

FASD-CAN

Fetal Alcohol Spectrum Disorder
Care Action Network

FASD and 'Felt Safety'

When parenting or caring for a person with Fetal Alcohol Spectrum Disorder (FASD), we often hear professional terms like 'felt safety' thrown around. However, these concepts are rarely explained in simple, practical ways that make sense when you are trying to manage a busy household, coordinate siblings, and keep the peace. So how you can realistically build a sense of security in your home?

What Exactly is 'Felt Safety'?

To a neurotypical adult, safety is usually an objective fact. We know the front door is locked, there is food in the cupboard, and no one is going to hurt us. Because we know the environment is safe, we expect the people in our care to act like they are safe. However, 'felt safety' is not an intellectual thought; it is a physical, subconscious sensation.^[1] It occurs when a person's autonomic nervous system feels completely secure, relaxed, and connected to the people around them.^[2]

For a person living with FASD, an altered nervous system struggles to perceive safety, meaning there is often a massive gap between 'assumed safety' (what the caregiver provides) and 'felt safety' (what the brain actually experiences).^{[1][2][3]} A young person might be sitting in a warm, loving lounge, yet their nervous system might be experiencing the physical 'survival panic'—an automatic body alarm that triggers a racing heart, shallow breathing, and tense muscles—as if they were stranded in a wilderness. This lack of felt safety is often the primary trigger for the escalations, distress, and Child and Adolescent to Parent Violence and Abuse (CAPVA) behaviours that families experience.^{[1][2][3]}

1. The Neurobiological Disconnect

FASD is a lifelong, neurodevelopmental condition caused by prenatal alcohol exposure, which can alter the physical structure and wiring of the brain.^[3] To understand why a person with FASD might misinterpret safe situations as dangerous, we have to look at how their brain processes information:

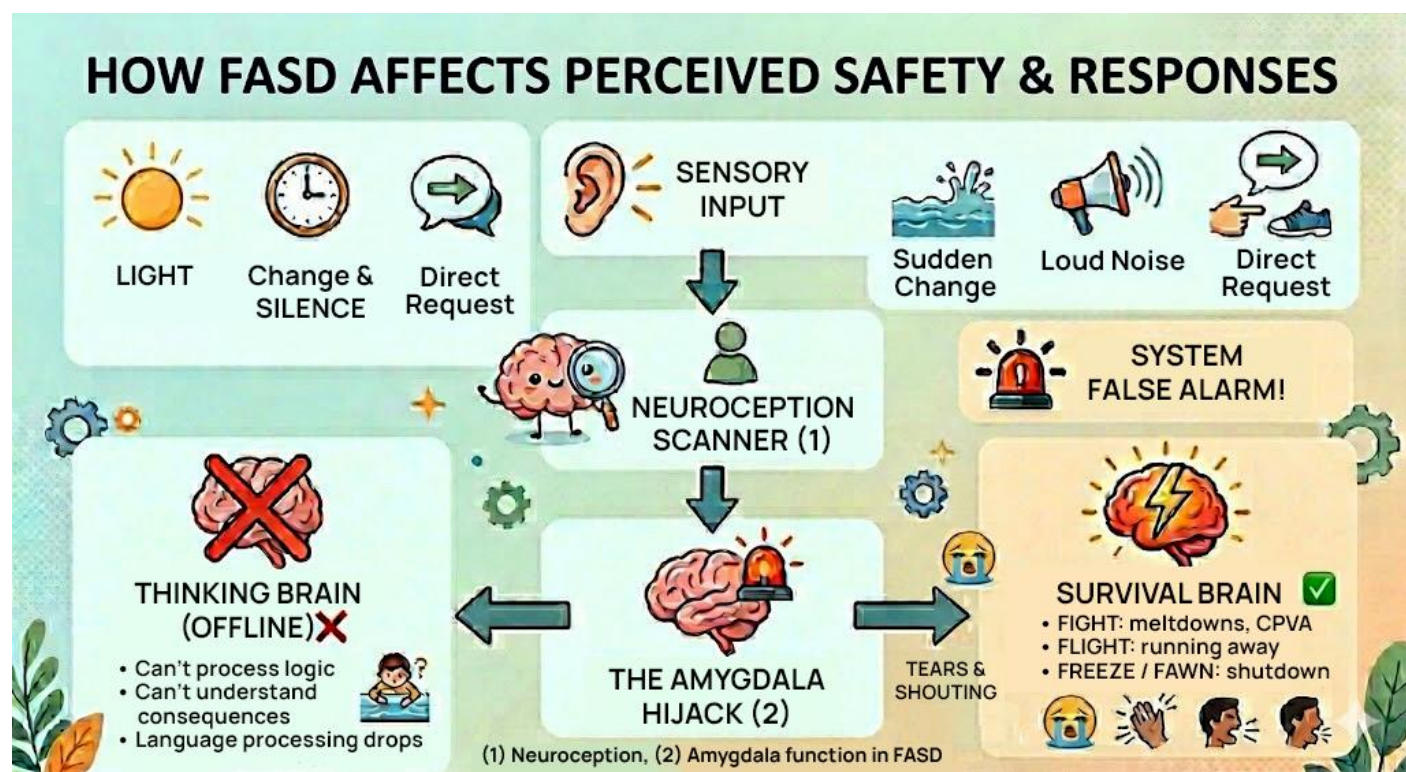
- **The Hypersensitive 'Smoke Detector' (The Amygdala):** The amygdala is the brain's emotional security alarm. In a brain with FASD, this alarm system is often hyperactive.^[3] It constantly misinterprets benign environments, everyday requests, or minor sensory inputs as immediate, life-threatening dangers.
- **Compromised 'Neuroception':** Coined by neuroscientist Dr Stephen Porges, 'neuroception' describes our body's involuntary, background surveillance system that constantly scans our surroundings for safety or danger.^[1] Because of brain-based differences in the prefrontal cortex and sensory processing systems, a person with FASD has highly sensitive neuroception.^[3] If a caregiver calmly says, "Please put your shoes on", a sensitive scanning system might translate this simple spoken request as a hostile demand, triggering an immediate defensive reaction.^{[1][2][3]}

