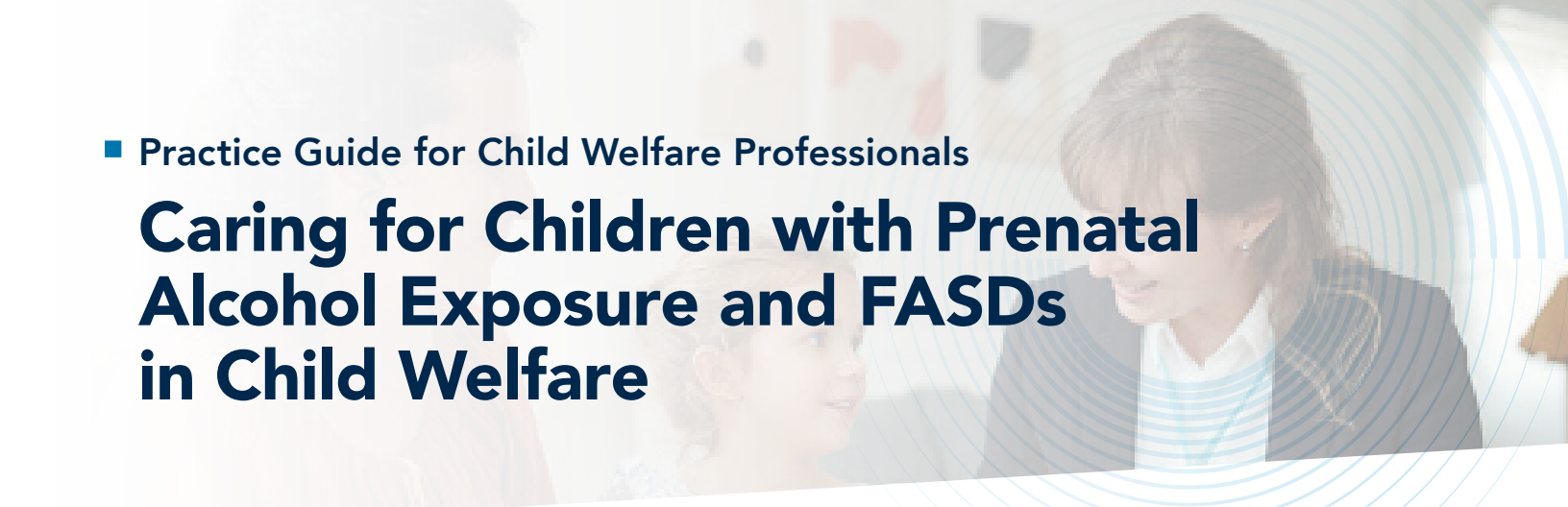




■ Practice Guide for Child Welfare Professionals

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

Coordinate Services for Children With Prenatal Alcohol Exposure and FASDs

Fetal alcohol spectrum disorders (FASDs) are a group of diagnoses that can happen when an individual is exposed to alcohol prior to birth (also referred to as “prenatal alcohol exposure”) and can affect a child’s well-being and overall family functioning.¹ As a child welfare caseworker, you can **refer children and youth with a possible FASD to the appropriate service providers for assessment and evaluation with the permission of the family**. You can help **coordinate the recommended support and services** children with potential FASDs and their families need to thrive. While some children who were exposed to alcohol before birth may not meet the criteria for an FASD diagnosis, they may still experience developmental, cognitive, and behavioral effects and could receive help from tailored services and support. Services such as early intervention; family-focused interventions; and education of parents, caregivers, and family members have been shown to be effective.

Your Role as a Caseworker

By knowing more about the effects of alcohol exposure before birth and FASDs, you can make a meaningful difference in the lives of children and families. As a child welfare professional, you have a unique relationship with families and, with the family’s permission, can be instrumental in orchestrating a multidisciplinary approach to find, access, and deliver the precise, targeted services that these families need. As a caseworker, you **engage with families to provide needed information and recommendations in an accessible manner**. You are a vital and pivotal part of the case care team.

