

FASD-CAN

Fetal Alcohol Spectrum Disorder
Care Action Network

FASD-CAN AOTEAROA INFORMATION SHEET

FASD and Co-regulation: A Practical Guide for Caregivers

When supporting a person with Fetal Alcohol Spectrum Disorder (FASD), understanding their brain-based differences is only the first step.^[1] When stress levels escalate into Child and Adolescent to Parent Violence and Abuse (CAPVA) or severe behavioural meltdowns, caregivers require practical, immediate tools rather than academic theories.^[2]

In the middle of a high-stress crisis, the term 'co-regulation' is often thrown around as if it should be an automatic, intuitive skill. For most people, it is not. Co-regulation is an active, structured de-escalation framework. It is the warm, intentional process where a support person uses their own calm nervous system to settle an overwhelmed person's survival response.^[3] Offering co-regulation is not an automatic reflex; it takes conscious, deliberate practice to be able to 'lend your calm' during moments of extreme dysregulation.

To 'lend your calm' means to offer your own steady, regulated physiology as a biological anchor. When a person with FASD is experiencing a crisis, their brain is entirely overwhelmed by a survival response. By intentionally maintaining slow, deep breathing, dropping your shoulders, and keeping a soft, steady voice, you are not just acting calm—you are projecting physical safety. Your regulated nervous system serves as an external pacemaker, signalling to their subconscious radar that the threat has passed, which allows their brain to step down from a state of high alarm and begin to settle.^{[2][4]} For more information about the neurobiology behind co-regulation, and how and why it works, see FASD-CAN's Information Sheet: **The Neurobiology of Co-regulation: How One Nervous System Calms Another.**

Part 1: Practical De-escalation: Actions, Words, and Feel

Effective co-regulation in a CAPVA crisis requires a shift in three specific areas: what you do, what you say, and how you project your presence.

1. Actions: Creating Physical Safety (What to Do)

During a CAPVA episode, the body processes safety or threat much faster than words. Your physical movement must project absolute calm and predictability.^{[2][4]}

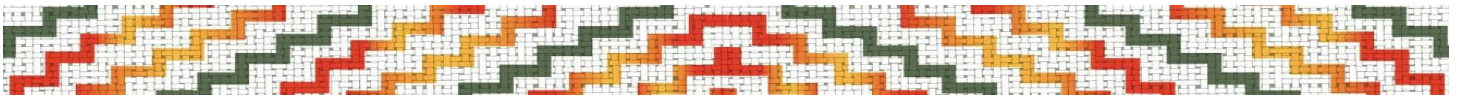
- **Establish Internal Calm First:** You cannot calm a storm if you are caught in it. Take a slow, deep breath and consciously drop your shoulders. Your regulated heart rate and steady posture are the most powerful de-escalation tools you have.^{[2][3]} [
- **Give Space and Maintain Exit Paths:** Stand or sit at an angle rather than face-to-face. Keep a respectful distance, and ensure you are not blocking their escape route or standing over them, which can trigger a physical 'fight' response.^[4]
- **Modify the Environment:** Remove external sensory triggers immediately. Turn off televisions, lower bright lights, and quietly direct other family members or tamariki to a different room.^[5]
- **Show, Don't Tell:** In a highly dysregulated state, spoken language becomes a barrier. Use simple visual gestures—such as gently pointing to an exit, holding up a visual prompt card, or showing a glass of water—rather than relying on verbal instructions.^{[6][7]}

2. Words: Non-escalation Communication (What to Say)

When a person's nervous system is overwhelmed, their auditory processing slows down dramatically.^{[6][7]} The FASD 'KiSSSSSS Communication Strategy'—Short, Simple, Same, Slow, Specific, and Show—is a valuable framework for keeping communication functional.^[6]

- **Keep it 'Short' and 'Simple':** Limit your words. Avoid lectures, explanations of consequences, or asking "Why did you do that?"^{[6][7]}





