

## **THERAPLAY AND FETAL ALCOHOL SYNDROME**

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### **Introduction**

Before becoming the Training Director at The Theraplay Institute, I worked at an organization whose mission was the prevention, diagnosis and treatment of Fetal Alcohol Spectrum Disorder (FASD) and in-utero drug exposure. We treated children from all backgrounds, but most were in foster care or had been adopted domestically (both privately and from within the child welfare system) or from overseas. What struck me when I first started my work in the field of in-utero toxin exposure (drugs and/or alcohol) was its prevalence coupled with its under-diagnosis in the community. Previously, I had worked as a specialized foster care manager in a community agency, where my job was to successfully place children into pre-adoptive homes. Looking back at all of the kids I worked with, I realized that 80-90% of those foster children had had toxin-exposure in-utero and were never diagnosed or treated. Many times the information about the child's birth parents' drug and alcohol use was documented, yet we rarely sent these children for a specific toxin-exposure evaluation. Placing these children in pre-adoptive homes without this information or service greatly diminished these families' chances of succeeding at adoption. Once these adoptive families understood the scope of their child's problems, they felt betrayed by the child welfare system for overlooking this very important aspect of the child's health and development. It often took years for children to get the correct diagnosis. We routinely saw pre-teens and teenagers who struggled with severe learning and behavioral problems in school and the community who always thought their actions were due to just being stupid and bad. Diagnosis offered not only treatment options for improving the child's health and functioning, but understanding and perspective for both the child and his parents about why he acted the way he did and how he perceived the world.

### **Diagnosis of FASD**

A few facts about FASD:

- FASD is a spectrum disorder and can affect children in a range from mild to severe
- It is the leading known cause of mental retardation
- Of all substances of abuse, alcohol produces the most damaging neurobehavioral effects
- 20-50% of women in the U.S. reported drinking while pregnant

What are the signs of FASD?

In infants: low birth weight, small brain, facial changes;

In the older child: Poor growth, behavioral problems (impulsivity, hyperactivity, aggressiveness, hair-trigger temper, learning problems, problems with cause and effect thinking, difficulties reading social cues, deficits in memory) and facial changes.

Facial changes include small eye openings, epicanthal folds (folds in the skin in the inside of the eye) flattened nasal bridge, flat filtrum (the groove between your upper lip and nose), thin upper lip, receding jaw and low set ears. It's important to note that there are cultural variations (some Asians have naturally occurring epicanthal folds), therefore only a physician can diagnose FASD by taking a thorough history of birth and developmental records, maternal history and very fine-tuned measurements of facial features and head circumference. One important factor to remember is that a child does not have to have all of these symptoms to have FASD.

### **Treatment**

Once diagnosed, a child with FASD will likely be referred for any one or all of the following: occupational therapy-sensory integration evaluation/treatment, speech therapy, psychotropic medication, special education, education advocacy and social skills group.

Despite such treatment, they often still have a very difficult time at home with their parents. Parents of these children find it difficult to deal with their child's mercurial temper, inconsistent behavior (sometimes remembering rules, other times not), frequent temper tantrums, hyperactivity, aggression and general disobedience. These children typically can say that they understand and can repeat the house rules they've just broken, yet they still repeat the same mistake over again to their parents' great dismay. Traditional non-directive play therapy or talk therapy does not help due to their language/processing/attentional deficits. However, they still suffer from low self-esteem from being rejected by peers and a sense of being bad or of failure for constantly getting in trouble and disappointing their parents. Furthermore, these kids typically lack insight into their feelings and thoughts.