As a caseworker, you can **collaborate with an array of professionals and service providers across various disciplines**, including medical professionals, psychologists, educators, and therapists, among others. You can engage with service providers to ensure services are person-centered, strengths-based, and tailored to the specific needs of each family, achieving similar experiences and outcomes for all families. This collaborative effort aims to amplify a family’s strengths and address the challenges of caring for a child with an FASD, which often requires a multifaceted approach.

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.



You also can help **find and reduce barriers for families to help them access services**.

For example, families in rural areas may not have easy access or any access to services and transportation may be necessary if a child and family must travel to a provider across the state. Seek telehealth services to bridge the gap in access to specialized FASD assessment and intervention programs. This can include remote consultations with specialists and teletherapy sessions for individuals with an FASD. Offer Wi-Fi or a hotspot for families to access online services and support groups from their home. In some cases, you can facilitate the process by providing [information](#) and [resources](#) on FASDs to a primary care pediatrician or clinician. You can also contact service providers in advance to ensure they will be a good fit for a family.

Provide Just-in-Time Support to Parents and Caregivers

When caring for a child with alcohol exposure before birth and a possible FASD, parents and caregivers can benefit from “just-in-time” support in addition to specialized services. This just-in-time support can include building social and support networks, providing information on effective parenting strategies for children with an FASD and learning coping strategies, as well as recognizing and confirming all feelings to help parents and caregivers feel seen, heard, and valued.

To support families, you can:

- **Connect parents and caregivers with peers**, such as [support groups](#) and the [FASD Family Navigator](#), so they can discuss their feelings with people who have gone through or are currently going through similar experiences because they are in a unique position to offer empathy and support rooted in their own lived experience and can provide invaluable information about the benefits of services.
- **Help parents and caregivers to find their child and family’s strengths** and support to still be optimistic about their child’s future.
- **Give parents and caregivers breaks from caring for their child** by accessing community respite supports, behavioral health programs, and reviewing the family’s support network.
- **Provide reassurance** that feelings of frustration are not unusual and the brain-based symptoms from alcohol exposure prior to birth affect not only the child but the entire family as well.
- **Create a space for family members to express worries, concerns, and needs** without judgment. Sometimes just voicing worries without feeling pressured about the outcome can alleviate stressors.

Offer Parenting Strategies Specific to FASD

Parents and caregivers have reported feeling unprepared to care for children with prenatal alcohol exposure (Usher et al., 2024). 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”). This can cause frustration and a sense of helplessness.



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.

To support families, you can:

- **Help parents and caregivers learn different parenting strategies** to build on the strengths of their child. It is important to remember that the parenting strategies that work with children who are developing typically may not work for a child with an FASD.
- **Help parents and caregivers understand how services can improve their child’s well-being.** FASDs are a lifelong disorder. Services and support tailored to a child’s specific needs can help manage symptoms and improve outcomes through adaptations for learning and independent living.

Ensure Safety and Mitigate Risk

Children with intellectual disabilities like FASDs may be at a higher risk of maltreatment and may be more likely to experience placement instability (Jaudes & Mackey-Bilaver, 2008; Maclean et al., 2017). Risk and safety issues can be magnified when services do not match the needs of a child with alcohol exposure before birth or an FASD, such as when children do not receive services to help them emotionally regulate or when parenting strategies are ineffective.

To support families, you can:

- **Engage the family in the full decision-making process intentionally and consistently,** including specific safety planning given the child’s needs and behaviors.
- **Assess the whole picture of a family,** including support available to the child and family and a parent or caregiver’s current ability to change to meet their child’s needs and ensure their child’s safety.
- **Provide referrals and resources promptly** to connect families with desired services that can reduce risk and safety needs while providing support and helping families create a safe home environment.
- **Offer information on local crisis centers or emergency response agencies** as a resource to help in de-escalating a high-stress situation and supporting family stability.

Parenting Resources

- [*Strategies Parents Find Helpful in Raising Their Children Living with FASD®*](#) (St. Michael’s Fetal Alcohol Spectrum Diagnostic Clinic)
- [*Understanding Behaviors of FASD*](#) (Proof Alliance)
- [*Adolescence and Transition: Accommodations and Modifications*](#) (Proof Alliance)
- [*It’s a Brain Thing! A Podcast about FASD*](#) (Oregon Behavior Consultation)



Is There Concern That a Parent May Have an FASD or Struggle With Challenges Due to Alcohol Exposure Before Birth Themselves?

