



NC Department of Health and Human Services

Division of Mental Health, Developmental Disabilities, and Substance Use Services

Parents Speak: Lived Experience with Fetal Alcohol Spectrum Disorder

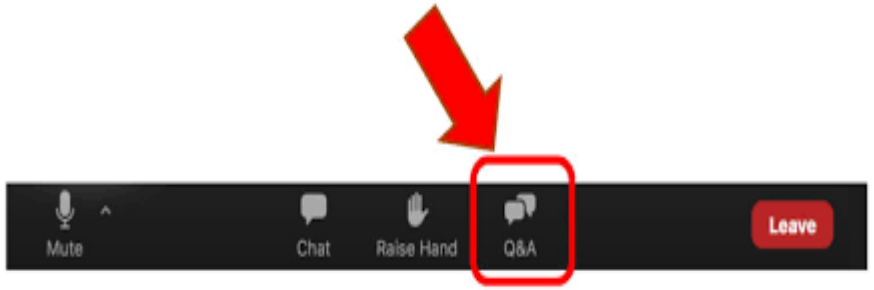
Ginger Yarbrough, MPA, CPHQ, NADD-DDS
Director, IDD, TBI & Olmstead, DMH/DD/SUS

Kathy Hotelling, Ph.D., ABPP
Co-Founder and Board Chair, NCFASD Informed, Inc.

September 24, 2025

Housekeeping

- Reminders about the webinar technology:
  - Please make sure you are using a computer or smart phone connected to the internet, and the audio function is on, and the volume is turned up.
  - Please make sure your microphone is muted for the duration of the call unless you are speaking or asking questions.
  - Questions can be submitted any time during the presentation using the “Q&A” box located on your control panel.

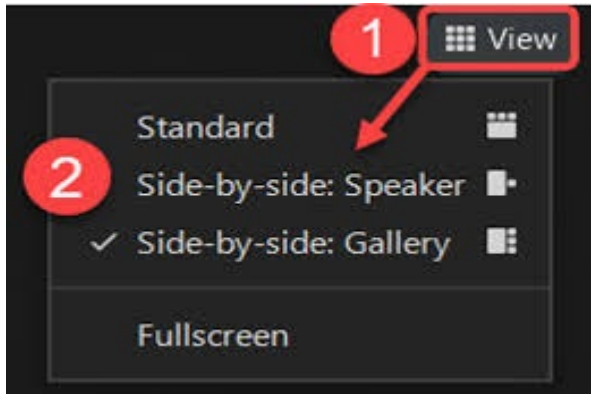


Housekeeping

- American Sign Language (ASL) Interpreters and Closed-Captioning
  - ASL Interpreters and Closed-Captioning options will be available for today's event.
  - For closed-captioning options select the "Closed Caption" feature located on your control panel.

Intérpretes en lengua de signos americana (ASL) y subtítulos:

Habrá intérpretes de ASL y opciones de subtítulos disponibles para el evento de hoy. Para opciones de subtítulos, seleccione la función "Subtítulos" ubicada en su panel de control.



- Adjusting Video Layout and Screen View
  - Select the "View" feature located in the top-right hand corner of your screen.

Agenda

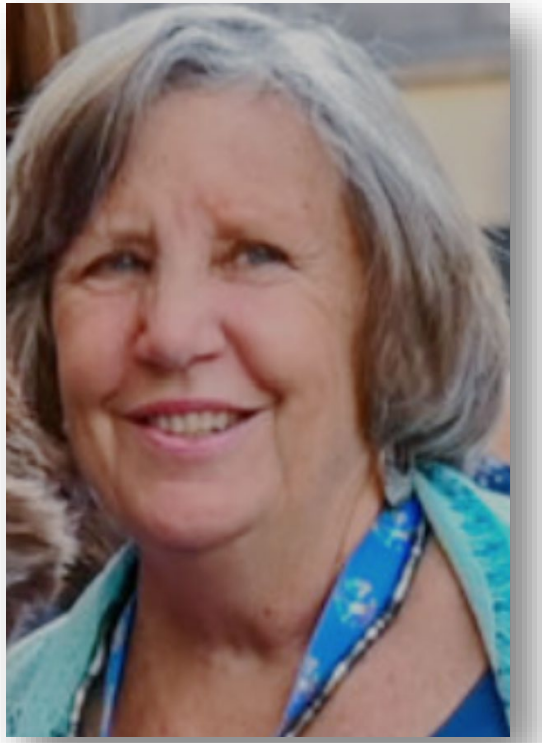
1. Welcome and Introductions
2. Overview of Fetal Alcohol Spectrum Disorder
3. Panel Discussion
4. Q&A Session

Speakers

Ginger Yarbrough, MPA, CPHQ, NADD-DDS
Director, IDD, TBI & Olmstead, DMH/DD/SUS

- 24 years in IDD/TBI & dual diagnosis (DD & MH) field
- Experience as a Direct Support Professional, Care Manager, and Quality Management
- DMH/DD/SUS since March 2023

Kathy Hotelling, Ph.D., ABPP
Co-Founder and Board Chair, NCFASD Informed, Inc.



