

# CASA News and Views Cochise County Newsletter

## July/August 2014 Features

*CASA Coordinator*  
*Joan Hansen*

*CASA Support*  
*Lissete Borbon*

Phone: 432-7521  
Fax: 432-7247



Photo courtesy of Ned Letto

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Co-Editors: Joan Hansen, LuRue Troyer  
Published by LuRue Troyer  
[troyer1234@gmail.com](mailto:troyer1234@gmail.com)

# Coordinator's Comments



Everyone should know by now that Judge Beumler, Division VI, has moved to Bisbee. I know that folks in Sierra Vista are disappointed, but the folks in Douglas are happy I bet. So remember not to go to the Sierra Vista location for any dependency cases. Juvenile delinquency cases are still to be heard in Sierra Vista in the same courtroom but by Judge Elledge, Division IV, who will be hearing all the delinquency cases. The only exceptions will be those delinquents who also have a dependency case. Those cases will be heard by Judge Beumler.

As long as we are on the topic of court, there are a couple of issues I would like to discuss. First there has been a misunderstanding of when to use initials and the names of individuals involved in your case. The only individuals that need to be "initials only" so that their identities are protected are the foster mother and foster father. The rest of the individuals (attorneys, caseworkers, therapists, biological parents, etc) use their names.

Next, as you know the term CPS is now obsolete. The new term is Division of Child Safety and Family Services. The first time you use the name in the report, spell it out and then you can use the acronym DCSFS or DCS in the body of the report.

When you do the Recommendations, remember that the first recommendation is always "That the child/children remain a Ward of the Court committed to the care, custody, and control of the Division of Child Safety and Family Services", so spell out the name.

Also to make things simpler for yourself under the section for Records, you don't have to list all the documents that you read. Keep it to those you referred to often and lump reports together. For instance visitation reports use a time period for the visits rather than listing all of them separately, i.e. **Visits-dates 1/10/14-3/10/14.**

If you have any questions, give us a call and we will be happy to help you out.

**Joan Hansen**  
***Cochise County CASA Program Coordinator***

July 2014						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3 Julia: Court Report due for B/R	4 	5
6	7 Julia M. 	8	9 National Sugar Cookie Day	10 Ned: Court Report due for LE	11 Annie M. 	12
13 Embrace Your Geekness Day	14	15	16 Fresh Spinach Day	17	18	19
20 National Ice Cream Day	21	22 Susan S. 	23	24 Cousins Day	25	26
27 Parent's Day	28	29	30 National Cheesecake Day!	31		

Created by Lissete Borbon, CASA Support

## Alex's Story

by **Mary Blanchard, Cochise County CASA Volunteer**

Ilene Axtel is a most unique CASA volunteer. She is a kind woman whose goal is to make things happen without causing friction.

However, if there is a need to make waves and challenge the chain of command, Ilene may suffer and agonize but doesn't back down...not for a single moment.

She decided to become the foster mom in one her cases. Once she decided on this course of action, she went forward and kept going until she achieved her goal. I was her mentor, and when she discussed becoming a foster mom, I tried to talk her out of it. She is an active CASA volunteer. She is raising two granddaughters. She runs a school. She was super, super busy, but her husband supported her decision, so she did it, in spite of the many obstacles (one of which was not being a licensed foster parent). I knew when I tried to caution Ilene that she was going to become the foster mother of her foster kid. It was something ***she had to do***.

Ilene met Alex when he had just turned 12. It was the end of his 7th grade year. Ilene always jumps right in, so one of her first questions to Alex was to ask how he handled

stress. She then moved on to movies, music, video games...and the journey began.

This foster home was very rigid. The foster mother was easily upset. She was very angry when Alex used the wrong pot to cook macaroni. She was horrified when he slept on top of the bed to avoid have to make it every day. It was a crisis when he forgot to tuck his shirt in when they were leaving for church. In short, it was not a good match. Alex said, "They didn't understand me."

One foster home wanted to adopt him. He was not sure he wanted to be adopted. They kept asking and insisting, and he kept being unsure. Eventually that uncertainty ended the placement.

The next foster home had many foster children and Ilene noticed during a visit that Alex had lost 15 pounds. Ilene questioned him about it and his response was that there was never any food. Ilene reported this...and was accused of being too emotionally involved.

Alex's sister had been adopted, and Alex

went to live with this family. The foster father became a single dad, and his social life became more important than the children. He no longer made an attempt to be there for the children, and Alex was neglected to the point where it was impossible for him to stay.

