

Quarterly Newsletter

INTERVENTIONS FOR CHILDREN WITH PRENATAL EXPOSURES



MILE (Math Interactive Learning Experience)

Claire D. Coles, PhD

MILE was created at Emory as part of an initiative to develop interventions for Fetal Alcohol Spectrum Disorders sponsored by the Centers for Disease Control and Prevention (CDC) to address the lack of appropriate care for alcohol affected children. It is designed for children 3 to 10 years old who are struggling with Math and who often have behavior that interferes with learning. Children affected by alcohol often have specific problems with academics with arithmetic more likely to be challenging than other subjects. MILE was designed to identify and address children's learning gaps in order to support improvement in math skills and performance in the classroom. Through a one-on-one individually targeted program lasting 10 weeks, children were shown to improve both math performance and behavior. Central to the program is the FAR technique (F=focus and plan, A=act, R=reflect), a metacognitive strategy that, when used effectively, supports children in learning to avoid impulsive responding, plan effectively, carry out an organized approach, and to understand the effect of their actions. Since 2000, children who are taught using the MILE approach have been shown to improve in both math skills and behavior. MILE is currently being used in several Canadian Provinces and in Europe as well as in the United States where it has been accepted as an empirically validated teaching method.

GoFar: Helping Children Learn Self-Regulation

Claire D. Coles, PhD

Problems with self-regulation and emotional control are among the most common problems for children with prenatal exposure to alcohol and drugs. Whether these problems with behavior and over-reaction to events of daily life come from effects of prenatal exposure or from early trauma, the result can be the same. Caregivers report that they cannot manage their reactions, that they are over emotional and that it is difficult to deal with their behavior. GoFAR is a manualized treatment program that was created to support the development of self-regulation in children from 4 to 10 years old. It has three parts, all designed to help children develop cognitive control over their behavior. It is based on learning to use the FAR principles: F (Focus and Plan), A (Act), and R (Reflect). It has three elements that are applied over 10 weeks. The first is a computerized game that teaches FAR to the child through game play. The second helps the caregiver learn the principles that will support the child's improvement. The third practices FAR in the home setting. When these methods were tried out in a research setting, children's negative behaviors significantly decreased, and children show improvement in cognitive control of their behavior. FAR provides affected children with the tools to improve behavior and increase positive interactions with family and peers.





Educational Planning for Children with FASD

Molly Millian, D.Ed.

The impact of PAE varies across individuals. For example, some school-aged children with FASD do well in a general education setting while others require specialized instruction and therapeutic supports. Educational planning needs to consider the individuals' needs to create interventions that build skills and to ensure they have the necessary supports to participate meaningfully in their learning environment. This requires collaboration between school personnel, caregivers, and allied health professionals who work with children with FASD.

A starting point for educational planning is obtaining a comprehensive evaluation to identify the children's cognitive and learning strengths and deficits. The evaluation would need to assess intellectual abilities, academic skills, behavior, and adaptive functioning. A comprehensive evaluation may be obtained through the local school system or privately by a licensed psychologist. In public schools, the results from a private evaluation may be used when considering eligibility for special education services or developing the Individualized Education Plan (IEP) as stated by the Individuals with Disabilities Education Act (IDEA) of 2004. However, if a child with FASD is found ineligible for special education services, there are other avenues to receive school-based supports including accommodations as indicated through the Section 504 Rehabilitation Act of 1973 or other programs that are not part of the services allocated through IDEA.

Effective interventions for school-aged children with FASD are on their developmental level, address their learning needs, and focus on building skills. Classroom supports for children with FASD need to be on their developmental level, fit the learning environment and task, and implemented consistently. Interventions and external supports need to be monitored to make sure they maintain their effectiveness. As a child with FASD gains skills, the types of interventions and supports may need to be adjusted or change. When provided with the necessary educational interventions and supports, children with FASD can reach their potential.

Teen Intervention

Kallio Hunnicut-Ferguson, PhD

Many people think of FASD as a childhood disorder, but it is important to consider developmental stages and associated needs throughout the lifespan for individuals diagnosed with FASD. School during adolescence can be challenging for any teenager. Secondary school often brings higher expectations on students and at the same time less support may be available, and teens with FASD may not want to ask for extra help because they don't want to appear different from other children.

The transition from childhood to teenager can also present unique challenges for both caregiver and teenager in navigating teen's desires for independence and freedom to make decisions. Parents or caregivers of teens with FASD may need to find ways to safely respect these desires in tune with the teen's strengths and challenges. Secondary impacts may also arise, which are problems that may result due to a poor fit between the teen's needs, level of functioning, and the environment.

Interventions for the adolescent and teen years therefore must balance providing developmentally appropriate autonomy while also balancing safety and need for additional structure and support in the home and school settings. The research for such evidence-based interventions for this unique developmental stage is somewhat limited. However, the available interventions often focus on emotion regulation skills (such as those offered by Dialectical Behavior Therapy [DBT]), age-appropriate social skills, and safety issues. It is also important to focus on comorbid mental health conditions that commonly occur at this stage. For example, suicidal ideation and behavior, depression and bipolar disorder, and ADHD have all been found to occur at higher rates in this group than the general population. Individuals with FASD are also at greater risk than their peers for developing a substance use disorder, and because of other features of FASD (e.g., impulsivity, social skills deficits) they may engage in more risky behaviors without understanding consequences. Effective interventions therefore also feature safety plans that involve the entire care team, including mental health providers, parents, and trusted individuals from the school system.



Federal/ State Options

Taylor Neither, MPH

Babies Can't Wait (BCW)

Babies Can't Wait is the early intervention program for Georgia families. This is a federal program covered by the Individuals with Disabilities Education Act (IDEA). Other states have a different name for this program but the objectives are the same. Infants and toddlers from birth up to their third birthday with developmental delays and disabilities are eligible. BCW supplies assistance and resources for family members and caregivers through a multidisciplinary team approach.

Anyone can make a referral to Babies Can't Wait! Contact the Georgia Department of Public Health Babies Can't Wait office for more information.

Child Find

Every state is mandated to create and implement policies and procedures to identify, locate, and evaluate students with disabilities who are in need of special education or early intervention services. Child Find procedures vary by age.

Birth-3rd Birthday: Georgia Department of Public Health Early Intervention Program, Babies Can't Wait (listed above)

Age 3-21: Local Education Agencies (LEAs) oversee the identification, location, and evaluation of all eligible students within their jurisdiction.

Check with the nearest local education agency to determine eligibility.

Plan of Safe Care (POSC)

The Child Abuse Prevention and Treatment Act (CAPTA) and Comprehensive Addiction and Recovery Act (CARA) are federal laws that mandate plans of safe care for caregivers and infants who are negatively impacted by prenatal drug and/or alcohol exposure. These plans help address treatment needs and overall health and safety of the caregiver(s) and the infant while ensuring appropriate services are established for care.

The needs of the prenatally exposed infant, mother, other children present in the home, and possible secondary caregivers are also outlined in a plan of safe care.

To obtain a plan of safe care, contact Child Protective Services for more information.