2. The Link to Trauma and Developmental Trauma

The concept of 'felt safety' was developed by developmental psychologists Dr Karyn Purvis and Dr David Cross at Texas Christian University.^[2] They created Trust-Based Relational Intervention (TBRI®), a therapeutic framework designed for children and young people who have experienced early trauma, neglect, or developmental adversity.^[2] This framework is highly relevant to FASD for two key reasons:

- **Overlapping Vulnerabilities:** Many children and young people living with FASD have also experienced early life adversity, medical trauma, or transitions in care.^[3] These experiences reinforce a chronic state of fear within the nervous system, making it even harder to build felt safety.
- **Involuntary Survival Mode:** When a person with FASD does not experience felt safety, their primitive survival brain takes over.^[2] They plunge instantly into fight, flight, freeze, or fawn modes. What looks like 'defiance', 'manipulation', or 'aggression' (including CAPVA) is actually an automatic, involuntary survival response to a perceived lack of safety.^{[1][2][3]}

For more information about how you might adapt the TBRI® framework to better support people with FASD, go to the resource on our website: *TBRI® Adaptations for FASD: Shifting from Trauma-Informed to Brain-First*. This resource can be found with the FASD and 'Felt Safety' resources.



3. Triggers That Shatter 'Felt Safety'

For a person with FASD, felt safety can be instantly shattered by invisible triggers that neurotypical people easily handle:

- **Sensory Overload:** Bright lights, background hums, crowded rooms, or specific textures can feel physically painful, overwhelming, or threatening to a highly sensitive nervous system.^[3]
- **Unpredictability and Transitions:** Changes in routine, moving between activities, or ambiguous instructions create immense cognitive fatigue and anxiety, which the survival brain quickly translates as danger.^[3]
- **Physiological Stress:** Low blood sugar, dehydration, fatigue, or minor illness rapidly deplete a person's limited capacity to cope, instantly lowering their threshold for felt safety.^[3]

4. Why is 'Felt Safety' Vital in a CAPVA Context?

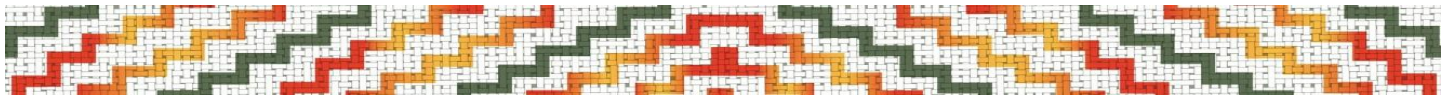
CAPVA—sometimes referred to as Child to Parent Violence and Abuse (CPVA)—is a deeply challenging and often hidden reality for many families.^[4] A New Zealand study by Professor Anita Gibbs found that 57% of families in the FASD community have experienced or currently experience CAPVA.^[4] Research by Lee Tempest highlights that these escalations are frequently misunderstood by the wider public, leaving caregivers feeling isolated and judged.^[5] For more information read our resource entitled: **FASD and CAPVA**.

Traditional behaviour management techniques (such as taking away items, standing-down privileges, sending a child to their room, or imposing sudden consequences) usually fail with FASD because they rely on cognitive reasoning. To a highly sensitive nervous system, these actions feel like sudden isolation and rejection, which actually decreases felt safety, escalates fear, and increases the risk of a physical crisis.^{[1][2][3]} Instead, our focus must shift from managing behaviour to regulating the nervous system.

