Age Specific Strategies

Eating

One of the kids in our house would sample any baking left within reach and unsupervised. We talked about locking the baking up, consequences, etc. The solution was to cut a bit of cake or cookies and put it on a side plate, then telling her if she needed to sample she should take it from that plate. As long as she had a side plate she never ran his fingers through the icing on another cake.

Things You May Notice

Babies with FASD are often not big eaters or are disorganized eaters. They have a **poor suck reflex**, are slow to breast feed, and **unable to gain weight**. Many babies have a high cleft palette and **weak cheek muscles** that make it difficult to eat and swallow properly.

Younger children may **gorge and starve**, forget to eat, become easily distracted at meals, won't eat multi-textured foods, **can't tell if the food is too hot or too cold**, often stand when eating or need their feet to swing under the table.

Older children **may overeat, never feel full**, try to be in other people's eating space at the table, forget to eat for days, **want lots of salt or spice on food**, offer or show interest in helping to make food, or want to set the table or do dishes but they don't follow through or get distracted while doing the task.

If your child has difficulty with eating or is either underweight or overweight, it is important that you speak to a health care professional. Do not try to diagnose the problem on your own.

The following are some general strategies that might help make mealtimes easier if your child is having trouble in this area.

Strategies for Babies

- Prepare **food with neutral flavors**, heat and texture.
- Hold your baby upright as much as possible so she doesn't swallow air. She may choke easily.
- Feed your baby slowly and burp her often.
- Avoid fatigue and limit feeding time. Try frequent small amounts of nourishment throughout the day.
- **Feed your baby as soon as she shows signs of hunger.**
- Have your baby face away from you when eating.
- If there are problems with sucking, use "preemie" nipples.
- Due to stomach sensitivity, your baby may need a soya-based formula.
- **Use the same bottle, same type of nipple, cloth, and bib – everytime.**
- Have an ample supply of the same nipples.
- Your baby may need a bigger nipple due to problems with the palette.

- Infants may not "feel" nipples or a spoon in their mouth. Try to find a way to change the texture of the nipple or spoon (e.g., use an emery board to roughen).
- Reduce outside stimulation (for example, close windows, turn off TV).
- **Gradually introduce new food**; for example, put pabulum in the bottle (with bigger hole in the nipple); then mix fruit with the pabulum (one change at a time).
- Remove labels and put food in bowls so baby won't become attached to particular brand labels**. Ignore food labels that suggest particular age groups.**
- Watch for reaction to tastes as babies may be orally hypo- or hyper-sensitive.

Strategies for Children

- Consider developing **a mealtime walk routine either before or after the meal**. Getting physical exercise can help children settle at mealtimes and go a long way in developing lifelong habits in healthy living.
- **Never give food or withhold food as reward or punishment.**
- Have **meals at the same time** every day, including weekends.
- Consider having the **same meals on the same days** for both dinner and lunches (for example, chicken on Monday). This helps children to "know" the days of the week through association with other senses.
- Consider **simple rules at mealtimes** (e.g., "Eyes on your food, hand on your plate. " or "bum on seat.").
- **Avoid long mealtimes**; they are distracting.
- No TV or radio at mealtime. Unplug the phone or move it to another room if possible. **Keep interruptions to a minimum.**
- Always serve three meals a day.
- Always serve regular snacks. **Make eating a habit**, reducing the need to rely on internal hunger cues.
- Seat the child with FASD next to the most tolerant individual.
- Assign your child **a specific seat at the table**, preferably at the end of the table, and never change it.
- Put a stool under your child's feet if her feet don't reach the floor.
- Allow an older child to sit on an exercise ball when at the table.
- If your child has trouble sitting for a long time, let her stand at the table.
- Use placemats or masking tape to delineate personal space at the table.
- Put tennis balls under the table and chair legs to reduce noise.
- Use a Fisher Price pretend razor to stimulate the cheek muscles for children with low muscle tone.
- Let your child start eating before others if she is distracted by many people at the table.
- Allow your child to stop and start eating many times during the meal if necessary.
- Serve your child first if she has trouble waiting.
- Caregivers should serve portions for those children who tend to overeat.