Ilene's concern about the placement increased, and she finally reported the situation to CPS and to the lawyer. A placement in a group home in Safford was mentioned, and Ilene finally decided that Alex needed to stay in Sierra Vista and finish his education at Tombstone High School. He was in the middle of his junior year. Her solution was to become a foster mom and to take Alex.

She completed the foster care classes and passed the licensing requirements, but CPS was reluctant to approve her. The reason given was that a former CASA volunteer had gotten her license, had become a foster mother, and then quit 3 weeks later. Ilene assured everyone that she had known Alex for 5 years and that she had already thought it over carefully. She brought up the fact that Alex's sister already was living with her, and repeated over and over that she was

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## Alex's Story (Continued)

by **Mary Blanchard, Cochise County CASA Volunteer**

committed to becoming Alex's foster mom.

The CPS paperwork to allow Ilene to become Alex's foster mother became a nightmare. A court hearing was imminent. Alex called his lawyer and said he wanted to live with Ilene. Before the hearing, the lawyer confirmed that Alex did indeed want to live with Ilene. The judge granted permission at the hearing for the lawyer to file a motion, and Alex has been Ilene's foster child for a year and a half.

Alex graduated from Tombstone High School this past May. He has three jobs this summer. He works at Mountain View Gardens and has two landscaping jobs. His goal is save enough money to buy a car by the end of the summer.

Alex decided to go into the independent living program. He told me he has found it to be very useful. He has applied for his financial aid to Cochise College and is waiting for the paperwork to process. His plan is to start college in the fall and get all his core classes knocked out. Then he will transfer to a university in a couple of years.

Alex is active in his church. He has a girlfriend and enjoys spending time with her family. Alex also enjoys the active family life he has with his foster family. They play games, enjoy hiking, camping, swimming and other family activities.

When Alex joined Ilene's family, the family participated in nine weeks of family counseling. Ilene said their goal was to share their expectations about being a family and to identify and share their expectations about each other.

This has proved to be a solid foundation. Alex is learning what it is like to be part of a family. He has shared what he needs and what he expects from the family and from the family members. They have shared their expectations with him. Ilene says she is very clear about chores and behavior.

Part of being a normal family is to understand that family interactions are very messy. It is not sunshine and flowers 24/7. There are arguments...sometimes even serious arguments. Families do this, and it is okay, provided everyone is committed to

being part of the family. Alex is committed. Ilene is committed. The whole family is committed.

Alex told me about one incident, which he referred to as a "psycho mom moment." Ilene was texting him and asked when he was coming home. He replied, "When I get there." The texting dragged on. Alex wanted to spend more time with his girlfriend. Ilene put on her shoes, did not change out of her pajamas, and drove over to where Alex was. Alex saw the headlights and knew it was his mom. It was major embarrassing that his mom came to get him, but it was even worse that she came in **her pajamas**. We all agreed that moms are like that. **It is something a mom needs to do!** Ilene reports he is now very clear with his time to arrive home and she has not needed to repeat that adventure!

Alex summed up his foster home. "I now know I have a place where I am welcome and understood and my feelings are validated."

See photos on following page...

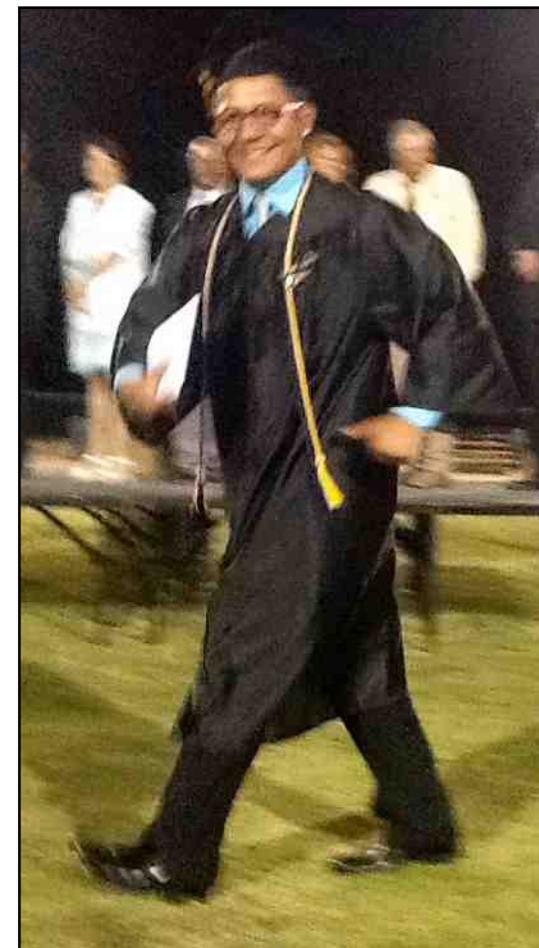
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Alex's Story (Continued)

