

FASD RESOURCES

NOFAS

The National Organization on Fetal Alcohol Syndromes is the leading voice and resource on Fetal Alcohol Spectrum Disorders.

Website: nofas.org

Contact : 1-800-66NOFAS

FASD Center for Excellence

SAMHSA Fetal Alcohol Spectrum Disorders (FASD) Center for Excellence. The FASD Center is a Federal initiative devoted to preventing and treating FASD.

Website: www.fasdcenter.samhsa.gov

FASResource

FASResource listserv resides at Yahoo groups and is free. FASResource was created to give families, biological, adoptive and foster, who live with FASD, a place to learn more about the disability from a caretaker perspective. It serves to exchange ideas, information and provides a safe place to talk about FASD with other families.

Parent Training and Information (PTI) Offices are located throughout the State. For the office closest to you. call our main office toll-free at 1-800-572-7368 (v/tty)

*Children and youth with disabilities have the right to a free appropriate public education.
IDEA 2004*

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Parent Training and Information Program

Tips for Parents of Children with Fetal Alcohol Spectrum Disorders (FASD)

Statewide Parent Training and Information Center
6316 So. 12th St.
Tacoma, WA 98465
(253) 565-2266 (v/tty)
1-800-5-PARENT (v/tty)
Fax: (253) 566-8052
E-mail: pave@wapave.org
Website: www.wapave.org

Third Decade of Service

Fetal Alcohol Syndrome (FAS) is a birth defect involving permanent brain damage and or other birth defects caused by prenatal exposure to alcohol. There are four diagnostic criteria for FAS: alcohol exposure; prenatal and/or postnatal growth deficiencies; a certain pattern of facial features (although these features are frequently outgrown before or during adolescence); and central nervous system damage. The neurological damage is evidenced by behavior problems which may involve learning disabilities, mental retardation, and other mental deficits. Prenatal alcohol exposure may also cause a myriad of physical birth defects.

Fetal Alcohol Spectrum Disorder (FASD) is a term used to describe the same disability without the facial features and/or growth deficiencies. At this point in time, FASD is not officially recognized as a medical or mental health diagnosis. It is not necessarily a “less severe” form of FAS. In fact, FASD is sometimes considered more devastating because individuals with FAE are not physically recognizable as being disabled, and yet their behaviors can lead them into trouble in school, in society and even with the law.

Fetal Alcohol Spectrum Disorders (FASD) can include a broad range of physical defects and levels of severity in mental functioning. But the common identifying traits are the deficits in memory, judgment and reasoning. Since Fetal Alcohol Syndrome (FAS) is the leading preventable cause of mental retardation in the United States today, many people (including professionals) mistakenly think that all individuals with FASD are mentally retarded. But researchers now estimate that about 75% of the individuals with FAS and 90% of those with FASD have normal IQ's.

Diagnosis

Only trained professionals can make a diagnosis. Teachers or relatives may identify a problem, but they cannot diagnose an FASD.

WHY IS DIAGNOSIS IMPORTANT?

Because most people with FASD have no visible signs of alcohol exposure, their problems may be wrongly blamed on poor parenting or on other disorders.

Early diagnosis and intervention contribute to positive long-term outcomes.

Accurate diagnosis can:

- Help the person receive appropriate services.
- Aid communication among clinicians, caregivers educators, and families.
- Provide better self-awareness and understanding by family members.

Education

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Over fifty percent of the children and adults with Fetal Alcohol Syndrome have an IQ above 70. They do not qualify for special education programs and, if FASD has not been recognized, they are often misdiagnosed or labeled as ADD, ADHD, or just plain lazy and stubborn. So what can educators and parents do?

Find out all you can about FASD. Hold a workshop in your school. Children with this disability can learn. They just learn in a different manner. The major keys we have found to unlocking educational doors for kids with FASD, include the following:

- Children with FASD benefit from early specific motor and mental stimulation.
- Programs for early intervention, with realistic expectations adjusted to their specific strengths and weaknesses, work well.
- Structure! Structure! Structure!
- Classrooms should have as little stimuli as possible. Children with FASD have trouble filtering out any type of stimuli.
- Use concrete learning methods. Abstract thinking is very difficult. Most children with FASD will learn from something they can see, feel or touch.
- Only one command or task should be given at a time. Talk over any change in the schedule ahead of time, as transitions are very difficult. Children with FASD find security in knowing what to expect next. They do not adjust easily to change.
- Don't be disappointed if what you teach them today is not with them tomorrow. It is not a reflection of your ability, but it is a reflection of their disability in processing information.
- Be practical. Help them learn vocational and life skills.