- Place the food on her plate to eliminate the need to make a choice, unless she can cope.
- Some children like to use a **plate with separations so foods don't touch** each other. Separating foods may also help to regulate portion size.
- Eating in front of a mirror may help your child to see where her hand and mouth are to more easily direct the food.
- Your child may respond well to highly acidic/spicy/hot foods or may only respond to very bland foods. Experiment!
- Hypo-sensitivity to certain food textures, especially smooth things like mashed potatoes or yogurt, can problems. Try adding things like bacon bits, bran buds or granola for texture and crunch.
- **Children with FASD may chew and chew without swallowing. Remind your child of the need to swallow.**
- If your child has difficulty manipulating eating utensils, give her a spoon, or try utensils with larger, rounder handles which are easier to eat with. You may also have to pre-cut the meat.
- Have your child wear a one-pound wrist weight to feel where her hand is with the utensil.
- Never put dessert on the table. Explain that "Dessert comes after pork chops."
- Depending on the child, use hardest or softest toothbrush when brushing.
- If necessary, advocate strongly for your child to be allowed to **eat on the school bus**.
- You may consider having your child take a **vitamin supplement**. Be careful of vitamins that might have coloring agents or cause constipation (iron) or stomach upset. Give vitamins at bedtime.

Strategies for Adolescents

- **Continue to use what works from childhood**.
- Supervise food preparation and clean up. **Lower your age expectations.**
- **Practice making food from packages using the picture directions when possible.**
- Practice making food in the microwave.
- Use non-metallic wrap in the kitchen.
- **Consider supervising the refrigerator. Some caregivers find it helpful to lock the fridge over night.**
- Inquire or check-in to eligibility for meals-on-wheels.

Play-Time

Things You May Notice

Younger children affected by FASD often get into arguments with siblings over toys (issues of ownership arise). They may be unable to choose what to play with so everything is played with. They may have **difficulty understanding when play time starts and when it stops**, which leads to arguments about when it's time to go and when clean-up needs to happen. Additionally, children may not know how to play with other children. They may talk about playing together but end up in "parallel play."

Older children often "borrow" CDs, DVDs, etc. and want to play video games all night. They may not want to go to bed. In addition, they may **have difficulty paying attention to a shared activity. Older children sometimes use the computer inappropriately and can be easily manipulated in chat rooms.**

Strategies

- **Supervise family time**. This includes free play with siblings, TV time, computer time.
- Make your own lap blanket for watching TV or playing games. (See page 45 for directions on how to make one.)
- Provide two options of things to do. **Put everything else away or out of sight.** Sheets are great to cover book shelves, TV, etc. when not in use.
- **Teach how to take turns.** You may need to literally lean over and tell your child what to say to another child; for example, "May I have the ball?" "Yes, in two more minutes."
- Provide the child with **her own seat** in the family room. "Susie, this is your seat, this is where you sit".
- Many children enjoy sitting in a chair with arms that can wrap around their bodies. You can make your own chair like this by pulling a comfy sweater over a chair.
- If your child doesn't like sitting in a chair, you can buy spine wedgies made out of foam to provide lumbar support while sitting on the floor.
- Use a pictorial timer to show when play time starts and ends.
- **Label toys** with different stickers for different siblings to visually show ownership.
- **Make boundaries visual** in the room with masking tape on the floor.
- Plan out movie nights, game nights, etc. and teach your child what to do so she knows what is expected of her during this time in the future.
- If you have a clean-up schedule, create a "chores chart" to remind your child or youth what needs to get done throughout the week.
- **For sensory stimulation**, take a bulletin board and glue on different fabrics. Put it on the floor and let your child feel each fabric with her feet while watching TV or playing a game.
- **To work core body muscles**, play tug of war with her arms and have 'foot wars' on the floor.
- When you see an outburst coming, distract your child with a short funny story or provide something else to look at, touch, eat, etc.

- If your teen has gotten worked up about something and is angry, redirect her with deep muscle work (for example, floor washing or allow her to stomp around in an "angry room").

