



Episode #185:

**Neurobehavioral Therapist Eileen Devine on Supporting
Children with Pre-Natal and Alcohol Exposure**

November 26, 2019

Debbie: Hi Eileen, welcome to the podcast.

Eileen: Thank you so much. I'm so excited to be here. I've been really looking forward to this.

Debbie: Excellent. Me too. So could you, you know, I start all podcasts this way. Just take a few minutes and tell us a little bit about who you are in the world, the work that you do, and I love to know people's personal why for what they do.

Eileen: Sure. Yeah, no, I'd be happy to 'cause it speaks so much to the, to the work I do every day that I'm honored to do with parents. I am a social worker. I'm a therapist that has a private practice where I work one on one with parents and only parents and that'll get a lot clearer why that is as we get deeper into the conversation. But what the parents that I work with all have kids with neuro behavioral differences or challenges that have challenging behavioral symptoms. And so that's, that's my professional life. I do a lot of work with parents actually all over the world utilizing our wonderful technology today that makes that possible. I did not always do this work. I was, I was a social worker for a very long time in another line of work and then was able to become a mother.

I have a 12 year old son and shortly after he was born, we decided to expand our family through adoption. And two months into that process, so eight short weeks after we kind of signed the dotted line and said, okay, we're in this. They said, it'll probably be a year. And we said, okay. And, and eight weeks later they called us and said, a beautiful baby girl is born today and her birth parents have picked you to be her parents. And so that was a wonderful blessing. It left my husband and I with two babies. They're only 15 months apart. And because of that closeness in age, I think that's one of the reasons we started seeing very quickly that my daughter's development was not on what you would consider a typical trajectory. It was very different than what my son's had been and what it was at that time.

And very long story short, she lives with significant neurobehavioral challenges that when I first started figuring that out as a parent, I thought, you know, as a social worker, as a therapist, like no problem, I'll figure this out. We can handle whatever's coming our way. And we learned very quickly that we, we really couldn't on our own. We were missing a lot of information that we needed. Didn't know we were missing it at the time. What we knew at the time was that we were becoming increasingly scared about the fact that all these very good parenting techniques that were working wonderfully with our son just weren't working with her. So once I figured that out, and I can talk a little bit later about what that looked like, if that's helpful, but once I figured out how to parent her

differently because her brain works so differently than what we would consider neurotypical in our society, I thought, well, where, where are my people?

Where are the people who are walking alongside parents in the same situation, helping them get this information that they're missing? So they know that, that, you know, there are actually things that you can do. There are things that work in terms of supporting these kids in parenting. It just looks really, really different than those very tried and true parenting techniques that we're all raised with ourself or brought, you know, led to believe that that's, that's kinda how you do it. And so I'm honored to do this work with parents every day. I love bringing these parents together so that they can find each other and feel like they have a sense of community and that they're not alone in this experience. So yeah, that's in a nutshell how I found myself in this really wonderful, wonderful work that I do.

Debbie: Wow. That's, I, I can't imagine just the timeline that you were on with, with your adopted daughter too. That must've been really surprising to get that call.

Eileen: That is a very accurate way to describe it. We believe things happen for a reason and we were, it was wonderful to get that call. But yeah, a little shock in there as well. So she's, she's been a wonderful blessing and in, in lots of different ways. But one of the ways is opening me up to this wonderful group of parents that, that I've come to know and this whole other world of neurodiversity that just does not get any sort of, you know, conversation. There is no discussion. There should be much more than there is now. So that's part of the work that I hope to do in working with these parents.

Debbie: Well, and you're in the right place because that is what we're all about too. So this is good alignment here. I just wanted to ask you, you mentioned the term neurobehavioral challenges as a phrase. Could you define what that means? Neurobehavioral challenges.

