

Fetal Alcohol Spectrum Disorder: Occupational Therapy Evaluation, Treatment, and Family Support

Jody Santoro^{1,2}

¹*University of Southern California, California, United States,* ²*Violence Intervention Program Community Mental Health Center Inc., California, United States*

Introduction: Fetal alcohol exposure is the number one cause of preventable brain damage. United States prevalence rates reveal 0.2 to 1.5 cases of fetal alcohol syndrome (FAS) for every 1,000 live births; the rates for the full range of fetal alcohol spectrum disorders (FASD) are four times as likely (Centers for Disease Control and Prevention [CDC], 2008). The purpose of this paper is to educate therapists to better serve children with FASD. The occupational therapy literature is lacking on FASD; however, the discipline is well positioned to serve this population based on the etiology, symptoms and course of the disorder.

Objectives: Participants will understand differences between FAS and FASD; be able to articulate the occupational therapist's role in team evaluation and diagnosis, learn effective treatment techniques, and discuss strategies to provide culturally competent family support. In addition, participants will explore the dynamics affecting children with FASD who are survivors of child maltreatment.

Description: This paper will synthesize information obtained by the authors during clinical practice and doctoral studies. Paper will emphasize three domains-evaluation, individual treatment and family support. Literature review and assessment data is currently being gathered through working with families of children with FASD who have a history of child maltreatment in Los Angeles, CA, USA.

Discussion: Children with FASD experience an array of difficulties, including challenges with social skills, learning, sensory processing, motor skills and behavior (Franklin, Deitz, Jirikowic, & Astley, 2008). These challenges affect the child's ability to participate in meaningful occupations which put them at high risk for alcohol and drug abuse, mental health disorders, and trouble with school and the legal system (CDC, 2008).

Conclusion: The areas of function possibly affected in children with FASD are within occupational therapy's domain and practice, begin at birth and continue to impact them throughout the lifespan (Jirikowic, Kartin, & Carmichael Olson, 2008).

Contribution to occupational therapy practice: This paper will fill a need for greater information regarding children with FASD and provide therapists with a framework to guide their practice. FASD affects children worldwide. The presentation of this paper intends to disseminate valuable knowledge to a global audience of occupational therapists.