by Mary Blanchard, Cochise County CASA Volunteer

**Alex Graduates!**

The Big Day at Tombstone High School



## A Happy Ending to a Long Journey!!

by **Zanetta Boughan, Cochise County CASA Volunteer & GAL**

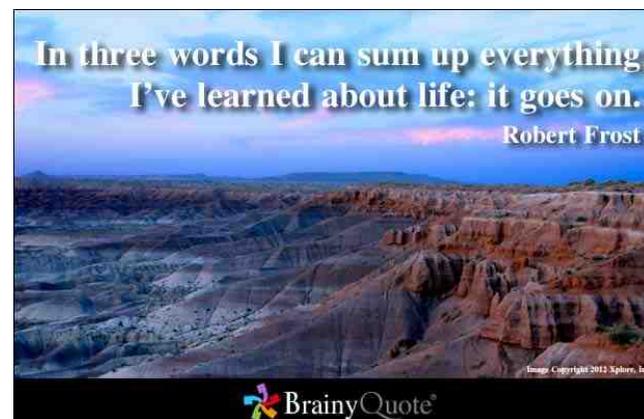
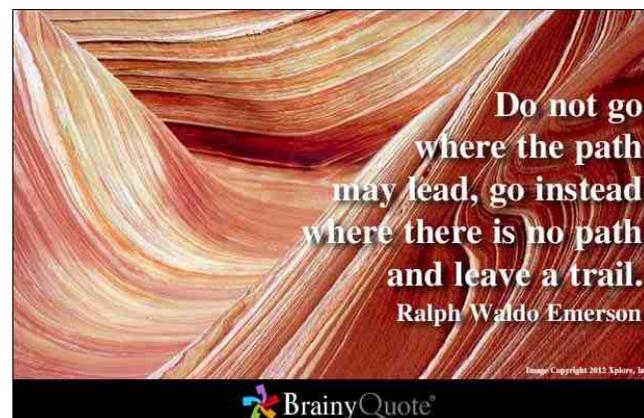
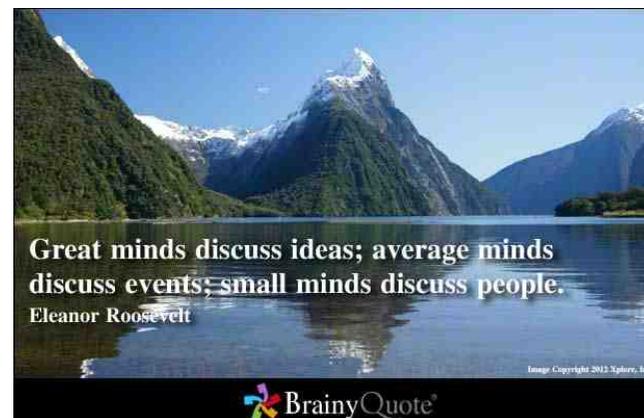
My CASA/GAL case had a happy ending. My GAL baby was adopted by the foster parents on Friday, 6 June at 8:45 AM. I was able to be there and the foster parents were ecstatic with joy. And they also cried because they thought this day would never happen! The foster/adopt parents went through training the same time as Robert and I. Everyone was envious and could not believe that we were able to adopt two babies right away and they had **no** adoption for 7 years. All their foster/adopt children either went to relatives, went out of state, went back to the parents, or went to another foster/adopt home.

I was the first CASA/GAL they had **ever** had. And it ended with them able to adopt this wonderful baby boy that came into their home as a neglect/medical case. He was underweight and was soooooo tiny. He was four months old and weighed **only 7 pounds!**

H turned one year old on Saturday, 16 December 2013. He is now a healthy one-and-a-half-year-old. He is walking and running. He walks into walls, falls down and gets back up again on his own, then takes off

again as fast as he can go!!

