

Trauma-Informed, Family-centered Care for Children with Polysubstance Exposure and Fetal Alcohol Spectrum Disorders (FASDs)



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Trauma-Informed, Family-centered Care for Children with Polysubstance Exposure and Fetal Alcohol Spectrum Disorders (FASDs)

Learning Objectives

Apply AAP trauma-informed care principles to support children with prenatal substance exposure, including fetal alcohol spectrum disorders (FASDs).

Identify strategies to promote relational health and resilience in families affected by trauma and substance use.

Apply family-centered, cross-sector approaches that reduce stigma and strengthen supportive relationships for children with substance exposure.

Trauma-Informed Care & Prenatal Substance and Alcohol Exposure:

The Roadmap of Resilience



Word Cloud Activity

Name a word (or words) that comes to mind when you hear the word
“TRAUMA”



Trauma-Informed Metaphor

Every child (and family) has a flame:
it's their light, the warmth, and the promise of their
future potential.

Trauma, prenatal exposures, stress and stigma can
shake (and sometimes extinguish) that flame.

We will ground our time together in finding ways to
“cup the flame”



Understanding Prenatal Substance Exposure and the Importance of a Trauma Informed Care Approach



Understanding Prenatal Substance Exposure (PSE)

- Substance use during pregnancy can affect parents and their babies.
- Prenatal alcohol exposure affects children of all races, ethnicities, and genders.
- Alcohol is the most common substance used with other drugs among past 30-day polysubstance users.

NEARLY

1 IN 7



PREGNANT WOMEN REPORT CURRENT ALCOHOL USE IN THE PAST 30 DAYS.⁵

ABOUT

1 IN 20



PREGNANT WOMEN REPORT BINGE DRINKING IN THE PAST 30 DAYS.⁵

ALCOHOL USE IN THE PAST 30 DAYS⁵
PREGNANT WOMEN REPORT CURRENT

DRINKING IN THE PAST 30 DAYS⁵
PREGNANT WOMEN REPORT BINGE



Prenatal Substance Exposure (PSE)

Opioid Exposure

U.S. Prevalence of Prenatal Opioid Exposure – On the Rise

- Opioids: prescription opioids (morphine, oxycodone, hydrocodone, codeine, etc.), heroine, fentanyl
- Marked rise during the opioid epidemic (early 2000s – late 2010s), possible plateau in recent years

2019 CDC data – Prenatal opioid use is common!

- ~7% endorse prescription opioid use during pregnancy.
- Of those, ~ 20% with opioid use disorder (OUD).

Fentanyl exposures increase, heroine decreases

Substantial state-level variation

- Likely under-reported, under-identified
- Prescription vs. street drugs (heroine, fentanyl)

High co-occurrence of polysubstance exposure

From ACEs (Adverse Childhood Experiences) to P.ACEs and F.ACES...

Considering the Intersection of ACEs (Trauma) and Prenatal Substance Exposure (P.ACEs) and FASDs (F.ACES)

How we have typically conceptualized trauma... (ACEs)

Types of ACEs / Traumas



ABUSE

- Emotional
- Physical
- Sexual



NEGLECT

- Emotional
- Physical



HOUSEHOLD CHALLENGES*

- Substance misuse
- Mental illness
- Suicidal thoughts and behavior
- Divorce or separation
- Incarceration
- Intimate partner violence or domestic violence

Other Adversity



- Bullying
- Community violence
- Natural disasters
- Refugee or wartime experiences
- Witnessing or experiencing acts of terrorism
- Systemic Racism
- Poverty

* The child lives with a parent, caregiver, or other adult who experiences one or more of these challenges.



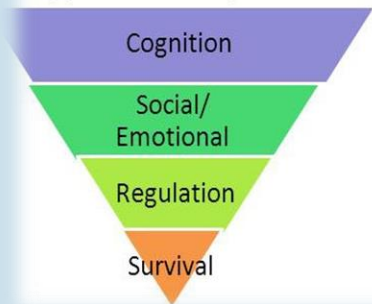
From ACEs to P.ACEs and F.ACES...

Considering the Intersection of ACEs (Trauma) and Prenatal Exposures

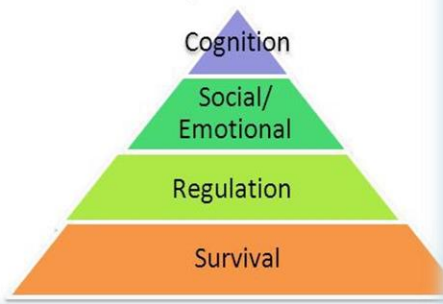


Reptilian Brain
Limbic System
Neocortex

Typical Development



Developmental Trauma



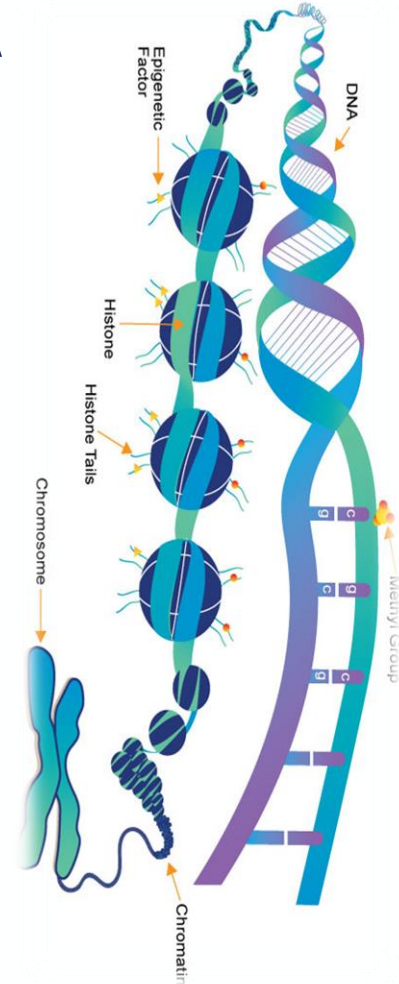
How Trauma and Prenatal Exposures are intertwined... like strands of DNA

Diagnoses of trauma and FASDs can be missed resulting delayed or inaccurate diagnoses, and delays in the appropriate treatment

- This can result in secondary trauma from the medical system in the process of seeking a diagnosis

The **F.ACES** of ACEs: Most children with FASD (and prenatal exposures) do not have identifying facial features – and the diagnosis may be missed

- Children with **P.ACES** and **F.ACES** may have a (potentially undiagnosed) neurodevelopmental disability but have to live and function in a neurotypical world.



