

# The Mystery of Risk

*Drugs, Alcohol, Pregnancy and the Vulnerable Child*

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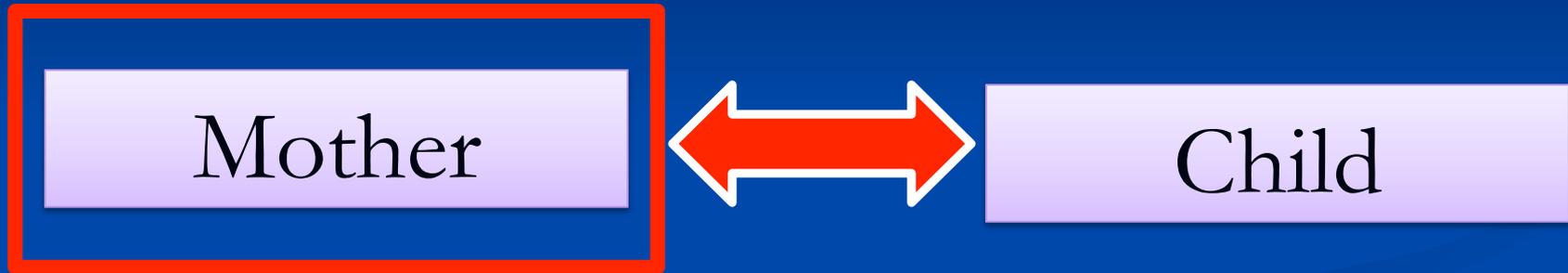
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# Attachment: Basic Concepts

- *Attachment is...*  
the interconnectedness between human beings.
- *Attachment requires...*
  - reading each other's cues
  - responding appropriately to each other's cues.



# Attachment: *Where to Start?*



# The Maternal/Fetal Relationship:

*Maternal Trauma and Implications for  
Attachment*

# Five Factors Affecting Relationships in Chemically Dependent Women

- Negative heritage
- Emotional instability
- Lack of social support
- Cognitive functioning
- Psychological functioning