Eileen: Yeah. So when we look at the brain and the brain development, we of course know based on neuroscience research that there are all these, almost an overwhelming number of reasons why a brain can be changed in structure and why it can function differently than what we would consider a neurotypical brain. And so when we look at how behaviors are always connected to brain function, I mean the two cannot be separated, neuroscience research tells us that too. Then when we have kids whose brains work differently, no matter the reason, then the phrase that kind of encompasses that is neurobehavioral conditions. So they have a brain-based disability or difference that results in behavioral symptoms. Most of those behavioral symptoms are very challenging for the parents who parent them.

Debbie: Okay. Thank you for that. So today we were going to talk about something we haven't discussed on the show at all and that is prenatal alcohol and drug exposure and the relationship between that and these neurobehavioral challenges. And, and also, you know, I know that that is something that parents of adoptive, who have adopted children or are fostering children are perhaps more likely to be dealing with. So can you lead us into this conversation because this is

a whole new topic that we haven't covered. So could you give us some just information about the prevalence of, you know, kids who have this sort of exposure?

Eileen: Yeah, absolutely. Happy to. So fetal alcohol spectrum disorders, so it is a spectrum disorder. It is, and that is the diagnosis that my daughter has, it is the leading cause of developmental disabilities in the westernized world. So if we think about that, that is an awful lot of people impacted in our world with this condition but very, very little talk or information about it in comparison to other, you know, neurobehavioral conditions say like autism for example. Now, even with that statistic, we know that there's estimates that as high as 80% of people who actually are living with FASD, fetal alcohol spectrum disorder, are not diagnosed or misdiagnosed. And so there's lots of reasons why I believe that to be the case. Much of it around stigma in terms of prenatal drinking and substance use exposure and providers not thinking to ask those questions or not wanting to ask those questions, feeling uncomfortable themselves.

But regardless, the fact remains that there's a whole lot of other people who are out there struggling with this condition who are not diagnosed or misdiagnosed. And so one of the things I found really early on in my practice, working with parents, is that I really needed to be clear on the fact that I have an area of expertise in FASD and also I'll work with any parents who have kids with neurobehavioral conditions. And the reason for that, one of the reasons is that the brain is the brain. The symptoms look very similar. And also I understand the rate of misdiagnosis, the questions that don't get asked. The adoptive parents who have a child who maybe has an unclear history, there's not any prenatal records or information that they can kind of go and say, okay, yes, there was documented use. And so I want them to also understand that you don't have to have that diagnosis for you to do things differently and for your child to be able to settle in their environment and thrive. The rates amongst adoptive, kids who are adopted or who have been in the foster care system is exponentially high. We know that to be true again, based on research that's been done.

Debbie: So you said that fetal alcohol spectrum disorder is the leading cause of developmental disorders. Do you have a statistic for that? What percentage? Cause that is very surprising to me and I think it will be to a lot of my listeners.

Eileen: Yeah. You know, I don't have, I don't have that statistic in front of me, but I could, I could track that down and maybe we could add it in the show notes if that's helpful.

Debbie: Yeah, I, I'm just, again, this is a really, this is a new topic for me because I don't have any personal experience with this and that's why I'm so glad that you reached out to me because I have heard from parents, adoptive parents who are dealing with this, and so it's just a whole new new world to me so that, that does really surprise me. But also then when you, you know, talk about the number of people who are just misdiagnosed or not diagnosed, that also makes a lot of sense because I can imagine there is a lot of just things that people don't want to be talking about and family histories and so forth.

Eileen: Yeah. Well, and if you, I think that when we talk about fetal alcohol spectrum disorder or prenatal substance use of any kind, but especially alcohol, which is a very common substance used in our society, it's of course legal, lots of us enjoy having alcohol from time to time in different quantities. And yet when we think about a child who has FASD, we all have this immediate picture of what their parent must be pop up into our mind. I mean, I think that's unavoidable, that we all kind of go there and for many of us it's actually not an accurate, you know, visual of what group of parents are, you know, most at risk of having a child with FASD. So I am, I'm 42. I'm Caucasian. I am in an upper middle class family. I have a master's degree. I have a supportive family. My life is very stable. And my cohort, actually slightly younger, 35 to 40, is actually the group of individuals who are most at risk for having a child with FASD. And it's the amount of social drinking we do. It's amount of, you know, that just like you were describing, we just don't talk about it very often in our society, this disorder, what causes it. And there's a lot of feelings around this topic, understandably throughout our society. So.