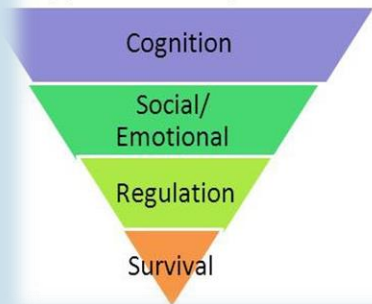
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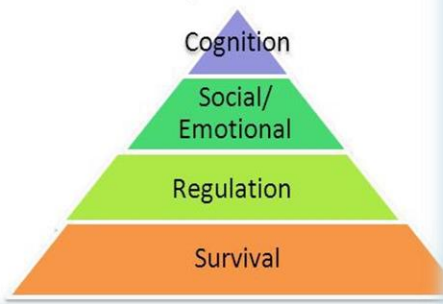


Reptilian Brain
Limbic System
Neocortex

Typical Development



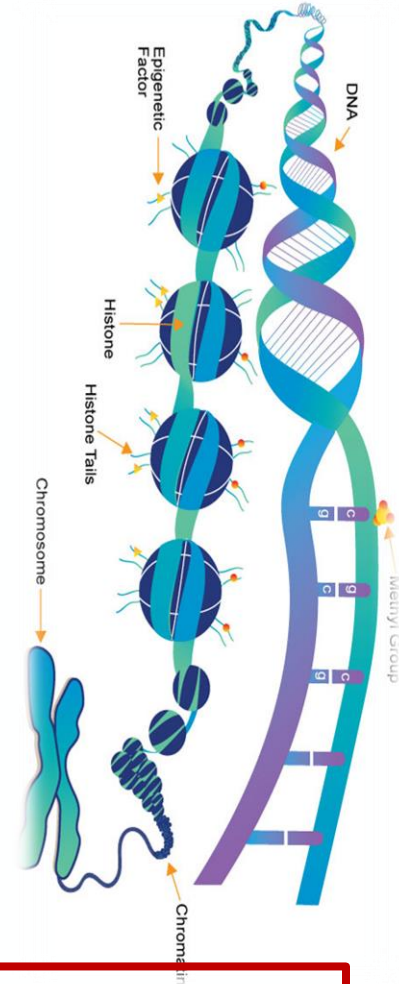
Developmental Trauma



How Trauma and Prenatal Exposures are intertwined... like strands of DNA

Both Trauma and Prenatal Exposures can contribute to challenges in interpersonal interactions

- Even in birth families, prenatal exposures can cause relational difficulties when the brain-based differences are missed
- Generational trauma; Stigma/ culture
- Siloed systems of care : medical, mental health, juvenile justice, transitions of care
- Trauma with the big “T” – abuse, neglect, family disruptions...

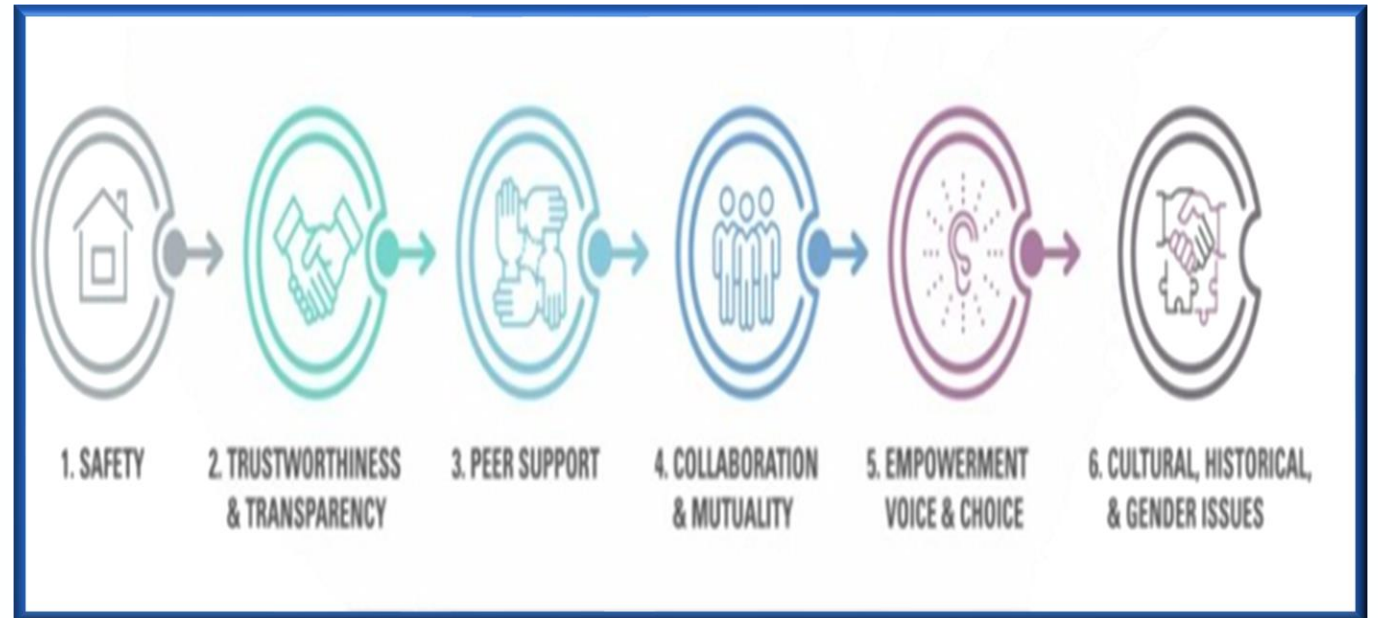


→ The importance of using a Trauma Informed Care (TIC) approach with Children with Prenatal Exposures



Trauma Informed Care

- **Definition:** “A care approach that recognizes the widespread impact of trauma and understands the **potential paths for recovery.**” (SAMHSA)



SAMSHA, 2015

Core Principles of Trauma-Informed Care

Safety: Create a psychologically and physically safe environment for children and families

Trustworthiness and transparency: Build and maintain trust among families and health caregivers.