# Two Essential Caregiver Qualities

- Responsiveness

- Accessibility

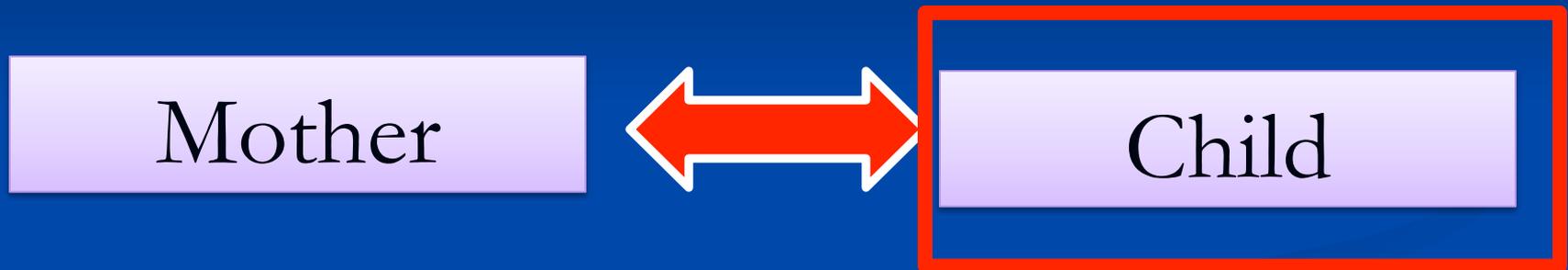
# Two Essential Infant Qualities

- Responsiveness

- Accessibility

# Attachment:

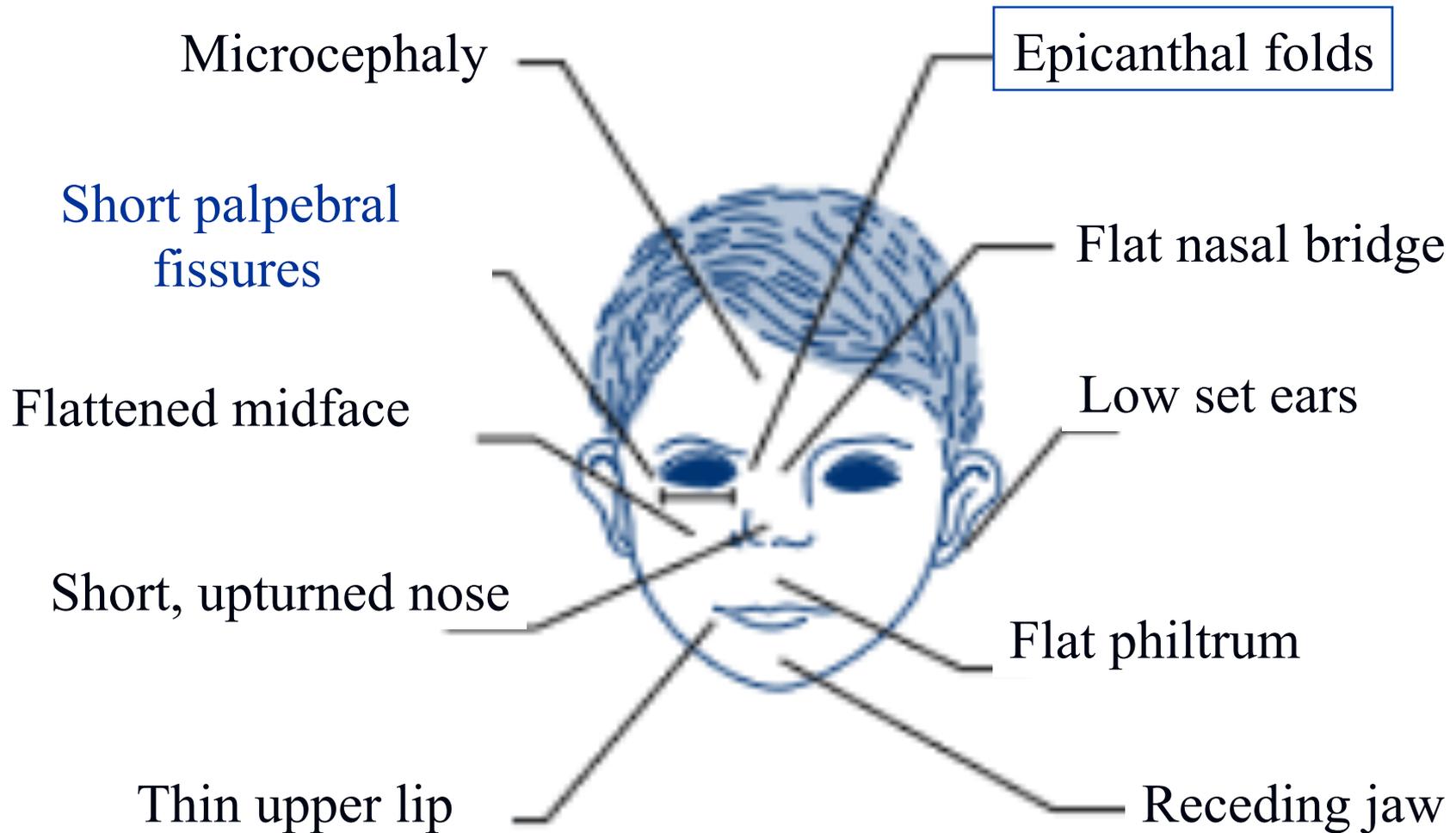
## *The Infant's Readiness for Attachment*



# The Fetal Alcohol Spectrum: Diagnostic Criteria

- I. Confirmed prenatal alcohol exposure
- II. Growth impairment
- III. Facial dysmorphology (3)
  - short palpebral fissures
  - flat elongated philtrum
  - thin upper lip

## Facies in Fetal Alcohol Syndrome



# The Fetal Alcohol Spectrum: Diagnostic Criteria

- I. Confirmed prenatal alcohol exposure
- II. Growth impairment
- III. Facial dysmorphology
- IV. Neurodevelopmental disorder  
*structural, neurological or functional CNS deficits*

# The Fetal Alcohol Spectrum: Diagnostic Criteria

- I. Confirmed prenatal alcohol exposure
- II. Growth impairment
- III. Facial dysmorphology
- IV. Neurodevelopmental disorder