Debbie: So what then are some of the signs of fetal alcohol and prenatal drug exposure? Again, I'm assuming these show up as neurobehavioral challenges, but do they look different from a child who has other developmental disorders that may not be related to drug or alcohol use?

Eileen: Yeah, so that's the tricky part. It actually looks very similar to other diagnoses that we're very comfortable with and familiar with in our society. So some of the major misdiagnoses that happen is ADHD. The symptoms of, the symptomatology of ADHD, the behaviors that we see, almost align perfectly with FASD. And there's also a high misdiagnosis of autism as well. And many kids have, have both diagnoses kind of side by side along with with many others because of the confusion I think providers have when trying to figure out what exactly is going on with these kids. And so when we think about the brain and everything that our brain does for us, it's again connected to all of our behaviors that we carry out, you know, minute by minute every single day, it only makes sense that if, if there was a brain that was exposed to alcohol or any other substances prenatally, that it would change in structure and function. And the way that we would recognize that is through the behaviors because they're connected.

So we see those behaviors as symptoms. Of course, it gets really tricky when our society is deeply rooted in this behavioral lens where we see their behaviors as intentional and willful and defiant, all those sorts of things. But if we can take a step back and see them as symptoms then it gives us a whole different picture on what's going on for this child. So your question of what it could look like, I think a lot of folks are familiar with kind of the presentation of ADHD and autism. It's things like executive functioning difficulties, sensory integration difficulties, slower processing pace, language and communication deficits, learning and memory, like a very classic symptom of FASD is having very, very poor memory, which makes of course learning very hard. It makes routine very hard.

It's that morning routine that a child does every single day. Why can't they do it right? Why can't they do it by themselves? Learning and memory. The need to reteach is absolutely exhausting for these parents. They have on and off days where maybe they can do it one day, they can't do it the next, which, you know, not recognizing that as a parent, as a symptom can lead to burnout very, very quickly. The other very classic symptom of FASD, which I talk to parents all the time about, this is in my mind an underlying foundational symptom that is so important for us to, to really solidify in our mind in order to understand our child is this idea of dis-maturity. And so it's the gap between chronological and developmental age. And so it's not a child is acting immaturity, that would, that would lead to the conclusion that they have some control over it and they could do better if they wanted to.

This is dis-maturity where they are a different age developmentally and where kids, when kids have FASD parents can feel very confident about taking that chronological age and dividing it in half and having that as a starting point about where their kids are. Now the other piece that makes this particular diagnosis really tricky, and again I think it's, this is a theme that runs through a lot of neurobehavioral conditions, but for FASD it's very prevalent, is that a child can be performing in school academically at grade level or around that, where the grade, the academic piece of it isn't such a concern for the parents. But they might be struggling in really significant ways socially and emotionally with friendships, with impulse control, with being able to, you know, manage their sensory pieces of their environment, all of that kind of stuff.

And so those kids, in my estimation are most at risk because it is even more invisible with them that they're actually, you know, have this disability that needs accommodations versus just being a behavioral problem that's ruining every environment that they step foot into. So it gets really tricky really quickly. And even as a parent who lives this model every day in my own life and also teaching it to parents on a daily basis, I continually have to take that step back and remind myself, okay, how old is she developmentally? Okay, what brain function could this be connected to, assuming that it's a symptom before I jump to that behavioral lens and say, ah, she's just trying to get under my skin again. Two very different paths that lead us in very different directions.

Debbie: Yeah. And, you know, I definitely believe as do many of my guests that most, you know, like 99% of behavior really is not purposeful. Right? It isn't trying to get under our skin. So it is always asking that question. But I can just imagine the need to kind of continually step back and say, okay, on a more extreme level, especially because that statistic you shared or that note that these kids are really half of their chronological age, that's significant and gets more significant as they get older.