- **Keep it 'Slow' and 'Specific':** Speak with a low, flat, and steady melody. Give specific, single-step directions.^[6]
- **Keep it the 'Same':** If you must repeat an instruction, use the exact same words. Changing your phrasing forces an already overloaded brain to process a completely new set of language inputs, which heightens distress.^[6]

What to Avoid Saying in a Crisis	What to Say Instead
"Why are you doing this? Stop screaming and go to your room right now or you won't get your iPad later."	"You are safe. I am right here."
"If you hit me again, I am calling the police. You need to calm down and talk to me like an adult."	"Hands down. Let's walk outside."
"Don't smash that! Put it down, sit on the couch, and listen to what I am trying to tell you!"	"First water. Then talk." (<i>Pointing to a cup</i>)

3. Presence: The Emotional Underpinning (How It Feels)

Co-regulation cannot be faked; a dysregulated nervous system easily detects hidden anger, fear, or frustration.^[4] Grounding your presence in connective parenting and Non-Violent Resistance (NVR) changes how the interaction feels for both of you.^[2]

- **It feels non-judgemental ('Brain, not Blame'):** The behaviour is viewed as a symptom of a highly stressed brain-based disability, not as calculated, deliberate malice.^{[2][4]} Internally repeat the mantra: "This person is having a hard time, not giving me a hard time."
- **It feels predictable:** You remain a steady, unchanging landmark in their emotional storm. Your tone and physical stance do not match or escalate their distress.^[4]
- **It feels supportive, not controlling:** The immediate goal is connection and safety, not compliance.^{[2][3]} Once safety is restored and the person's nervous system has settled, you can then focus on connection and repair.^[2]

Remember: Practice builds progress and lends calm ... Be realistic - there is no 'perfect'

References and Resources

- [1] Canada FASD Research Network. (2025). *Common messages: Guidelines for talking and writing about FASD*. <https://canfasd.ca/wp-content/uploads/publications/Common-Messages.pdf>
- [2] FASD-CAN. (2024). *FASD and Connective Parenting: An expanded resource for whānau*. <https://www.fasd-can.org.nz>
- [3] Bath, H. (2008). The three Cs of therapeutic care with traumatised children. *Residential Treatment for Children & Youth*, 25(3), 205–221. <https://doi.org/10.1080/08865710802429679>
- [4] Porges, S. W. (2011). *The Polyvagal Theory: Neurophysiological foundations of emotions, attachment, communication, and self-regulation*. W. W. Norton & Company.
- [5] Shanker, S. (2016). *Self-Reg: How to help your child (and you) break the stress cycle and successfully engage with life*. Penguin.
- [6] FASD-CAN. (2024). *Information for professionals: Learning support resource*. https://www.fasd-can.org.nz/information_for_professionals
- [7] Olswang, L. B., Svensson, L., & Astley, S. (2010). Observation of classroom social communication of native American preschool children with fetal alcohol spectrum disorders. *Journal of Speech, Language, and Hearing Research*, 53(6), 1677–1696. [https://doi.org/10.1044/1092-4388\(2010/09-0115\)](https://doi.org/10.1044/1092-4388(2010/09-0115))

Resources for Caregivers and Whānau in Aotearoa

- **FASD-CAN (Fetal Alcohol Spectrum Disorder Care Action Network Aotearoa New Zealand):** Coordinates specialised training such as the 'Finding Calm in the Storm – He Maonga Āwhā' workshop, specifically designed for whānau and caregivers navigating CAPVA and FASD (www.fasd-can.org.nz).
- **Non-Violent Resistance (NVR) Aotearoa:** Offers localised training and support for whānau utilizing NVR de-escalation frameworks to address violent or aggressive behaviours in young people while preserving family connection.
- **The Mehrit Centre (Dr Stuart Shanker):** Provides practical self-regulation toolkits, parenting guides, and visual sheets explaining the physiological transition from stress states to safe states (www.self-reg.ca).



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