For More Information Regarding Fetal Alcohol Spectrum Disorders

Macomb County Community Mental Health
http://macombcountymi.gov/communitymentalhealth/
Access Center: 586.948.0222
- Screenings
- Developmental and behavioral health services

Macomb County Crisis Center
http://www.mccmh.net/OurServices/CrisisCenterServices.aspx
24/7 Crisis Line: 586.307.9100

Facebook support group pages:
- MI FASD
- MCFARES: Michigan Coalition for Fetal Alcohol Resources, Education, and Support
- Ages & Stages for Families Raising Individuals with Special Needs
  Admin has a support group for Families raising children with FASD. To join the support group, private message the admin on Facebook.

Quick Facts:

Fetal Alcohol Spectrum Disorders

Did you know that 180,000 pregnancies, on any given day, are at risk?

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What are Fetal Alcohol Spectrum Disorders?

Fetal Alcohol Spectrum Disorders (FASDs) are an umbrella term describing the range of effects that can occur in an individual who was prenatally exposed to alcohol. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications. The term FASDs refers to conditions such as fetal alcohol syndrome, alcohol-related neurodevelopmental disorder, and alcohol-related birth defects.1

Cultural Considerations

It’s the Same Risk of Every Pregnant Woman Everywhere

Some people believe that FASD is only an issue for certain populations. This is untrue. Women of all different backgrounds, ethnicities and income levels drink alcohol. FASD is solely and directly the result of prenatal exposure to alcohol. Therefore, FASD can affect people of all races, ages, cultures, children of well educated women and children of poorly educated women, and urban, suburban, and rural persons.

People with FASD include males and females, lesbian women, gay men, bisexual men and women, and transgender persons. It affects persons who are able-bodied, and it affects persons with other disabilities, including autism spectrum disorders, seizure disorders, cerebral palsy, multiple sclerosis, muscular dystrophy, hearing impairments, vision impairments, learning disorders, etc.

For More Information Regarding Fetal Alcohol Spectrum Disorders

CARE of Southeastern Michigan
http://www.careofsem.com
Main Office: 586.541.CARE (2273)
• FASD presentations in the community
• Pre-screenings for diagnosis
• Referrals

Macomb County Office of Substance Abuse
http://mcosa.net/
Main Office: 586.469.5278
• Information on FASD:
  http://www.mcosa.net/FASD.asp
• Referrals

Michigan Coalition for Fetal Alcohol Resources, Education, and Support
https://www.mcfares.org/
• Support groups:
  Project SAFE (Supportive Activities for Everyone), generally on a Friday or Saturday evening from 5:30 – 8:30 p.m. at various locations in Macomb County. Families meet for pot-luck dinner followed by supervised play for the children and support group time for adults. Contact Charisse at Charisse@mcfares.org or 586-329-6722.
  Brunch Bunch, Monthly, 2nd Tuesday, 9 a.m. – 11 a.m., In Clinton Township, Contact Charisse at Charisse@mcfares.org or 586-329-6722 for location details.
• Events
• Resources

Macomb Intermediate School District
http://www.misd.net
Main Office: 586.228.3300
• Early On (for children under 3 years old)
  *For children over 3 years, local school districts Admin buildings, Special Education Dept.
• Early Head Start
## Developmental Variations

The key to preventing secondary disabilities is linking the idea of brain dysfunction with presenting behaviors, reframing perceptions, and moving from punishment to support. The shift is from seeing a child as one who "won't" do something to one who possibly "can't".

FAS/FASD has lifelong implications. Typically individuals with FASDs are about half their chronological age. There is a broad range of characteristics to watch for at different ages.

### Infants with FASD
- Low birth weight, irritability, sensitivity to light, noises and touch, poor sucking, slow development, poor sleep-wake cycles, increased ear infections.

### Toddlers with FASD
- Poor memory capability, hyperactivity, lack of fear, no sense of boundaries and a need for excessive physical contact.

### School age Children with FASD
- Short attention span, poor coordination and difficulty with both fine and gross motor skills.

### Pre-Teens with FASD
- Trouble keeping up with school, low self-esteem from recognizing that they are different from their peers.

### Teenagers with FASD
- Poor impulse control, cannot distinguish between public and private behaviors, must be reminded of concepts on a daily basis.

### Adulthood with FASD
- Housing, poor peer or social relations, mental health issues, handling money, difficulty obtaining or keeping jobs.