Eileen: Right. And so some of the, some of the complicating factors to that is like I mentioned the academic piece and that sometimes that performance can kind of color our view of what might be going on in their social emotional development. But these kids all have strengths, just like any other child. They have areas where they really shine and excel. And so for example, if you have a child who's very

physically inclined and they are maybe the star member of the athletic team that they're on, but socially and emotionally they're half their age, they can talk the talk, but they can't walk the walk. Meaning their expressive language sounds really mature but the way they receive information, that receptive language, is that of someone half their age. I mean, how is that coach going to be able to make sense of all of that, right?

What likely will happen is here's a really talented kid at this sport, but they're messing up my practice every day. They're just goofing off. They're not taking this seriously. They're not motivated, they're lazy, whatever it might be. Right? They're disrespectful. When, if we can help that coach see, well, this is, this is dis-maturity at play. These are lagging cognitive skills that need accommodated. They're really, they really are trying their best. We need to adjust the expectations for the way their brain works. That's a whole different conversation, but it takes a ton, I mean, I think that's where parents I work with get most exhausted. They're trying to really support their child differently at home, which takes an awful lot of intentionality and energy. And then also they're trying to educate everybody in that child's environment and get them onboard with this neuro behavioral lens as well.

Debbie: Yes, it's work that doesn't ever really end. So, okay. I, first of all, I just, this word dis-maturity I've never heard before and reminds me of asynchronous development, which is something we talk a lot about. And you know, as you're describing some of the symptoms and things that we might see, obviously as with everything in this space, everything could be this or that or there's a lot of overlap. And so tell me about the diagnostic process and you know, this is something we talk about in all kinds of neurodifferences, how important is getting a diagnosis? So can you talk about that? Does it matter to have that diagnosis and would it mean that we would support these children differently than if their wiring is not the result of drug or alcohol exposure?

Eileen: Yeah, that's a great question. And it's one that parents ask all the time and for very good reason that I'm sure all of us and your listeners can understand. And my, my response to that is yes, it's important and there's reasons for that in terms of being able to name it. Once we can name it, then we know better what to do, you know, to help our child do about it, whatever, whatever way you want to look at it. It also is of course really big with benefits in a lot of places, making sure that kids are entitled to the benefits that they need, the parents get the support they need. And then of course in school it always helps that process of advocacy if you have a diagnosis that you can point to to help explain to the teacher and the staff why they're seeing the behaviors that they're seeing.

I do think though that because of this idea that FASD is just not in our common lingo in terms of diagnoses, that even with that name, even with that diagnosis, that there's a lot of education that still has to happen on the parents' part here. The other piece that I say to parents though kind of side by side next to that is the brain is the brain. And so again, there's lots of different reasons that the brain can function differently and why we might see these challenging behavioral symptoms. And that in the day to day parenting that they are trying so desperately to do differently, which is of course this steep learning curve, that if

they can just momentarily set aside that need to know, to have a name, like what exactly is this, what exactly caused this. If they can step away from that and understand their child's brain works differently and there's some reason behind that, maybe we don't know that now, but with the brain as the organizing principle, we know that the behaviors are the symptoms, right?

No matter what diagnosis we call it. So I meet a lot of parents who have children who have multiple diagnoses like four, five, six and many of them describe the behavioral symptoms, right? So I can see that whoever was working with them is kind of giving, having that lens. It describes a cluster of behaviors. There's nothing wrong with that. It gives us information about what they're seeing. But when I see those four or five, six diagnoses, it really makes me pause and think, has anyone taken a step back to consider brain function with this child? Right? Despite having all of these diagnoses, the parents are still in the same place wondering what do I do to help my child. Like they're increasingly out of control. They're increasingly whatever it might be, amped up, aggressive, having you know, expectations that are not being met. All of that kind of stuff. And I feel helpless and want to know what to do about it because those consequences and lecturing and you know, exerting our control in whatever way we can has no impact or very, very short term impact. So then the question is, well, what do you do differently?