When working with families with a child with an FASD, be aware of signs that a parent may also have experienced alcohol exposure before birth.

As a caseworker, you can:

- Look for poor organizational skills, trouble with memory, emotional dysregulation, and/or social functioning inconsistent with chronological age, or an extended family history of excessive alcohol use.
- Empathize with these challenges and take steps to simplify language and instructions, support a routine, and remain patient when working with parents

Support Families Before and After Referrals

Before referring a family for an FASD diagnostic assessment or services, you can:

- **Ask consent from the family** and honor their decision to not have their child assessed. The topic can be revisited periodically.
- **Acknowledge family members' feelings** and recognize the process for diagnosing an FASD can be difficult and raise mixed emotions.
- Try to **predict potential questions families might have about FASD diagnostic assessment** and services and provide answers and strategies to address concerns.
- **Ask families open-ended questions** (for example, "What questions do you have about what happens next?") and reflect on their responses to let them know they are being heard.
- **Ask families specifically what their concerns are** that they would like addressed.
- Help navigate support for and conversations with people the family has identified as being part of their network to **help them better understand the effects of alcohol exposure before birth and FASDs**.
- **Answer questions or concerns from family members** or direct them to resources that can provide information and help answer their questions.
- **Help parents and caregivers gather information in preparation for the evaluation**, including birth/medical records, school records, social services records, and history of the birth mother's alcohol consumption prior to pregnancy and when she learned she was pregnant, if possible.
- **Discuss the types of questions a child and family may be asked during an FASD assessment**, including questions about early health history and prenatal alcohol exposure.
- **If possible, arrange for a walkthrough at the diagnostic clinic** or service site.



Once a referral for FASD services is made, you can:

- **Coordinate a warm handoff to the service provider** when possible or offer support if the family is placed on a waiting list. If on a waiting list, some services may be started prior to an assessment such as early intervention, early head start, or special education evaluation.
- **Help families prioritize recommendations and referrals to other services**, as this may be overwhelming for parents and caregivers.
- **Make sure families understand and are implementing new resources, strategies, or tools if they so choose.** If they are not and would like to be, find out why (such as lack of transportation or child care for siblings) and what the family needs to support this implementation.
- **Facilitate regular check-ins with the family.** Ask the family if they feel like services are making a difference—it is important to know what is and isn't working well.
- **Ask families about their experiences with services** and follow up with service providers to figure out whether families received services. Note any providers who are not meeting the families' needs and inquire with the family and provider about why. This information will be useful to decide whether further referrals will be made for services with the provider.

Referring for an FASD Diagnostic Assessment

Many of the symptoms of an FASD overlap with other diagnoses, such as ADHD, autism spectrum disorder, anxiety, and learning disabilities. It is important to know the difference in conditions because a child's individualized needs will be different depending on their diagnosis, much like a child with a rash will need different services and care if the rash is a result of allergies or eczema. Children experiencing trauma also may present with behaviors similar to FASDs since the same brain structures are affected.

Availability of FASD Diagnostic and Intervention Services

While FASD is common, many professionals can be unfamiliar with the disorders and as a result, specialized diagnostic, intervention, and other clinical services are not available in all areas or have long waiting lists. Starting an assessment process with available providers, such as early intervention, medical providers, and educational specialists, can help to begin understanding the child's needs. Recommendations from providers to caseworkers can lead to linking children and caregivers to services and supports. [FASD United's Resource Directory](#) can help you better understand what FASD services and supports exist in your area and where they are found. You can use the [Community Landscape Worksheet](#) to keep track of state and local FASD resources. By filling in the worksheet with information for community providers, you can make sure that you are prepared to connect families with FASD support services.



This is why an assessment from trained professionals is so important if there are questions about a child's development. Check with your supervisor and peers about options for FASD diagnostic assessment and services in your area. Keep in mind that some services may be delivered by providers to which your agency routinely refers children, such as pediatricians who provide medical examinations or early intervention specialists who provide early periodic screening diagnosis and treatment.