**FAS** Fetal Alcohol Syndrome  
*Meets criteria in categories: II, III, and IV*

**pFAS** Partial Fetal Alcohol Syndrome  
*Meets criteria in: I, III, and IV*

**ND-PAE** Neurodevelopmental Disorder with Prenatal Alcohol Exposure  
*Meets criteria in I and IV*

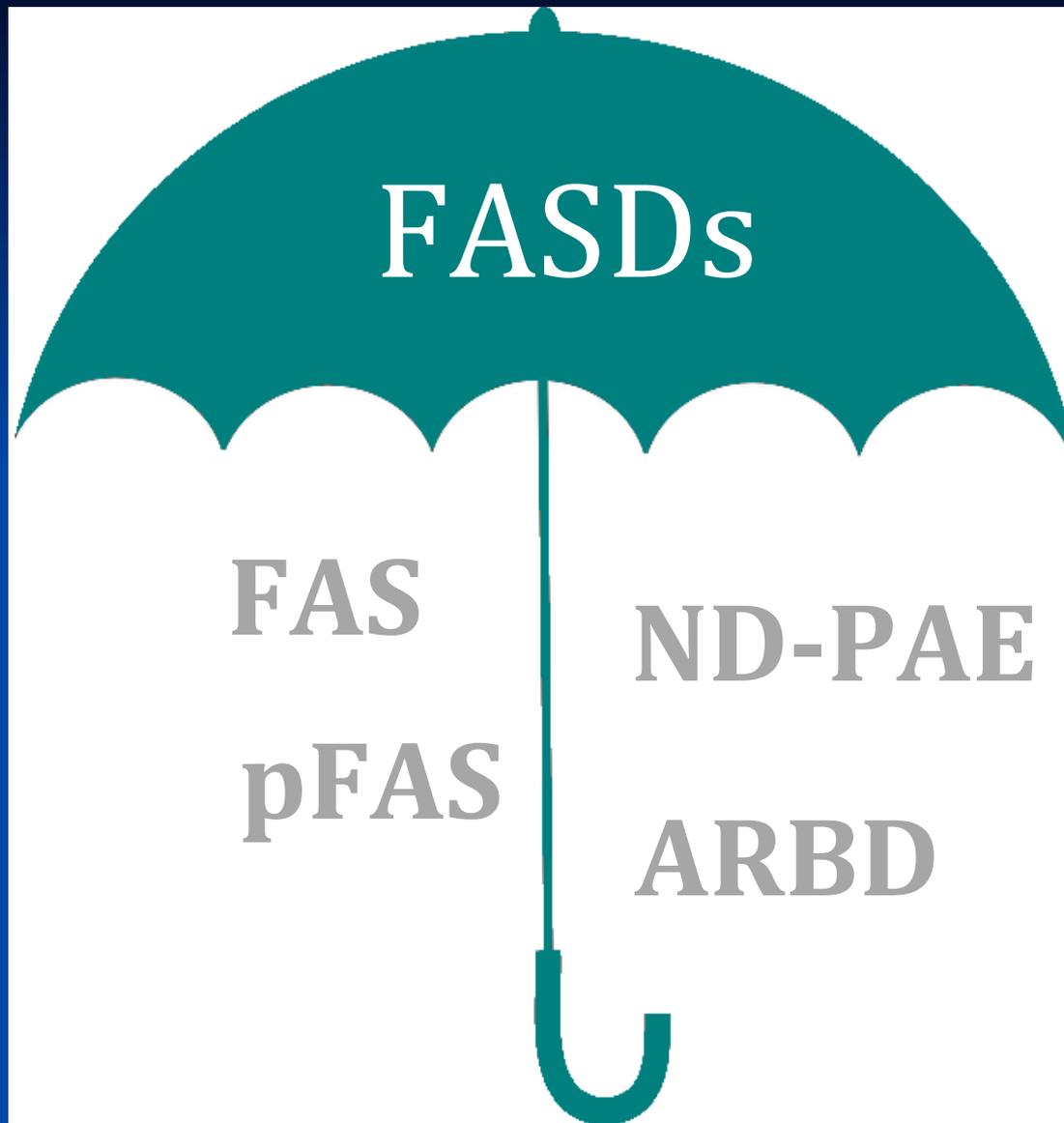
**ARBD** Alcohol Related Birth Defects  
*Meets criteria in: I and III*

# FASDs

## *Fetal Alcohol Spectrum Disorders*

“an umbrella term describing the range of effects that can occur in an individual whose mother drank during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications.”

