

# Educating Children Under the Influence of Prenatal Alcohol Exposure

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Families raising children with FAS/E frequently look to teachers for hope that the next school year and the new classroom will provide a more successful learning environment for their child than the last. This issue of FAS Times is therefore dedicated to teachers and the enormous task that has been put in front of them. As Linda La Fever says, "Teachers, the problem is not your ability but the disability of FAS/E." None of us would allow a student in the classroom that was drunk, but you will have students in your classroom that will have a desperate daily struggle to get out from under the prenatal influence of alcohol. In many ways the permanent behavioral traits of individuals with FAS/E mimic the temporary personality changes in a person who uses alcohol abusively. The classroom teacher of students with FAS/E, school counselor, bus driver, principal, lunchroom monitor, school custodian and playground supervisor will have a daily struggle to develop strategies so this "intoxicated" person can fit in and learn. The job will be just as difficult as trying to "reason with" a drunk.

## FAS FAX FOR TEACHERS

The FAS Family Resource Institute has trained teachers across Washington State since we collected and organized the data from our first FAS Family Survey in 1991. We have continued to receive input from families and individuals with FAS/E through subsequent surveys, the FAS Needs Assessment Retreat in 1994 and through the crisis and referral phone line which was begun in 1990. This collective family experience is illustrated and shared through the 10 hour Intervention Touchpoint Seminar, "FAS FAX: What Parents Wish Teachers Knew About FAS/E." We are going to share a little bit of this information with you in this issue of FAS Times in hopes that this school year will, in reality, be more successful for everyone.

## AN EDUCATIONAL MILESTONE FOR STUDENTS WITH FAS/E

First of all, teachers and school personnel often tell us that they can spot learning problems as early as first grade. By the second or third grade, educators can document developmental learning delays in students. On the other hand, parents of children with FAS/E complain that teachers and school counselors often accuse them of poor parenting. But by age nine, even an optimistic parent who has the full support of educational staff realizes that the skills and talents first perceived in the child have faded; dreams have shattered into a nightmare which looms on the horizon—what is wrong with my child? According to reports from families, age nine is the educational milestone for students who were disabled by prenatal alcohol exposure but have normal IQ levels. It is at this point that we receive calls from frantic parents who feel that they have no one in their community to whom they can turn. It would be so helpful if parents and teachers had a way to capture this moment and begin working together. The FAS training that we offer to educators helps to bridge this communication gap.

Another important issue that has surfaced out of the collective family experience is the fact that there seem to be three primary life stages with FAS/E: The Teachable Years, The Antisocial Years and The Dysfunctional Years.

## THE TEACHABLE YEARS

The Teachable Years are the years between birth and age 9 or 10. Of course, the type of damage the child suffered from prenatal alcohol exposure will determine what the child can learn and retain. For example, if the child has an IQ level of 53 and is deaf, he/she will not be able to progress academically like a child who can hear and has an IQ of 108. However, there is something very

significant and similar about their logic (or lack of it) no matter what the IQ level. These children look and act more like each other than they do their own family members. The collective family experience has confirmed these observations time and time again.

But whatever their innate abilities, teachers and parents of children with FAS/E have a window of opportunity to work together to maximize the child's potential during this stage. Researchers from the University of Washington and the FAS collective family experience both report that children with FAS/E have a tendency to display antisocial behavior. Consequently, the teachable years must not be wasted, if we want to keep our streets safe and if we want to prevent future generations with this disability.

We need to keep in mind that these years are not only the time to maximize the educational potential of the children, but they also form the foundation of emotional stability for the rest of their lives. Therefore, all of the protective factors that facilitate bonding and attachment must be in place before the adolescent years. Preventing child abuse must be a top priority for these vulnerable children, so they aren't as likely to become aggressive and predatory.