Debbie: So are the interventions then and the supports that we would provide for, for kids with FASD, are they identical in many ways to what another child who, you know, has ADHD or is on the spectrum, executive functioning challenges, sensory processing issues, is it the same approach?

Eileen: Yeah. So from my perspective, it is. And what I, and the reason why I say that is because I think there are a lot of approaches out there for other neurobehavioral conditions like ADHD that don't align with this neurobehavioral perspective that we're talking about today. And so what I mean by that, and I do work with parents who are the biological parents of their child. They're like, there's, it was a healthy pregnancy. There was nothing, you know, that was happening there. And my child is still incredibly challenging and my other kids aren't. And I have no idea why. So the reason why I say that is because with those parents, I don't do anything differently than with, say a parent who has a confirmed diagnosis of FASD. Because again, the brain is the brain. So what we look at is I have a screening tool that I walk them through once they're more familiar with this model.

And what that allows us to do is say, okay, so the brain is connected to every single behavior. Well, I get that. And that's also really overwhelming. And how do I know what my child struggles with, right? How do I really get into the weeds of that? And so with this screening tool, it helps us understand what rises to the top for that child. So are they really lagging behind in say executive functioning or are they really lagging behind in their ability to manage all the sensory input in their environment? Or is it more around learning and memory? And sometimes it's all of that, right? But at least it helps us say, okay, this is what we need to be looking for. Because if your child is struggling with executive functioning, say,

and all of the subcategories under that, then we know that that's probably where they're getting tripped up in their day.

There's expectations around executive functioning skills that they don't have yet. And so when they bump up against that in the environment and there's no understanding of that, then they become frustrated, angry, shut down, whatever it might be. Those secondary behaviors get really, really amped up. And the longer that poorness of fit is in place, the more intense those secondary behaviors become. So once that, once that parent can make that connection, then they can say, oh, okay, now I know how I need to accommodate my child. Or at least I have a starting point, right? The accommodations pieces, you know, brainstorming thing that you just kind of try stuff and see how it worked and kind of take note of that and try again. Right? It's not this answers come to you all at once, but at least I know where he's hitting some stuck points in his day, where those challenges are coming from and what that behavior is communicating. That behavior is communicating pain, discomfort. I can't do this. This doesn't feel good. All of those pieces for him that he can't articulate. But now with my detective work, I've been able to figure out what I might be able to do about it. And so that's why I work with parents and not the child. The child is who they are, right? And unfortunately a lot of this is about us and changing our perspective, adjusting our expectations, and really putting changes into the environment that we as the adults are in control of.

Debbie: Awesome. So one of the things I was curious about is do these kids catch up? Like what does the trajectory look like if we know that they're half their developmental age maybe socially, emotionally, but assuming we're providing them with support to work on those lagging skills and develop areas of weakness, what does that look like?

Eileen: Yeah, that's another great question that a lot of parents have. So the one big missing piece in the research for parents of kids with FASD is that there really isn't a whole lot that tells us from a research based perspective what happens with these kids as they grow into adulthood. It's just not there. And so then we start to look in our communities and of course with Facebook and all that kind of stuff, able to see a lot of adults now who have FASD who are out there in the world. So that's, that's one piece and I'll speak to what we see there in a minute. The other piece that I really want parents to understand is that this is a permanent brain-based disability, right? And so even with what we know about brain cells being able to regenerate, it's actually, that's greatly diminished in terms of kids who have been prenatally exposed to alcohol, that ability to create new brain cells and that sort of thing is, is not there in, in the way that it is for say, a child who has a traumatic brain injury later on in their life and is coming back from that.

