The Intersection of FASD and Infant Mental Health: Applying a Trauma-Informed Lens for Children in the Child Welfare System

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Breaking the Cycle

Presentation Outline

1. Setting the Context
    a. FASD and Trauma
    b. Infant Mental Health and Trauma
2. Alcohol and Drug Exposed Children in the Child Welfare System
3. Case Study – Henry
4. Conclusions and recommendations
5. Questions and discussion

BREAKING the CYCLE

- An early intervention program that promotes the mental health of infants and young children who are at-risk for poor mental health outcomes due to maternal substance use.
- FASD prevention and early intervention program, with FASD assessment and diagnostic services

BREAKING the CYCLE
PARTNER AGENCIES

- Mothercraft
- Children's Aid Society of Toronto
- Catholic Children's Aid Society
- Toronto Public Health
- St. Michael's Hospital
- St. Joseph's Health Centre
- Toronto Western Hospital – Woman's Own Detox
- Ministry of Community Safety and Correctional Services
- Association of Ontario Midwives

Funders: Ministry of Children and Youth Services (IDP, CCB)
Public Health Agency of Canada (CAPC, CPNP)

BTC PROGRAMS AND SERVICES

Addictions

- Relapse Prevention Group
- Recovery Group
- Life Skills Group
- Individual Counselling
- *Connections* Group

Mental Health Counselling

Health/Medical Services

- FASD Assessment/Diagnostic Clinic
- Pre-Postnatal Counselling

Basic Needs Support

- Food
- Clothing
- Transportation

Breaking the Cycle

Developmental Clinic

- Screening and Assessment
- Developmental and Interactional Guidance
- Parent-Child Psychotherapy
- Home Visiting
- Early Intervention

Child Care

Pregnancy Outreach Program

Probation and Parole Services

Parenting

- New Mom's Support Group
- Nobody's Perfect Parenting Program
- Cooking Healthy Together
- Parent-Child "Mother Goose" Program
- Hanen 'You Make the Difference"
- "Learning Through Play" Group
- Access Visits

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Fetal Alcohol Spectrum Disorder (FASD)

- A term that describes the range of disabilities that may affect people whose mothers drank alcohol while pregnant
- Alcohol is a *teratogen*: an agent that causes malformation of an embryo or fetus
- Alcohol crosses the placenta when used by a woman during pregnancy
- The impact varies with the amount, timing, frequency and other factors
- There is no safe time, type or amount of alcohol use during pregnancy
- Primary organ affected by prenatal alcohol is the brain

Criteria for the Diagnosis of FASD

Cook, JL, Green, C., Lilley, CM, Anderson, SM, Baldwin, ME, Chudley, AE., et al, (2016)

1. Fetal Alcohol Spectrum Disorder
    - 1.1 FASD with sentinel facial features
    - 1.2 FASD without sentinel facial features

2. At risk for neurodevelopmental disorder and FASD, associated with prenatal alcohol exposure

.

Primary Disabilities of FASD

- **Regulation problems**: sleeping, eating, activity levels, impulse control, transitions
- **Sensory issues**: over- or under-sensitive to noise, lights, textures, touch
- **Social/communication problems**: following rules, following directions, indiscriminate with strangers, poor understanding of boundaries, poor judgement
- **Learning/behavioural problems**: attention span, development, memory, executive functioning, abstract reasoning, cause/effect