Peer support: Help families identify and establish systems of peer support.

Collaboration and mutuality: Partner with children and families, reduce power differential

Empowerment and choice: Focus on strengthening resilience factors and providing choice

Cultural, historical, and gender issues: Recognize and address historical trauma, adopt processes that are responsive to cultural needs of families.



REINFORCING SAFETY is the First Principle of TIC

After trauma is identified, (PSYCHOLOGICAL) SAFETY should be restored



KEY PRINCIPLES OF TRAUMA-INFORMED CARE

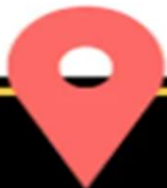
AWARENESS

SAFETY

TRUSTWORTHINESS

CHOICE & EMPOWERMENT

COLLABORATION



WITH A FOCUS ON STRENGTH AND RESILIENCE, BOTH SERVICE RECIPIENTS AND TEAM MEMBERS CULTIVATE SKILLS TO PROPEL THEM IN A POSITIVE DIRECTION.

- Recognize trauma's prevalence, impact on service recipients and staff. Align policies, practices, and screening with this awareness for support.

- Ensuring physical and emotional safety is paramount. In trauma-informed care, we prioritize a welcoming and non-threatening environment for individuals.

- Being reliable, transparent, and consistent in all interactions is vital. Clients need to trust that their Helpers have their best interests at heart.

- Facilitating healing and avoiding re-traumatization, choice and empowerment are part of trauma informed service delivery, for both service recipients and staff.

- Care is a collaborative effort between the caregiver and the individual. Clients are seen as partners in their recovery journey, with their input valued.



What should we do differently for our P.ACES and F.ACEs?

For PSE/FASD:

Trauma-informed care must be **DEVELOPMENTALLY INFORMED.**

Management of Children with Prenatal Exposures (P.ACES, F.ACES) must be **TRAUMA-INFORMED.**

AAP resources:
Trauma Informed Care
Screening / Stigma
Relational Health

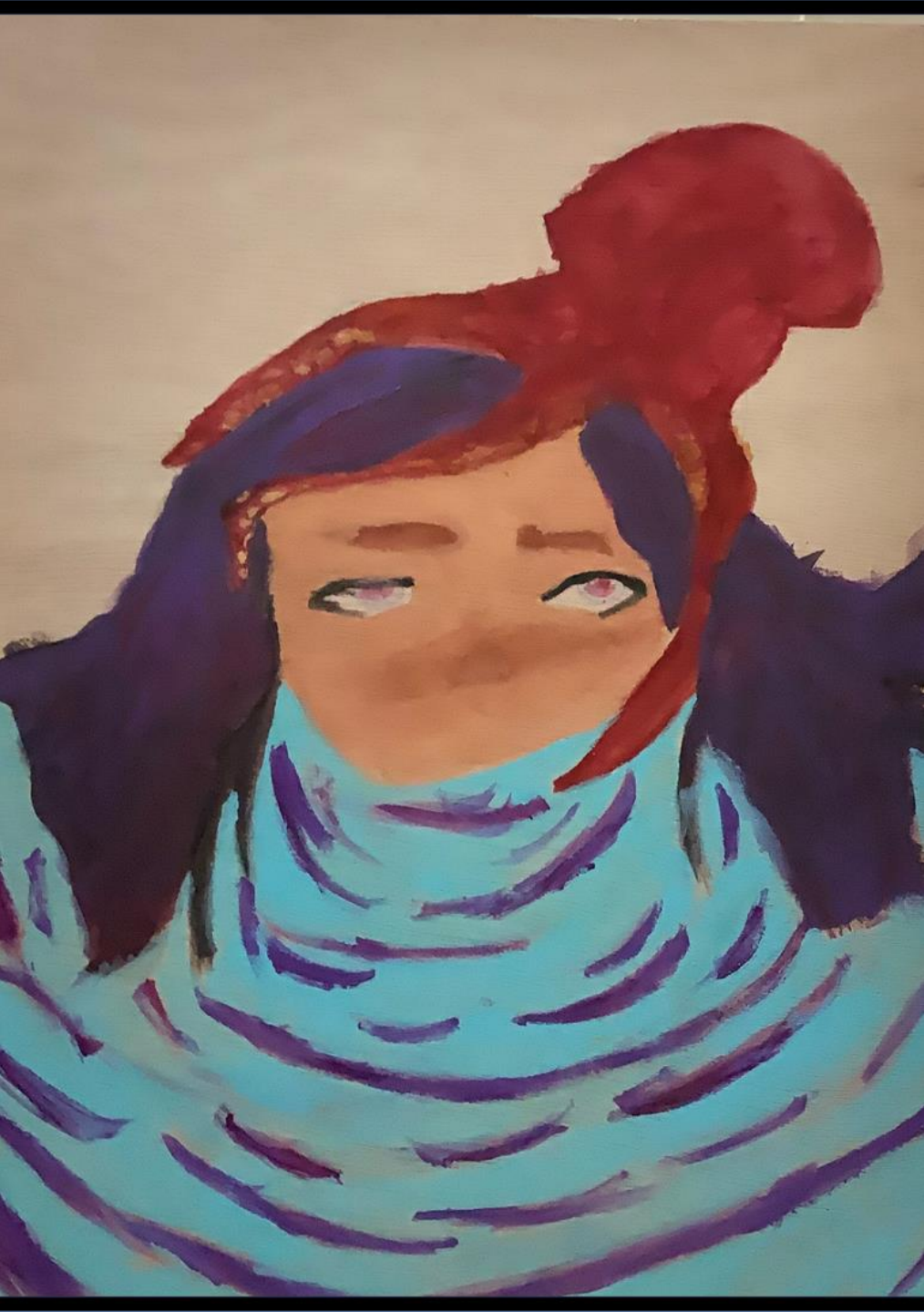




No One Can See Hurt

Patima, Age 14 years





Octopus, Self Portrait

Patima, Age 15 years

Strengthening Relational Health & Resilience

“Resilience starts with recognition.”

