FASD INFORMATION SERIES

FASD AND TRAUMA-INFORMED CARE

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Trauma

Trauma can be broadly understood as an experience or set of **events that overwhelm** an individual's **ability to cope**. Trauma is a response to a **negative experience** and can impact each person differently. Trauma can **result** from early exposure to **negative experiences**, but also those that occur **at any point during our life**, potentially affecting mental and physical health.

While **trauma is experienced by everyone** at some point in their life, **some people** have a **more difficult time coping** with trauma than others. Something you personally find traumatic might not be traumatic to someone else. Our **perception** of what is traumatic is often influenced by our **past life experiences**.

Trauma can **undermine self-image and identity** formation and can affect social skills. It can cause **challenges** in making or maintaining friendships and relationships. Trauma can inhibit people's ability to attach to others in positive and trusting ways. These experiences alone, and in combination, can result in feelings of isolation for some people, including for individuals with FASD or for individuals who may use substances as a way to cope with trauma.

Trauma & FASD

Both **trauma** and **FASD symptoms** may **present similarly**, such as restlessness, difficulty concentrating, distractibility, feeling hyperactive, restlessness, information processing or recalling challenges, and experiencing anxiety, depression, disrupted or poor sleep, and eating challenges. These related **experiences** can contribute to acts being labelled (e.g., "disruptive") in certain settings, and **cause** school, learning, and interpersonal and relational **challenges**.

The Spectrum of FASD

Fetal alcohol spectrum disorder (**FASD**) is a **spectrum diagnosis**. FASD has **distinct impacts**, so everyone experiences it differently. FASD should be recognized and supported as a multidimensional condition.

Individuals with FASD have unique sets of **strengths and needs**. Collaborative multi-disciplinary, strengths-based, and trauma-informed approaches can enhance meaningful experiences and minimize many challenges.

Understanding FASD as a spectrum diagnosis can help us overcome and reduce stigma and focus on strengths.

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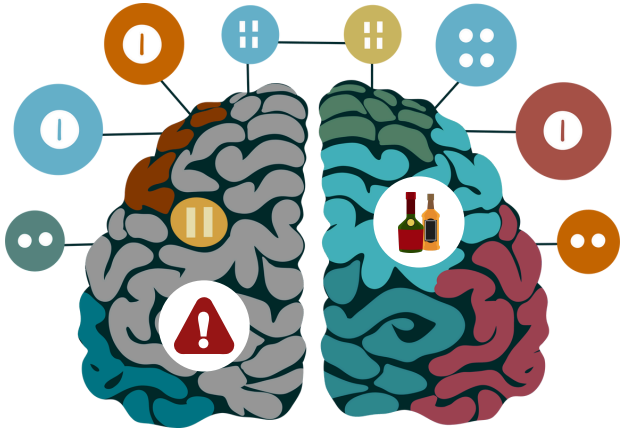
It can be **difficult to distinguish** the neurobehavioural effects of exposure to **trauma** from the effects of exposure to **alcohol** that presents with FASD, but being able to distinguish between the two is **not necessary to support** children, young people, adults, and families/groups impacted by FASD. **Universal trauma-informed training, care and practice across all settings and sectors is critical.**



Trauma-Informed Care

Effective trauma-informed care incorporates key principles including both **physical and emotional safety**, **trustworthiness,** and **transparency, peer support**, opportunities for **collaboration** and mutuality, **empowerment** through voice and choice, as well as responsiveness to **cultural, historical and gender** responsive factors.

Trauma-informed principles recognize that **trauma** affects physiological arousal levels and **reduces the capacity to self-regulate**. Exposure to traumatic experiences constrains attention, memory, response options, flexibility, and adaptability to change. Natural trauma responses can intersect and interact with one another, contributing to **complex** and unique sets of challenges and **needs for individuals impacted by FASD**. By practicing trauma-informed care, we can all be more **mindful** in our **language**, including **non-verbal** communications and **symbols,** as well as our verbal and non-verbal language, including **facial** reactions.

For more on trauma and trauma-informed care, visit www.fasdNL.ca/newresources, or click **here**.