### **FASD and ATTACHMENT**

Children exposed to alcohol or drugs in-utero are predisposed to have a more difficult time with attachment and self-regulation than typically developing children. This is separate challenge from the fact that they may have been raised in a sub-optimal environment upon birth. In other words, even if drug-exposed children are placed in a healthy adoptive home upon birth, toxin exposure will likely have an effect on their social-emotional and cognitive functioning. This is due to the effect of the toxins on the developing brain in-utero, which creates structural and biochemical abnormalities in parts of the fetus' brain. Toxin-exposed infants are typically more easily over stimulated, are more irritable, cry more, have feeding and sleeping difficulties, tremble, and are more likely to come to the pediatricians attention as failure to thrive than non-exposed infants. Toxin-exposed newborns are therefore not as rewarding and do not elicit the same type of satisfaction in caretaking that parents of healthy babies report. What these babies need is assistance with calming and appropriate stimulation to facilitate development. Without skilled intervention, these easily startled, overexcited, dysregulated babies can become a heart-breaking burden on any parent, and all the more so on an uninformed and unsupported parents. This early set up of constitutional traits along with a parent's inevitable frustration begins a derailment in the regulatory/attachment process. Dyadic

attunement is the basis for emotional regulation, empathy, and communication. FASD and its sequelae thus contribute to a child who does not read the emotional signals of others and cannot identify his need for help. Nor does he feel his need will be met even if he could express it.

This is why Theraplay® is so vital for children who are born toxin-exposed. Theraplay teaches parents to first and foremost prevent a child from becoming overstimulated and losing control. This is paramount because once these kids lose control; they are very poor at recovering. The Theraplay therapist and parent must quickly learn the child's threshold for stimulation and immediately structure the environment to maintain a level of arousal that is just below the child's threshold for frustration. This may mean keeping the lights low or off, removing distractions such as toys and books from the Theraplay area or providing a highly defined boundary for where the activity takes place, such as a blanket on the floor or a bean bag chair. Next, the therapist must choose activities in which the range of stimulation can be easily adjusted to the child's signals of physiologic arousal. For example, popping bubbles may be overstimulating because there are many bubbles, they move and pop unexpectedly, and are wet. A child who wants to grab the bottle of bubbles from your hand may be signaling that it's too much for him to not be in control of how fast the bubbles are coming out and in what direction they're going. Perhaps blowing a simple cotton ball on a pillow (cotton ball hockey) will be more tolerable for starters (one object that is more solid and predictable).

Children with FASD may need frequent, small breaks from interaction in order to recover from even appropriate levels of stimulation. It's ok to let children like this avert their gaze or hide their face in the blanket or pillow for several seconds without doing anything to coax them back into play. A moment of silent rest may be just what they needed and they may return to you refreshed and ready to reconnect. Or, you can make a peak-a-boo game of it. No matter the case, it may not be resistance or the need to control that's driving these kids' behaviors.

The second goal with children with FASD is to slowly increase their tolerance for stimulation so that they can grow on their developmental pathway towards connection and flexibility. Despite the damage done by the toxin-exposure, the child's nervous system can develop new pathways for mastering social and cognitive skills. Simple touching, singing and rocking games will increase the child's alertness, responsiveness and ability to tolerate touch, movement and noise. These games can get bigger in scope and intensity as the child masters incremental levels of stimulation. Again, the therapist and parent must adjust the games and environment so that the child feels protected from overstimulation and develops a sense of trust that his caregivers are sensitive and will respond to his needs.

As a child with FASD progresses in Theraplay, she will learn, with the assistance from her caretakers, how to adaptively soothe herself when she becomes overstimulated. This developmental milestone must be highlighted and encouraged in Theraplay. For example, if a child asks for juice when she's revved up, or chews on the straw, hides her face, etc., this may be an opportunity for the therapist to say, "That's right, you know

when you need a break, it helps you to chew on the straw. Here, let's see if you can chew this raisin that mom's going to feed you". In this way, the therapist is reinforcing the child's developing skill as well as encouraging the child to let her mother be a part of that development.

Finally, a child with FASD has processing delays that make it difficult for him to understand verbal/cognitive directives of other therapies. Because Theraplay relies primarily on non-verbal communication modalities such as sight, rhythm, touch, and movement, a child with FASD can overcome his cognitive deficits and still learn and feel a sense of mastery. This will go a long way toward improving his self-esteem and make him more apt to try new things.

With the regulatory capacities and sense of mastery that a child with FASD achieves in Theraplay, she will have a solid basis upon which to build academic and social success that will go far toward allowing her to meet her potential and overcome the deleterious effects of FASD.

#### References

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