

Fetal Alcohol Spectrum Disorders

Maryland FASD
www.FASDMD.org

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Maternal and Child Health Bureau

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Maryland Fetal Alcohol Spectrum Disorders (FASD)

Educational Brochure



Maryland Health Department
Prevention and Health Promotion Administration
Maternal and Child Health Bureau

Fetal Alcohol Spectrum Disorders

Maryland FASD

Mission

Our mission is to prevent FASD and create an enduring, integrated system of care for individuals and their families that assures lifelong access to services that are comprehensive, coordinated, continuous, and culturally appropriate.

Our Vision

We envision a Maryland where (FASD) are rare and identified as early as possible to minimize disability and maximize the quality of life for affected individuals and their families.

Goals

All Marylanders will understand the dangers of any alcohol use during pregnancy. All Marylanders will understand the impact of FASD on Maryland workforce and economy. All Marylanders have access to diagnosis, treatment, and support services for FASD. Marylanders who need access to screening, treatment or support services for FASD will not be addressed by stigma or discrimination.



Fetal Alcohol Spectrum Disorders

FASD Resources

Resource	Contact
American College of Obstetricians and Gynecologists	www.acog.com
American Academy of Pediatrics	www.aap.org
National Organization on Fetal Alcohol Syndrome (NOFAS)	www.nofas.org
American Society of Addiction Medicine	www.asam.org
National Clearing House for Drug and Alcohol Information	www.health.org
Physician Leadership on National Drug Policy	www.plndp.org
National Institute for Drug Abuse	www.nida.nih.gov
Center for Substance Abuse Treatment	www.samhsa.gov
Mid-Atlantic Technology Transfer Center	www.mid-attc.org
The Surgeon General's Advisory on Alcohol Use During Pregnancy (February 2005)	www.surgeongeneral.gov/pressreleases/sg02222005.html
Child Abuse and Neglect Hotline	1-800-552-709

Fetal Alcohol Spectrum Disorders

Treatment

There's no cure for fetal alcohol syndrome. In general, the physical defects and mental deficiencies persist for a lifetime. Heart abnormalities may require surgery. Learning problems may be helped by special services in school. Parents often benefit from counseling to help the family with a child's behavior.

Coping Skills

- Implementing daily routines so the child can become used to them
- Creating and enforcing simple rules and limits for the child is helpful
- Pointing out and using rewards to reinforce acceptable behavior
- Encouraging the child to make decisions in protected environments
- Teach the child skills for daily living
- Provide a stable, nurturing home is the single most important factor in protecting children with FASD

Maryland FASD Coalition

Legislative Update

1. House Bill 1274 entitled "Public Health- Fetal Alcohol Syndrome Prevention - Public Awareness Campaign."
2. HB 1274 establishes a statewide multimedia campaign to educate the public regarding Fetal Alcohol Syndrome and other effects of prenatal alcohol exposure.



Fetal Alcohol Spectrum Disorders

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Fetal Alcohol Spectrum Disorders



What is FAS and

FASD?

Fetal Alcohol Syndrome (FAS) was first recognized in 1973; defined as a collection of birth defects that include distinct dysmorphic facial features, mental retardation, and other developmental disorders.

Initially FAS was thought to occur only among births to alcoholic or alcohol-abusing women, but subsequent research findings show that less obvious but equally disabling developmental disorders also resulted from prenatal alcohol exposure, known collectively as Alcohol-Related Neurodevelopment Disorders (ARND).

Another more inclusive term—"Fetal Alcohol Effects" (FAE)—came into wide use. Today, both FAS and FAE have been combined under the broader and more accurate term, Fetal Alcohol Spectrum Disorders (FASD).

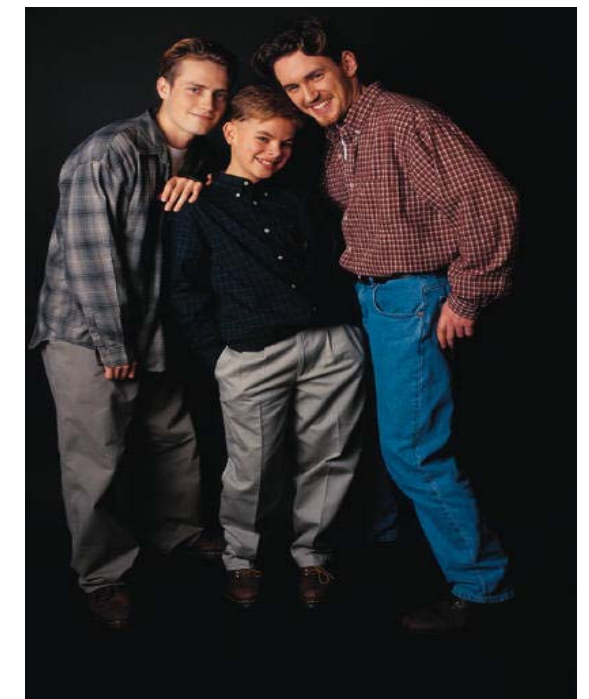
Fetal Alcohol Spectrum Disorders Adult Ages 18+ Years