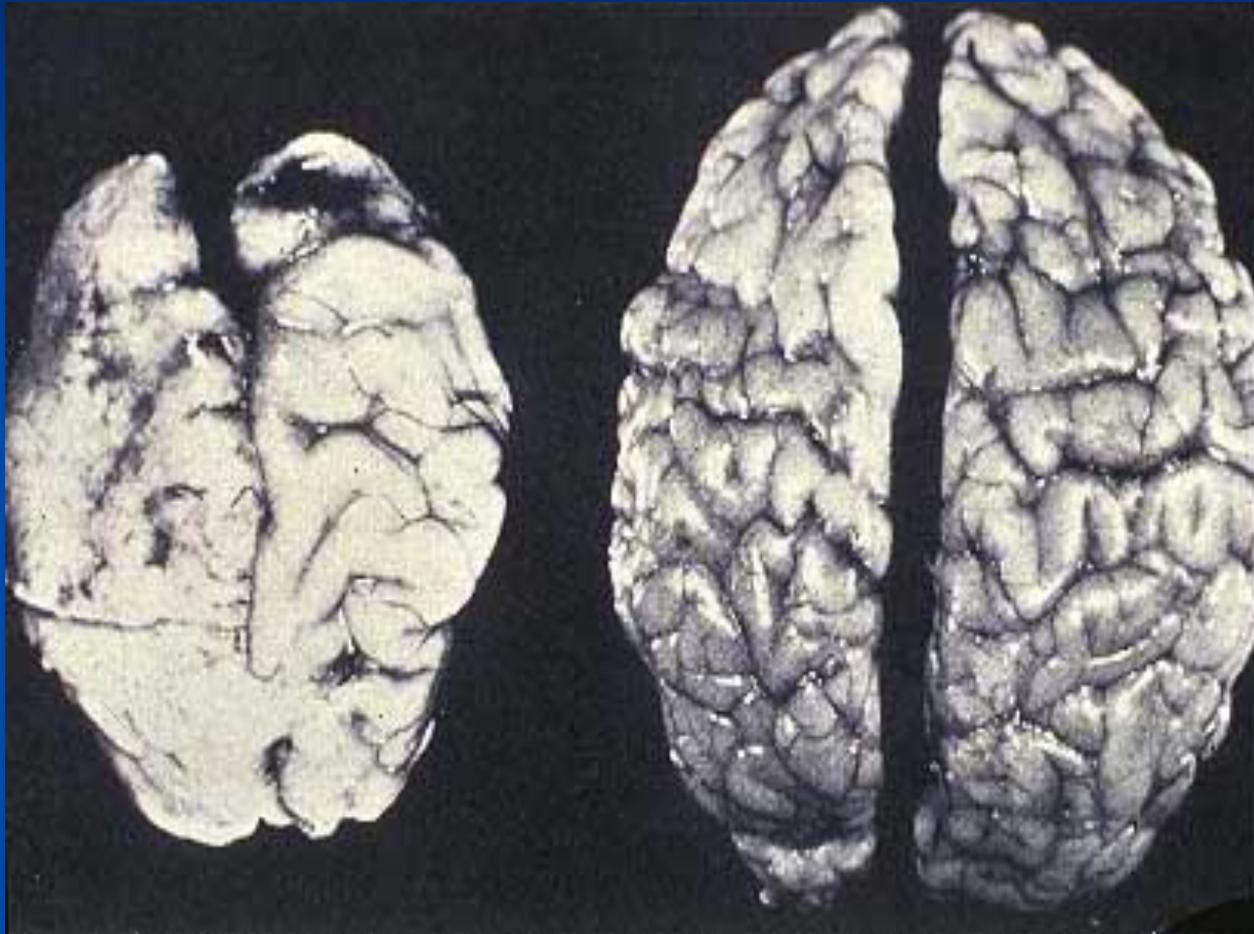
*Bertrand et al, 2004*



# Risk Factors

- Dose of alcohol
- Pattern of exposure - binge vs chronic
- Developmental timing of exposure
- Genetic variation
- Maternal characteristics