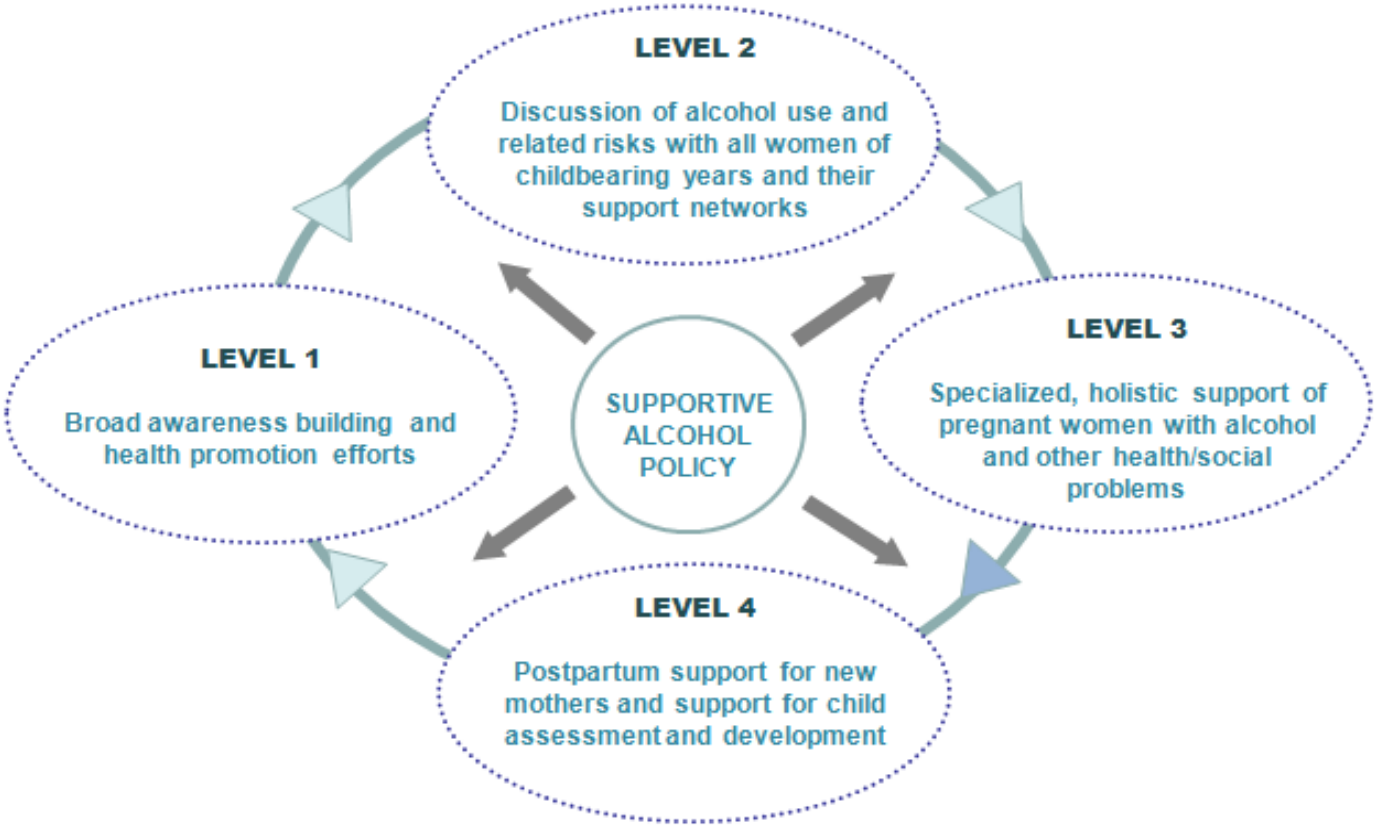
Fetal Alcohol Spectrum Disorder (FASD) Prevention: Canadian Perspectives