Sleep/Wake Time

I had a bed wetter and dressing at night was impossible. I used a "game" and instead of raising my blood pressure and stressing myself out, I used a watch or clock with a second hand. The first time she woke with the usual ..."I don't wanna" or to better put it "can't" attitude, and I calmly told her that I wanted to play a game. She loved challenges and spontaneous ideas. I bet her that she couldn't get herself dressed and downstairs in 15 minutes ... of course she said, "okay, watch me. Start the clock, mom!" Of course she beat the timer, and was in an upbeat mood to eat and leave for the bus. Then I gradually added incentives to: make her bed (remove the wet sheets), brush her teeth, etc.). She loved the idea that she could actually beat the clock. I also made sure that she did, and eventually within a few months she was able to do more on her own. I gradually "weaned" her from each challenge and added more challenges. She was 6 when I started this, and by the time she reached age 10 she was completely able to set her own alarm, get herself dressed properly, get her own breakfast, wash up, and help make her own lunches.

Things You May Notice

Younger children with FASD often have **trouble with falling asleep and waking. They may suffer from** irregular sleep patterns, **respiratory distress**, trouble settling, arching back-stiff, cuddling/being held, mood swings or unpredictable reactions, eye contact, **hypo- or hyper-sensitive to touch**, light, sounds, smells, fussy, colicky, and **difficulty adapting to change.**

Older children often **continue to have difficulty falling asleep, staying asleep and waking up**. They want to be like their friends and sneak out during the night or stay up late on the Internet or watching TV all night.

Strategies

- In the bedroom, **limit what is on the bedroom wall, keep furniture to a minimum,** use sheets to cover bookshelves, etc. when not in use. Store toys in bins or boxes, but not in the bedroom.
- Always have your child **sleep in her own bed**. Never allow her to fall asleep elsewhere. Get her used to sleeping in one place.
- Allow **only one toy or book in bed** with your child. Some may sleep better with no toys or books.
- **Night-lights are NOT recommended** because shadows can lead to night terrors. Use small lamps with colored lights (pink, blue) instead.
- **Shower or bath at night so there isn't a rush in the morning**. Try using lavender or vanilla scented shower gel or bubble bath to calm the child before bed.
- Many children will need 10-12 hours of sleep per night at the age of 10 or 12;

others need very little sleep (3 to 5 hours or less) and may become nighttime wanderers. **Sleep disturbances are serious and continue throughout life.** Melatonin may be helpful so check with your doctor to see if this is appropriate. (**Melatonin** is a natural hormone secreted by the brain's pineal gland. It controls **sleep cycles** in people and animals. It can be **prescribed** and is often effective with FASD affected individuals.)

- **Fleece throws** are very comforting and soothing to infants.
- Rocking the baby side to side may be over-stimulating, so **try rocking the child gently up and down.**
- Wrap the child firmly with knees bent towards her tummy.
- Babies and children with FASD **may need tight swaddling or very loose clothing. A sleeping bag may be appropriate for older children.**
- Children may need to be in a crib longer than average or will sleep better with guard rails on the bed.
- A rocking crib or a swinging hammock may also be helpful.
- Many children with FASD like **only one quilt or comforter** (with no extra sheets) or a sleeping bag. (A sleeping bag can be sewn out of a fleece blanket.) Some children like the feel of a heavy blanket.
- Prepare for daylight savings time by putting darker curtains on windows.
- If your child is not sleeping, ask her what she hears so you can identify the problem.
- **Monitor your teen's sleeping patterns**. She may need to be told when to go to bed and like many teens may need help getting up and ready.
- Use the **same routine sequence for sleeping and waking** (even on weekends and vacations).
- Your older child may want to "sleep in" on weekends like her peers. Let her do this because it is not worth the fight.

Going to Sleep

- **Establish rituals for saying good night** which allow the child to transition from the routine to the bed. Use the same words, gestures, touch. Follow the same order every night (for example, supper, activity, bath, snack, brush teeth, story, bed).
- Consider the time between dinner and bed as a transitional time with slow down activities.
- Start a **calming bedtime routine an hour before bedtime** (put toys away, have a warm bath, brush teeth, put on pajamas, read a story, hug and tuck in).
- A **vibrating foot bath** may also be calming before bed.
- Give older children a light snack before bed.
- Many children are soothed by eucalyptus or lavendar oil/spray on the pillow at night.
- Put a **ticking object such as a clock in bed with the infant. 85 beats per minute** simulates the heartbeat. Soft music such as Mozart and Bach has regular calming rhythms.
- There is an item on the market called **Sound Therapy Relaxation System** (it can be

purchased from any major retail outlet). This electronic device has 10 sound recordings to choose from that range from a heart beat sound, to rain and white noise. This device is similar to the concept of a relaxation tape, only with more options.