# Brain Damage from Prenatal Alcohol Exposure

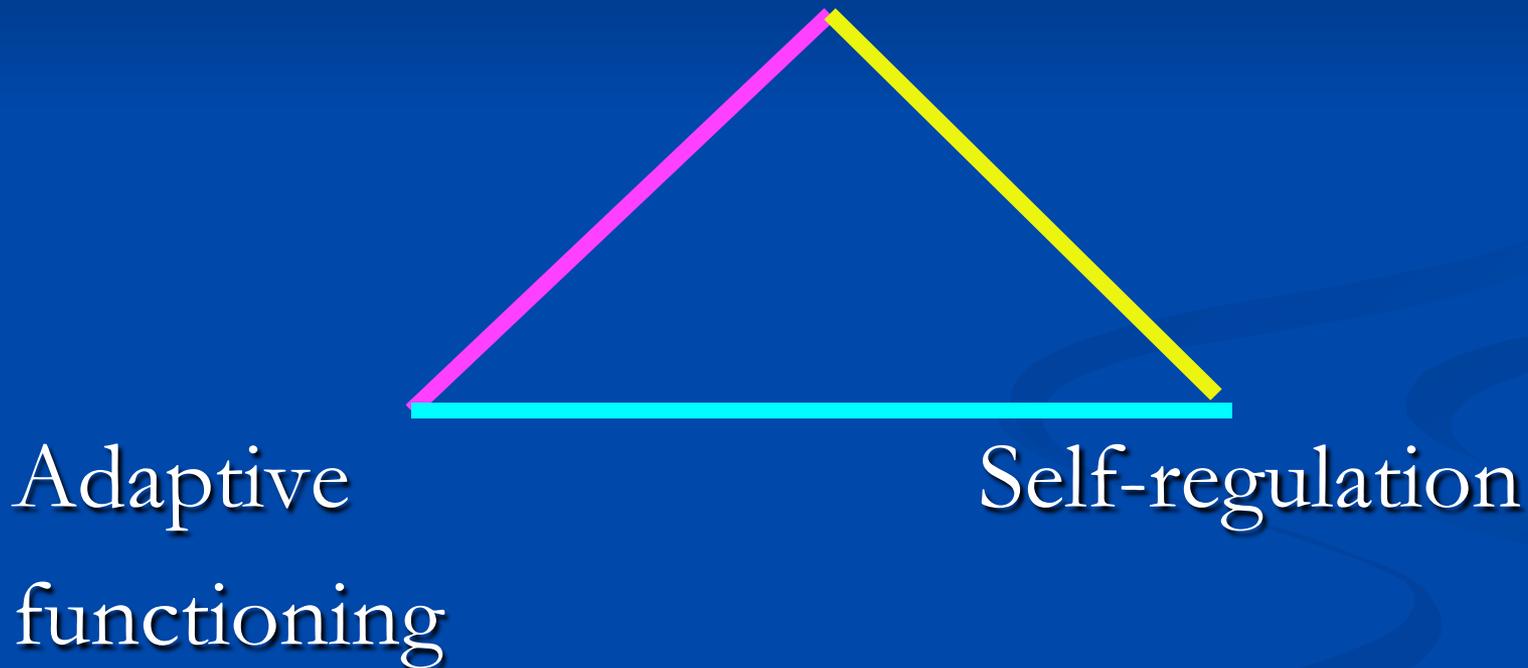


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photo: Clarren, 1986

# Information Processing

Neurocognitive functioning



# Neurodevelopmental Disorder

## Neurocognitive functioning

- 
- Normal global cognition
  - Executive functioning deficits
  - Learning disabilities
  - Memory problems

