- Simple, clear, and concrete directions of daily chores and activities along with positive consequences for appropriate behavior, listed in writing
- Structuring of leisure time
  - Participation in organized sports, e.g., Special Olympics
  - Participation in clubs for handicapped children
- Psychological/academic/adaptive evaluations on a regular basis
- Education of parents and caretakers regarding age-appropriate sexual development
- Respite care for parents and caretakers
- Continued support for parent's sobriety, if needed
- Appropriate educational placement
  - Activity-based curriculum
  - Focus on communication skills
  - Focus on appropriate behavior
  - Basic academic skills embedded within functional skills
- Case manager's role expands to include schools, mental and physical health providers, and social service agency personnel
- Documentation of health impairment and deficits in adaptive behavior to aid in acquiring SSI and DD funding

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ADOLESCENCE  
AGES 12 - 17

Problems and Concerns:

- Academic ceiling is often reached; usually 4th grade for Reading, 3rd grade for Spelling and Arithmetic
- Increasing social difficulties and isolation
- Low motivation
- Egocentric, difficulty comprehending and/or responding to other's feelings, needs, and desires
- Lying, stealing, passivity in responding to requests
- Faulty logic
- Impulsive, aggressive, unpredictable, and violent behavior
- Involvement in vandalism, other criminal activity
- Pregnancy/fathering a child
- Loss of residential placement
- Low self esteem and mental health issues
  - Depression
  - Suicidal ideation and attempts
  - Substance abuse
  - Sexual/emotional abuse and trauma

Recommendations:

- Change focus from academic skills to vocational and daily living skills
- Continued structuring and monitoring of leisure time and activities
- Involvement in structured social and sport group activities
- Anticipation of transition/crisis situations along with appropriate planning and early interventions
- Help the patient to make healthy choices and to build on existing skills
- Education of parents, caretakers, and patients regarding sexual development, birth control options, and protection against sexually transmitted diseases (STDs)
- Education of parents, caretakers, and patients to help protect against sexual exploitation.
- Implement planning for future residential placement, financial needs, and vocational/technical training.
- Case manager role expands to include acting as a liaison between patients, family, schools, vocational programs, health care providers, and court services, if necessary
- Continued listing of daily chores with increasing responsibility
- Respite care for families
- Caretakers support group

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ADULTHOOD  
AGES 18 + YEARS

Problems and Concerns:

- Increased expectations of the patient by others
- Increased dissatisfaction towards patient by others
- Unpredictable and impulsive behavior
- Depression/suicidal ideation and attempts
- Poor comprehension of social expectations
- Withdrawal and social isolation
- Social/sexual/financial exploitation
- Economic support and protection
- Job training and placement
- Medical care
- Birth control/pregnancy/fathering a child
- Child care
- Legal issues, incarceration

Recommendations:

- Guardianship for funds
- Subsidized residential placements, including special moneys for biologic and adoptive parents to help defray costs for special needs
- "Homebuilders" support to help the patient live as independently as possible and to help in teaching parenting skills if the patient has children
- Specialized vocational training and/or job placements
- Medical coupons and care
- Case manager to help patients and families access services
  - Drug and alcohol treatment for patient, if needed
  - To act as liaison with court and other legal concerns, if necessary
- Patient advocates to ensure the recommendations are acknowledged and implemented
- Acknowledgment of the patient's strengths and skills
- Acceptance of the patient's "world"