So I don't, I want to be really clear with parents because what we do see with these adults is that they mature and they grow just like all of us do. But it is at a very different pace, a much slower pace. Their trajectory is just their very unique trajectory and they still require levels of accommodation that you would not expect when you are thinking about, you know, a 20 something year old child that you, you know, quote unquote launch into the world. Right. And so part of

my practice is also working with adults with FASD and all of them rely greatly on the support of their community, usually family. They do live independently. I'm trying to think if any one of them has not. They all have lived independently but with a lot of support from their family. Working, absolutely. But again, accommodations at work, having the workplace environment understand that they're very hard workers and they're very good listeners, but they need, for example, reminders about, you know, four and five step sequences. If it's going to be more than one or two, then they might get lost. That they can understand, they want to do what's right, but maybe they need written instructions along with the verbal instructions, all of that kind of stuff.

Debbie: So I also have a question about just the adoption side of this. You know, I did not adopt my child, but I imagine that that aspect of parenting adds in another layer of, I don't know, emotional complication if you adopt a child that has been exposed to, I mean, you said that the rates of alcohol or drug exposure are much higher in adopted children. And so, you know, working with parents like that, could you share with us some of the maybe unique challenges or concerns that, that those parents have to kind of work through?

Eileen: Yeah, that's a great question. So I think if I were to say what kind of would set that population of parents apart from, you know, the bio parents that I work with, there's a few layers that we eventually get to in one way or another that are super common themes with all of them. One is this idea of grief and loss, right? It applies, I think to many parents who are parenting kids who, who have neurobehavioral conditions, but with the adoptive parents, many of them have gone through their own significant grief and loss trying to start a family before they ever enter into the adoption process. Some of them have gone through significant heartache throughout the adoption process. Having maybe adoptions fall through, that sort of thing, getting their hopes up it not happening. And then most of the parents that I've worked with have no indication that their child that they've adopted has such significant, you know, challenges that will need a different level of parenting that maybe they imagined having in their experience.

And so I think those additional layers of loss and grief kind of one on top of another is really profound. And, and when we're talking about understanding their child in this different way, like they are who they are and this is how their brain works and this is how it works differently and what that means for them, especially if you think of the life trajectory and what that might look like, then that always comes up. And we often see, and again I think this is, this is universal. We see it as anger and resentment and frustration and all of those kinds of things and or fear. And I always say always underneath there we can usually find some grief and loss that needs to be processed that they're going through.

The other unique piece that I would say applies to that group of parents specifically is the dynamic then with the birth parents. There are, you know, a best practice in the adoption world is to have open adoptions. I agree with that wholeheartedly. And when you have a child who has significant developmental delays that have been caused by birth mom's prenatal alcohol or substance use, then that open adoption gets even trickier than it already is. And so having the difficult conversations about the way that your child is struggling and having to

help the birth mom understand why that is. Right. Even just naming the diagnoses is something that a lot of birth parents have, or a lot of adoptive parents have a lot of reluctance to do in terms of their relationship with the birth parents. That relationship is already tricky and fragile and emotional in its own way that to add this layer in makes things very complicated very quickly.

Debbie: Yeah, yeah, makes, makes absolute sense. And, and so in working with parents through that, I imagine it's the same idea of helping parents, you know, do that mourning, go through that mourning process and then, you know, just recognizing what kind of control they can have over their own emotional experience in that dynamic, or are there any kind of strategies that you share with these parents?

Eileen: Yeah, I think that that, I think that that's what it is. What is it, naming what it is and then understanding once you, once you can name it and understand what your experience is, then you can start to take small, gentle steps with yourself to move through it, right? If we don't understand what it is then our reaction usually is to get the heck out. Like to hide from it, deny it, whatever it might be, offload it onto somebody else, right, as that anger, that resentment, whatever it might be. And so if we can understand like, ah, this is what I'm going through and it's actually really normal and it's actually really common. That's why I like to bring these parents together so they don't feel so isolated in these types of experiences. Then maybe they can, with support, gently start to work through it.

