

■ Practice Guide for Child Welfare Professionals

Caring for Children with Prenatal Alcohol Exposure and FASDs in Child Welfare

Engage Families Affected by Prenatal Alcohol Exposure and FASDs

Many families caring for children affected by alcohol exposure before birth and fetal alcohol spectrum disorders (FASD) can benefit from a strong support system to help manage physical and behavioral concerns as well as the practical challenges of daily life.¹ As a child welfare caseworker, you play a pivotal role in engaging and building trust with families to ensure they receive accurate information about the effects of alcohol exposure before birth and can make informed decisions. You can make referrals for appropriate assessments and services while helping families access resources, interventions, and supports that can alleviate stressors and provide a better quality of life for the child and family as a whole. You also can build on strengths and instill hope by offering parents and caregivers support and connections to other families in the FASD community.

What is FASD?

Fetal alcohol spectrum disorder, or FASD, is the umbrella term for a group of diagnoses that can occur in a person exposed to alcohol before birth (also referred to as “prenatal alcohol exposure”). People with FASDs can have lasting effects, including behavior, learning, and physical difficulties that can lead to lifelong risks and adversities. Everyone with an FASD is unique and has areas of both strength and challenge. [Learn more about the effects of prenatal alcohol exposure and FASD.](#)

Reflect on Your Views About Alcohol and FASDs

Research shows that people have more negative feelings toward women who drink alcohol when pregnant, compared to people with mental health disorders, substance use disorders, or a history of incarceration (Corrigan et al., 2017). This can be a major source of stress for families, affecting their health, family functioning, and self-perception. When providing support and help to families whose children were exposed to alcohol before birth, potentially leading to an FASD, it is essential to **recognize and actively address your own potential negative attitudes toward birth mothers of children who were exposed to alcohol before birth.**

¹ The information included in this guide is intended for child welfare professionals supporting children possibly exposed to alcohol before birth and their families, whether or not a child has received a diagnosis under the FASD umbrella.



Opinions and experiences can manifest in our reactions and attitudes, both positive and negative.

Decisions are made as a result of our beliefs and it is important that we, as child welfare professionals, remain curious and engage with families in a genuine way that allows the family to share their story without feeling judgment. There can be many negative feelings that people hold about a woman

drinking while she is pregnant, which may be based on myths or even misinformation. Some beliefs can arise from false assumptions about parents of children with alcohol exposure prior to birth and FASDs.

“No mother drinks because she wants to hurt her baby.”

—Kathleen Tavenner Mitchell,
M.H.S., L.C.A.D.C.
FASD United

Alcohol Exposure Before Birth and FASD Myth Busters

Myth: “A little alcohol during pregnancy is okay.”

Fact: There is no safe amount of alcohol during pregnancy. Even small amounts of alcohol can potentially harm the developing fetus and increase the risk of FASDs.

Myth: “FASDs only happens if the mother has an alcohol use disorder.”

Fact: FASDs can occur in babies born to a person who consumes alcohol at any level during pregnancy. The risk is higher with heavier and more frequent alcohol consumption, but no amount of alcohol is completely safe. Remember, alcohol is a common part of many cultures and even low to moderate amounts of alcohol exposure can affect a developing baby (Liang et al., 2024).

Approaching families with respect can help in working collaboratively with families.

Families know their children’s strengths and challenges—and because children with alcohol exposure before birth or an FASD can have very specific needs, it’s important to ask for their input and respect their expertise. Engaging families to receive the right information and to make decisions acknowledges their expertise and can lead to more successful outcomes. In addition, it can also be helpful to use supervision between supervisors and caseworkers as well as peer case consultations to check potential bias and engage in open discussions.

When working with families with a child who was exposed to alcohol before birth, you can:

- **Remember** that parents and caregivers almost universally have their child’s best interest in mind. Birth mothers do not intentionally set out to harm their developing baby and may be struggling with alcohol use disorder or might have consumed alcohol before knowing they were pregnant.



- **Recognize** that a birth mother with a child exposed to alcohol before birth does not care any less for their child than any other parent.
- **Engage** the family in all decision-making as well as transparent communications and practices rooted in the family's culture and interests.

Counteract Shaming Messages

Parents of a child who may be affected by alcohol exposure before birth can face potential shame, stigma, and judgment. Birth parents may experience feelings of shame and stigma due to assumptions about the consumption of alcohol during pregnancy. For a birth mother, even seeking information about alcohol exposure before birth can be challenging; it can be hard to know where to find the right information, without worrying about how she will be perceived or treated.

