

**A Developmental Overview of Fetal Alcohol Syndrome  
and Fetal Alcohol Effect (FAS/FAE)  
through the Eyes of Parents**

(FAS Family Resource Institute)

**TODDLERS (1-5)**

Parents report that toddlers with FAS/E are:

- \* sometimes medically fragile
- \* usually require high maintenance, keeping parents alert and on duty 24 hours a day
- \* often exhausted and irritable from uneven sleep patterns
- \* highly manipulative
- \* a danger to self and others because they do not grasp the universal laws of cause and effect
- \* void of the normal sequential learning abilities in reasoning, judgment and memory
- \* very difficult to manage when out in public
- \* no natural fear of danger, e.g., lacking in the normal abilities to distinguish between friend and enemy
- \* misunderstood by service providers because their IQ's appear to be developing normally

**CHILDREN (6-11)**

Parents report that children with FAS/E are:

- \* impulsive, unpredictable and mischievous, creating ongoing safety hazards, such as setting fires and running away
- \* often exhausted and irritable from uneven sleep patterns
- \* innately skilled in manipulative tactics
- \* void of normal sense of justice
- \* overlooked as permanently disabled because their IQ's are normal
- \* desperate for stimulation and excitement to keep them entertained and happy
- \* emotionally volatile and often exhibit wide mood swings throughout the day
- \* often disconnected from their own feelings and are unable to identify or express logical reasons behind their volatile outbursts
- \* isolated and lonely because the desire to be included remains intact while the reasoning skill to figure out why they are excluded is lacking
- \* angry and resentful toward more structure and supervision than their peers need
- \* void of natural empathy for others

**ADOLESCENTS (12-17)**

Parents report that adolescents with FAS/E are:

- \* moral chameleons (despite consistent loving care, family values and even general rules of social behavior are not being internalized)
- \* often exhausted and irritable from uneven sleep pattern
- \* at high risk for being drawn into anti-social behavior: stealing, lying, running away, etc.
- \* continuing to be a safety menace to themselves and others
- \* still in need of limits and protection like a three year old
- \* often obsessed by primal impulses such as sexual activity and fire setting
- \* able to recognize and will submit to raw power, making them vulnerable to gangs.
- \* seriously impaired when it comes to making decisions (not having the judgment or reasoning skills to make decisions)
- \* terrified of major transition or change, e.g., middle school, moving, etc.
- \* extremely vulnerable to ideas in movies, videos, music, TV and advertisements
- \* unaware of normal hygiene needs
- \* unable to take responsibility for their actions

#### ADULTS (18 and over)

Parents report that their adult children with FAS/E are:

- \* moral chameleons
- \* often exhausted and irritable from uneven sleep patterns
- \* extremely vulnerable to anti-social behavior and at great risk for finding the structure and supervision they need in the criminal justice system
- \* unlikely to follow safety rules concerning fire hazards, safe meal preparation, vehicle operation, infectious diseases, basic life needs, etc.
- \* notably lacking in the ability to manage money
- \* volatile if pushed too far to do something they see as unreasonable, such as asking them for money to pay their rent or groceries.
- \* quite vulnerable to co-dependent relationships, which can turn violent
- \* incapable of taking daily medication or birth control pills on a regular and effective basis
- \* vulnerable to panic attacks, depression, suicide ideation, mental and emotional overload, and sometimes psychotic breaks
- \* very impaired as to entertaining themselves and keeping out of mischief
- \* not nearly as capable as they appear to be
- \* in desperate need of appropriate sheltered employment opportunities

Note: These characteristics may appear to be typical behavior in a normal person, but in individuals who have been disabled by prenatal exposure to alcohol, these traits occur in grossly exaggerated form and do not respond to typical interventions.

### **Successful Intervention**

## **Developing Successful Interventions for Students with FAS**

by Deb Evensen and Jan Lutke

While there is no recommended "cookbook approach" to working with students with FAS, there are strategies that work, based on the following guidelines:

### **1. Concrete**

Students with FAS do well when parents and educators talk in Concrete terms, don't use words with double meanings, idioms, etc. Because their social-emotional understanding is far below their chronological age, it helps to "think younger" when providing assistance, giving instructions, etc.

### **2. Consistency**

Because of the difficulty students with FAS experience trying to generalize learning from one situation to another, they do best in an environment with few changes. This includes language. Teachers and parents can coordinate with each other to use the same words for key phases and oral directions.

### **3. Repetition**

Students with FAS 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 students with FAS 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). Students with FAS 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 students with FAS 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 a student with FAS. If this glue is taken away, the walls fall down! A student with FAS achieves and is successful because their world provides the appropriate structure as a permanent foundation.

## 8. Supervision

Because of their cognitive challenges, students with FAS bring a naiveté to daily life situations. They need constant supervision, as with much younger children, to develop habit patterns of appropriate behavior.

**When a situation with a student with FAS is confusing and the intervention is not working, then:**

- Stop Action!
- Observe.
- Listen carefully to find out where he/she is stuck.

Ask: What is hard? What would help?