“Approach with openness and curiosity.”



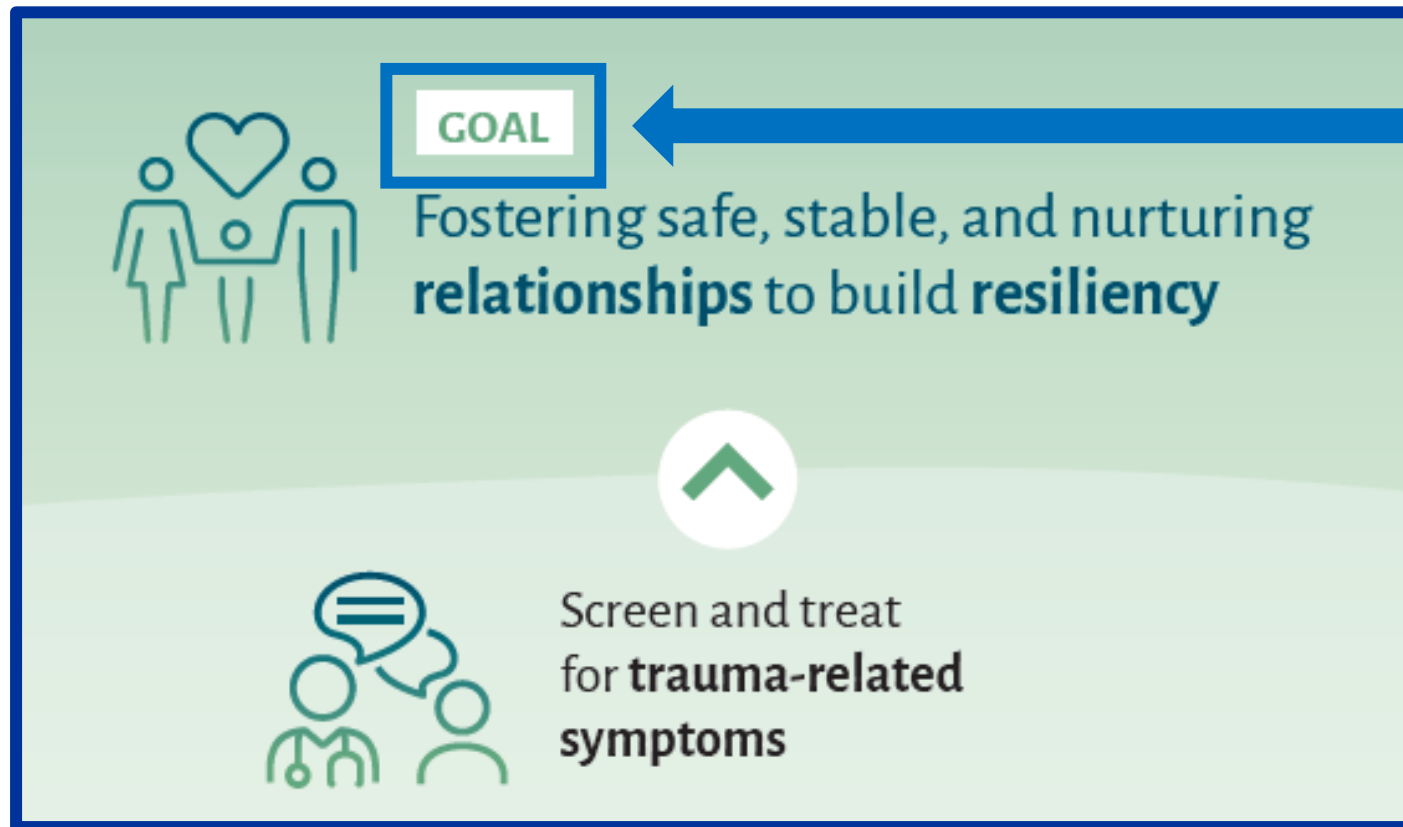
Resilience

Art for Colleague, Patima,
Age 22



From ACEs to P.ACES and F.ACEs ...

Trauma-informed Care = Relational Health Care



AAP Trauma-informed Care, 2025

Supporting Many P.ACES and F.ACES ...

Guidance from the AAP: The Role of Trauma-Informed Care

- **Change the Conversation**
 - Recognize risks
 - Respond with empathy
 - Risk ≠ Destiny
 - Empower families
 - Identify strengths
 - Support skills
 - Navigate challenge
 - Emphasize brain plasticity + reparative potential



Trauma-Informed Care: Recognize, Respond, and Empower with Relationships to Help Children and Families Thrive

National Center for Relational Health & Trauma-Informed Care
FROM THE AMERICAN ACADEMY OF PEDIATRICS

What is Trauma-Informed Care?

Trauma-informed care is a strengths-based framework where pediatricians and pediatric health care providers work to prevent, assess, recognize, and respond to the effects of traumatic stress on children, caregivers, and themselves.

It promotes relational health—the safe, stable and nurturing relationships (SSNRs) children need. SSNRs provide a buffer that protects a child’s development from the lasting effects of trauma and are critical to:

► Recovery ► Healing ► Resilience

Transforms Your Approach

from “What is wrong with you?”
to “What happened to you?”
and then to “What is strong with you?”