Problems and Concerns:

- Residential placement
- Economic support and protection
- Job training and placement
- Depression and suicidal ideation
- Unplanned pregnancy
- Social and sexual exploitation, or inappropriate behavior
- Increased dissatisfaction in relationships
- Increased dissatisfaction towards the patient by others
- Withdrawal and isolation
- Unpredictable behavior

Recommendations:

- Provide/Assist with guardianship funding
- Provide/Assist with specialized residential and/or subsidized living
- Provide/Assist with specialized vocational and job placements
- Provide/Assist with medical coverage
- Acknowledge acceptance of the patient's "world views"
- Acknowledgement the patient's skills and limitations
- Provide patient advocates to ensure care coordination



Fetal Alcohol Spectrum Disorders

Adolescence Ages 12-17 Years

Problems and Concerns:

- Lying, stealing, and passivity in responding to requests
- Faulty logic
- Egocentricity has difficulty comprehending and/or responding appropriately to other people's feelings, needs and desires
- Low motivation
- Low self-esteem
- Poor academic growth, usually around the 3rd - 4th grades levels

Recommendations:

- Provide education of caretakers and patients sexual development, and birth defects
- Provide birth control options and protection from transmitted diseases
- Provide planning and implementation of adult and vocational training and placement
- Provide appropriate mental health interventions as needed
- Provide respite care for caretakers
- Provide caretaker support group
- Provide safe, stable and structured home or other residential placement
- Provide shifting of focus from academic skills to daily living and vocational skills
- Provide careful monitoring of social activities and structuring of leisure time
- Provide assistance in working towards increased independence by teaching healthy choices (taught at the child's level)



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sexually
residential

Fetal Alcohol Spectrum Disorders

Prevention

- Stop drinking alcohol altogether if you are planning to become pregnant, as soon as you know you are pregnant or if you even think you might be pregnant.
- Continue to avoid alcohol throughout your pregnancy.
- Consider giving up alcohol during your childbearing years if you are sexually active and you are having unprotected sex. Many pregnancies are unplanned.

Children
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- Be born small
- Have problems eating and sleeping
- Have problems seeing and hearing
- Have trouble following directions and learning how to do simple things
- Have trouble paying attention and learning in school
- Have trouble getting along with others and controlling their behavior
- Need medical care all their lives
- Need special teachers and schools

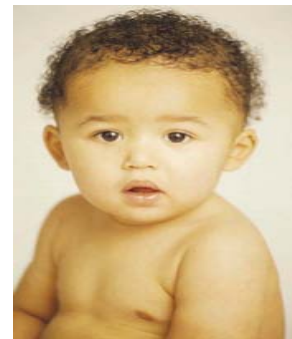
Fetal Alcohol Spectrum Disorders Infancy and Early Childhood Period: Ages 0-5 Years

Problems and Concerns:

- Poor Habituation
- Sleep Disturbances, poor sleep/wake cycle
- Poor sucking responses
- Failure to thrive
- Delays in walking and talking
- Delayed toilet training
- Difficultly following directions
- Temper tantrums and disobedience
- Easily distracted

Recommendations:

- Diagnosis and early identification
- Provide intervention with parents
- Provide education to parents regarding physical and psychological needs of an infant or child with FASD
- Provide careful monitoring of physical development and health
- Provide safe, stable, and structured home
- Provide assistance with a case manager for care coordination, and support to the parent
- Provide placement of the child in preschool
- Provide respite care for caretakers



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Fetal Alcohol Spectrum Disorders Latency Period: Ages 6-11 Years

Problems and Concerns:

- Easily influenced and have difficulty predicting and/or understanding consequences
- Give an appearance of capability without actual abilities
- Difficulty separating fact from fiction
- Temper tantrums, lying, stealing, disobedience and defiance of authority
- Delayed physical and cognitive development
- Poor comprehension of social rules and expectations

Recommendations:

- Provide safe, stable, and structured home or residential placement
- Provide careful and continued monitoring of health issues and existing problems and daily
- Provide appropriate education and living skills placement
- Provide caretaker with realistic expectations and goals
- Provide caretaker support groups or just caretaker support
- Provide physiological, educational and adaptive evaluations on a regular basis
- Provide use of clear, concrete and immediate consequences of behavior
- Provide respite care for caretakers
- Provide case managers to expand and to act as a liaison between parents, school, healthcare providers and social service agents.



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