The other piece that I think makes this whole parenting experience really unique, whether you're an adoptive or biological parent, is that at a certain point your child starts to recognize that things are different for them, right? That things are easier for their peers or that they're being left out in ways socially that don't feel good. And if you can talk about that neurodiversity, that brains work differently and these are how all of our brains work differently from a very young age, I think that helps them a bit in terms of normalizing that experience. But it's still incredibly hard. And so then what we're left to do as parents is to help our child through their grief and loss experience in terms of having this brain-based disability that they will always struggle with in one way or another. And so if we can have a handle on kind of what our emotional experience is and be doing the work ourselves, then I think we have a greater capacity to help our child through their experience when that time comes.

And so then when you talk about the added layer of our child's adoption story and their just experience being an adopted child, that of course is then another layer, right? And if your child is experiencing dis-maturity and there's that gap between social emotional ability to manage those emotions, understand what they need, all of that kind of stuff, that of course is a big piece in understanding your child as you start to help them through that process. How am I going to talk to my child in a language that matches their developmental age so that they can understand this and at those developmental ages, whatever it is for that child, they can process it in a way that they need to.

Debbie: Wow. It's, it's complicated layered work. And I just really appreciate your, first of all, sharing all this with us today, but I'm happy that you are doing this work in

the world because the reason I created Tilt and why this community is so important to me is because of that sense of community and feeling like we're not alone. And I know that even within this community, there are many parents who listen to this podcast, but who, who will very much relate to what you're sharing. And I know that many times those parents may even feel more marginalized and so it's just so important what you're doing for parents like this.

Eileen: Thank you. Well, like I said in the beginning, it is a true honor that these parents share their stories with me and entrust these stories to me because I know, again, going back to when I was like, where's my person that can walk beside me and like truly understand this kind of crazy reality that I'm currently living. Like where are they? Right. I don't want any parent to feel alone in that. And I've mentioned several times that I, that I bring these parents together in a few different ways. And the reason for that is because when I was meeting with these parents, I was, they were saying to me over and over again like nobody would believe me if I told them what happened to me today. And I was like, oh yeah, I just talked to somebody last hour that would totally understand that. So that was my kind of thought of like, okay, they need to understand that yes, their reality is incredibly challenging and at times kind of even surreal and they are not alone. There's lots of other parents out there like them doing the best they can to support these, these kiddos.

Debbie: So if there are parents listening to this who, who know that this is something that is impacting their child or they suspect it may be, do you have any kind of first step, you know, besides taking a deep breath, any kind of first step that you would encourage them to take? And then could you also share with listeners how they can learn more about you and the work that you do?

Eileen: Yeah sure, absolutely. So my website is very easy. It's just EileenDivine.com and on there I have some information about the neurobehavioral model. I have blog posts there that I've written based on the experiences of the parents that I work with. And so if there, if there's listeners who are saying like, oh, this sounds like my experience and I want to, I want to understand that more than that might be a good place for them to start. There is a book called *Trying Differently Rather Than Harder*. It's written by Diane Malbin who's my very good friend and mentor. She is the creator of this neurobehavioral model. And that is a book that is a quick read. It's easy. It really outlines the neurobehavioral model in some good detail. And I would highly recommend that book to any parent who's like, I want to really dig into this model more and find out more about it. Lastly, I do have a private Facebook group that I have for parents who have kids with brain-based differences. So it's not specific to FASD, but I would, just as an estimate, I would say probably half the parents in there are parents of kids with FASD. So parents can find that on Facebook. It's just Eileen Divine LCSW supporting parents of kids with brain-based differences. There's some easy questions to answer and then I would be happy to have any parent who wants that community to join.

Debbie: Fantastic. Well, thank you so much for sharing all of this today. Very interesting conversation, and I'm just so happy to be bringing this topic to the show. So thank you again for reaching out and for sharing with us.

Eileen: Oh, thanks for having me. Been a pleasure.

RESOURCES MENTIONED:

- Eileen Devine's website
- Eileen's Private Facebook Group for Parents
- The Resilience Room (Membership Community)
- Free 14-Day Reflection Journal for Parents
- *Trying Differently Rather than Harder: Fetal Alcohol Spectrum Disorders*
by Diane Malbin