

### Foetal Alcohol Syndrome

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Foetal alcohol syndrome is a combination of mental and physical birth defects that can result in intellectual disability, growth deficiencies, central nervous system dysfunction, cranio-facial abnormalities and behaviour disorders. Foetal alcohol effect is a less severe set of the same symptoms. FAS/FAE produces irreversible physical, mental and emotional effects.

Foetal alcohol syndrome is the result of heavy alcohol use—about six standard drinks per day during pregnancy. Pregnant women who drink less than this may have a child with the condition known as foetal alcohol effects.

Developmentally, children who have FAS/FAE may function within the range of 'typical' development, except they may manifest disorders such as learning disabilities, communication disorders, hyperactivity and attention/concentration disorders.

While FAE is probably far more prevalent than FAS, it is more difficult to isolate and attribute to alcohol consumption. FAS can be diagnosed at any time during a child's development.

#### **Effects on Developmental Areas**

##### **Social and Emotional Development**

- May not demonstrate 'stranger anxiety' as an infant
- May appear social but uses inappropriate physical proximity
- May have the inability to adapt to change and environment
- May be impulsive
- May have poor comprehension of social rules and expectations
- May have difficulties in establishing friendships

##### **Physical Development**

- May small for age as a baby
- May have weak suckling reflex and weak muscle tone
- May have feeding difficulties
- May have slow motor development
- May be short and 'elf like' in manner and appearance
- May later become hyperactive and easily distracted
- May have hearing impairment
- May be susceptible to infections of all kinds especially those associated with the respiratory tract

### **Cognitive Development**

- May have deficits in memory retention.
- May have difficulty differentiating fact from fantasy.
- May have difficulty in predicting consequences of own behaviour
- May have delays in intellectual development
- May have learning disabilities and delays in learning beyond the normal aspects of the development process

### **Language Development /Communication**

- May have slow acquisition of language skills (in terms of milestones)
- May have difficulties in understanding and following instructions

### **Foetal Alcohol Syndrome Inclusion Strategies**

Each child diagnosed with Foetal Alcohol Syndrome will be different and individual. It is important to gain information from the parents as to what characteristics of Foetal Alcohol Syndrome their child displays. It is important to work closely with the parents as well as any additional support specialists e.g. therapists who may be involved with the child. It is also important to gain an understanding from the parent as to what is the most important aspect of their child attending your service. What is it that parents hope to gain from using your service? The following inclusion strategies are just some examples which may be applied to support the inclusion process. This list is only the start and it is dependant on a variety of factors such as environment, length of time child is in care, child's interest, likes, dislikes and skills already achieved. The strategies are divided into developmental areas however some strategies overlap and assist in a variety of developmental areas. Encourage staff to ask parents about the strategies they use.

### **Social and Emotional Development**

- Foster independence in self help tasks and play as a long term goal for the child.
- Model appropriate strategies for social behaviour (small group experiences can foster social skill development in a less threatening situation).
- Encourage and promote decision making e.g. would you like to do a painting or play in home corner.
- Provide advanced warning for change in routines and events.
- Provide a consistent daily routine.

### Physical Development

- Be aware of delays in physical development and motor skills and provide physical activities that are achievable e.g. lower the balance beam, roll the ball rather than throwing.
- Encourage the routine of asking for assistance to develop the skill of working with others and identifying when a task is too hard.
- Provide small challenges that are achievable. Base those challenges on areas of the child's interests and likes.
- Regularly review the layout of the environment to identify any aspects that contribute to distractions e.g. is music too loud and always on, is there too much going on at one time in the room.

### Cognitive Development

- Provide concrete examples to assist in learning. Use pictures, sensory resources to assist in the understanding e.g. puppets, felt boards, pictures.
- Provide small group experiences e.g. two or three children in a small activities area. These activities can also be set up to require co-operative play thus supporting the social development.
- Be aware of learning disabilities and prepare experiences that promote learning e.g. use visual strategies.
- Encourage decision making skills and program ownership with the child by offering them choices about their learning and limit those choices to two at any given time.
- Provide concrete representation of the daily routine to assist children understand what is expected of them and can prepare for what is happening in the day e.g. picking up toys should be done with an adult to model expectations, use a sequence of photos to outline a routine such as the process required to prepare for morning tea.

### Language Development/Communication

- Speak clearly and give one instruction or direction at a time.
- Ensure child understands before providing more verbal information or giving another direction.
- Provide opportunities for repetition and simple verbal instructions e.g. repeat what you are saying.
- Use other forms of communication to enhance understanding for the child e.g. pictorial/photographic.
- Add descriptive words to increase child's vocabulary and understanding.

### Reference

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