Recognize

Pediatricians and pediatric health care providers are uniquely positioned to partner with families to identify trauma in children and adolescents and need to be prepared to:

- Promote safe, stable, nurturing relationships
- Recognize signs of traumatic stress
- Assess symptoms
- Treat when needed

If not buffered by SSNRs, trauma can threaten a child’s:

- Development
- Behavior
- Physical and mental health

Trauma-informed care can help reduce long-term impact by:

- Nurturing supportive relationships
- Responding early to impacts of trauma
- Supporting recovery

Respond

Each interaction is an opportunity for pediatricians and pediatric health care providers to support and promote relational health across generations:

- Starting with children
- Engaging with families and caregivers
- Connecting with communities

Trauma-informed care helps transform routine visits into meaningful and supportive moments that:

- Address and manage symptoms
- Build and maintain caregiver connections
- Promote SSNRs as the foundation of recovery and resilience

Empower

Resilience is not just about bouncing back. It’s about growth nurtured by supportive environments and relationships. Pediatricians can empower families and children to help:

- Build resilience at every visit
- Support skills to respond to adversity
- Navigate challenges with strength

Help Families Thrive

Providing trauma-informed care can help:

- Mitigate risks
- Reduce health care costs**
- Improve health outcomes for children

Learn more about Trauma-Informed Care at the AAP National Center for Relational Health and Trauma-Informed Care

AAAP.org/TIC

*https://www.aap.org/trauma-informed-care/2026/04/20/trauma-informed-care
**https://www.aap.org/trauma-informed-care/2026/04/20/trauma-informed-care

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AAP Center for Relational Health, 2026

RECOGNIZE: Brain Effects of PSE & PAE

Prefrontal Cortex
Executive Functions:

- Attention ✓
- Impulse control ✓
- Judgment ✓
- Planning ✓

Abstract thought ✓
 Problem solving ✓

Frontal Lobes

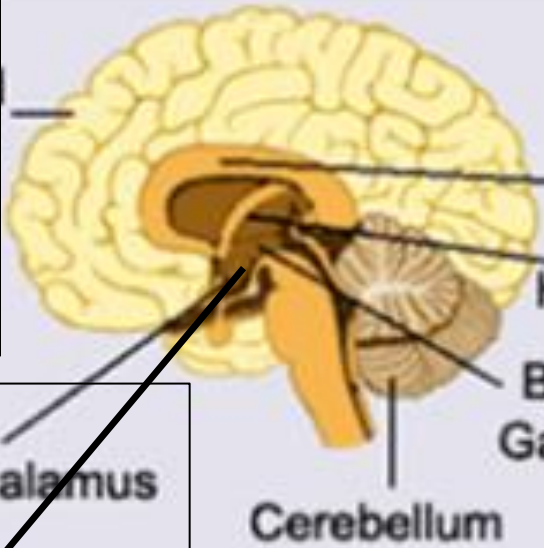
Attention
 Reading, Learning
 Verbal memory
 Abstract reasoning

Corpus Callosum

Memory

Appetite ✓
 Temperature ✓
 Pain sensation ✓

Hypothalamus



Spatial memory
 Behavioral inhibition
 Switching gears
 Working toward goals
 Predicting behavioral outcomes
 Time perception
 Motor control

Amygdala
 ✓ ✓ ✓ ✓

Balance
 Coordination ✓
 Movement ✓
 Attention ✓
 Executive Functions ✓

- Nicotine
- Marijuana
- Cocaine
- Methamphetamine
- Opioids
- Alcohol

Used with permission from Roxanne Chang, MD.
 Slide conceptualization using adapted image from www.mofas.org

Effects	Nicotine	Alcohol	Marijuana	Opiates	Cocaine	Meth-amphetamines
Fetal growth	+	++	+	+	+	+
Physical anomalies	+/-	++/-	+/-	++/-	+/-	0
Withdrawal/ NAS	0	+	0	++	0	+
Newborn Bx	+	+	+	+	+	+
Cognition	+	++	+	+/-	+/-	+/-
Language	+	+	0	+/-	+	0
Academic Achievement	+	++	+	+	+/-	+/-
Executive Functioning	+	++	++	+	+	+
Mood/ Emotional Regulation	+	++	+	+	+	+
Substance abuse	+	+	+	+	+	?

Effects	Nicotine	Alcohol	Marijuana	Opiates	Cocaine	Meth-amphetamines
Fetal growth	+	++	+	+	+	+
Physical anomalies	+/-	++/-	+/-	++/-	+/-	0
Withdrawal/ NAS	0	+	0	++	0	+
Newborn Bx	+	+	+	+	+	+
Cognition	+	++	+	+/-	+/-	+/-
Language	+	+	0	+/-	+	0
Academic Achievement	+	++	+	+	+/-	+/-
Executive Functioning	+	++	++	+	+	+
Mood/ Emotional Regulation	+	++	+	+	+	+
Substance abuse	+	+	+	+	+	?

