



FASD-CAN
Fetal Alcohol Spectrum Disorder
Care Action Network

FASD-CAN AOTEAROA INFORMATION SHEET

FASD and 'Felt Safety'

When caring for a young person living with Fetal Alcohol Spectrum Disorder (FASD), we often hear professional terms like 'felt safety'. However, these concepts are rarely explained in simple ways that make sense when managing a busy household, coordinating siblings, and keeping the peace.

What is 'Felt Safety'?

To a neurotypical adult, safety is an 'objective fact'. We know the door is locked, food is in the cupboard, and no one is going to hurt us. Because the environment is safe, we expect the young person to feel and act safe. However, **'felt safety' is not an intellectual thought; it is an automatic, physical sensation in the body.** It occurs when a person's nervous system feels completely relaxed, secure, and connected to those around them. For a person with FASD, an altered nervous system struggles to perceive safety. There is often a massive gap between **'assumed safety'** (what the caregiver provides) and **'felt safety'** (what the brain actually experiences). A young person may be sitting in a warm lounge, yet their nervous system experiences a physical 'survival panic'—a racing heart, shallow breathing, and tight muscles—as if stranded in a wilderness.

Why is Creating 'Felt Safety' Essential (especially in CAPVA)?

Child and Adolescent to Parent Violence and Abuse (CAPVA) is a challenging reality affecting 57% of families caring for a person with FASD in Aotearoa New Zealand. These escalations are frequently misunderstood by the wider public, leaving caregivers feeling isolated.

When we look at escalations through a neurobiological lens, the importance of 'felt safety' becomes clear:

- **The 'Smoke Detector' (The Amygdala):** The amygdala is the brain's emotional security alarm. In an FASD brain, this alarm is hypersensitive, often mistaking everyday requests or sensory inputs for immediate danger. It may make no sense to us ... but it is very real to them and almost an automatic response.
- **Highly Sensitive 'Neuroception':** 'Neuroception' is the body's background scanning system for safety or danger. A simple prompt like, "Please put your shoes on," can be misread by a sensitive scanning system as a threat, triggering a defensive reaction. We can only imagine how that must feel for a person with FASD.
- **The Survival Brain Takes Over:** When 'felt safety' vanishes, the thinking brain goes offline. The person enters an automatic fight, flight, freeze, or fawn mode. Aggression or property damage (CAPVA) is an involuntary survival response to a perceived lack of safety.
- **Skill Deficits, Not Defiance:** As Dr Ross Greene in his book *The Explosive Child* (1998) states, "kids do well if they can". Challenging or 'maladaptive' behaviour is an expression of an underlying need, fear, or 'lagging skill' in emotional control or processing.

Traditional discipline (such as isolation, taking items away, or sudden consequences) fails because it relies on abstract reasoning. To a sensitive nervous system, these actions feel like sudden rejection, decreasing felt safety and increasing the risk of a 'meltdown' or crisis.

Common Triggers That Shatter 'Felt Safety'

For a person with FASD, 'felt safety' can be rapidly compromised by everyday inputs that neurotypical people easily handle. These hidden triggers include **sensory friction** (bright lights, background hums, or tight clothing tags), **unpredictability** (sudden changes in routine or abstract time countdowns), **physical stress** (glucose crashes, dehydration, fatigue, or illness), and **subtle relational signals** (intense direct eye contact, a rushed tone of voice, or hurried body language). Identifying these subtle pressures helps caregivers remove environmental triggers before a survival response occurs.

Key Tips for Building 'Felt Safety' in the Home

1. Navigating Transitions (High-Risk Moments)

Moving between activities creates unpredictability and a perceived loss of control.

- **Visual Timers:** Avoid abstract spoken warnings like, "Two minutes until we leave." Use a visual timer or hourglass so the countdown is physically mapped out.



- **The 'Bridge' Object:** Have the young person carry a physical object from one activity to the next (e.g. carrying the car keys or their water bottle). This provides a clear physical purpose.
- **The 'What Comes Next' Anchor:** Pair the end of an activity with immediate predictability: "When the game is off, we are going to read your favourite book in your cosy bed."
- **Proactive Regulation Breaks:** Provide 'heavy-work' (like a quick 'wall push-up') or a sensory snack (drinking a thick smoothie through a straw) right before transitioning to ground their body.

2. Practical TBRI® Adaptations for FASD

Trust-Based Relational Intervention (TBRI®) focuses on Connecting, Empowering, and Correcting. Because FASD involves structural brain differences, standard tools must be simplified and slowed down.

A. Connecting (Healing the Nervous System)

- **Soften Engagement:** Direct eye contact can feel threatening. Offer your eyes softly without demanding eye contact. Look at a neutral object side-by-side instead.
- **Vocal Quality:** Speak in a low, slow, rhythmic tone. A high-pitched or fast voice sounds like an emergency siren to their neuroception.
- **Be the Anchor:** Check your own internal state. If your pulse is racing, their neuroception will match your anxiety. Borrowing your calm helps them regulate.

B. Empowering (Preparing the Physical Body)

- **The Two-Hour Snack Rule:** The FASD brain burns glucose rapidly. Offer a small snack containing protein and complex carbohydrates every two hours to prevent blood sugar crashes.
- **Sensory Scaffolding:** Minimise visual and noise clutter in living spaces. Integrate regular 'heavy-work' (carrying groceries, pushing a heavy basket) to ground their nervous system.
- **Hydration:** Keep water bottles visible and accessible, as dehydration mimics anxiety in the body.

C. 'Correcting' (Teaching through Co-Regulation)

- **Coaching Over Punishment:** 'Correcting' is a coaching moment to build new neural pathways through motor repetition, not punishment
- **Use the 'IDEAL' Response:**
 - ✓ Be Immediate (respond before minor distress spirals)
 - ✓ Direct (get down to their level)
 - ✓ Efficient (use minimum words – keep it brief),
 - ✓ Action-based (use a gentle, playful 'redo')
 - ✓ Levelled (match your response to the behaviour)
- **The 'Redo':** If they demand something aggressively, avoid harsh lectures. Playfully ask: "Can you try that again with a gentle voice so I can help you?" Physically practicing the preferred behaviour carves a correct neural pathway without triggering a fight-or-flight defence.
- **Scaffolded Choices:** Offer two acceptable choices (e.g. "Do you want to put your coat on now, or carry it to the car?") to give them back a sense of control.



What to Do During Extreme Escalations (Crisis Safety)

When a young person escalates to severe physical aggression or pulls a weapon, felt safety is gone and their brain is in a 'survival storm'. All active teaching must stop.

1. **Shift Your Mindset:** Recognize this as an involuntary biological survival response, not defiance. Abandon any need to 'win' or demand respect.
2. **Create Spatial Safety:** Back away slowly. Keep exit paths open. If aggression is directed at you, retreat behind a lockable door or leave the house to remove the perceived threat.
3. **Go 'Drop and Stop':** Drop your shoulders and stop talking. Use the **'Three-Word Rule'** with long pauses (e.g. "We are safe" or "I am stepping back"). Threatening consequences will spike cortisol and escalate danger.
4. **Expect the Crash:** After adrenaline leaves their system, expect a deep physical crash. Provide rest and hydration without lecturing or imposing consequences while their brain recovers.

The Core Takeaway: 'Felt safety' is not a reward for cooperative behaviour; it is the prerequisite for it. It must happen first. When a person with FASD feels truly safe on a cellular level, survival-driven aggression naturally decreases.

For more information on this topic see our expanded resources on our website.



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