- 18 years studying FASD and serving as Consulting Psychologist in FASD field
- Mother of 31-year-old daughter with FASD
- Retired Counseling Psychologist

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NCDHHS

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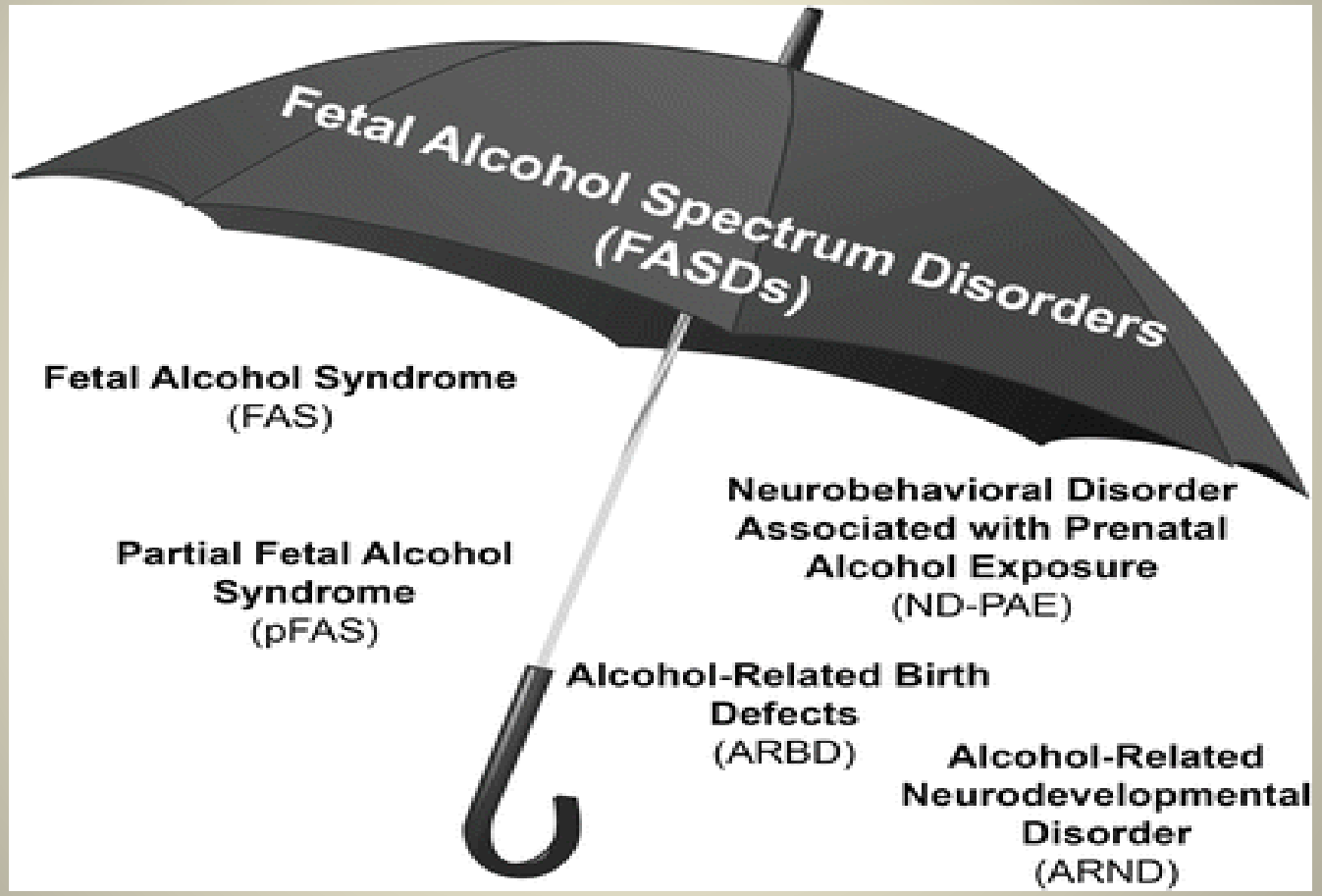
NCFASD
INFORMED

CREATING FASD INFORMED COMMUNITIES

Mission: Create FASD informed communities to empower individuals impacted by prenatal exposure to alcohol.

Vision: A world where individuals with FASD can thrive.

