ECiDC Early Childhood Intervention Doctoral Consortium

Creating Leaders in Intensive Interventions for Infants, Young Children and Their Families

Case Study: Fetal Alcohol Spectrum Disorder (FASD)

Part 1: Getting to Know Natalie

Natalie and Her Family

Natalie is a 10-month-old infant who lives in a small town in western Massachusetts with her mother, Brianna (22), and maternal grandmother, Denise (48). Brianna is a single parent who works part-time at a local diner while Denise provides daily childcare support. The family identifies as White and has limited access to specialized services due to geographic isolation and transportation challenges.

Natalie was diagnosed with Fetal Alcohol Spectrum Disorder (FASD) at 6 months of age following concerns raised during a routine pediatric visit. Brianna disclosed alcohol use during pregnancy, and the pediatrician noted developmental delays and physical features consistent with FASD, including a small head circumference, low birth weight, and subtle facial differences. A referral was made to a developmental clinic, where a multidisciplinary team confirmed the diagnosis.

Natalie is a quiet and observant baby who enjoys music and gentle touch. She smiles frequently and responds to familiar voices but has difficulty with sustained attention and transitions. Brianna reports that Natalie struggles with feeding, often refusing certain textures and choking on soft solids. She also has trouble settling to sleep and wakes frequently during the night.

Medical and Developmental History

Natalie’s early months were marked by a series of subtle but concerning signs that prompted her pediatrician to take a closer look. Born with a smaller-than-average head circumference and low birth weight, Natalie struggled with feeding from the start. Brianna noticed that mealtimes were often stressful. Natalie would choke on soft solids and refused certain textures altogether. These feeding difficulties were compounded by poor coordination, making it hard for her to sit upright or grasp toys with ease.

As Natalie approached her seventh month, Brianna and her mother Denise began to notice that Natalie wasn’t meeting typical developmental milestones. She had trouble rolling over, wasn’t babbling consistently, and seemed easily overwhelmed by noise or movement. Her attention span was short, and she often became fussy during transitions or when her routine was disrupted. These behaviors raised concerns about sensory regulation and early signs of speech and language delay.

Following a referral from her pediatrician, Natalie was enrolled in early intervention services under IDEA Part C. A multidisciplinary team developed an Individualized Family Service Plan

(IFSP) tailored to her needs. The plan focused on improving feeding skills, supporting motor coordination, and fostering early communication. Natalie now receives weekly home-based services from a developmental specialist, an occupational therapist, and a speech-language pathologist.

Brianna and Denise are actively involved in each session, eager to learn strategies that can help Natalie thrive. They've embraced routines that support sensory regulation and are learning to use visual cues and repetition to encourage Natalie's engagement. While progress is slow, Natalie has begun to show signs of improvement, and her family remains hopeful about her developmental journey.

Discussion Prompts:

- What additional questions would help you understand Natalie's caregiving environment and family routines?
- How might Brianna's age and life circumstances influence her experience navigating early intervention?
- What supports could be offered to help Brianna and Denise feel empowered in their caregiving roles?

Part 2: Screening and Assessment

Natalie's assessment process began with a referral from her pediatrician, who noted concerns about growth, feeding, and developmental milestones. The early intervention team conducted a comprehensive evaluation using tools such as the Ages and Stages Questionnaire (ASQ), the Infant-Toddler Sensory Profile, and observational checklists during home visits.

The occupational therapist observed that Natalie had difficulty coordinating sucking, swallowing, and breathing during feeding. She showed signs of oral hypersensitivity and limited jaw stability. The speech-language pathologist noted that Natalie was not yet babbling consistently and had limited vocal play. Her receptive language appeared stronger than expressive, but she required visual cues and repetition to respond reliably.

The developmental specialist documented delays in gross motor skills, including rolling and sitting independently. Natalie also showed signs of sensory dysregulation, becoming easily overstimulated by noise or movement. Brianna shared that Natalie often cried during diaper changes and resisted being held in certain positions.

The team collaborated with Brianna and Denise to develop an IFSP that included:

- Feeding therapy to address oral motor coordination and sensory aversions

- Parent coaching on sensory regulation strategies
- Play-based routines to support motor development and early communication
- Visual supports and repetition to enhance language learning

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Discussion Prompts:

- What assessment tools are most appropriate for identifying developmental delays in infants with FASD?
- How can providers ensure that assessments are culturally and contextually responsive?
- What role does caregiver input play in shaping intervention goals and strategies?

Part 3: Family-Centered Support and Collaboration

Supporting Natalie's development requires a strong partnership with her caregivers. Brianna expressed feelings of guilt and uncertainty about her ability to meet Natalie's needs. Denise, while supportive, shared concerns about long-term outcomes and the stigma associated with FASD.

The early intervention team prioritized family-centered collaboration, offering resources in plain language and connecting Brianna with a local parent support group. They also coordinated with Natalie's pediatrician and a nutritionist to monitor growth and feeding progress.

Strategies used to support the family included:

- Consistent routines: Establishing predictable daily schedules to reduce sensory overload
- Visual cues: Using picture cards and gestures to support communication
- Sleep hygiene: Recommending calming bedtime routines and environmental adjustments
- Emotional support: Validating Brianna's experiences and offering trauma-informed care

The team emphasized that FASD is a spectrum and that early intervention can make a meaningful difference. Brianna and Denise reported feeling more confident and hopeful as Natalie began to show progress in feeding and engagement.

Discussion Prompts:

- How can early intervention providers support families experiencing stigma or guilt related to FASD?
- What strategies can be used to build trust and empower caregivers in rural or underserved communities?

- How can interdisciplinary collaboration enhance outcomes for infants with complex developmental needs?