- For a child who wakes up at night, have a list of acceptable things for her to do in the bedroom.
- **Childproof the house for night wanderers**. For instance, move door knobs to the tops of the doors or use plastic child-proof door knobs.
- Install alarms in the bedroom to indicate when the child has left her room. Alarms on the outside of windows and outside doors may also be required. Inexpensive ones are available at many stores. Chimes and bells can also be hung on doors.
- **Accept that the child may be in bed but may not be asleep.**

Waking Up

- **Wake up the child at the same time and in the same predictable way every morning.** This could look something like this:
  - Enter room and say "Chris, time to get up."
  - Open the drapes
  - Turn on the light
  - Gently nudge or stroke your child
  - Pull the covers back to ease transition from sleep to awake
  - Help your child in sitting up; make sure her feet are on the floor
  - Tell her what comes next

Clothing

Things You May Notice

Younger and older children with FASD may be hypo-sensitive (not feeling enough) or hyper-sensitive (feeling too much) to touch. This sensitivity might lead to **wanting to wear certain clothes** and refusing to wear certain shoes, socks and other clothing items. They **may dress inappropriately** for weather or want to wear the same clothes everyday without necessarily washing them (e.g., your child loves to wear a hooded sweater). Children may also have difficulty sensing fabric on their bodies such as socks, etc. or they may feel that the clothing is too much to handle and overloads their senses.

Strategies

- **Take off all clothing tags and wash new clothes a few times.**
- Stick to soft, **simple colours** with clothing; red, for example, can be alarming. Avoid patterns.
- Teach small children to dress by **putting on clothes in the same order every time either from top to bottom or vice versa**. Use a hand-over-hand left-right approach with a singsong voice: "socks, left foot; socks right foot," "undies, left leg, right leg," etc. **They learn more and retain more if you sing.** Use the left-right approach because reading and writing are left to right exercises (in most cultures).

- Some fabrics or elastics might exert too much pressure. If your child is hyper-sensitive, use seamless socks, jogging pants. **Avoid turtlenecks and denim.**
- Put curtain weights on the hem of her pants so she can feel her pant legs better.
- If your child can't choose appropriate clothing to wear, **put all the clothes on a hanger in the order they go on** (inside clothes on the outside) with a colour-coded tag to the days of the week on a colour-coded calendar.
- If tying shoelaces is a problem, **use Velcro shoes or elastic laces.**
- Teach your child how to **button from bottom to top** so she can see them match up better. Also, zippers always go from bottom to top to reduce confusion.
- **Rotate winter and summer clothes in and out of the child's room**. Store seasonal clothes in a separate closet.
- If your child or you are having trouble putting clothing away in a drawer, consider open shelving with a large piece of material such as a sheet draped over it instead.
- For winter climates, use a **hand-drawn thermometer** on the inside of a window, with a red line to the temperature where heavy clothing must be worn. Have a real thermometer immediately outside at the same spot as the drawn one. When the **two lines are equal or the outside one is lower, the clothing goes on.**
- Post a pictorial sign at the front door. Start with boots, then hat, then coat so that she knows what order to put outdoor clothing on.
- **Set up an area for her coat and boots that is all her own so she knows exactly where to put everything when she comes in the door.**
- Have a rule such as "All clothes go in the hamper every night" so there is no clean/dirty confusion.
- Make it a routine to set out clothes with the child prior to bedtime..
- **Don't fight it – the hoodie may be used to self-calm.**

Self-Care

One time, one of our girls was being very quiet in her room and when she came out her hair was spiked out in all directions with a faint hint of raspberry. We wondered about it and asked her what she did to her hair. She told us that she gelled it. As far as we knew, there was no hair gel in the house so we asked her to show it to us. She brought it in and said, "Look, it's gel". On the other side of the container was the words 'Lip Gel'.

Things You May Notice

Younger children affected with FASD are often hypo- or hyper-sensitive (don't feel enough or feel too much) to touch, light, sounds and smells. They have difficulty adapting to change, have problems with toilet training or with sequencing the steps for hygiene routines such as washing hands.