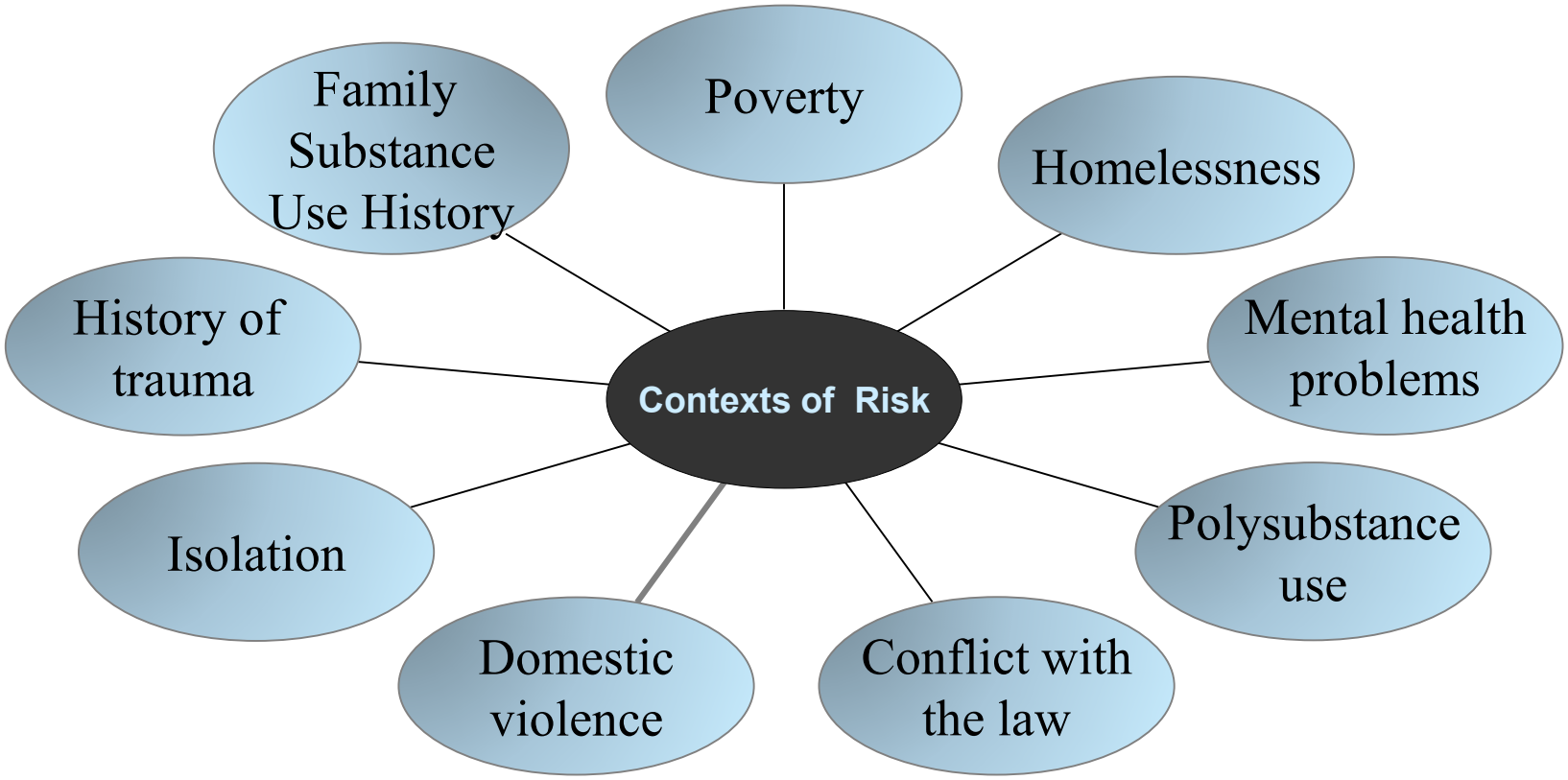
Multiple Approaches to FASD Prevention

www.publichealth.gc.ca/fasd

Canada

4 Levels of FASD Prevention




Contexts of Risk
Family Substance Use History
Poverty
Homelessness
History of trauma
Mental health problems
Isolation
Polysubstance use
Domestic violence
Conflict with the law

Infant and Early Childhood Mental Health - Definition

The developing capacity of the young child to:

- Form close and secure adult and peer relationships
- Experience, manage and express a full range of emotions
- And explore the environment and learn

Within the context of the caregiving relationship

The Impact of Alcohol/Substance Use on the Caregiving Relationship

Increased risk for child maltreatment:

