Diane

SUNNY HILL

HEALTH CENTRE FOR CHILDREN

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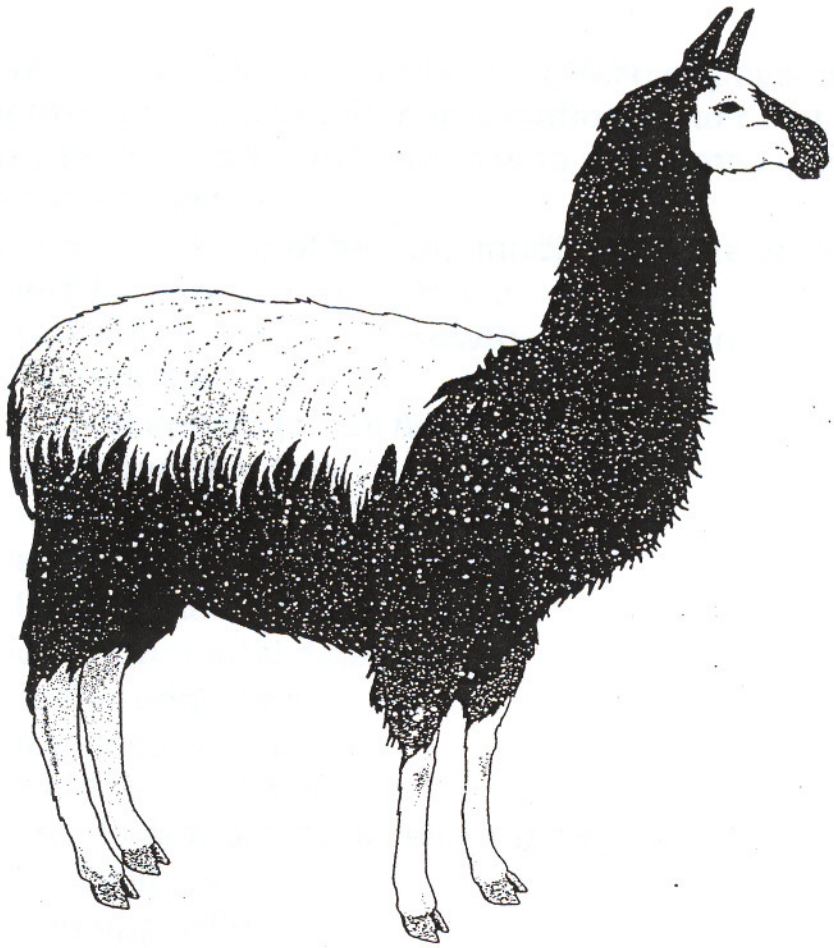
Fetal Alcohol Syndrome (FAS) Series



Module 1

Characteristics of FAS

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FETAL ALCOHOL SYNDROME

MODULE 1 -CHARACTERISTICS

FAS

- is a medical condition manifested in a pattern of physical, developmental, and functional malformations and disabilities in children who were born to women who consumed alcohol during their pregnancy
- the leading known cause of mental handicap in the world
- characterized by a triad of symptoms:
    1. prenatal and or postnatal growth retardation
    2. CNS dysfunction
        - microcephaly (small head size)
        - poor coordination
        - hyperactivity
        - attention concerns
        - learning difficulties
        - developmental delays
        - motor concerns
        - intellectual impairment
    3. distinct facial features
        - short palpebral fissures (small eye slits)
        - flat philtrum
        - thin upper lip
        - flat midface
- estimates in Canada indicate that 1-2 children born per 1000 have FAS
- there is no known safe level of prenatal alcohol exposure
- lifelong
- 100% preventable

FAE

- diagnosed when there is known prenatal alcohol exposure and two of the diagnosing characteristics of FAS
- incidence is estimated to be at least double that of FAS
- NOT a less severe form of FAS
- no exactly defined set of characteristics to confirm this diagnosis

There are many accepted ways of characterizing the effects of prenatal alcohol exposure. The key point to remember is that all of these children whether they meet the criteria for the diagnosis or not are PRENATALLY EXPOSED TO ALCOHOL AND OTHER DRUGS. It is essential that each child with FAS/E, as with any child, be viewed as an individual with his/her own unique abilities and disabilities.