"I am not a pregnant woman who drank. I am an alcoholic woman who got pregnant."

—Peggy Way, FASD Consultant and Partner, member of Circle of Hope, and an individual with lived experience as a birth mother of an individual with an FASD

To support families, you can:

- Approach families with an **understanding that parents want what is best for their children**.
- Inform parents, family members, and professionals engaged with the family that **people may consume alcohol during pregnancy for various reasons**, including before they knew they were pregnant, not knowing that alcohol could harm their baby, or if they have an alcohol or substance use disorder.
- Emphasize that **exposing a child to alcohol before birth does not inherently make someone an irresponsible parent**, nor does it definitively indicate maltreatment.

Discuss How Information About Alcohol Consumption in Pregnancy Will Be Used and the Potential Outcomes of Disclosure

Accurate information about alcohol use during pregnancy can set the stage for access to services that can help the whole family. Parents involved in the child welfare system may be afraid to disclose alcohol use during pregnancy as they may not be sure how the information will be used and whether it could be wrongly interpreted as proof of alcohol use disorder or as clear evidence of increased risk of child maltreatment. This fear of disclosure is warranted and may be heightened for children and families from communities that have been historically overrepresented in the child welfare system. As the caseworker, you can acknowledge parents' fears as real and reasonable as well as emphasize that, despite these fears, disclosure of this information is valuable for obtaining a diagnostic assessment and referrals to the right services that can help the child and family with their individual needs



Depending on state laws and agency processes, providing information about a parent's use of alcohol during pregnancy can be construed as admitting to child maltreatment, and information can be used in court to substantiate child abuse and neglect.

As the caseworker, it is vital to be knowledgeable about your jurisdiction's laws and your agency's processes on disclosure of alcohol consumption during pregnancy, so you can be transparent with families when assessing the child and family's needs.

To support families, you can:

- **Review and understand the laws in your jurisdiction** regarding substance use during pregnancy. It is important to note that the Children's Bureau does not instruct states that substance use during pregnancy is, by itself, evidence of maltreatment.
- **Explain to the family how disclosure of information about alcohol use during pregnancy will be shared** with other service providers and the legal system, and how it will be used to develop a case plan to ensure the family's needs are met and the information is correct.
- **Talk through questions or concerns the family might have about confidentiality.** If available, parents' attorneys can help families make decisions about what to share, when, and with whom.
- **Honor a family's desire not to disclose information** to service providers and the legal system and recognize that this is their choice to make. If a family chooses not to disclose, revisit the topic in the future as your relationship with the family evolves and trust is built in a continued effort to assess the child and family's needs.
- **When assessing the needs of the family, check in with them to make sure they agree that the assessment is accurate.** Use this as an opportunity to create a relationship with open communication.

Take a Compassionate, Respectful, and Curious Approach

You can engage and foster open conversations in ways that genuinely try to understand families' identities related to their background, culture, religion, and social needs. Honoring people's differences and staying curious will support building trusting and respectful relationships.

To support families, you can:

- **Learn about the family's traditions, beliefs, values, and other aspects of their lived experience** so that these factors are considered in the case-planning process.
- **Recognize that some faith communities have strong guidelines about alcohol use.** Consider the family's religious background as you are working with the family and making case decisions.
- **Recognize that families from various communities will have diverse beliefs, customs, languages, and socioeconomic backgrounds that have distinct perspectives and needs.** It is important to respect and acknowledge these differences while tailoring the support you provide in a way that makes the family feel safe.



Provide Validation and Information to Parents and Caregivers

Parents and caregivers of a child with alcohol exposure before birth or an FASD may feel isolated and overwhelmed in meeting their child's needs. As the caseworker, it is important to confirm these feelings and actively listen to the child and family so you can offer tailored information, parenting strategies, and empathy as you establish a relationship that builds trust.