**Prenatal Substance
Exposure (PSE)**

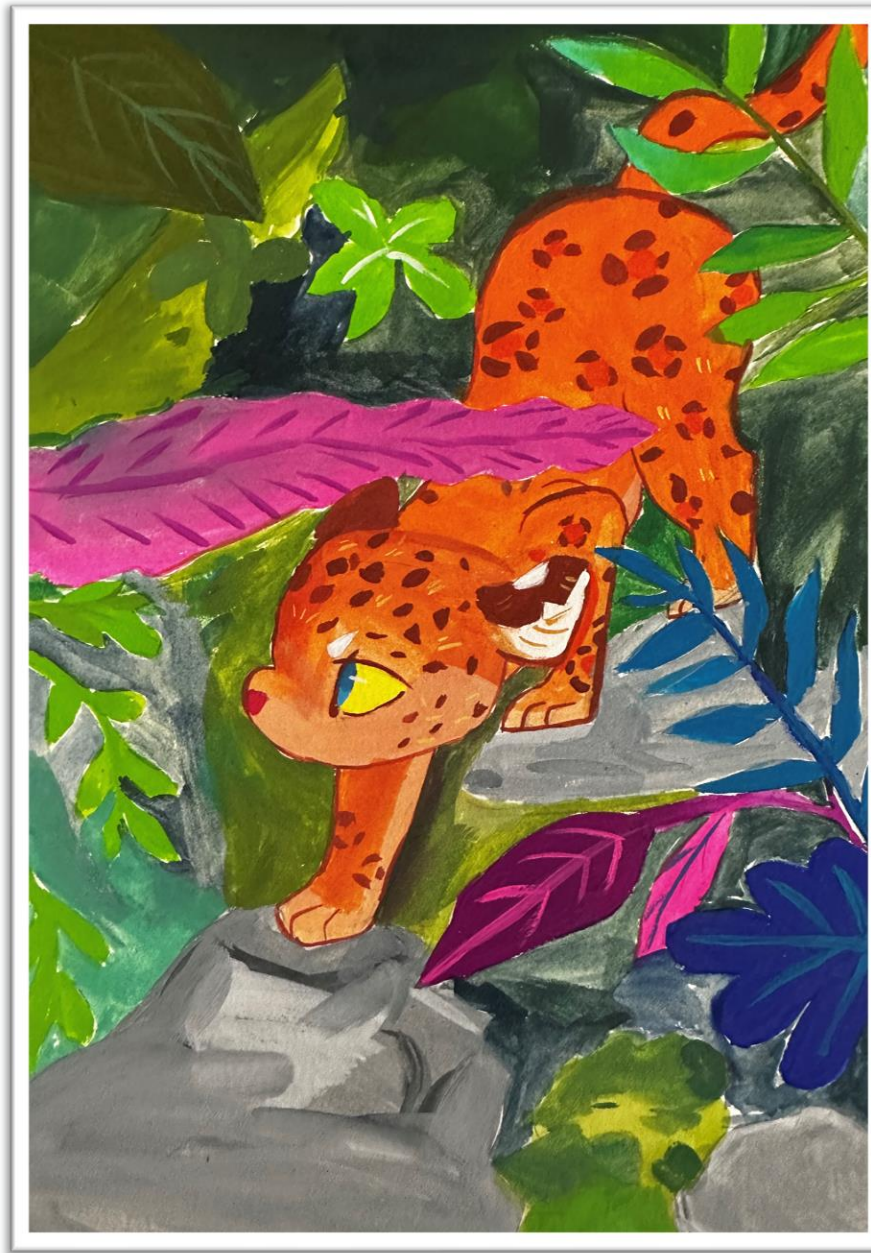
+

**Prenatal Alcohol
Exposure (PAE)**

+

Trauma/ Stress

Living in the Jungle



Jaguar in Forest, Patima, Age 24

Supporting Many F.ACEs and P.ACES:

Guidance from the American College of Obstetricians and Gynecologists (ACOG)

- ✓ **Universal Screening For Prenatal Substance and Alcohol Exposures**
- Use of validated screening tools: [Tools and Resources | ACOG.ORG](#)
 - Use of clinical interviewing: [Alcohol and Pregnancy | ACOG](#)
- No role for universal toxicity testing (only for specific medical indications)
- Screening, brief intervention, and referral to treatment (SBIRT)
 - [SBIRT | SAMHSA](#)
- Medication support as appropriate: naltrexone, methadone, buprenorphine, etc.

Supporting Many F.ACEs and P.ACES:

Guidance from the AAP: Screening for Prenatal Exposures

- ✓ **Universal Screening for Prenatal Substance and Alcohol Exposures**
 - **How far along** were you before you found out you were pregnant?
 - **Before you knew** you were pregnant, how much alcohol (beer, wine, or liquor) did you consume?
 - **After you found out** you were pregnant, how much alcohol did you drink?

Screening for Prenatal Alcohol Exposure: An Implementation Guide for Pediatric Primary Care Providers

Research over the past 50 years has underscored the harmful effects of alcohol on the developing fetus and subsequent lifelong physical, behavioral and learning disabilities. Screening for prenatal alcohol exposure (PAE) is a key component of health supervision visits for newborns and new patients according to *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* (4th Edition).

Early identification of developmental disorders, including fetal alcohol spectrum disorders (FASDs), is critical to the well-being of children and their families. Screening for PAE is an essential function of the primary care medical home and the responsibility of pediatric clinicians. Early identification of a child at risk for developmental disability because of a positive screen for PAE should lead to further evaluation and, when warranted, diagnosis and treatment. Pediatricians are well positioned to screen children for PAE and FASDs, spearheading the process of accurate diagnosis, and coordination of care necessary to improve health and psychosocial outcomes for children with FASDs and their families.

This implementation guide offers an evidence-informed method to determine a history of PAE and is intended to support pediatricians and other pediatric clinicians in facilitating early identification of children who are at risk for FASDs.


Alcohol Use During Pregnancy
About one in seven pregnant women in the United States report drinking alcohol in the past 30 days, and about one in 20 pregnant women reported binge drinking (having four or more drinks at one time) in the past 30 days. Studies suggest that one to five percent of grade school children have neurodevelopmental disabilities secondary to prenatal alcohol exposure (PAE) that meet criteria for an FASD diagnosis, while fetal alcohol syndrome (FAS), the least common of the FASDs, occurs in just under one percent of the population. Rates of children with FASDs are even higher among vulnerable populations, such as children in foster care, children adopted internationally and children of American Indian descent.

Yet, most children with an FASD are never diagnosed or are misdiagnosed, despite frequent occurrence of severe disabilities in neurocognitive, adaptive, and behavioral function.