Common Difficulties:

- academic - learning disabilities, memory, short-term memory, speech/language disorders, information processing deficit, and comprehension
- social and emotional - hyperactivity and attention deficit, distractibility and attention deficits, incomplete tasks, hypersensitivity, poor impulse control, poor personal boundaries, easily confused under pressure, difficulty with anger management
- judgment

What you can do:

- learn as much as possible about prenatal alcohol and other drug exposure
- be aware of the resources for children, families, and professionals
- understand the child
- view challenging behaviors as a mode of communication rather than deliberate or that which deserves punishment
- get a teaching assistant
- coordinate education between home and school
- assist families in getting a medical diagnosis
- avoid labeling of children by those not qualified to make the diagnosis
- provide STRUCTURE (which does not mean rigidity but consistency and routine)
- remember that the behaviors associated with prenatal alcohol and other drug exposure are the result of prenatal brain damage. They are not the results of poor parenting or poor social/emotional environment. The brain damage is permanent but the manifestations may change as the child ages.

Common Misconceptions

1. Myth: *FAS means mental retardation.*
   Fact: Some people with FAS/E are mentally retarded, but others are not. People with FAS/E can have a normal intelligence. They are brain damaged and have specific areas of strengths and weaknesses.

2. Myth: *The behaviour problems associated with FAS/E are all the result of poor parenting or a bad environment.*
   Fact: Brain damage can lead to behaviour problems because some people who are brain damaged don't process information in the same way that others do.

3. Myth: *They will outgrow "it" when they grow up.*
   Fact: Unfortunately, they do not. FAS/E lasts a lifetime, but the manifestations and problems change with age. FAS/E children take a longer period of sheltered living to "grow up".

4. Myth: *To admit they are brain damaged is to give up.*
   Fact: Have we given up on children with other defects? Research is needed to fully understand the needs of people affected by FAS/E. We will learn how to help them when we invest more in learning about FAS/E.

5. Myth: *Diagnosing them will brand them for life.*
   Fact: A diagnosis tells you what the problem is, guides you to possible treatments and relieves your child from having to meet unrealistic expectations.

