

What Is FAS/FAE And Is There Help Out There?

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In the last decade research into the cause and severity of drinking while pregnant has increased exponentially with new imaging techniques in the medical field, and with the realization of how serious and wide-spread this disability is among all of the population. It takes very little alcohol to cause serious brain damage. Even a single dose, at the wrong time, can cause a varying intensity in loss of I.Q., ADD/ADHD, memory deficits, tremors, asthma, developmental delay, autistic traits, auditory processing delay, depression, heart defects, and a wide variety of common behavior diagnoses. There are approximately 50,000 toxic substances that can cause prenatal damage to the fetus, and alcohol exposure is the number 1 toxin that causes damage. The severity of the damage depends on the amount of alcohol drunk, timing during pregnancy, peak alcohol levels, genetic make-up of the fetus, and environmental factors. Most researchers are adamant that there is no safe level of drinking while pregnant. Unfortunately, fetuses can be unknowingly damaged during the time a woman does not even know that she is pregnant if she has a social drink, or by drinking a glass of wine to celebrate her pregnancy.

Although Fetal Alcohol Syndrome is the most widely known alcohol-related disability, Fetal Alcohol Effects can be the most damaging to society and to the individual. FAE is also referred to as Alcohol-Related Neurodevelopmental Disorders (ARND). Although FAE individuals may not have the physical appearance associated with full-blown FAS, damage to the brain and internal organs can be just as devastating. Remember, timing is crucial in producing various fetal brain damage. And since these children and adults with undiagnosed FAE look “normal”, they are expected to develop and behave along the usual timelines. But if left undiagnosed, these individuals can develop secondary traits that can often lead to school drop-out, trouble with the law, unplanned pregnancy, homelessness, mental illness, drug and alcohol addiction, and inappropriate sexual behavior, with 82% unable to live independently.

Some of the common problems resulting in brain damage and the way they are characterized, noted by Morse, Rathbun, and Malbin, and based on theoretical construct are:

Memory deficits which can create a slow awareness that causes a time lag from input to understanding the action, the need for constant reminders and repetition, inconsistent memory, and problems with vision and auditory processing.

Abstract thinking can cause many independent living problems with adults, as well as with children. They have no concept of the value of money, their abilities in math are very poor, their concept of time may be decreased, and they may have problems associating new information with past information.

Receptive language may prevent the individual from comprehending what is being said. That is why it is important to not “talk too much” and create confusion, and to express information in many different ways.

Difficulty generalizing may prevent the individual from seeing the cause and effect of their behavior. They can have poor social skills, be impulsive, cannot utilize traditional problem-solving skills, or associate their behaviors from one day to the next.

Difficulty seeing similarities and differences can cause distractibility, over-stimulation creating hyperactivity, difficulty sequencing and seeing patterns.

Perseveration can be seen as not wanting to stop an activity such as a project, teasing, interrupting, or a resistance to change.

Shut down is manifested by chronic frustration from having these neurological problems, and society expecting them to develop and understand their surroundings at the “normal” pace. They may appear as withdrawn but have explosive episodes with little provocation. They may show a higher degree of defiance than your typical teenager.

So, is there help out there to deal with this hidden disability? Help from professionals is growing every day as they learn how to deal with this population. But for some very quick ideas on what might help, Deb Evensen and Jan Lutke, educators and leaders in Alaska with this mission, developed a very general outline for successful interventions called **Eight Magic Keys** :

1. **Concrete** – don’t use words that have double-meaning, idioms, etc., because their social and emotional understanding is far below their age level. Think younger.
2. **Consistency** – since learning from one situation to another is difficult, have few changes in their environment, including language use.
3. **Repetition** – for learning to make it to long-term memory, it needs repetition.
4. **Routine** – stable routines will decreased anxiety and increase learning.
5. **Simplicity** – “Keep it short and sweet”. People with FAS/FAE are easily over-stimulated, leading to “shut-down”, a wall for learning.
6. **Specific** – say exactly what you mean since they have problems generalizing, abstracting, and not being able to “fill in the blanks” when given instructions. Give step-by-step directions.
7. **Structure** – it creates the foundation to be successful in their environment.
8. **Supervision** – because of brain damage supervision is needed as if the person were much younger. This will develop habit patterns of appropriate behavior and maturity.

When an intervention is not working, then:

Stop Action!

Observe

Listen carefully to find out where he/she is stuck

Although FAS/FAE is not curable, if we can view this disability, and its resulting behaviors, as being beyond their control, then better understanding can be gained into the difficulties that they are going through. If attitudes and environments can be changed to reflect the concept that poor behavior is not willful, then there will be fewer legal problems, unwanted pregnancies, alcohol and drug addictions, school problems and early drop-outs, mental health problems, and other immeasurable societal successes. That does not even count the success of living a happy and productive life.