Children whose parents abuse drugs and alcohol are almost three times (2.7) likelier to be abused and more than four times (4.2) likelier to be neglected than children whose parents are not substance abusers.
(Reid, 1999)

The Impact of Alcohol/Substance Use on the Caregiving Relationship

Increased risk for attachment disturbances:

- The majority of children of mothers who use alcohol or other substances demonstrate a disorganized attachment type.
- Unresolved maternal loss and trauma is associated with disorganized attachment in infants (Main & Hesse, 1990; Espinosa, 2001)
- Unresolved maternal trauma can result in reminders or triggers, and compromised ability to appraise danger
- This impacts the mother-child relationship, the infant's internal working models, future relationships, and mental health.
- There is stability in disorganized patterns of attachment across generations (Benoit & Parker, 1995; Fraiberg, 1980).

Four Major Functions of Attachment

1. Provides a sense of security
2. Regulates affect and arousal
3. Promotes the expression of feelings and communication
4. Serves as a base for exploration

Disorganized Attachment

- Has been linked to fear of the parent, uncertainty about how a parent will react, and a history of contradictory responses by the parent
- Infants classified as “disorganized” lack a coherent/ organized strategy for dealing with distress
- Cannot find solution to their distress; ***fear without solution*** (Main & Hesse, 2002)
- Their dilemma is that their source of safety and comfort is also the source of their fear and distress
- Strategies are not sufficient to restore feelings of safety in the presence of the attachment figure.

Disorganized Attachment

I grew up with alcoholic parents, and every time they would drink, which was nearly all the time, I would feel nervous, wondering how long it was going to last this time before something went bad. I was scared most of the time and I didn't know what to do. All I knew is that I was afraid, and I thought that was life. Because I grew up on a reserve, in a village, and that's all that happened there, was drinking, and I didn't know nothing else until I started going to foster homes. So I don't know. I know I felt scared most of the time and confused about why they took me away and brought me back and took me again and that was my life, I guess. ***I was scared most of the time and I didn't know what to do.***

Mother at Breaking the Cycle

Trauma and Toxic Stress

- Strong, frequent or prolonged activation of the stress management system
- Events are chronic, uncontrollable, and unpredictable
- Events are experienced without access to support from caring adults
- Has an adverse effect on brain development
- Has an adverse effect on mental health – anxiety depression, helplessness, dissociation
- Has an adverse effect on regulation – sleeping, eating, emotion modulation

Childhood maltreatment, trauma and interpersonal violence

- Children who were not kept safe by their own parents, or who were exposed to early traumatic stress:
  - Often have confused expectations and perceptions of “normal” relationships.
  - May not have an understanding of safety in relationships
  - May have developed a high tolerance for danger and maltreatment in relationships.

Alcohol/Substance-Exposed Children in the Child Welfare System

- Infants exposed prenatally to alcohol and other substances tend to enter the child welfare system at a younger age than other foster children (Marcellus, 2004)
- They are more likely to have siblings in foster care and their mothers are more likely to have previous involvement with child welfare services (McNichol, 1999)
- Children with prenatal alcohol exposure were more likely to come into care due to a parental situation as opposed to the child's condition (Fuchs, 2005)
- 89% of children with FASD were in the permanent care of a child welfare agency, compared to 61% of the general population of children with disabilities in care (Fuchs, 2005)

Secondary Disabilities Associated with FASD

(Streissguth, et al., 1996, 2001)

- Mental health disruptions (90%)
- Disrupted school experience (60%)
- Trouble with the law (60%)
- Confinement (50%)
- Inappropriate sexual behaviour (50%)
- Alcohol/drug problems (30%)

Protective Factors for Secondary Disabilities
(Streissguth, et al., 1996, 2001)