## THE ANTISOCIAL YEARS

Depending on the FAS interventions that are available to the family and the presence of co-existing mental health diagnoses in the child with FAS/E, the antisocial years emerge sometime between age 10 and age 18. When that happens parents tell us they feel lucky if their child is mentally retarded because there are realistic expectations and services that have been developed for such disabilities. In contrast, research shows that no matter how much effort, sweat and tears parents put forward for their child during the Teachable Years, even if the IQ is normal, conscience development will be arrested at age 9 or 10. Every year afterwards, the developmental gaps between the child with FAS/E and developmentally normal children will become more and more apparent. Their peers will eventually notice; the child will be taunted and will fight back until depression or anger dominates his/her life. If the faculties of reasoning, judgment, will and conscience are arrested at age 9 or 10, the faculty of IQ cannot compensate for the loss of the other faculties of the mind.

Unlike people with Down Syndrome for example, who have a distinguishing "look" which generates compassion from the general public, teens with FAS/E can have pervasive cognitive deficits but only a small percent have facial features which cause them to "appear" disabled. Family members of adolescents with FAS/E unanimously report that they behave like moral chameleons. Since normal teenagers typically shun kids with FAS/E because they think they're weird, the attitudes and values they display in the classroom are often reflected from someone who is rebellious, mentally unbalanced or even predatory. As a society we have two choices - we can continue to try and stuff kids with FAS/E into regular classrooms, which really does not help anyone, or we can provide educational settings for these moral chameleons and keep them and the community safe. One predominant suggestion for school administrators has emerged from both the collective family experience and researchers at the University of Washington - regular, inclusive classrooms are inappropriate learning environments for students with FAS/E. While there are a few exceptions, students with FAS/E usually do not do well in inclusive classrooms and they often have behavior that is terribly disruptive to nondisabled and gifted students. From the FAS collective family experience, it is unrealistic for school administrators to expect one teacher to control students with behavioral manifestations of their disability and have any time or emotional energy left for teaching.

## THE DYSFUNCTIONAL YEARS

Parents report that there is an overwhelming grief associated with the Dysfunctional Years of FAS/E. By the time the child reaches adulthood, theoretically at age 18 to 21, the hopes and dreams of parents have been shattered and they are emotionally exhausted. If we parents are very lucky, we are still married. The adult "children," however, have just begun to feel their oats and want to be out on their own. What a scary time for parents to see the prodigal child launch out on their own, having a severe lack of judgment, memory and reasoning. When our children did launch out on

their own, we learned that: antibiotics do cure some sexually transmitted diseases but not others; HIV is spread by multiple sex partners which is common in some social circles; selling your blood can bring in a steady income; good hygiene is absent in most “affordable” housing situations; hepatitis is very contagious and it can kill you. Life with someone who will be forever under the influence of alcohol is . . . interesting. Even adults with FAS/E will use your toothbrush! The grief of FAS/E is a reoccurring event, but there is a flip side. Individuals with FAS/E are fun people to be around and fun people to love. In their eyes, those of us who are normal are the ones with a problem - we’re fun impaired! This is true not only for our family, but is also reported as a collective family experience.

The interventions on page 10 were developed from our advocacy experience with families who have older teens with FAS/E, who are presenting serious antisocial behavior. One of the most difficult problems for parents, teachers and school counselors is how to unscramble the origin of the antisocial behavior. This is important because the origin will determine which intervention direction will produce the best educational results and the happiest adult.

## TWO CENTS FOR KIDS

In order to educate students with FAS/E and prepare them for adulthood, parents need partnerships with good teachers. Good teachers and interventions that will prevent another generation of babies with FAS/E will cost money. However, there may be a practical solution to this problem. Washington State legislators cut the state beer tax by nearly half a penny during the 1997 legislative session. “The cut will reduce the state general fund by about \$4.5 million a year,” according to USA Today on May 23, 1997.

Now, I know I’m not a rocket scientist, but it seems to me that there is one logical source to pay for FAS intervention services - alcohol tax. It has been 24 years since the disability of FAS was discovered at the University of Washington. Since that time the collective family experience has shown which FAS interventions are successful. Just think, if legislators appropriated two cents for kids, we would have 18 million dollars each year for children living “under the influence” of prenatal alcohol exposure.