There is no amount of alcohol known to be safe to drink during pregnancy. All drinks that contain alcohol have the potential to harm a developing fetus. Although not all children who are prenatally exposed to alcohol develop an FASD, many do. Currently, it is not possible to predict which fetuses will be affected. The safest choice is to refrain completely from alcohol use while pregnant or trying to become pregnant. Key messages to remember and share with patients:

- There is **no amount** of alcohol during pregnancy that is risk-free.
- There is **no kind** of alcohol during pregnancy that is risk-free.
- There is **no time** during pregnancy when alcohol consumption is risk-free.

Additional data about alcohol use and pregnancy is available online at www.cdc.gov/alcohol-pregnancy.



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Fetal Alcohol Spectrum Disorders Program
Part of the American Academy of Pediatrics' commitment to the health of every child.

FASD NATIONAL PARTNER NETWORK
Q O Q O Q

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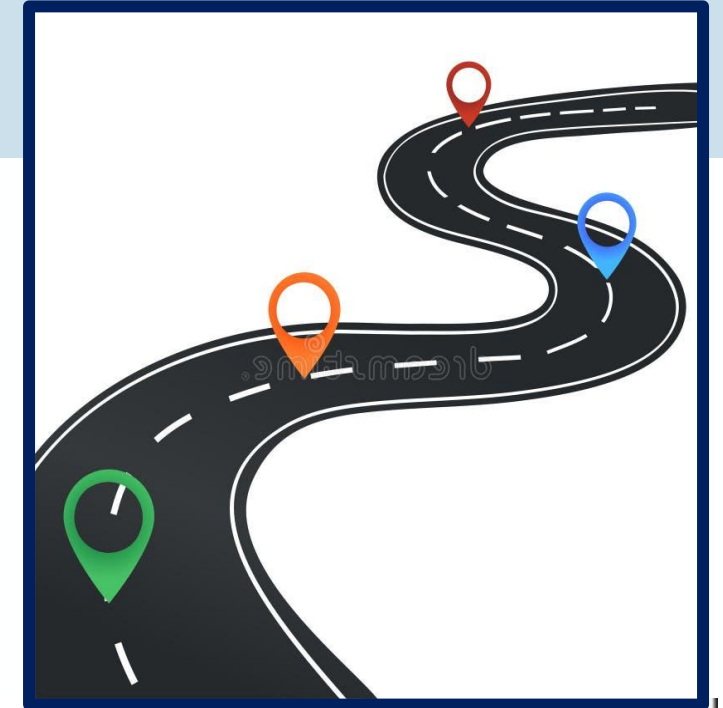
AAP Implementation Guide for Pediatricians, 2018

Supporting Many P.ACES and F.ACEs ...

Guidance from the AAP: The Role of Trauma-Informed Care

2. **RESPOND** with empathy

- Validate emotions (grief, loss, anger, fear, etc.)
- Reflect
 - Our own biases & what we bring to the interaction (s)
 - Child experience
 - Caregiver/ parent experience
 - Family / community dynamics
 - Historical and cultural contexts
- Build therapeutic alliance:
 - Openness
 - Curiosity
 - Growth mindset



Supporting Many F.ACEs and P.ACES:

Guidance from FASD United: Conversations with Families

Best Practice

- Individual strengths
- Person first language
- Non-judgmental language
- Gender neutral language
- Consistent messaging
- Be transparent
- Educate with Care
- Avoid victimization and stereotyping

Reframe

- Not a woman or demographic issue.
- Brain difference
- Strengths & superpowers



“Eat, Sleep, Console”

For Neonatal Opioid Withdrawal Syndrome (NOWS) & Neonatal Abstinence Syndrome (NAS)

ESC function-based assessment (vs. symptom scoring)

- **Eat** ≥ 1 oz (or breastfeed well)?
- **Sleep** ≥ 1 hour?
- Be **consoled** ≤ 10 minutes?

Clinical impact

- ↓ Pharmacologic treatment (opioids)
- ↓ Length of stay
- ↓ NICU admissions
- ↓ Health care costs

Treatment: non-pharmacologic methods

- Rooming-in (avoid NICU when safe)
- Skin-to-skin, swaddling, low stimulation
- Breastfeeding support (when appropriate)
- Active caregiver participation

Why It Matters

- Promotes *attachment & co-regulation*
- Improves caregiver confidence & engagement
- Reduces stigma
- Mitigates medical & relational trauma

