

Understanding Fetal Alcohol Spectrum Disorder (FASD)

Fetal Alcohol Spectrum Disorder (FASD) is a term used to describe the range of disabilities that can occur in a person whose mother drank alcohol while pregnant. Some women do not know that alcohol can damage their unborn baby; others may not be able to stop using alcohol. Other women stop drinking when they find out they are pregnant, but some injury may already have happened. There is no safe amount or safe time to use alcohol during pregnancy. In Saskatchewan, one in 100 people may be affected by prenatal alcohol use. (SK Prevention Institute 2005). Women need to be supported and encouraged to avoid alcohol use during pregnancy and breastfeeding.

Individuals affected by alcohol exposure before they were born are unique and will have different amounts of brain injury and disability. The disabilities caused by alcohol exposure are present from birth and can include physical, learning and behavioural difficulties. Possible diagnoses for those affected by FASD are: Fetal Alcohol Syndrome (FAS), Partial Fetal Alcohol Syndrome (pFAS), or Alcohol Related Neurodevelopmental Disorder (ARND).

FASD is often called an invisible disability. The signs and symptoms of FASD may go unnoticed or be masked by other things in the individual's life. Most people with FASD look just the same as everyone else, but they have some differences in how their brain works and that makes life difficult for them. Most persons with invisible disabilities do not get the support they need to succeed in life. Many people with FASD are very smart. Even though FASD is a lifelong disability, with the right changes to the environment, individuals can be productive and successful members of our communities. They can make friends, get jobs and reach the goals they set.

Signs and Symptoms of FASD

A child or adult with a Fetal Alcohol Spectrum Disorder may:

- Have memory problems (especially short term memory)
- Have difficulty with math, telling time and managing money
- Be very impulsive
- Act younger than her or his age
- Have poor judgement and poor decision making skills
- Be depressed
- Be hyperactive
- Have sensory problems like how they react to temperature, sounds, bright lights or busy places
- Be slow processing information and need more time to learn things
- Have trouble with social skills, knowing/using boundaries and maintaining friendships
- Be a concrete thinker; learns best by doing

**THERE IS HOPE AND
THERE IS HELP.**

CONTACT THE NETWORK FOR INFORMATION AND SUPPORT.

FASD Tip #20

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Please feel free to photocopy
and use these sheets.

8 Magic Keys

While there is no recommended “cookbook approach” to working with individuals with FASD there *are* strategies that work, based on the following guidelines:

1. **Concrete** – Individuals with FASD do well when people talk in concrete terms; do not use words with double meanings, or idioms. Because their social-emotional understanding is far below their chronological age, it helps to “think younger” when providing assistance and giving instructions.
2. **Consistency** – Because of the difficulty individuals with FASD experience trying to generalize learning from one situation to another, they do best in an environment with few changes. This includes language. For example, teachers and parents can coordinate with each other to use the same words for key phrases and oral directions.
3. **Repetition** – Individuals with FASD have chronic short-term memory problems; they forget things they want to remember as well as information that has been learned and retained for a period of time. In order for something to make it to long-term memory, it may simply need to be re-taught and re-taught.
4. **Routine** – Stable routines that don’t change from day to day will make it easier for individuals with FASD to know what to expect next and decrease their anxiety, enabling them to learn.
5. **Simplicity** – Remember to Keep It Short and Sweet (KISS method). Individuals with FASD are easily over-stimulated, leading to “shutdown” at which point no more information can be assimilated. Therefore, a simple environment is the foundation for an effective school program.
6. **Specific** – Say exactly what you mean. Remember that individuals with FASD have difficulty with abstractions, generalization, and not being able to “fill in the blanks” when given a direction. Tell them step by step what to do, developing appropriate habit patterns.
7. **Structure** – Structure is the “glue” that makes the world make sense for an individual with FASD. If this glue is taken away, the walls fall down! An individual with an FASD achieves and is successful because their world provides the appropriate structure as permanent foundation.
8. **Supervision** – Because of their cognitive challenges, individuals with FASD bring a naiveté to daily life situations. They need constant supervision, as with much younger children, to develop habit patterns of appropriate behaviour.

Not Working?

When a situation with an individual with FASD is confusing and the intervention is not working, then:

Stop Action!

Observe.

Listen carefully to find out where he or she is stuck.

Ask: What is hard? What would help?