TRANSFORM RESEARCH CENTER

The Impact of Prenatal Alcohol Exposure and Postpartum Adversity on Children's Development

Prenatal alcohol exposure (PAE) can lead to diverse patterns of neurodevelopmental differences. Fetal alcohol spectrum disorders (FASD) is an umbrella term encompassing differing diagnoses associated with PAE.
(To learn more about the effects of PAE, see the TRANSFORM fact sheet on FASD.)[1]

Individuals with FASD experience high rates of adverse childhood experiences (ACEs). The combination of childhood adversity and FASD can lead to a variety of mental health challenges for individuals with FASD. Ninety percent of individuals with FASD will meet criteria for a mental health diagnosis throughout their lifetime.[2]

Rates of Adversity

- 4.44 ACEs, on average for children with PAE[3]
- Common types of adversity for individuals with FASD
  - Household member with mental health disorder
  - Not being raised by biological parents
  - Exposure to alcohol and substance use in the home
  - Separation from caregiver

Due to cognitive and behavioral differences associated with FASD and adversity, therapeutic interventions may have to look different.

The combination of FASD and postnatal adversity leads to increases in:[3]

- Structural and functional brain-based differences
- Physical health concerns (vision, hearing, pain)
- Increased cortisol levels
- Co-occurring mental health diagnoses (PTSD, depression, anxiety)
- Suicidality
- Peer/social communication differences (trouble with peers)
- Memory and attention differences
- Co-occurring neurodevelopmental disorders (ADHD)
- Sleep difficulties
- Child welfare involvement
- Challenges later in life with employment, housing, and legal involvement

Currently, clinicians and researchers have not adapted evidence-based mental health interventions for children with FASD.[4]

However, there are adaptations mental health professionals can make when working with individuals with FASD and their families.[5] Individuals with PAE or suspected PAE who do not have an FASD diagnosis would benefit from these adaptations as well.

Considerations for therapists working with children with FASD + childhood adversity:

- Safety:
  - Higher suicide risk
  - Lower inhibition combined with social motivation can lead to difficulties with "stranger danger" or understanding unsafe environments
- Vulnerability:
  - Individuals with FASD often
    - Have a disability
    - Are involved with the legal system at higher rates
    - May experience confabulation (generating a false memory without the intention of deceit)
- Cognitive-based therapies are more difficult for individuals with PAE because...
  - They focus on verbally based insights
  - They require one to think (i.e. metacognition) to change feelings and behaviors
- And individuals with PAE...
  - May have difficulty with cognition and verbal expression
  - May have difficulty understanding cause and effect

Adaptations for therapists working with children with FASD + childhood adversity:

- Consider the child's "acts like age" and pivot treatment accordingly.
- Provide frequent positive feedback.
- Individuals with PAE and adversity may have sensory differences --> Incorporate multiple learning approaches (e.g. visual, auditory, tactile).
- Share the therapy rules early and often --> individuals with PAE demonstrate day-to-day skill inconsistency and may benefit from repetition.
- Role play can be helpful, especially role-playing social behaviors.
- Avoid metaphors, idioms, and sarcasm.
- Reframing is key to working with individuals with PAE and adversity --> it's not that kids with PAE + adversity "will not" do something, it is that they have different developmental trajectories that may make tasks more difficult.

References

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