Older children may show signs of poor self-care such as odors, cuts from shaving, and an **overall appearance of poor hygiene.** They may forget to shower or to brush their teeth.

Strategies for Babies

- With diaper changing, follow same routine (for example, low light or more light).
- Once the diaper is taken away, put a warm cloth on your baby's bum immediately to reduce cold air.
- Keep diaper wipes over heat register to keep them warm.
- Use same brand and type of diaper. Never use a scented diaper.
- Be **aware of allergies** to creams. **Zinc oxide** may be a good choice in creams.
- Your infant **may need changing often** if she can't handle a wet diaper for very long.
- After bathing, wrap your child in a large towel and rub her with lotion.
- Due to your child's possible skin sensitivities, use mild/ no /phosphate free detergent.
- Too much noise or too many people may confuse the child during changing or bathing

Strategies for Children

- **Post routines with pictures that outline each step of the task.** This is a great idea for the back of the **bathroom door** to refer to in the morning.
- **Demonstrate** how to do routines and personal hygiene such as how to wash hair, how to put on a band-aid, etc.
- **Maintain routines that will carry into adulthood.**
- **Vanilla-scented** bath can be used for all ages because the smell is calming and often pleasing.
- Vanilla laundry soap or softener can be used for all ages, again, because the scent is therapeutic for them.
- Practice shaving often with no actual razor blade to get your child in the routine for his teen years.

Strategies for Adolescents

- **Don't assume** your adolescent has retained what to do in what order in the shower. Periodically check to make sure these routines are consistent.
- **Post a checklist of steps in the morning/evening hygiene routine.**
- Remind your adolescent about self-care routines if she is going away for the weekend or vacation. **Make a mini bathroom chart for her to take to sleep-overs or on trips.**
- **Mark her menstruation cycle on a calendar so you know if she has missed any periods.**
- **Practice menstruation hygiene.**
- **Practice and teach the importance and ease of using condoms and birth control.**
- Show videos that demonstrate proper hygiene techniques.
- Develop daily/weekly routines for cleaning, cooking, laundry, vacuuming, and grocery shopping.
- **Post pictorial instruction cues on the machines.** Use "cue cards" to give step-by-step simple instructions of how to do things. Cue cards might show how to use the **washer/dryer**: "open door, put in clothes, add 1 soap (only have one measure available), shut lid, turn

dial to dot, push in knob." All of this should also be made visual with line-drawings and a red dot painted on the washer/dryer for the proper spot to turn the knob to.

- Cue cards should be kept in the area they apply to, in a specific spot.
- Buy food packages with pictorial instructions.
- Use recipe books with pictures and written instructions broken down into sequential steps.
- Use chores and "helping" to fill in small gaps in time between events.
- Cue cards can be used for unexpected situations and a few of the ones of more concern can be carried with your child in a pocket. These cards tell your child what to do in an unexpected situation.

Transportation

Things You May Notice

Younger children with FASD often do not deal with vehicle transportation very well for long periods of time. They often get into **fights in the back seat** with siblings. They may become upset when they can't see what everyone is pointing at. They **lack fine motor coordination** and spill food while the car is in motion. The seat belt often can be something that is very uncomfortable for them to wear.

Older children and adolescents often do not get to the place (school, mall, appointments) on time or at all. They may **forget the bus/LRT routes and times** consistently. They **may lose their ticket** and/or money. They may get distracted once off the bus and never make it to their final destination.

Strategies for Young Children with FASD

- Determine whether or not the front seat is appropriate by measuring the child's weight and height. **Don't work with chronological age, as children affected with FASD are often much smaller than normal children**.
- Consider seat belt restraints which your child can't undo. Try wrapping a **piece of material around the seat belt to make it more comfortable to wear.**

Strategies for Older Children and Adolescents

- **Offer as much space to the child with FASD as possible.** For example, allow her to sit in the front seat of the car, if there is no air bag. If she must sit in the back, make sure no one is beside her.
- Use **games to keep older children occupied.**
- Use headphones and relaxation tapes.
- Provide a "**back up card" with what to do or who to call in unexpected situations** (e.g., if you miss your bus, go to the school office and tell the secretary and sit there until mom picks you up).
- Provide **bus tickets, not money.**
- **Have someone wait at the destination to pick the child up before she is distracted.**