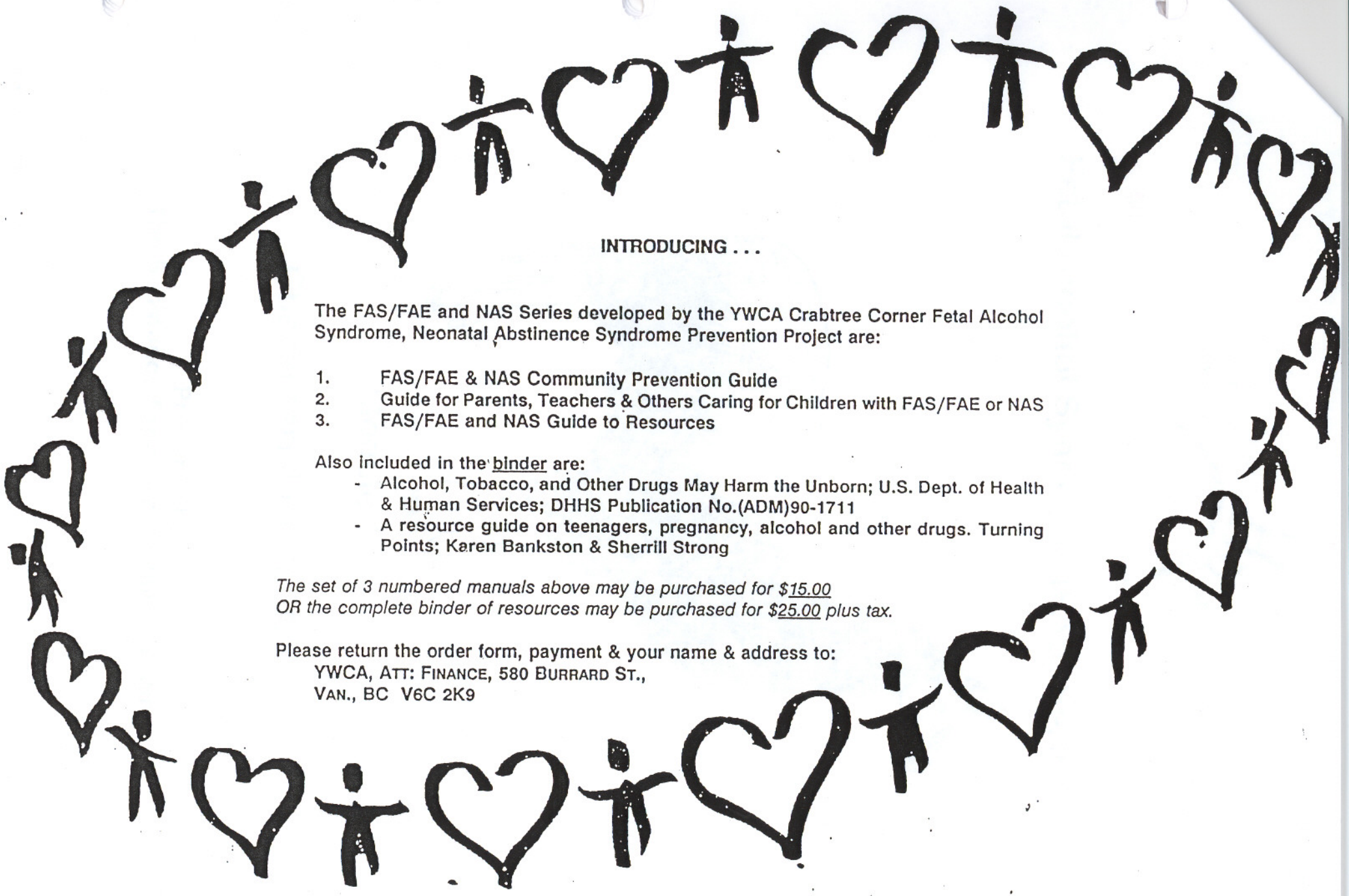
6. Myth: *They are unmotivated when they don't keep appointments or act responsibly.*
   Fact: The irresponsibility probably lies in memory problems, an inability to solve problems effectively or simply in feeling overwhelmed.

7. Myth: *One agency can solve any or all of the problems alone.*
   Fact: The multiple needs of people with FAS/E may require multiple interventions and intense inter-agency co-operation.

8. Myth: *This problem will be solved with existing knowledge.*
   Fact: The magnitude of this problem calls for much more research.

9. Myth: *The problem will go away.*
   Fact: FAS/E is preventable, but alcohol is so much a part of our culture that active prevention activities must continue to safeguard children of the future.

10. Myth: *Mothers of FAS/E children had an easy choice not to drink during pregnancy. Callous indifference permanently damaged their children.*
    Fact: There is no safe amount of consumption of alcohol during pregnancy. Social drinking may be as damaging as excessive drinking to the developing fetus. Public education about the cause and prevention of FAS must be encouraged. In addition, a continuum of help is needed for women who should not drink alcohol. Pregnancy is an excellent time to stop drinking, but help is often needed (Streissguth, 1990).



INTRODUCING . . .

The FAS/FAE and NAS Series developed by the YWCA Crabtree Corner Fetal Alcohol Syndrome, Neonatal Abstinence Syndrome Prevention Project are:

1. FAS/FAE & NAS Community Prevention Guide
2. Guide for Parents, Teachers & Others Caring for Children with FAS/FAE or NAS
3. FAS/FAE and NAS Guide to Resources

Also included in the binder are:

- Alcohol, Tobacco, and Other Drugs May Harm the Unborn; U.S. Dept. of Health & Human Services; DHHS Publication No.(ADM)90-1711
- A resource guide on teenagers, pregnancy, alcohol and other drugs. Turning Points; Karen Bankston & Sherrill Strong

The set of 3 numbered manuals above may be purchased for $15.00
OR the complete binder of resources may be purchased for $25.00 plus tax.

Please return the order form, payment & your name & address to:
YWCA, ATT: FINANCE, 580 BURRARD ST.,
VAN., BC V6C 2K9