H is a happy, blue-eyed toddler who loves his Mommy and Daddy. He has found his forever home. The foster parents are a great couple. The foster mother was a nurse and the foster father has a super duper job on Post. They are excited about going out of Arizona to show him off to their family. H and the foster parents have bonded!! **What a happy ending....**



## Arizona Steps Up Oversight of Psych Drugs for Foster Kids

Submitted by **Bud Dragoo, Cochise County CASA Volunteer**

*The following is an extract from an article which appeared in the Arizona Daily Star, July 6, 2014 written by Emily Bregel.*

Arizona foster children were 4.4 times more likely than non-foster children on Medicaid to be prescribed powerful psychotropic drugs, a report based on 2008 data found.

Arizona hasn't updated that report, but the number of foster kids on psychotropic drugs likely has grown along with the state's foster-care population: Between March 2008 and March 2014, the number of Arizona children in foster care soared by 62 percent from 9,721 to 15,750. Child-welfare advocates attribute the growth to deepening poverty leading to more cases of neglect.

When used appropriately, psychotropic drugs, which affect mood, thought or behavior, can be lifesaving, experts say. But some child-welfare advocates say the drugs can be prescribed more for the convenience of overwhelmed caregivers than for the benefit of the child.

"This year the state implemented new oversight and heightened reporting requirements regarding prescriptions for foster kids," said **Steven Dingle**, chief medical officer of the Arizona Division of Behavioral Health. As of January, regional behavioral health authorities, organizations that coordinate behavioral health care for foster kids must regularly submit data on medication utilization rates among foster kids. The behavioral health authorities will also monitor the prescribing habits of doctors in their region and identify outliers.

In addition, doctors must now get authorization attesting they first tried psychosocial interventions like therapy - before prescribing the following: antipsychotic or ADHD medications for children under age 6; any psychotropic drug at a dosage level exceeding FDA recommendations; more than one antipsychotic or antidepressant simultaneously.

"The state has also formed the Arizona Psychotropic Monitoring Oversight Team, a

partnership between the Department of Child Safety, AHCCCS and the Division of Behavioral Health Services focused on ensuring appropriate prescribing," Dingle said. The team plans to replicate the study on psychotropic prescriptions among 2008 foster children with more recent data, likely within the next six months, he said.

Despite the new reporting requirements, some worry medication use could increase as Arizona's child welfare system is stretched.

"The system remains ripe for medication misuse or overuse," says Sen. **David Bradley**, D-Tucson, who worked in child welfare for 20 years. Finding solutions other than medication takes resources, time and patience.

Experts say it makes sense that kids in foster care have a higher rate of psychotropic-drug use than other kids. "Between 60 and 80 percent of foster youth have at least one psychiatric diagnosis or developmental disability, compared with 15 to 20 percent of the general population," said Dr. **Sandy Stein**, associate medical director of Community Partnership of Southern Arizona,

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## Arizona Steps Up Oversight of Psych Drugs for Foster Kids (Continued)

Submitted by **Bud Drago**, Cochise County **CASA** Volunteer

the Regional Behavioral Health Authority for Pima County. The authority coordinates and manages behavioral health care for children in the child welfare system.

"Some of those diagnoses in foster children are related to lack of prenatal care, to parental substance abuse or to a family history of mental illness," Stein said. Lengthy stays in foster care, or transitions between foster families and group homes, can add to a child's sense of instability.

Among the 2008 psychotropic drug report's findings:

- Foster kids were nine times more likely than non-foster children to be prescribed five psychotropic medications at one time. Almost 800 children, or 5.4 percent of the foster population, were taking two or more drugs. Only limited evidence supports the use of even two psychotropic drug in children, and no evidence supports children or even adults - taking five at once, according to the U.S. Government Accountability Office.

- Arizona foster children ages 5 and younger were 5.5 times more likely than non-foster children to be prescribed at least one psychotropic medication. That year, 225 Arizona foster children 5 and younger were prescribed the drugs.
- The state's foster kids were 7.4 times as likely to be prescribed the drugs in doses exceeding the maximum recommendation for their age group.
- Fifty-five foster children ages 1 and younger got a psychotropic prescription in 2008, though the report notes some drugs could have been prescribed to treat other conditions.

Even if kids improve with medication, powerful psychotropics may do a lifetime of harm. Common side effects include paranoia, weight gain, extreme fatigue and reduced bone density. Little research has been done on long-term impacts on brain development in children. And, unlike in adults, side effects like weight gain can become permanent for children, even after they're taken off the medication.