5. Practical Examples for Building 'Felt Safety' During Transitions

Transitions are high-risk moments for people with FASD. Moving from one activity to another triggers a sense of unpredictability and a perceived loss of control.^[3] Rather than relying on purely verbal prompts, caregivers can use these concrete tools:

- **The 'Two-Minute Warning' with a Visual:** Do not just say, "Two minutes until we leave." This relies on abstract time concepts that the FASD brain struggles to process. Instead, use a visual timer, an hourglass, or a simple visual schedule. This maps out time physically, reducing the anxiety of an abstract countdown.



- **The 'Bridge' Object:** Give the young person a physical object to carry from one activity to the next. For example, ask them to carry the car keys to the vehicle, or carry their personal water bottle to the dinner table. Having a physical task gives their brain a clear, tangible purpose for the transition, bypassing feelings of distress.
- **The 'What Comes Next' Anchor:** Always pair the end of one activity with the immediate safety and predictability of the next. Instead of saying, "Turn off the game, it is bedtime," frame it as, "When the game is off, we are going to read your favourite book in your cozy bed."
- **Proactive Regulation Breaks:** Offer 'heavy-work' or a sensory snack right before a transition. Drinking a thick smoothie through a straw or doing a quick 'wall push-up' grounds the proprioceptive system. This physical input regulates the nervous system, boosting felt safety before the stress of moving activities hit. For ideas about 'heavy work' that can be done in the home environment see our infographic entitled: **Heavy Work for Regulation: The Just-Right Place.**

6. Trust-Based Relational Intervention (TBRI®) Techniques Adapted for FASD

TBRI® relies on three core pillars: Connecting, Empowering, and Correcting.^[2] However, because prenatal alcohol exposure causes lifelong, structural brain-based differences, standard TBRI® tools must be simplified, slowed down, and made highly concrete to avoid overwhelming a person with FASD.^[3]

A. Connecting Principles (Healing the Nervous System)

An FASD brain cannot learn or process instructions unless it experiences a deep, safe connection to a caregiver first.^[2]

- **Softened Engagement Strategies:** In standard TBRI®, direct eye contact is encouraged. With FASD, direct eye contact can feel like an intense threat or cause sensory overload. Offer your eyes softly, but do not demand eye contact. Looking at a neutral object together is much safer.
- **Vocal Quality:** Use a low, calm, rhythmic tone. The FASD brain struggles to process complex language when stressed. A high-pitched, loud, or rapid voice sounds like an emergency siren to their neuroception.^{[1][3]}
- **Behavioural Matching:** If they are sitting on the floor or pacing, safely mirror their posture or movement from a non-threatening distance. This non-verbally signals, 'I am with you, and we are safe.'
- **Mindful Awareness:** Caregivers must check their own internal state first. If your pulse is racing, the young person's hyperactive neuroception will register your anxiety, triggering a defensive reaction in them. You must act as their anchor of calm.