# Neurodevelopmental Disorder

Neurocognitive functioning

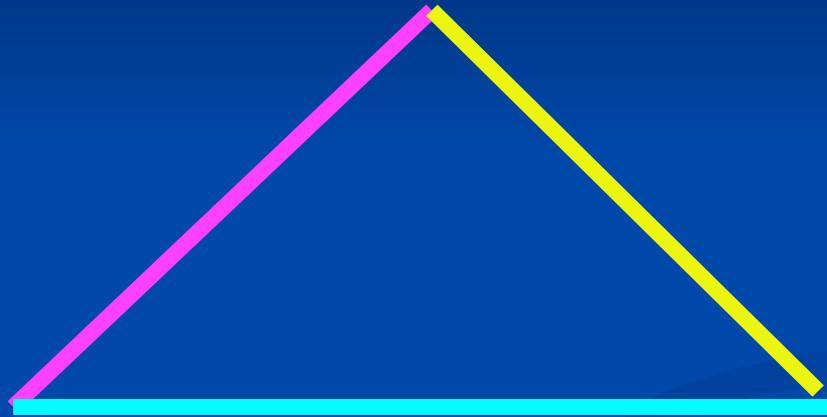


## Self-regulation

- Attention Problems
- Impulsivity
- Mood swings

# Neurodevelopmental Disorder

Neurocognitive functioning



**Adaptive functioning**

- Communication deficits
- Impaired social skills
- Abstract reasoning

**Self-regulation**

# Clinical Presentation Related to Problems in Information Processing

- impulsivity
- poor attention to tasks
- distractibility
- over activity
- poor regulation of affect
- poor executive functioning



ADHD

# PAE and the Adolescent Transition

*Will the child with prenatal alcohol exposure be able to learn from the accumulation of life experiences and change?*



# Neurocognitive Functioning

- Poor abstraction
- Problems with memory
- Self-reflection often impaired
- Black and white thinking
- Difficulty delaying gratification
- Impaired judgment & cause and effect thinking
  - Risk-taking behavior & sensation seeking
  - Might not be able to differentiate between safe and unsafe behavior
- Problems with temporal reasoning
  - Time, budgeting, money, deadlines

# Adaptive Functioning

*How effectively an individual conforms to life demands in comparison to his/her age group*

- Normal → IQ and Adaptive Behavior are similar
- FASD = significant deficits in adaptive behavior, even for individuals with average IQ
- 295 individuals with fetal alcohol exposure
  - Average IQ = 90
  - Average AQ = 67 (Adaptive MR)

*Streissuth et al., 1996*

# Self-Regulation

- Sensory processing deficits
- Emotional dysregulation
- Behavioral problems
- Difficulties with social interactions

# The Adolescent with PSE:

## Social

- Social relationships increase in complexity
  - Problems with generalization, abstraction, social problem-solving
- Difficulties learning social conventions and applying them appropriately
- Trying on different identities
  - Increased vulnerability to negative peer influence
- Feelings about self
  - Depression, low self-esteem, anxiety

# The Adolescent with PSE: Decision-Making

In young children...

- Pre-conventional reasoning

- \*self-interest

- \*rewards and punishments

- \*right vs. wrong

In young teens...

- Conventional reasoning

- \*Impressing peers

- \*hypothetical reasoning

- \*begin to look at how their behavior will be perceived by others

- \*emphasis on fairness

- \*emphasis on loyalty

# The Adolescent with PSE: Decision-Making

- Reasoning remains pre-conventional
- Emphasis on right vs. wrong
- Impaired reflection = problems with motivation
- Lack of “remorse” =
  - Lack of perspective
  - Lack of possibilities
  - Lack of generalizability

# Treatment

We are not treating FASD or trauma, per se, but the secondary characteristics that are grounded in the neurobiological brain changes induced by prenatal alcohol and drug exposure and early trauma.