To support families, you can:

- Use information provided by the family to **find a suitable agency/service provider to refer to** and contact the agency/service providers prior to referring families for services or a diagnostic assessment. It's important to understand the services provided, languages spoken, associated costs, and experience working with individuals with an FASD.
- **Gather child and family history and present-day information**, including information about the child's and family's needs, and share it with the service provider. This can include information such as descriptions of behaviors that are concerning (such as tantrums or moodiness) and documentation of learning difficulties (such as memory problems). If there is existing information available on a child's potential or known alcohol or drug exposure before birth, make sure the provider has this. Include information if a sibling has an FASD diagnosis. Additionally, there is a strong correlation between alcohol use and other drug use, so if a child has been exposed to other drugs, there is a strong possibility that he or she also may have been exposed to alcohol.
- **Prepare the family for potential long waitlists for an FASD diagnostic assessment and support services.** The hard reality is that there may be long waitlists for qualified professionals to screen, assess, or provide FASD-specific services; however, it's important to start the process as soon as possible as early intervention can improve outcomes.
- **Recognize that finding a qualified professional for the diagnostic assessment may take inquiry and discussion.** An FASD diagnosis must be made by qualified professionals and is often done in a multidisciplinary setting. At a high level, a pediatrician or physician with expertise in FASD and differential diagnosis, a developmental specialist, or a psychologist can assess for an FASD. However, a primary care pediatrician can

Potential Benefits of FASD Diagnostic Assessment

A parent or caregiver may be hesitant to complete an FASD diagnostic assessment for their child. It can be an emotional and challenging process. As the caseworker, it's important to be able to [provide information about why this assessment is important](#) so the parent can make an informed decision about the assessment. Potential benefits include:

- **Find a child's strengths and areas for growth and development**, even if an individual does not meet the criteria for an FASD diagnosis (Green et al., 2015).
- A diagnosis can **help a child better understand themselves**, as individuals with an FASD can feel misunderstood and frustrated by not being able to meet their own or others' expectations.
- Understanding an FASD diagnosis can **help parents and caregivers better understand the reason(s) for challenging behaviors** and offer parenting resources, information, and supports that are FASD-informed. Remember, an FASD may cause a child to seem to be intentionally misbehaving when they are not, and assessments offer the opportunity for this reframing.
- Receiving a diagnosis of FASD can **connect children and families with advocacy groups** and offer a sense of community (Cook et al., 2023).



help ease the process and answer questions. Keep in mind that the titles of these professionals can vary across jurisdictions.

Pending availability for an FASD diagnostic assessment, it might be helpful to have a discussion with the child's primary care provider about any developmental, cognitive, and behavioral issues. The primary care provider may be able to connect the family with providers in the area who specialize in FASDs. Additionally, the primary care provider may have access to the child's birth records through an electronic medical record and may also have a historical relationship with the child and family.

Remember that a family can be referred for simultaneous assessments at the same time, depending on the child's needs. At the same time as seeking an FASD diagnostic assessment, a child may also be referred for a medical screening/evaluation with a primary care provider or referred for a special education evaluation. The outcomes of each of these assessments will provide direct support for understanding a child's learning and behavior needs and developing a plan for providing tailored services and supports.

Documentation of Referrals and Outcomes

Effective documentation of referrals for FASD services, including reason(s) for referrals, helps with the collection of correct information, allows you to find key information quickly, and enables information-sharing with partners so agencies can track services families receive from other providers. Documentation of referrals also can help your agency avoid any lapses in service provision due to staff turnover and help ensure the family's needs continue to be met if child welfare staff working with the family changes. Well-documented and accessible information about a referral for FASD assessment and services ensures a new worker can come up to speed quickly as they engage with the family. It is important to document what resources and tools have been provided to a family, so efforts are not repeated. Additionally, documentation can help reduce the family's need to repeat information to their new caseworker about the referrals and services they have received.