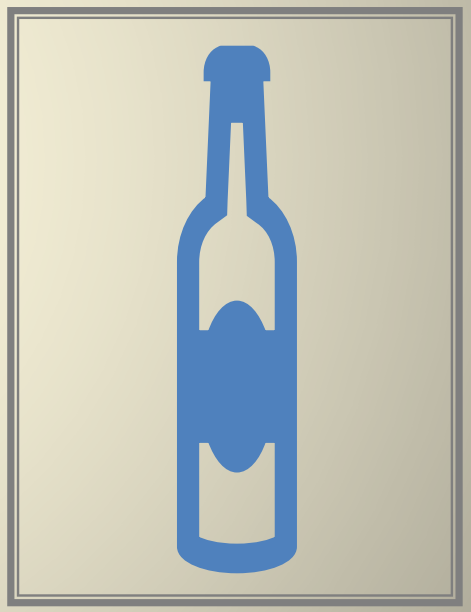
Umbrella Term



Drinking during pregnancy

1 CAUSE

of intellectual and developmental disabilities



1 in 20

Philip May (UNC) and Colleagues
(Lancet, 2018)

Only 10% are diagnosed properly

90% have misdiagnosis or missing diagnosis

WHOLE BODY DIAGNOSIS

Failure to Diagnose = Failure to Treat

Implications of No Diagnosis on Foster Care System

558 infants/children enter care each day in US: **104** have FASD

42% of NC foster children had **2 or more placements**

22% had over 4 placements

Problematic behaviors which foster parents feel ill equipped to handle

Diagnosis of FASD would indicate that different parenting tools are needed

Recognizing FASD

What are the red flags?

- Presence of facial dysmorphology (only 10%)
- Confirmed prenatal exposure to alcohol
- Confirmed maternal drug use
- *Possible* maternal alcohol/drug use or dependency

- Biological sibling with FASD diagnosis

- In foster care system
  - **558 enter system daily**
  - **104 have FASD**

    (Casey Foundation, TAEC, 2022)

- Domestically or internationally adopted

Multiple co-occurring disorders LARGE red flag

- Don’t respond typically to interventions

  Medication

  Talk therapy

Common Symptoms

INFANTS

- Low birth weight; failure to thrive; small size; small head circumference
- Disturbed sleep; unpredictable sleep patterns, irritability, restlessness
- Often trembling and difficult to sooth; may cry a lot
- Problems with bonding
- Weak sucking reflex; little interest in food; feeding difficulties
- Poor muscle tone, floppy or too rigid
- High susceptibility to illness
- High sensitivity to sights, sounds and touch
- Failure to develop routine patterns of behavior
- Motor delays
- Behavioral deficits (e.g., lack of social engagement; emotional withdrawal; difficulties with emotion regulation)

PRESCHOOLERS

- Slow to acquire skills
- Difficulties with emotional regulation (**rages**)
- Feeding and sleep problems
- Poor fine and gross motor control
- Short attention span
- Difficulty following directions or doing as instructed
- Hypersensitive to sounds, lights and being touched
- Hypersensitivity (irritability, stiffness, over-reaction to injury
- Easily distracted or hyperactive
- Difficulty with changes and transitions; prefers routines
- Receptive and expressive language delays
- Lack of inhibition
- Conduct problems
- Insecure attachment

SCHOOL-AGED CHILDREN

Sleep difficulties

Difficulty processing received information

Difficulty with comprehension (reading)

Ongoing expressive and receptive language delays

Poor attention span; low impulse control

Difficulty keeping up as school demands become increasingly abstract

Consistent repetition needed to learn a skill

Ongoing sensory difficulties which may lead to behavior changes or challenges

May need constant reminders

Older Children/Teens

Some of above symptoms may be minimized with interventions such as

- Physical therapy
- Occupational therapy
- Speech language therapy
- Social skills training

As chronological age increases

and expectations to be independent
also increase,
symptoms often do not dissipate
or may become worse

Developmental Age must be considered in setting expectations

Executive Functions Across the Lifespan

- Planning
- Problem Solving
- Motivation
- Judgment
- Decision Making
- Impulse Control
- Social Behavior
- Memory

Other notable Characteristics across the lifespan

- Dysmaturity
- Literal
- Slow Processing Speed
- Impulse

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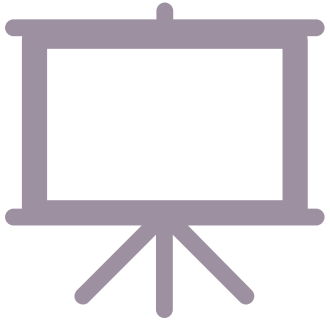
Panel Discussion

Question and Answer Session

Questions and feedback are welcome at BHIDD.HelpCenter@dhhs.nc.gov.



The presentation slides for this webinar will be posted to the Community Engagement & Training webpage.

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HEALTH AND
HUMAN SERVICES
Division of Mental Health,
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