For additional information please visit National Organization on Fetal Alcohol Syndrome—Living with FASD at [www.nofas.org/living-with-fasd](http://www.nofas.org/living-with-fasd)

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## Symptoms of Fetal Alcohol Spectrum Disorders

Fetal Alcohol Spectrum Disorders refer to the whole range of effects that can happen to a person whose mother drank alcohol during pregnancy. These conditions can affect each person in different ways, and can range from mild to severe. A person with a FASD might have:

- Abnormal facial features, such as a smooth ridge between the nose and upper lip (this ridge is called the philtrum)
- Small head size
- Shorter-than-average height
- Low body weight
- Poor coordination
- Hyperactive behavior
- Difficulty with attention
- Poor memory
- Difficulty in school (especially with math)
- Learning disabilities
- Speech and language delays
- Intellectual disability
- Poor reasoning and judgment skills
- Sleep and sucking problems as a baby
- Vision or hearing problems
- Problems with the heart, kidneys, or bones

Information retrieved from: [https://sites.google.com/site/socalfasdnetwork/about-fasd/fasd-myths](https://sites.google.com/site/socalfasdnetwork/about-fasd/fasd-myths)

2: [https://www.cdc.gov/ncbddd/fasd/facts.html](https://www.cdc.gov/ncbddd/fasd/facts.html)
## 9 Common Myths of Fetal Alcohol Spectrum Disorders

### 1. MYTH: It’s OK to drink a glass of wine to relax every once in awhile during pregnancy.

**FACT:** WHY TAKE A CHANCE? Do NOT use any alcohol while pregnant or if you intend on becoming pregnant. If a woman is drinking alcohol during pregnancy, it is never too late to stop. The sooner a woman stops drinking, the better it will be for both her baby and herself.

### 2. MYTH: A diagnosis of FASD will brand the individual who received it for life.

**FACT:** Rather than labeling, a diagnosis provides strategies and interventions, specifically designed for the unique needs of the child and the family, to help the child learn and succeed. A diagnosis may help reduce the development of secondary disabilities such as unemployment, mental health problems, trouble with the law, inappropriate sexual behavior, and disrupted school experience (Streissguth, Kanter et al. 1997). Many discover that there is a medical reason why they struggle and that it isn't their fault or from lack of trying.

### 3. MYTH: A woman who has FASD will have children with FASD.

**FACT:** The only cause of FASD is alcohol use during pregnancy. There is no genetic link for this disability. If a woman with FASD abstains from alcohol during her pregnancy, her baby will not have FASD.

### 4. MYTH: Twins will both have FASD when the mother drinks while pregnant.

**FACT:** Non-identical twins may or may not have the same diagnosis. Twins can have different effects from maternal drinking.

[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4827948/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4827948/)

### 5. MYTH: You can tell if someone has FASD by the way they look.

**FACT:** The majority of people with FASD have no physical characteristics of the disability. Research shows that there is a small period during pregnancy when alcohol use can affect facial features. This is not like the brain, which develops throughout the entire pregnancy and can be affected at any point.

### 6. MYTH: People with FASD have low IQ’s

**FACT:** Many people affected by prenatal drinking have low IQs, but many others have average or above average IQs. FASD affects every individual differently and people will experience strengths and challenges in different areas. Many students with FASD score higher on IQ tests than is representative of their ability to function in the classroom or in real life situations.

### 7. MYTH: Children with FASD will outgrow it.

**FACT:** There is no known cure, and FASD does not go away over time. The characteristic facial and physical features that some children have may become less noticeable as they age and mature. But while the specific characteristics and challenges of FASD may change as the individuals age, those with FASD require a lifetime of supports.

### 8. MYTH: Behavior is a choice. People with FASD and their parents just need to try harder!

**FACT:** FASD and other such “invisible disabilities” affect behavior because brain damage caused by prenatal alcohol exposure leads to information being processed differently. Children may respond inappropriately to a particular situation and feel frustrated, embarrassed or angry. It is important to change the assumption that “they won’t behave” to the understanding that “they can't behave.”

### 9. MYTH: There is little support for an individual with an FASD.

**FACT:** Individuals affected by FASD, their families, and loved ones caring for them as well as support staff, and professionals can and do make a huge difference for people impacted by prenatal alcohol exposure. There are support groups nationwide for families and individuals who have or suspect prenatal alcohol exposure.

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**Message of Hope!!**

For children with FASD, every day is a new day! It’s important to remember that they also possess many wonderful qualities. They are likeable, helpful, verbal, determined, hard working, and may have moments of insight. It’s helpful to keep the good as well as the more challenging in perspective so that they can thrive!