To support families, you can:

- **Provide reassurance that negative feelings toward their child are not unusual** and the brain-based symptoms of alcohol exposure prior to birth can affect not only the child, but the entire family as well.
- **Provide parents and caregivers with information about the effects of alcohol exposure before birth and FASDs** that can be shared with their extended family and support network. Research shows that caregivers who know the effects of alcohol exposure before birth and FASDs are more likely to feel confident in managing their child's behavior and to use effective parenting strategies (Petrenko et al., 2016).
- **Review the process for receiving a referral for an FASD diagnostic assessment** if the family decides to move forward. Remember, this is the family's choice, and they can decline services. Check back in with the family regularly as their decision may change.
- **Connect parents and caregivers with peers**, such as support groups, so they can discuss their feelings with people who have gone through similar experiences, find coping strategies, and build a social and support network.
- **Recognize and validate the feelings of immediate family members, such as partners and siblings.** Everyone has individualized needs, and checking in with each person in the family can be helpful. Remember that even as family members' understanding of the effects of alcohol exposure before birth grows, they may still feel frustrated, guilty, and lonely.
- **Help parents and caregivers understand that FASD is a lifelong disorder.** However, research shows that diagnosis and early intervention treatment services can lead to better physical and behavioral health; improved social and educational outcomes; and a reduction in adverse life events, such as school disruptions, incarceration, and alcohol and drug use later in life (Petrenko, 2015; Streissguth et al., 2004).

Shifting Perspectives: How Can I Support Success for My Child?

Parents and caregivers may misinterpret children's behaviors as disobedience (a child "won't") rather than a result of the brain-based effects of alcohol exposure before birth (a child "can't"). Supporting parents and caregivers in shifting their perspective to ask, "how can I support success for my child?" can help them find and remove barriers and find interventions that offer support and opportunities for growth.



Build on Strengths

You can support parents and caregivers by offering hope through a strengths-based perspective.

To support families, you can:

- Help a child affected by alcohol exposure before birth or an FASD **identify their unique skills, abilities, talents, and gifts.**
- Support a child affected by alcohol exposure before birth or an FASD to **recognize and understand their challenges** and the supports that can help them transform those challenges into gifts.
- Support parents and caregivers to **reframe their child's behavior and reset their expectations** to avoid parenting frustrations.

Considerations for Child Welfare Supervisors

Child welfare supervisors are in a unique position to provide oversight and support for caseworkers as they engage families affected by alcohol exposure before birth and build trust. As caseworkers are setting up relationships with families, it is imperative to use your supervisory role to build trust with caseworkers, provide information on the effects of alcohol exposure before birth and FASDs, offer guidance and clarity on state laws and regulations, and explore potential assumptions or preconceptions through courageous conversations.

To support the caseworker, you can:

- **Facilitate open discussions** during unit meetings or individual supervision where potential assumptions or preconceptions can be discussed, and caseworkers can explore how negative feelings can affect decision-making.
- **Encourage caseworkers to explore all options of needs and strengths** for the child and family.
- **Help caseworkers articulate talking points** to provide families with information about the effects of alcohol exposure before birth and FASDs.
- **Role play discussions with families** about the effects of alcohol exposure before birth and FASDs during unit meetings or in supervision, so caseworkers have an opportunity to practice.

FASD Challenges to Gifts

In the Mi'kmaq Tribal Nation, traditional elders note that the challenges of FASD can be perceived as "gifts from the creator" (Cox, 2023). This reframing of "challenges" to "gifts" can include:

Perseveration to **Persistence**

Hyperactivity to **Hyper-Energetic**

Inflexibility to **Commitment**

Daredevil to **Courage**

Distorted Logic to **Unique Understanding**

Self-Centered to **Strong Sense of Self**

Distortions to **Rich Fantasy Life**

Confabulation to **Great Storytelling**

Oversensitivity to **Highly Sensitive**

Impulsivity to **Spontaneity**



For More Information on Engaging Parents and Caregivers

- [“Fetal Alcohol Spectrum Disorders: Impacts and Implications”](#) (Illuminate Colorado, 2023)
- [Tools for parents and caregivers](#) (FASD United)
- [Language & Stigma Guide](#) (FASD United, 2024)
- [8 Magic Keys: Planning for Students with Fetal Alcohol Spectrum Disorder](#) (Evenson & Lutke, 1997)

About the Resource Collection

Visit the [Resource Collection for Caring for Children with Prenatal Alcohol Exposure and FASDs in Child Welfare](#) to find more guides, tools, and resources.

The resources in this collection support child welfare professionals in:

- [Recognizing the signs](#) of prenatal alcohol exposure and FASD
- [Engaging families and building trust](#) through information and support
- [Coordinating care and referrals](#) for diagnostic assessment and services
- [Strengthening and expanding services](#) by enhancing system capacity

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