



**PACT**  
Parents and Children Together

Primary Researcher: Ira J. Chasnoff, MD  
Children's Research Triangle, Chicago, IL

One of the primary struggles that children with FASDs face are deficits in self-regulation and executive functioning. These deficits can exist in the form of poor impulse control as well as a lack of intrinsic motivation to start or complete tasks, poor memory, and inattention. The Parents and Children Together (PACT) intervention was designed to help children with FASDs and their parents learn strategies to cope with these difficulties. The program consists of 12 group therapy sessions (90 minutes each) in which parents and children participate in their own groups. The parent and caregivers group focuses on education about FASDs and program topics, while the children learn:

- Body and emotional awareness
- Planning skills
- Emotion labeling
- Self-monitoring and self-regulation
- Memory building
- Self-esteem development
- To compensate for weaknesses
- To build upon existing skills and strengths

For more information about PACT visit [www.childstudy.org](http://www.childstudy.org).



**FMF**  
Families Moving Forward Program

Primary Researcher: Heather Carmichael Olson, PhD  
Seattle Children's Institute at the University of Washington

The Families Moving Forward (FMF) Program is a scientifically validated positive parenting intervention that provides caregiver-focused education, support, and behavioral consultation. Objectives of the FMF Program include helping a parent better understand the effects of prenatal alcohol exposure, their child's skill profile, and advocacy techniques. Additional objectives include improving caregiver attitudes, self-reported parenting practices, and self-care. The ultimate goal is to reduce a child's disruptive behavior. The FMF Program helps families boost their progress in a positive direction, helping to increase caregiver optimism and reduce the chance their children will develop additional disabilities later in life. The caregiver meets with the FMF specialist for a series of coaching sessions addressing issues involved with raising children with FASDs. Sessions last approximately 90 minutes and the overall program lasts 9-11 months. An alternative 60-minute, weekly format is now being developed.

**The primary goals of FMF are to:**

- Improve key caregiver knowledge and attitudes toward parenting
- Improve level of caregiver self-care
- Reduce disruptive behavior by the child
- Reduce unmet family needs

For more information about FMF, including how to become an FMF specialist, visit <http://depts.washington.edu/fmffasd/> or email [familiesmovingforward@seattlechildrens.org](mailto:familiesmovingforward@seattlechildrens.org).



**Good Buddies**

Primary Researcher: Mary J. O'Connor, PhD, ABPP  
University of California, Los Angeles

The social deficits that are often involved with FASDs can have a significant negative impact on children who are not able to make or keep friends. Without peer social support, these children are more likely to experience behavioral and emotional difficulties. Having at least one or two close friendships can act as a buffer for children against low self-esteem, depression, and anxiety. Good Buddies was developed to give children with an FASD social skills training to help make this process easier. Children and parents attend 12 separate 60-75 minute sessions concurrently.

**Children learn:**

- Communication skills
- Peer entry techniques
- Play strategies

**Parents learn:**

- How to assist their children in making and keeping friends
- How to practice social skills with their children

Children who participate in the intervention demonstrate improved overall social skills, reduced problem behaviors, and show a greater understanding of appropriate social behaviors compared to children who don't participate in Good Buddies. Children continue to show improvement at 3-month follow-up assessments. This intervention has been successfully implemented in community, university, and medical based settings.

You can order the Good Buddies Trainer and Therapist Workbooks by contacting [moconnor@mednet.ucla.edu](mailto:moconnor@mednet.ucla.edu) or by calling 310-206-6528.



**MILE**  
The Math Interactive Learning Experience Program

Primary Researchers: Claire D. Coles, PhD, Julie A. Kable, PhD, Elles Taddeo, EdD,  
Emory University School of Medicine, Atlanta, GA

Children with FASDs often have difficulty with math skills. Problems in this area result from early and ongoing difficulties with visual/spatial learning, working memory, and self-regulation. Without the proper foundation, they struggle to master mathematical skills and reasoning which impacts important academic and daily functioning. The MILE program was created to support, educate, and empower caregivers and teachers to work with children to improve behavior and arousal to achieve learning readiness and math skills. The intervention involves parent training, teacher training, and individualized math instruction for children. Parents and teachers are taught about the special educational needs of children with FASDs and instructed on how to incorporate the MILE learning concepts into daily life at home and at school.

**Focus areas of the MILE Program include:**

- Enhanced communication between parents/caregivers and teachers and other school staff
- Teaching self-regulation strategies
- Teaching of metacognitive (learning) strategies
- Providing the basis for future math development

For more information on how to receive training to become a MILE instructor, email Dr. Taddeo at [etaddeo@emory.edu](mailto:etaddeo@emory.edu) or call 404-712-9800.