### Our case:

Jan and I advocate for a 15-year-old boy who in the five years we have known him has been in four foster homes and preparing for his fifth. He has behavior and learning disability issues for which he has taken a variety of drugs with dosages adjusted during medical reviews. Since Cochise County has no resident physician under contract with AZCa, Intermountain or Centpatico, the doctor who lives in Washington State uses anecdotal information and Skype to prescribe and adjust the medications. Not a perfect situation.

*The entire article is available from Bud Drago*

[budandjan@dragoo.us](mailto:budandjan@dragoo.us)

## An Action Plan for Team Building

by **Mary Blanchard, Cochise County CASA Volunteer**

To function as a better-organized CASA volunteer, I have written down my thoughts regarding my duties, obligations, and actions needed to meet my commitments. I would like to share them with you.

1. I list the name, e-mail address, phone number, and address (for foster parents, parents, school, etc) of every member of the team. Last week, I needed to contact a dad's lawyer, and I didn't have the phone number or e-mail address. I decided that this would never happen to me again. From now on, I will make sure I get the contact information for every person connected with the case. I should have started doing this 13 years ago.
2. I am the worst person in the world about writing down important dates on my calendar. Now I make it a priority to write down the date, time and place of any meeting or court hearing that I have. I also have learned to check with other team members to confirm

that the meeting has not been cancelled or rescheduled.

3. I take notes at the CFT meetings and send a copy to the other members of the team. I include the date, time and place of the next CFT. I send the lawyers a copy, even if they are not at the meeting, because lawyers have the authority to file motions to change decisions.
4. When I feel there are issues that need to be discussed, I will make a list and send it to everyone before the staffing or CFT. It is never wise to blindside anyone. It doesn't work. If it is important enough to consider, everyone should be aware of it.
5. I have learned over the years to contact other members of the team and ask them for advice, and they ask for my opinion on various issues. This is a key component of learning to work as a team. It builds mutual respect

when team members discuss problems and find solutions.

6. I make myself useful. One of my areas of expertise is education, and I visit the school and get copies of progress reports and grades and send a copy to the other team members.
7. If someone on the team does something worthy of praise, I send an e-mail to that person and to that person's supervisor. I also mention it in my court report.
8. I hold myself accountable, and if I mess up I make it right. I also expect this of others. If I feel that my child is not getting proper services, I insist that the matter be corrected. If that doesn't happen, I file a complaint. But I have never done this without giving the person a chance to shape up.
9. There no doubt are many other wonderful ways to build a team. Please share anything that works for you. It will also work for other CASA volunteers.

## Support Group Meeting Report by **Mary Blanchard, Cochise County CASA Volunteer**

The problem that I brought to the June 19th group was to find out where to go to learn if there were any outstanding warrants out on a missing teenage girl. She will soon be turning 18; if there are no warrants out against her, she is free to come out of hiding and go forward with what she needs to do as soon as she does turn 18.

Ned Letto told me I could find out about outstanding warrants at the justice court. Right after the meeting, I went over and asked about them. The clerk sent me to Superior Court. That clerk told me to go to the sheriff's department over by probation. I dropped by probation. Two men were manning the office that day, and we had a small chat about how nice it was to see men in the office. One man gave me directions, and when he discovered I was too directionally challenged to find the sheriff's office, he walked me over.

The staff was out to lunch and arrived back a few minutes late and apologized profusely. No one else was waiting, so I don't think they

have too many visitors. I also noticed that the waiting room only has two chairs...another sign they don't expect huge crowds. The man was super nice and took my court order to find out about warrants from one of the deputies. He came back shortly and told me there were no warrants out on my girl.

I did a final check at the police department and learned that they don't issue warrants at all. So thanks to Ned and other helpful people, I was able to let the CFT team know that our girl will be good to go when she turns 18.



### **Ned Letto**

*FCRB 4/9/14*

The Board supports the Court Appointed Special Advocate proactively seeking to ensure that an appropriate transition plan for R is developed prior to his release on his 18th birthday.

The Board is dismayed the R was left so long in a group home placement that did not fit his needs and he has since been arrested and placed in the Arizona Department of Juvenile Corrections. Therefore the Board greatly appreciates the Court Appointed Special Advocate for his commitment to R and making himself available as a support to R, despite the travel distance.

The commends the Court Appointed Special Advocate for his time invested in supporting R and S and facilitating sibling visits.

