

# Matching Assistance Newsletter

Fetal Alcohol Spectrum Disorder (FASD)

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### Signs and Symptoms

- Abnormal facial features, small head size.
- Lower than average weight.
- Shorter than average height.
- Poor coordination.
- Hard time concentrating, hyperactivity.
- Poor memory.
- Difficulty in school.
- Language and speech delays, learning disabilities, low IQ.
- Poor judgement making skills.
- Problems with kidney, bones and or/heart.
- Sleep problems.

### Quick Links...

[Training and Education](#)

[Fetal Alcohol Syndrome Consultation, Education and Training Services](#)

[FAS Family Resource Institute](#)

[Center for Disease Control and Prevention: FASDs](#)

## What is Fetal Alcohol Spectrum Disorder (FASD)?

Fetal Alcohol Spectrum Disorders (FASDs) are conditions that can occur in a child whose mother drank alcohol while she was pregnant. The effects on the child range from physical effects to problems with learning or behavior. Oftentimes, a child with FASD has a combination of these problems.

## Types of FASDs.

There are three different types of FASDs:

1. **Fetal Alcohol Syndrome (FAS):** This is the most severe end of the FASD spectrum. Children with FAS often have abnormal facial features, growth, behavior, and central nervous system problems; they may also have problems with learning, memory, attention, communication, vision and hearing. A child with FAS could have a mix of these, and may also have a hard time getting along with others in school.
2. **Alcohol-Related Neurodevelopmental Disorder (ARND):** Children with ARND may have problems with behavior and learning, as well as intellectual disabilities. They may have problems in school with math, memory, judgment, attention, in addition to poor impulse control.
3. **Alcohol-Related Birth Defects (ARBD):** Children with ARBD often have problems with their heart, kidneys, bones, or with hearing. They may also have a combination of these.

## Diagnosis.

Diagnosing FAS is difficult for a couple reasons. There is no test for it, and other disorders such as ADHD and Williams Syndrome have similar symptoms to FAS. However, there are some signs doctors can look for:

- abnormal facial features
- lower than average height and/or weight
- problems with the central nervous system, like small head size, attention and hyperactivity problems, and or/poor coordination
- prenatal alcohol exposure information

These diagnostic criteria apply to FAS only; diagnostic criteria for ARND and ARBD are currently in the works.

There is no cure for FASDs; it is a lifelong condition. However, there are treatment options that may help improve a child's development.

## Protective Factors and Treatment Options.

As stated before, there is no cure for FASDs, but there are treatment options. Early intervention is the best option. With early intervention treatment services, children from birth to 3 years learn important skills like learning to walk, talk and interact with others, through therapy. It is very important if you think your child has a FASD to talk to your doctor right away. These early intervention treatment services have been shown to improve a child's development. In addition to early intervention treatment services, **protective factors** may help reduce the effects of FASDs. They are:

- Early diagnosis:** diagnosing a child at a young age will give them the option of being placed in special education classes that will get them the educational social services they need. It will also help family and teachers understand why the child reacts they way they do.
- Involvement in special education and social services:** children who receive educational services that are geared toward their learning style are more likely to succeed and reach their full potential. Since the effects of FASDs are so broad, placing a child in a program that is directed

more toward their needs is going to be the most beneficial to their success.

**-A loving, nurturing, and stable home environment:** this may seem like an obvious one, but it is extremely important. Children who have a FASD are often more sensitive to disruptions in the home environment than others. They are also more sensitive to changes in routines and lifestyles, and harmful relationships. Having family and community support is crucial for children diagnosed with FASD, and in the long-term having support can prevent secondary conditions like criminal behavior, unemployment, and dropping out of school.

**-Absence of violence:** children who are not exposed to abuse or violence have better outcomes, and are less likely to engage in criminal behavior, be unemployed or drop out of school.

There are also a few different kinds of **treatment options** for children who have been diagnosed with FASD. They are:

**-Medical care:** children with FASDs have the same medical needs as children who do not have FASDs, in addition to more specific medical needs. These more specific medical needs may require a specialist or a current doctor/pediatrician. The type of medical care needed will vary with the types of symptoms.

**-Medications:** currently, there are no medications that have been approved specifically to treat FASDs. However, there are some medications that can help improve the symptoms associated with FASDs. These medications are stimulants, antidepressants, neuroleptics, and anti-anxiety drugs. It is crucial to note that medications should be used as a last resort. It is so important to talk to the child's doctor first about treatment options that will work best for your child. Medications can effect every child differently; what works for one child may not work for another.

**-Behavior and education therapy:** this kind of therapy can be a very important kind of treatment for children with FASDs. There are a few types of behavior and education therapies that have proven effective. They are **friendship training; specialized math tutoring; executive function training; parent-child interaction therapy; and parenting and behavior management training.**

**-Parent training:** children with FASDs may not respond to traditional parenting practices, so parent training has been found to be effective in working with parents and educating them on their child's needs. Parent training can be done in a group or individual setting, and are offered by therapists or through special classes.

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### **Parenting Tips.**

While each child is unique, the following tips may be useful in raising a child who has FASD:

- Concentrate on your child's strengths and talents. This will build their self-esteem and confidence.
- Accept your child's limitations.
- Be consistent in daily routines and punishments.
- Be specific when directing your child.
- Use visual aids and hands-on materials to help your child learn.
- Use positive reinforcement.

### **Support Groups.**

Support groups provide families with a place to discuss concerns, ask questions, and receive encouragement. The following are resources to find support groups in your area.

**National and State Resource Directory:** <http://www.nofas.org/resource/directory.aspx>

### **Family Empowerment**

**Network:** <http://pregnancyandalcohol.org/index.asp?menuID=142&firstlevelmenuID=142&siteID=1>

### **FASD State Systems of**

**Care:** <http://fasdcenter.samhsa.gov/statesystemsofcare/statesystemsofcare.cfm>