B. Empowering Principles (Setting the Body Up for Success)

Empowering focuses on preparing the physical body and environment so the young person has the capacity to stay regulated.^[2]

- **The 'Sensory Diet' Overhaul:** People with FASD process sensory information differently. 'Heavy-work' (such as pushing, pulling, or lifting) calms an overactive nervous system. Use weighted items, resistance bands, or everyday chores like carrying the groceries to ground their bodies before high-stress times.^[3]
- **Environmental Scaffolding:** Minimise visual and auditory clutter in bedrooms and living spaces. High-sensory environments constantly drain the brain's limited energy, leaving fewer resources for self-regulation.^[3]
- **The Two-Hour Rule:** The FASD brain burns glucose at a rapid rate when trying to process the environment. Proactively offer a small snack containing protein and complex carbohydrates every two hours. Blood sugar crashes instantly destroy felt safety.
- **Hydration Prompts:** Dehydration mimics anxiety in the nervous system. Keep a water bottle visible and accessible at all times, making regular hydration a shared, low-demand routine.

C. 'Correcting' Principles (Teaching the Brain a Better Way)

Correcting is often misunderstood as a form of discipline or punishment. Correcting in TBRI® is never about punishment; it is about teaching.^[2] It is a 'coaching' moment. For people with FASD, 'correcting' is actually a tool for physical brain rewiring.^[2] Punishment relies on the brain's ability to link cause and effect, generalise rules, and learn from negative consequences—all areas affected by prenatal alcohol exposure.^[3] Instead, 'correcting' focuses on motor repetition to carve out a new neural pathway or



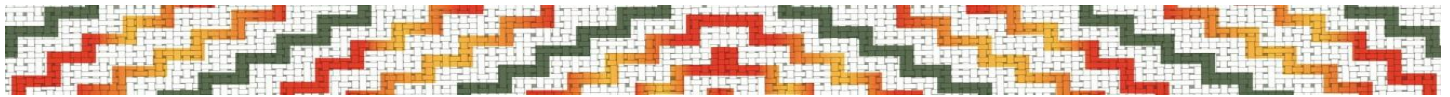
response in the brain while keeping the nervous system completely safe. It is about bypassing abstract reasoning to focus entirely on behavioural repetition while maintaining connection.

The 'IDEAL' Response: This core TBRI® framework is highly effective when adapted for language processing delays:

- **I - Immediate:** Respond within seconds of a minor behaviour before it spirals.
- **D - Direct:** Get on their physical level, use their name, and ensure you have soft attention.
- **E - Efficient:** Use the absolute minimum number of words. Keep instructions brief.
- **A - Action-Based:** Physically practice the desired behaviour using a 'redo' rather than just talking about it.
- **L - Levelled:** Match your response to the behaviour. Use playfulness for minor boundaries, and transition to co-regulation for safety risks.



- **The 'Redo':** If a young person demands something aggressively, avoid harsh consequences. Offer a calm, playful redo: "Can you try that again with a respectful voice so I can help you?" This teaches the brain the correct pathway without triggering a fight-or-flight defence.
- **Give Choices and Compromises:** The FASD brain easily triggers into survival mode when feeling trapped. Give them back a sense of control by offering two acceptable choices (e.g., "Do you want to put your coat on now, or carry it to the car?"). Teach them they can ask for a compromise using a simple script: "If you need more time, you can say, 'Can I please have two more minutes?'"
- **Behaviour is Belief:** Remind yourself that challenging or 'maladaptive' behaviour is an expression of an underlying need or fear.^[3] If a young person is shouting or damaging property, ask yourself: 'What is their behaviour telling me about their current level of felt safety?' This directly aligns with Dr Ross Greene's Collaborative & Proactive Solutions (CPS™) framework: "kids do well if they can".^[6] If a young person is displaying challenging behaviour, it is because their 'lagging or missing skills'—neurodevelopmental



gaps in emotional control, frustration tolerance, or cognitive processing—are preventing them from meeting the expectation. When we reframe behaviour as a skill deficit rather than deliberate defiance, our job shifts from enforcing compliance to providing supportive scaffolding.