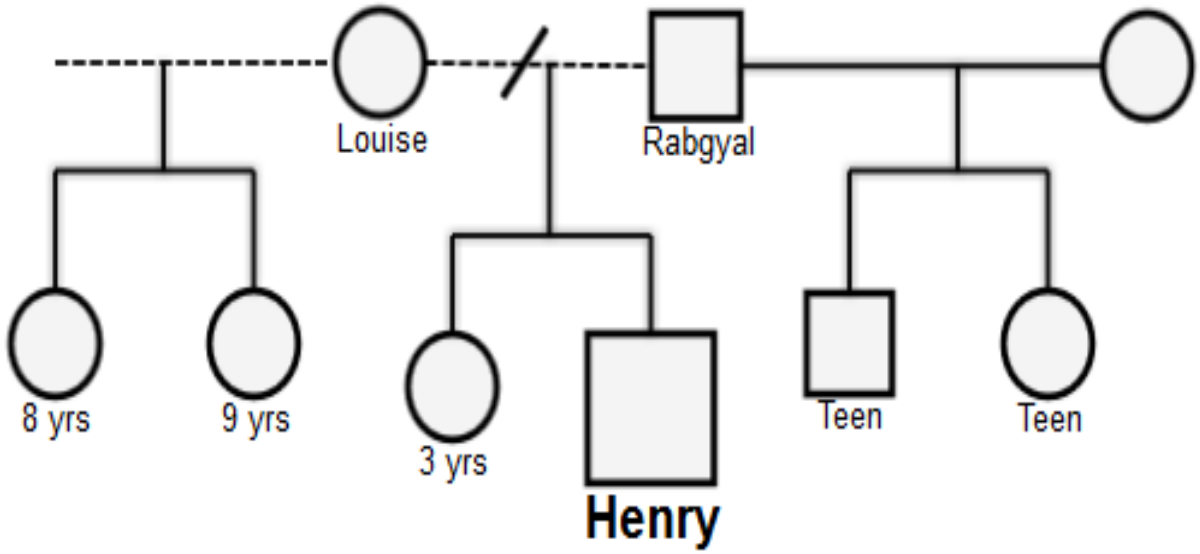
- Living in a stable and nurturing home and having basic needs met

  ie stable/secure/caring environments
- Never having experienced violence against oneself –

  ie safety
- Being diagnosed before the age of 6 years

  ie early identification and assessment-based early intervention

Family Constellation



Henry

- Unplanned pregnancy with minimal prenatal care
- Substance exposure – alcohol and crack cocaine until the third trimester
- Dx – placenta previa
- Estimated delivery: 32-34 weeks gestation
- 3lbs, 6oz
- 30 days in hospital – respiratory and feeding interventions, HIV treatment
- Child welfare involvement – voluntary agreement

YEAR 1 – INFANT

Services Involved:

- Early intervention through BTC and PIP

Life Events:

- Increasing reports of violence in the home
- Continued maternal cravings for and use of alcohol

Risk Factors Identified:

- Henry's developmental status
- Quality of the mother-child relationship
- High maternal parenting stress

DEVELOPMENTAL ASSESSMENT: 8 MONTHS

Developmental Status:

- Low receptive language
- Lack of responsiveness to mother
- Indiscriminate interactions with adults
- Lack of exploration and secure base behaviours
- Eating and sleeping difficulties
- Frequent hyperarousal without apparent cause

Diagnoses Considered:

- FASD
- (?) Impact of witnessing family violence vs prenatal substance exposure

DEVELOPMENTAL ASSESSMENT: 8 MONTHS

Recommendations:

- Continued early intervention services
- Access support from speech-language services
- Regular and comprehensive medical and developmental follow-up

YEAR 2 – TODDLER

Services Involved:

- Early intervention through BTC and PIP
- Child care

Life Events:

- Change in residence
- Louise accessed job retraining and employment
- Difficulty in attending services regularly

Risk Factors Identified:

- Family of origin issues for Louise
- Louise used alcohol minimally, but her eating disorder was active
- Henry's increased regulatory difficulties and emotional dysregulation in the home
- Henry's direct response to violent interactions between his parents