### **Ned Letto**

*FCRB 5/14/14*

The Board commends the Court Appointed Special Advocate for his time and effort invested in working with N and N becoming familiar with their placement meeting with the maternal family and assisting the mother in addressing her outstanding warrants.

## Who We Are

From the National Alliance for Drug Endangered Children (National DEC) website <http://www.nationaldec.org/whoweare.html>

The mission of the National Alliance for Drug Endangered Children (National DEC) is to break the cycle of abuse and neglect by empowering practitioners who work to transform the lives of children and families living in drug environments. We provide training and technical assistance to state DEC alliances and all those in the community who assist and care for drug endangered children.

We work to strengthen community capacity by coordinating efforts with state and local alliances and by providing training and technical assistance. We also connect resources to practitioners through our Resource Center. Because of support from individuals, corporate partners, foundations, and governmental agencies, National DEC provides program assistance to communities across the nation.

We believe that success begins with

identifying children at risk. Recognizing children as victims gives us all an opportunity to provide intervention. By working together and leveraging resources, we can provide drug endangered children opportunities to live in safe and nurturing environments free from abuse and neglect.

*From the National Alliance for Drug Endangered Children April 2014 eUpdate*

**NOTE: though directed to caregivers, some of these tips can be used by everyone.**

Here are some tips from National DEC's fact sheet "**Drug Exposed Children: What Caregivers Should Know**":

### Helping the Child You Care For

- Do things the same way, every time, over and over again
- Keep things quiet and calm
- Use simple language and examples
- Use more than one way to help them learn

- Let them see it, touch it, taste it, feel it, or even act it out
- Be realistic about what you expect, and understand that drug exposed children may not act their age
- Give support and encouragement
- Help them feel safe
- Parent based on the child's emotional age
- Teach with your actions, not just your words
- Help them separate the parent from the substance abuse
- Allow them periods of grief
- Teach empathy by showing understanding, sympathy and compassion

### Helping Yourself

- Obtain a thorough medical history of each child and knowledge of the child's background
- Get support from other caregivers
- Get additional training
- Use local resources
- Rest

## Effects of Prenatal Alcohol Exposure on Child Development

by Joseph L. Jacobson, Ph.D., and Sandra W. Jacobson, Ph.D.

### Part II

The following sections examine in more detail the cognitive and behavioral effects of prenatal exposure to alcohol.

### **Hyperactivity and Attention**

Data on the relationship between FAS and hyperactivity are inconsistent. Although hyperactivity has been reported in several studies of clinic patients (Steinhausen et al. 1982; Nanson and Hiscock 1990), it was rated as least severe among the problems reported by parents of FAS children in a recent study (Roebuck et al. 1999). Coles and colleagues (1997) found little evidence of hyperactivity or impulsivity in a sample of FAS/FAE children recruited when their mothers sought prenatal care. These authors suggest that studies drawing participants from medical and psychiatric referrals, in contrast with longitudinal samples such as their own, may be more likely to include patients living in unstable family situations. As a result, the hyperactivity reported in studies of clinic-referred patients may have been caused by social and environmental factors, such as co-occurring attachment disorders, anxiety,

and post-traumatic stress disorder. Clinic-referred samples may also be affected by selection bias. For example, FAS children who are also hyperactive are more likely to be referred for treatment because their behavior is disruptive in family and school settings.

**Sustained Attention.** Sustained attention, which refers to the ability to remain alert and focused over time, is usually assessed by timed vigilance or continuous performance tests. In these tests, a series of letters is displayed on a computer screen and the child presses a button whenever a predesignated target stimulus appears. Although Nanson and Hiscock (1990) found slower reaction time among FAS/FAE children on a vigilance task, the children's error rates were not elevated, and other studies have not found deficits on vigilance tasks (Carmichael Olson et al. 1992; Coles et al. 1997). Sustained attention deficits become evident among FAS/FAE patients only on tasks that also require active processing of information. For example, Carmichael Olson and colleagues (1998) found poorer performance with increased prenatal alcohol exposure on

a serial reaction time task, which requires remembering motor patterns of keystrokes on a computer, and on a timed reading comprehension test. As another example, Nanson and Hiscock (1990) found more errors among alcohol-exposed children than control subjects on a delayed reaction time test. These results demonstrate deficits primarily on sustained attention tasks that also require active recall of information or response inhibition, suggesting impairment in executive function rather than sustained attention per se.