# Theoretical Framework for Treatment

## Traumatic brain injury

- Family education/support
- Cognitive therapy
- Executive functioning

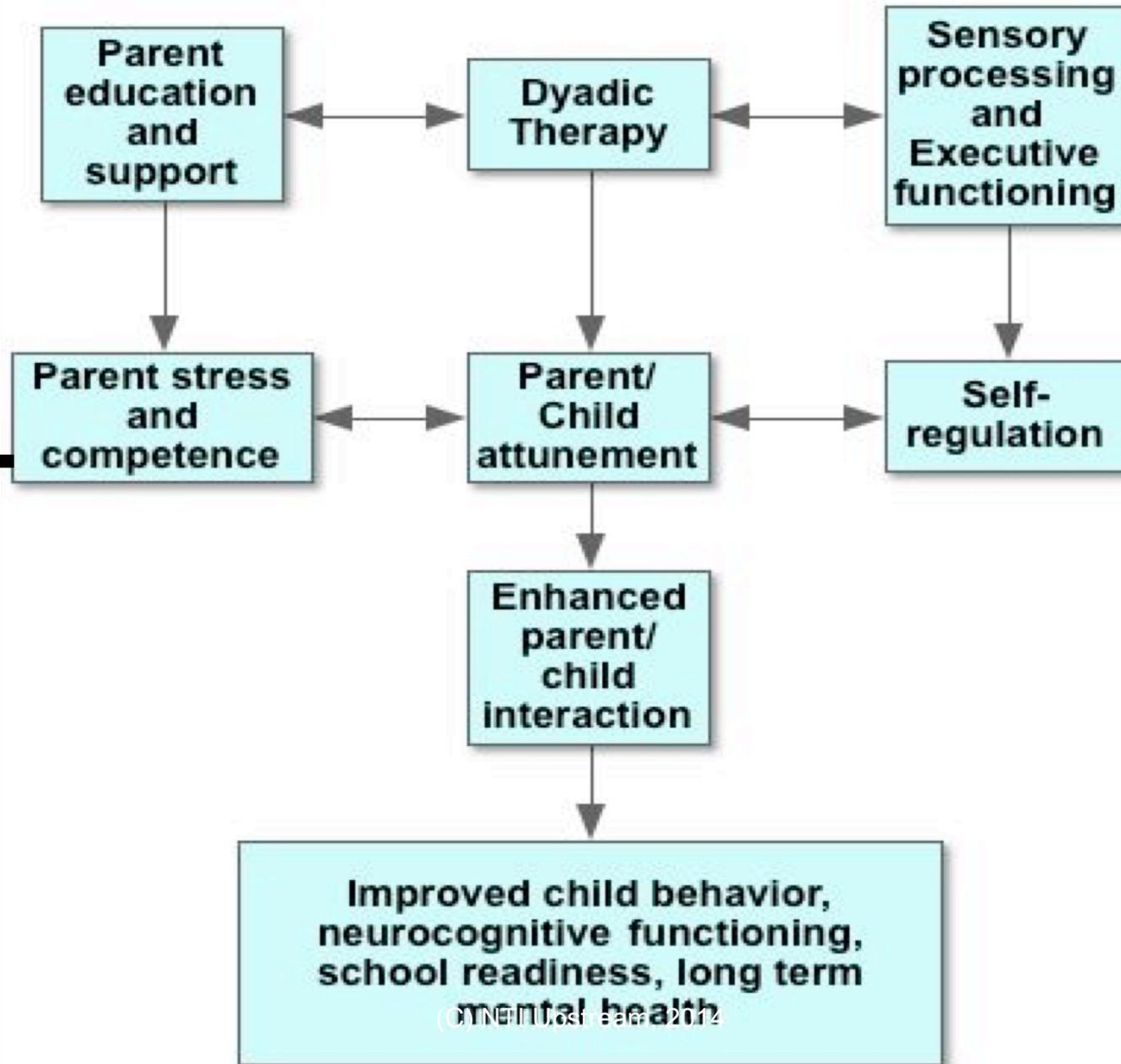
## Dyadic

- Relational therapy
- Attachment therapy

## Self-regulation

- Body awareness
- Sensory processing

# Therapeutic Model



# Interactive Behavior Management System

- **Purpose:** guide parents and teachers in their daily work with children who have significant behavioral problems.
- **Research question:** can an interactive behavior management system improve child behavior and family function?
- **N = 50 families** with children, ages 5 years to 18 years, with significant behavioral difficulties.
- **Outcomes**
  - *CBCL:* fewer disruptive behaviors and lower total behavioral problem scores
  - *PSI:* families experienced less disruption and stress and increased feelings of competence



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