## Hope for Children and Families Living with Fetal Alcohol Spectrum Disorders (FASDs)

Helping a child reach his or her developmental potential is always a challenge. Families raising children with fetal alcohol spectrum disorders (FASDs) can face many additional obstacles, including learning disabilities, problems with self-regulation and executive functioning (i.e., planning and organizing), as well as possible physical issues. Children with FASDs also might struggle with understanding math concepts (e.g., time and money), decision making, and making friends. Experiencing childhood challenges in these areas often result in lifelong problems. Without support, parents might be left feeling frustrated, confused, and even hopeless.

## Evidence-Based Interventions for Children with FASDs

Help is available. Research has shown that the earlier children with FASDs receive appropriate interventions, the better these outcomes. In 2001, the Centers for Disease Control and Prevention's (CDC) National Center on Birth Defects and Developmental Disabilities (NCBDDD) provided the first federal funding to develop evidence-based interventions.

These projects sought solutions to address some of the core deficits commonly experienced by children with FASDs: self-regulation, executive functioning, social skills, and math skills. A major implication of these research studies is that there are now scientifically valid and proven interventions available that can address their children's needs. They can be used by intervention agents such as teachers, social workers, or mental health providers. These programs have been integrated into community settings and found to be effective.

## The CDC Interventions for Children with FASDs include:

- The Math Interactive Learning Experience (MILE)
- Parents and Children Together (PACT)
- Good Buddies
- Families Moving Forward (FMF)



## The National Organization on Fetal Alcohol Syndrome (NOFAS): [www.nofas.org](http://www.nofas.org)

NOFAS is the leading voice of the FASD community. It is the only international FASD non-profit organization committed to prevention, advocacy, and support. NOFAS strives to prevent alcohol use during pregnancy and supports individuals and families living with FASDs.



### What does NOFAS do?

- Provides support and referrals to individuals and their families living with FASDs through the International Resource Directory, and advocates on their behalf.
- Presents at international, national, and regional conferences.
- Provides an online clearinghouse with FASD curricula, information, materials, webinars, and referrals for a range of audiences including health care and legal professionals, educators, families living with FASDs, and expectant women.
- Connects families, communities, and researchers through the NOFAS Weekly Roundup of news and events as well as hosts social media sites on YouTube, Facebook, Twitter, Pinterest, and LinkedIn.
- Provides a peer mentoring and support network for women through the Circle of Hope.
- Develops and disseminates public health prevention campaigns and materials.

**Get involved—learn how to become a NOFAS affiliate or join the Friends of NOFAS advocacy group at [nofas.org](http://nofas.org).**

### Resources

CDC's National Center on Birth Defects and Developmental Disabilities, Fetal Alcohol Spectrum Disorders: [www.cdc.gov/fasd](http://www.cdc.gov/fasd)

CDC FASD App: [www.cdc.gov/ncbddd/fasd/multimedia.html](http://www.cdc.gov/ncbddd/fasd/multimedia.html)

Substance Abuse and Mental Health Services Administration (SAMHSA) FASD Center for Excellence: [www.fasdcenter.samhsa.gov](http://www.fasdcenter.samhsa.gov)

The American Academy of Pediatrics FASD Toolkit: [www.aap.org/fasd](http://www.aap.org/fasd)

The National Institute on Alcohol Abuse and Alcoholism's Collaborative Initiative on Fetal Alcohol Spectrum Disorders: [www.cifasd.org](http://www.cifasd.org)

*Funding provided by the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention*

# HOPE

## FOR CHILDREN LIVING WITH

# F.A.S.D.s

## FETAL ALCOHOL SPECTRUM DISORDERS

# 4 PROGRAMS THAT WORK!

## What are Fetal Alcohol Spectrum Disorders?

Fetal alcohol spectrum disorders—or FASDs—is an umbrella term used to describe the range of effects that can occur in a person whose mother drank alcohol while pregnant. These effects can include physical, mental, behavioral, and learning disabilities. Often, a person has a mix of these problems that range from mild to severe in each area.

FASDs are often “hidden disabilities.” The majority of individuals might not be properly diagnosed and many score in the normal range for IQ and therefore do not qualify for services, despite functioning poorly in specific areas and living with significant daily challenges.

Teachers and care providers who are unfamiliar with FASDs often misinterpret the child's behavior as defiant and deliberate rather than stemming from brain damage, leading to inappropriate interventions or punishment. As a result, children can develop severe behavioral and social problems that affect their ability to function independently into adulthood.

**Alcohol use during pregnancy is the leading PREVENTABLE cause of birth defects, developmental disabilities, and learning disabilities.**

### FACTS about FASDs:

- It is estimated that 1 in 100 children in the United States have FASDs (approximately 40,000 babies born per year affected by prenatal exposure to alcohol).
- FASDs can occur regardless of ethnicity, income, or educational level.
- FASDs are life-long, but access to services and appropriate intervention can greatly improve outcomes.