**Focused Attention.** At least three studies of FAS/FAE patients have reported deficits in focused attention, which is the ability to maintain attention in the presence of distraction (Carmichael Olson et al. 1992; Kerns et al. 1997; Coles et al. 1997). Poorer focused attention with increased prenatal alcohol exposure has also been found in children exposed primarily at the lower levels associated with ARND (Streissguth et al. 1994; Jacobson et al. 1998a). Coles and colleagues (1997) noted, however, that, although focused attention was significantly poorer among the FAS/FAE children than the control subjects in the study, the FAS/FAE children actually performed somewhat better than children with attention deficit

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## Effects of Prenatal Alcohol Exposure on Child Development (Continued)

by Joseph L. Jacobson, Ph.D., and Sandra W. Jacobson, Ph.D.

hyperactivity disorder (ADHD). Thus, the focused attention deficit associated with prenatal alcohol exposure appears to be less severe than in ADHD.

**Cognitive Flexibility.** Cognitive flexibility refers to the ability to attend to multiple criteria simultaneously and to shift attention during a task. FAS has been linked to poor cognitive flexibility on tests of verbal fluency in which the child is asked to list as many words as possible from a given category (Kodituwakku et al. 1995; Jacobson et al. 1998a). These tests assess the ability to monitor information retrieved from long-term memory for conformity with a prescribed rule (e.g., the given category). Reduced cognitive flexibility has also been found among FAS children on a design fluency test (Schonfeld et al. 2001), a visuospatial version of verbal fluency; the California Trail Making Test (Mattson et al. 1999), in which the child must alternate between successive numbers and letters while “connecting the dots”; and the Wisconsin Card Sorting Test (Kodituwakku et al. 1995; Coles et al. 1997). In the Wisconsin Card Sorting Test, the child must sort cards based on one of three underlying principles: color, shape, or

number of items on a card. After the child utilizes the correct criterion for 10 successive trials, the criterion is changed. Inability to modify one’s responses when the criterion changes and perseveration on the wrong category indicate lack of flexibility. Thus, the test assesses both the ability to use feedback to alter one’s response and the ability to inhibit a previously learned but now inappropriate response (i.e., response inhibition). Poor response inhibition has also been found in FAS/FAE children on the California Stroop Test (Mattson et al. 1999), which measures speed in reading color names printed in a different color (e.g., the word “blue” printed in the color red) and on a modified design fluency task (Schonfeld et al. 2001).

**Planning.** With regard to planning, FAS children show poor performance on tests such as the Stepping Stone Maze, Raven’s Standard Progressive Matrices, and two variants of the Tower of Hanoi: the Progressive Planning Test (Kodituwakku et al. 1995) and the Tower of California (Mattson et al. 1999). The Stepping Stone Maze assesses a child’s ability to use feedback to find an invisible path through a maze (Carmichael Olson et al. 1992);

Raven’s Standard Progressive Matrices requires the child to determine which of six complex patterns is the most appropriate to insert in a blank space cut from a larger design; and the Tower of Hanoi involves moving beads on three colored pegs to match the pattern shown in a photograph. All three tasks assess complex planning, including the ability to analyze a problem, devise a strategy, monitor one’s performance, and modify one’s strategy as performance proceeds. Poorer executive function has also been found in studies that tested children exposed to alcohol primarily at levels associated with ARND. These studies used the Stepping Stone Maze (Streissguth et al. 1994) and a variant of the Tower of Hanoi (Jacobson et al. 1998a). Coles and colleagues (1997) noted that, in contrast with focused attention, executive function deficits were more severe in FAS/FAE children than in children with ADHD.

### Article continued in future issues of CASA News and Views.

*Joseph L. Jacobson, Ph.D., is a professor in the Department of Psychology, College of Science, and Sandra W. Jacobson, Ph.D., is a professor in the Department of Psychiatry and Behavioral Neurosciences, School of Medicine, both at Wayne State University, Detroit, Michigan.*

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## Effects of Prenatal Alcohol Exposure on Child Development (Continued)

by Joseph L. Jacobson, Ph.D., and Sandra W. Jacobson, Ph.D.

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At an inner city soup kitchen, a young woman was serving meals to guests. It was her very first day and she was nervous and unsure of how to behave around the poor, the indigent, the homeless people she had never seen before. Coming from a middle class neighborhood, she felt she had nothing in common with them, that she had nothing to offer.