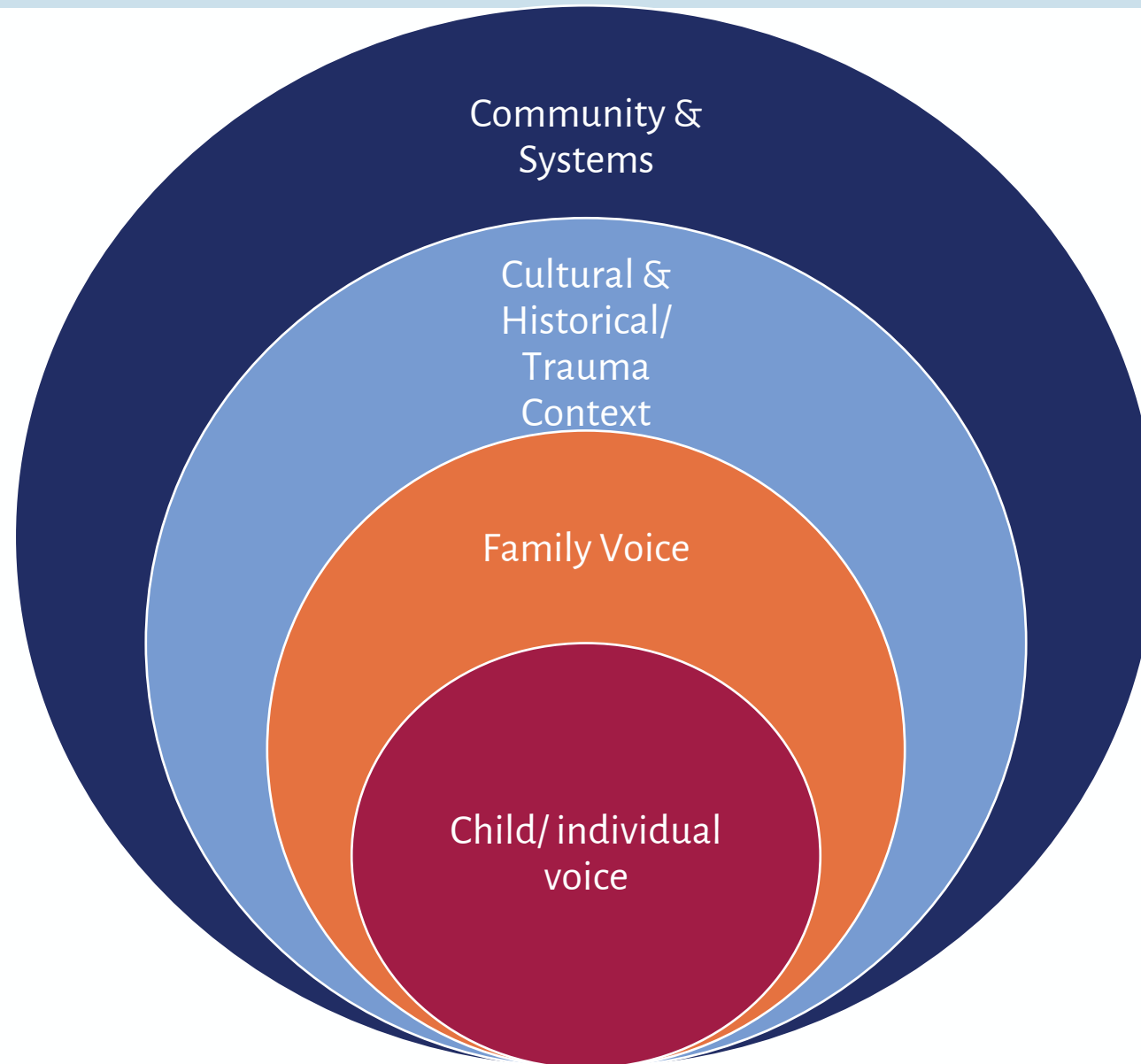


Empower: Cross-Sector, Family-Centered Support Approaches

Family Centered
Trauma Responsive
Cross-Sector Collaboration



Family-Centered Approach



Work with the Village!

Multidisciplinary Approaches



- **Interdisciplinary consultation**
- **Cross-sector collaboration**
- **Transdisciplinary approach**
- **Relational coordination**

Medical home

Medical subspecialties

Mental health

Behavioral interventions

Rehabilitation therapies

Early intervention

School

Disability services

Social services

Addiction/ Recovery services

Child welfare

Justice system

Supporting Prenatal Substance & Opioid Exposure: Keeping Families Together

Plan of Safe Care

- “Mandated supporting” to mitigate child welfare involvement.
- Legal and state funding requirement.
- Family – provider(s) jointly created “menu” of community-based services.

Safe Baby Court Teams

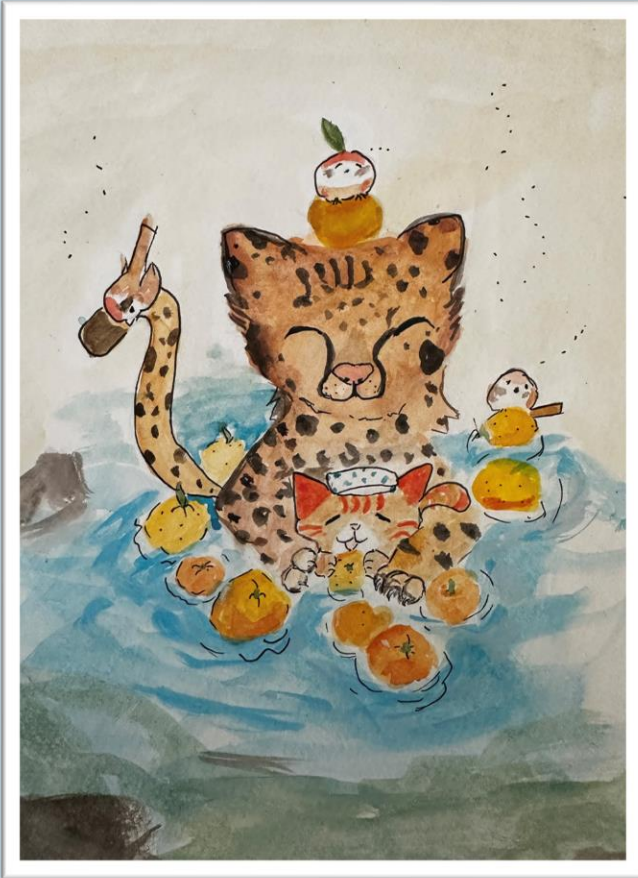
- Frequent, collaborative court reviews
- Infant mental health framework
- Rapid linkage to services
- Better caregiver-child attachment
- Faster permanency

Family Perspective

- *Mouse Drinking From Faucet*, Patima, Age 22



Take Home Points



*Happy Cheetah with Cub,
Patima, Age 20*

- Prenatal substance and alcohol exposures create **lifelong neurocognitive & stress regulatory vulnerability**.
- **Trauma-informed care** should include an understanding of neurodevelopmental injury from prenatal exposures
- A **relational health approach** focuses on optimizing parental understanding, environmental fit, and promoting strengths.
- **It takes a village** – practice interdisciplinary and cross-sector collaboration.
- A **trauma-responsive / relational approach** is a “way of being” in building and maintaining therapeutic alliances.

A Metaphor: Cupping the Flame

Hands-on Activity



Your Turn: Cupping the Flame Exercise

"Every child has a flame: it's their light, the warmth, and potential."

- Prachi Shah, MD, FAAP



Thank You



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