7. Put it into Practice: The IDEAL Response Script

The following scenario shows how a caregiver can use the adapted TBRI® 'IDEAL' response in a real-world home situation.

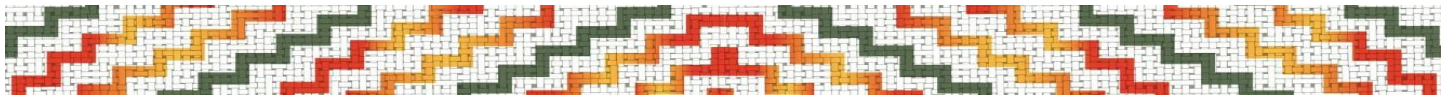
The Scenario

It is 4:00 PM. The daily routine dictates that the young person needs to put their dirty dishes in the kitchen sink. When prompted, they become highly defensive, shout, and slam their hand on the table—early micro-signals of an escalating CAPVA meltdown due to a lack of felt safety.

- **Step 1: Immediate & Direct (The First 5 Seconds)** The caregiver does not yell across the room or ignore the behaviour. They move quickly but calmly to the young person's physical level.
 - *Caregiver Action:* Walks over, drops down to eye level (maintaining a safe, non-threatening distance), and adopts an open, relaxed posture.
 - *Caregiver Voice:* Low, slow, and completely calm.
 - *Caregiver Spoken Words:* "Hey, [Name]. I am right here. We are safe."
- **Step 2: Efficient (Bypassing Language Delays)** The caregiver avoids a long lecture. The FASD brain cannot process complex language when stressed.
 - *Caregiver Action:* Pauses to let the young person's brain process the calm environment.
 - *Caregiver Spoken Words:* "Body is upset. Let's take a breath." (*The caregiver takes a deep, visible, audible breath to prompt co-regulation*).
- **Step 3: Levelled (Choosing Connection Over Punishment)** Because this is an early escalation, the caregiver uses a low-level, supportive response rather than a consequence.
 - *Caregiver Action:* Validates the emotion first, then offers a sense of control through an acceptable choice.
 - *Caregiver Spoken Words:* "It is hard to stop what you are doing. I get it. Do you want to carry the plate yourself, or should we carry it together?"
- **Step 4: Action-Based (The 'Redo')** The young person chooses to carry it together but still speaks aggressively, saying, "Fine, grab the stupid cup." The caregiver uses this moment to teach, not to punish.
 - *Caregiver Action:* Keeps a neutral, slightly playful facial expression.
 - *Caregiver Spoken Words:* "Let's try that again with a gentle voice. You can say, 'Let's go, Mum/Dad.'"
 - *Youth Reaction:* (*Pauses, processes, adjusts tone*) "Let's go, Mum/Dad."
 - *Caregiver Action:* Completes the task together.
- **Step 5: Praise & Repair (Rewiring the Brain)** Once the task is done, the caregiver immediately reinforces the successful co-regulation.
 - *Caregiver Spoken Words:* "Excellent job using your gentle voice. Thank you for working with me. Let's go get a snack." (*The immediate transition to a protein/carb snack proactively prevents the next blood sugar drop*).
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8. Handling Extreme Crisis and Physical Escalations (CAPVA)