As one man was moving past her, she noticed that he had missed his bread portion. She reached out and touched his arm. The man was old, dishevelled and had his head hung low. When he turned, the young woman saw that he was crying. Concerned, she asked if she had hurt him. The man, tears in his eyes replied, "No, you are the first person who has touched me in more than two years."

--a member of Sisters of St. Joseph,  
Canada

Prepared: June 2003

<http://pubs.niaaa.nih.gov/publications/arh26-4/282-286.htm>

# Huachuca City Children's Festival raised money for the Cochise County Children's Center

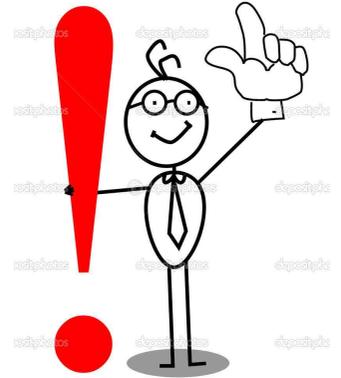
*Photos courtesy of Ned Letto!*



Saturday June 21st



# Attention CASA Volunteers!



**Come one  
Come all...**

**...to our Support Group meeting!**

**When:** Thursday, July 17 from 9:30 - 11:30am

**Where:** Home of Jennifer Rein  
2011 Tiffany Place, Sierra Vista, AZ 85635

**Directions:** Off Coronado east (only choice) onto Tiffany Place

It is the brown house with the red pompom bushes in front.

**Bring a sack lunch & a drink!!**

**Come join us...you'll be glad you did!**



# CCCC

## Cochise County Council for CASA

is a nonprofit organization that raises funds to the unmet needs of abused neglected and abandoned children in the CASA of Cochise County Program. The primary focus is to ensure that educational progress of CASA children through tutoring and scholarships. In addition the council provides clothing, toys and personal items.

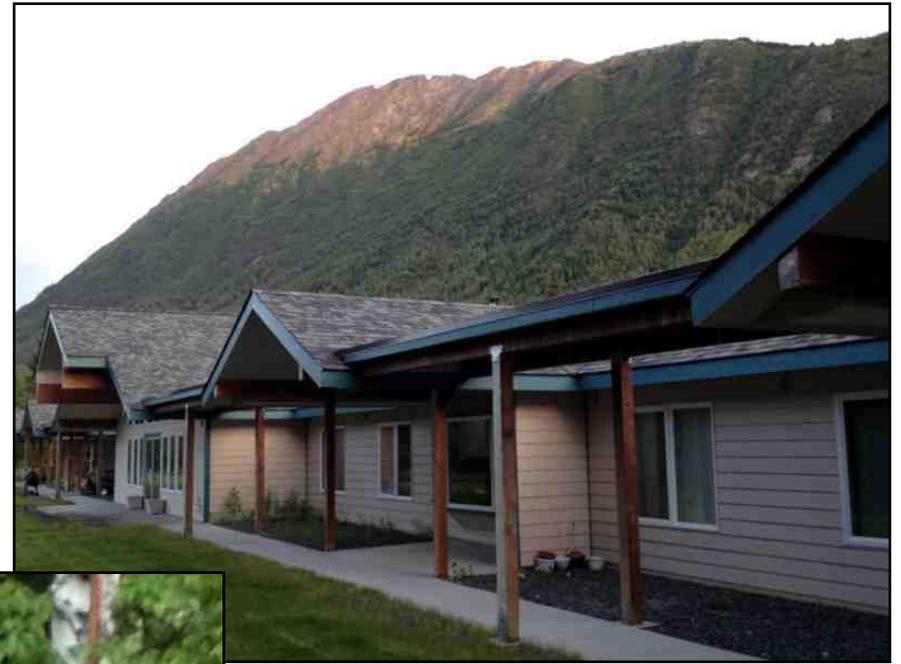
***If your CASA child/youth has an unmet need, consider the Cochise County Council for CASA to help!!***



Call your CASA Coordinator at 432-7521 **OR**  
Send an email to [jhansen@courts.az.gov](mailto:jhansen@courts.az.gov)



# Postcard from Alaska



## Summer Solstice in Cooper Landing, Alaska

From the front of our senior housing apartment  
at 11:00pm

*Having a great time. Wish you were here!*  
LuRue Troyer



## Night-time visitor

A lynx looking for a meal at 10:30pm, taken  
from our front window