DEVELOPMENTAL ASSESSMENT: 24 MONTHS

Developmental Status:

- 2 SD delay in most areas of development
- Poor social responsiveness and engagement
- Indiscriminate behaviour with adults
- Restricted range of affect
- Distress during routines and transitions
- Immature play

Diagnoses Considered:

- Global Development Delay
- Autism Spectrum Disorder
- Post-Traumatic Stress Disorder
- FASD

DEVELOPMENTAL ASSESSMENT: 24 MONTHS

Recommendations:

- Resource support in the child care
- Regular and comprehensive medical and developmental follow-up
- Continued child welfare monitoring
- Regular service coordination between all supports involved
- Trauma support for Louise

YEAR 3 – PRESCHOOLER

Services Involved:

- Early intervention through BTC and PIP
- Child care with resource support
- Foster care placement

Life Events:

- Louise prepared to leave the relationship with Rabgyal
- Henry was apprehended from Louise and placed with Rabgyal
- Henry was apprehended from Rabgyal and placed into foster care
- Early intervention supports continued for Louise, but also for Henry
- Henry was returned to his mother

Risk Factors Identified:

- Increased incidence of family violence with Henry in the home
- Increased maternal substance use

DEVELOPMENTAL ASSESSMENT: 3 YEARS

Developmental Status:

- Delays identified: cognitive, language, social, adaptive functioning
- Limited engagement and social interaction with peers
- Immature play
- Eating difficulties
- “Withdrawn”, “stilling”, “freezing”

Diagnoses Considered:

- Global Development Delay
- Autism Spectrum Disorder
- Post-Traumatic Stress Disorder
- FASD - ARND

DEVELOPMENTAL ASSESSMENT: 3 YEARS

Recommendations:

- **Safe, consistent, and secure caregiving environment**
- Ongoing resource support at child care
- Referral for children's mental health services for ongoing support
- Specific suggestions to support regulation and play/social interactions
- Continued child welfare monitoring
- Regular service coordination between all supports involved
- Regular and comprehensive medical and developmental follow-up

YEAR 4 – SCHOOL-AGED

Services Involved:

- Early intervention through BTC and PIP – file closed
- Child care with resource support
- Specialized kindergarten placement

Life Events:

- Henry placed in the primary care of Rabgyal
- Louise with liberal access to Henry; she takes Henry to appointments and liaises with professionals

Risk Factors Identified:

- Deterioration of Louise's sobriety and mental health
- Henry's identified difficulties with attention, distraction, and multistep directions
- Henry's challenges with cause and effect relationships
- Henry's poor academic capacity

DEVELOPMENTAL ASSESSMENT: 5 YEARS

Developmental Status:

- IQ - 3rd percentile (verbal – 7th percentile; nonverbal – 2nd percentile)
- Significant difficulty with adaptive and executive functions
- Internalizing and externalizing behaviours identified at home and at school

Encouraging Signs:

- Improvements in speech and communication
- Improvements in quality of play and social interactions
- No observations or reports of dissociation
- Henry is able to talk about his parents and his daily routines without signs of stress
- Henry continues to be a picky eater, but his range of foods is increasing

DEVELOPMENTAL ASSESSMENT: 5 YEARS

Diagnoses Considered:

- FASD - ARND
- Post-Traumatic Stress Disorder

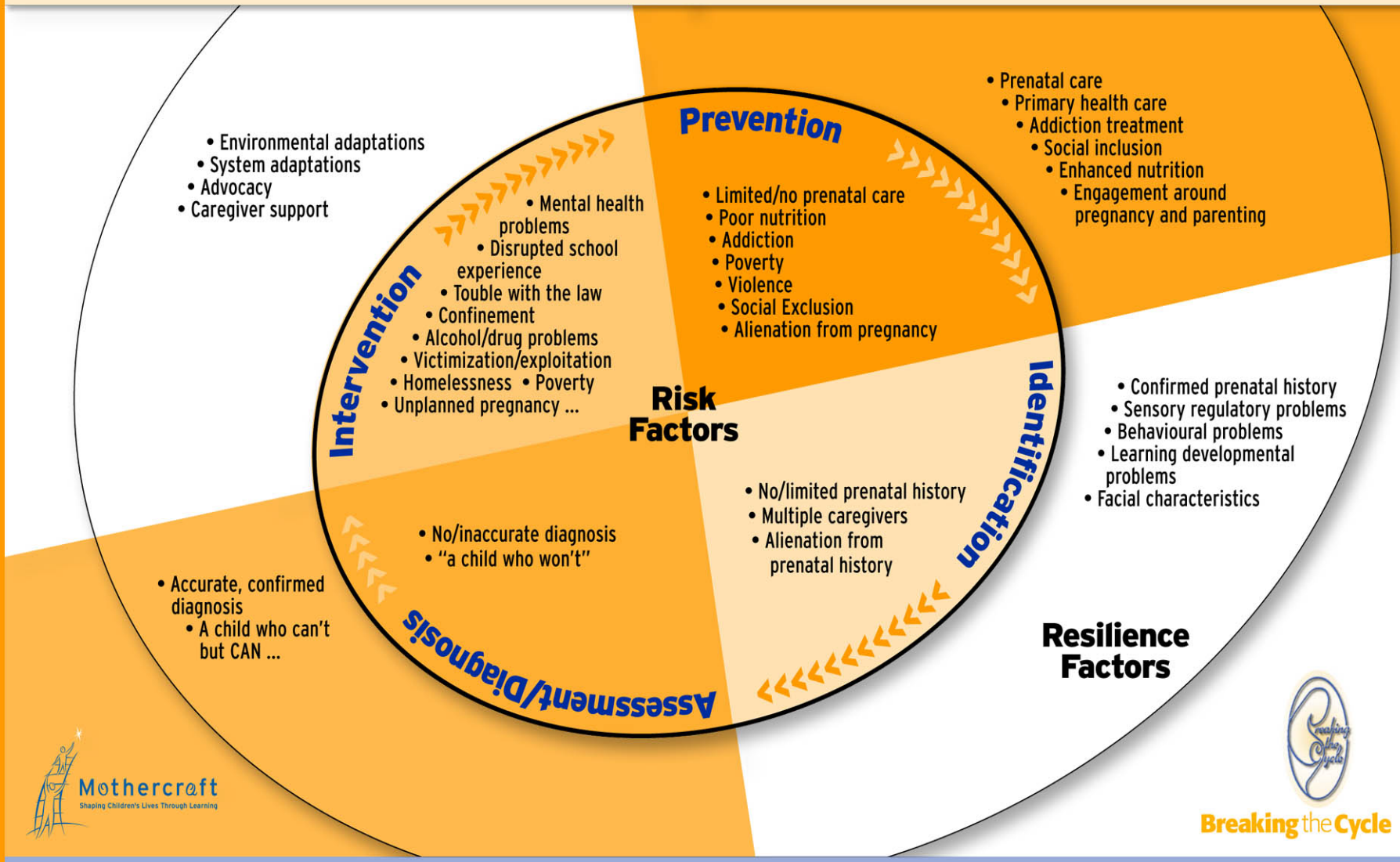
Recommendations:

- Results support the current living arrangement
- Respecting cognitive age versus chronological age
- Ongoing use of service from children's mental health organization
- Continuation of specialized school and child care programming
- Continued child welfare monitoring
- Regular service coordination between all systems involved
- Regular and comprehensive medical and developmental follow-up

Recommendations

- Interventions should begin during pregnancy
  - Prevention of FASD occurs during the prenatal period.
- Interrupting cycles of trauma in infancy and the early years
- Trauma-informed approaches
- Cumulative risk frameworks
  - Consider neurodevelopment and trauma
- Assessment-based infant mental health services
- Continuity of care from the community programs to foster care

Fetal Alcohol Spectrum Disorder
Nurturing Change



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Thank you

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