When a young person with FASD escalates to severe physical aggression or pulls a weapon (such as a knife), their feeling of 'felt safety' has completely vanished.^{[1][2]} Their brain is in a state of acute, primitive terror—a literal neurological 'survival storm' where they view you as a mortal threat.^{[1][3]} **Imagine what it must be like for them living every day like that.** At this crisis point, all active teaching, correcting, and verbal reasoning must stop. Your sole priority is physical safety and immediate de-escalation.^{[1][2][3]}



A. Shift Your Mindset Instantly

- **This is Survival, Not Defiance:** Remind yourself that this is an involuntary, biological survival response.^{[1][3]} The young person is not calculating, manipulative, or malicious. Their prefrontal cortex is completely offline, and they are functioning purely from a terrified brain stem.^[3]
- **Abandon the Need to 'Win':** Drop any desire to enforce respect, demand compliance, or win the argument. Success in this moment is defined by everyone surviving the next ten minutes without physical injury.

B. Physical Safety and Spatial De-escalation

- **Create Immediate Distance:** Back away slowly. Do not advance, raise your hands defensively, or corner them. An FASD brain in fight-or-flight interprets physical proximity as a closing trap, which increases their panic and aggression.^{[1][3]}
- **Keep the Exit Path Open:** Ensure they have a clear path to leave the room or the house if they choose to. Never stand between an escalated person and the doorway.
- **Remove the Target:** If their aggression is focused entirely on you, safely retreat behind a closed, lockable door, or exit the house entirely. You are not 'abandoning' them; you are removing the stimulus (your presence) that their brain is currently perceiving as the threat.

C. Verbal and Sensory De-escalation

- **Go 'Drop and Stop':** Drop your body language. Make yourself look smaller by dropping your shoulders, keeping your hands relaxed and open, and turning slightly sideways. Stop talking almost entirely.
- **The 'Three-Word Rule':** Use a maximum of three simple, concrete words at a time, spaced out by long, quiet pauses. The language-processing parts of their brain cannot process complex syntax during an amygdala hijack.^[3]
 - *What to Say:* "We are safe." or "I am moving back."
 - *What to Avoid:* "Put the knife down right now or I am calling the police." Threatening consequences instantly spikes cortisol, confirming to their neuroception that they are indeed in mortal danger and must fight to survive.^{[1][3]}
- **Keep Your Voice a Monotone Whisper:** Match their high emotional volume with an ultra-low, flat, quiet whisper. A loud or emotional voice acts as fuel to their neurological fire.

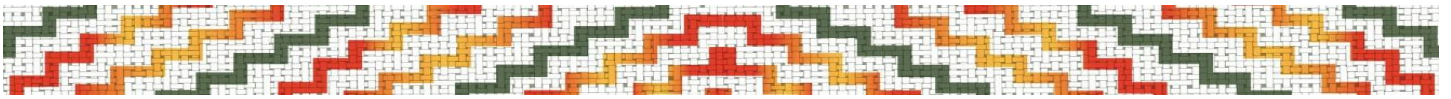
D. Post-Incident Management and the 'Adrenaline Crash'

- **Expect the Crash:** Once the adrenaline leaves their system, the young person will enter a deep physiological crash.^[3] They may sleep for hours, cry, or feel immense, genuine confusion and remorse. Do not lecture, debrief, or impose consequences when they wake up. Their brain is physically exhausted.
- **Document and Adapt:** When the environment is entirely calm, write down exactly what happened leading up to the event. In the FASD world, an explosion at 4:00 PM is often caused by a sensory overload that occurred at 10:00 AM, combined with missed meals, dehydration, or fatigue.^[3]
- **Create a Safety Plan Proactively:** If severe physical violence or weapon-use is a recurring risk, work with a support professional to create a family safety plan when things are calm. This plan should outline a designated safe room for you and siblings, pre-arranged code words, and a clear guide on how to safely brief emergency services (like the Police) about FASD so they do not inadvertently escalate the crisis if called.

The Core Takeaway: 'Felt safety' is not a reward for cooperative behaviour; it is the prerequisite for it. It has to happen first. When a person with FASD feels truly safe on a cellular level, their survival-driven need to protect themselves through aggressive behaviours naturally decreases.

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