To support families, you can:

- **Follow your agency's documentation processes to promote consistent, correct, and timely documentation of FASD service referrals.** Keep in touch with service providers to track service delivery, diagnostic results, and treatments. In case plans or transition plans, include next steps that are clear and practical for families and other caseworkers who work with the family.
- **Document the outcomes of an FASD diagnostic assessment, even if a child does not receive a diagnosis.** Receiving a diagnosis may support the need for a Section 504 plan in school or call for the development of an Individualized Education Program (IEP) to provide specialized instruction and services that can help a child succeed in school. Information about other conditions (for example, ADHD, a specific learning disability, trauma, etc.) found during the assessment can be helpful to service providers.



Resources for Parents With an Alcohol Use Disorder

While it is important to remember that the mothers of many children with FASDs do not have an alcohol use disorder, some do and need support as they navigate parenting strategies that work. The resources below may be helpful for caseworkers supporting parents with an alcohol use disorder:

- [Recovering Mothers Anonymous \(RMA\)](#) offers online resources and virtual support groups for birth mothers to share their experiences and find strength and hope in learning from others who have the lived experience of using alcohol or other substances while pregnant.
- [Circle of Hope \(COH\)](#) is a network of birth mothers who consumed alcohol during pregnancy and may have a child or children with FASD. COH aims to provide peer support to birth mothers and decrease the shame and judgment that families of origin may experience.
- The National Center for Substance Abuse in Child Welfare has developed a [list of resources](#) for professionals working with women who are pregnant and parenting and affected by substance use disorders.

Considerations for Child Welfare Supervisors

As a child welfare supervisor, you can provide oversight, support, and guidance to caseworkers as they refer and coordinate services for children and families affected by alcohol exposure before birth and FASDs. Part of your role is to be aware of internal agency resources and policies, as well as the community service array, so you can offer referral suggestions as needed.

To support the caseworker, you can:

- **Understand parenting strategies for children with alcohol exposure before birth and FASDs to alleviate stressors in the home.** Brainstorm with the caseworker on ways to support the family during case conferences and supervision.
- **Partner with the caseworker if a child is in an out-of-home care plan to find a suitable placement option where the child's unique needs can be met.** Make out-of-home caregivers aware of how to support the child's needs, as this can help support placement stability. Developing a standard procedure or form to convey this information may be helpful for caseworkers.
- **Support caseworkers in navigating complex family situations** and help them find creative ways to meet a family's individual needs.
- **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.



For More Information on Cross-Systems Collaboration

- [Building Collaborative Capacity Series: How to Develop Cross Systems Teams and Implement Collaborative Practices](#) (National Center for Substance Abuse and Child Welfare, 2021)
- [A Collaborative Approach to the Treatment of Pregnant Women With Opioid Use Disorders Practice and Policy Considerations for Child Welfare, Collaborating Medical, and Service Providers](#) (Substance Abuse and Mental Health Services Administration)
- [Tribal Family Wellness Plan Learning Modules](#) (Center for Children and Family Futures and Tribal Law and Policy Institute, 2021)

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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References

- Cook, J., McFarlane, A., Flannigan, K., Hanlon-Dearman, A., & Unsworth, K. (2023, May). *Why FASD diagnostic assessment is important*. Canada FASD Research Network. <https://canfasd.ca/wp-content/uploads/publications/Why-FASD-diagnostic-assessment-is-important.pdf>
- Green, C. R., Cook, J., & Salmon, A. (2015, March). *Why is FASD diagnosis important?* Canada FASD Research Network. <https://canfasd.ca/wp-content/uploads/publications/FASD-and-Dx-EN.pdf>
- Jaudes, P. K., & Mackey-Bilaver, L. (2008). Do chronic conditions increase young children's risk of being maltreated? *Child Abuse and Neglect*, 32(7), 671–681.
- Maclean, M. J., Sims, S., Bower, C., Leonard, H., Stanley, F. J., & O'Donnell, M. (2017). Maltreatment risk among children with disabilities. *Pediatrics*, 139(4). <https://doi.org/10.1542/peds.2016-1817>
- Usher, K., Morehouse, E., Newburg-Rinn, S., Bertrand, J., & Golden Guzman, K. (2024). Foster parents' need for greater information sharing when caring for children with prenatal substance exposure within child welfare. *Journal of Public Child Welfare*, 1–22. <https://doi.org/10.1080/15548732.2024.2412672>