Fetal Alcohol谱系障碍（FASD）是用于描述在孕期接触酒精的人可能出现的一组条件的术语。这些影响可以包括身体问题和行为与学习问题。通常，一名FASD患者会包含这些条件的组合。这些条件可能以不同的方式影响每个人，并且可以范围从轻度到严重（CDC, 2014）。

FASD是一个相对较新的术语，是描述性的术语，而不是诊断性的术语。Fetal Alcohol Syndrome（FAS）代表FASD谱系的严重端。谱系障碍一词表明存在由孕期饮酒引起的多种影响或连续谱系（NOFAS CO, 2014）。

虽然各种胎儿酒精谱系障碍是永久性条件，特定症状可能可以被治疗或管理。因此，定义指出终身可能的后果，这取决于特定的障碍和受影响的个体。FASD是100%可以通过女性在怀孕期间戒酒来预防（CDC, 2010）。

FASD how occur? FASDs是由一名女子在怀孕期间饮酒引起的。根据外科医生的一般情况，没有安全的酒精类型或摄入量在怀孕期间或计划怀孕期间。它对酒精是酒，啤酒，或烈酒。要防止FASD，一名女子在怀孕期间不应该饮酒，或者当计划成为孕妇时。这因为她可以在怀孕后和不知道怀孕数周。一半的美国怀孕是意外的（SAMHSA, 2013）。

Key Facts

- A developing baby cannot process any amount of alcohol. Developing babies lack the ability to process alcohol with their liver, which is not fully formed. They absorb all of the alcohol and have the same blood alcohol content as the mother.

- Alcohol causes more harm than heroin or cocaine during pregnancy. The Institute of Medicine says, “Of all the substances of abuse (including cocaine, heroin, and marijuana), alcohol produces by far the most serious neurobehavioral effects in the fetus.”

- Alcohol used during pregnancy can result in FASD. An estimated 40,000 newborns each year are affected by FAS, Fetal Alcohol Syndrome, or have FASD, Fetal Alcohol Spectrum Disorders, with damaging effects ranging from subtle to major. (NOFAS, 2013)
### Characteristics often seen . . .

<table>
<thead>
<tr>
<th>Newborns or Infants</th>
<th>Preschool Aged Children</th>
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</thead>
<tbody>
<tr>
<td>• Difficulty Sleeping - Unpredictable Sleep/Wake Cycle</td>
<td>• Emotional Over-Reaction and Tantrums</td>
</tr>
<tr>
<td>• Electroencephalogram (EEG) Abnormalities</td>
<td>• Hyperactivity</td>
</tr>
<tr>
<td>• Failure to Thrive</td>
<td>• Lack of Impulse Control</td>
</tr>
<tr>
<td>• Feeding Difficulties including Weak Sucking Reflex</td>
<td>• Cognitive Impairment</td>
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<tr>
<td>• Heart Defects, Kidney Problems, or Skeletal Anomalies</td>
<td>• Poor eye-hand and physical coordination</td>
</tr>
<tr>
<td>• Increased Sensitivity to Light and Sound - Easily Overstimulated</td>
<td>• Poor Judgment (often seen as difficulty recognizing danger including not fearing strangers; children of this age may seem overly friendly)</td>
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<tr>
<td>• Neurological Dysfunctions</td>
<td>• Speech Delays (may include poor articulation, slow vocabulary or grammar development, or perseverative speech)</td>
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<tr>
<td>• Poor Fine and/or Gross Motor Control</td>
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<tr>
<td>• Seizures, Tremors, or Jitteriness</td>
<td></td>
</tr>
<tr>
<td>• Small Size</td>
<td></td>
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<tr>
<td>• Susceptibility to Infections</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Elementary School Aged Children</th>
<th>Adolescents and Young Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Attention Deficits</td>
<td>• Difficulties with Abstract Reasoning</td>
</tr>
<tr>
<td>• Hyperactivity</td>
<td>• Difficulty Anticipating Consequences (which may lead to poor decision making)</td>
</tr>
<tr>
<td>• Language Difficulties (delayed development or difficulties with expressive, receptive and social pragmatic language)</td>
<td>• Low Academic Achievement</td>
</tr>
<tr>
<td>• Learning Disabilities or Cognitive Disabilities</td>
<td>• Low Self-Esteem</td>
</tr>
<tr>
<td>• Memory Difficulties</td>
<td>• Memory Impairments</td>
</tr>
<tr>
<td>• Poor Impulse Control (often seen as lying, stealing or defiant acts)</td>
<td>• More Pronounced Impulsiveness (often seen as lying, stealing or defiant acts)</td>
</tr>
<tr>
<td>• Small Size</td>
<td>• Poor Executive Function (e.g., judgment, planning, organization)</td>
</tr>
<tr>
<td>• Social Difficulties (may include overly friendly, immaturity, easily influenced)</td>
<td></td>
</tr>
</tbody>
</table>

. . . with FASD (NOFAS, 2013)
So what can be done?

Most students with Fetal Alcohol Spectrum Disorder (FASD) are unidentified or go misdiagnosed as most people with FASD do not have the characteristic physical features associated with fetal alcohol syndrome. Recognizing FASD can be a challenging task. The majority of students with FASD are not cognitively impacted, and they can be articulate and skilled at performing specific tasks. Many times students with FASD score within normal limits on formal assessments, indicating to most school teams that the student is capable of performing academic, communication and social skills at the same level as their typical peers. Due to the nature of the brain damage incurred from prenatal exposure to alcohol, students may experience significant difficulties which are not reflected on formal assessments.

Although there may be similarities, many students may be misidentified as having Autism Spectrum Disorder or Attention Deficit Hyperactivity Disorder (ADHD). When considering special education services, it is imperative to identify specific student needs and determine whether a student meets the criteria for specially designed instruction within a category. Since there isn’t a specific special education category for FASD, the school team may consider the category that best addresses the needs of the student and ensure details are provided in the body of the Individualized Education Program (IEP). Since it is a health condition, and acknowledged as a health condition by the U.S. Department of Education (comments to IDEA Regulations, 71 Fed. Reg. 46550, August 14, 2006), CDE recommends the consideration of the special education category of Other Health Impaired. The team should not, however, limit its consideration of eligibility under other categories if those other categories may be appropriate.

In addition, whether a mother had issues with addiction or innocently drank alcohol at some point during pregnancy, there is a stigma attached to this disorder. Mothers can be discriminated against and made to feel like they are forever marked as a bad, immoral, unloving, or an abusive mother. This only makes treatment and diagnosis more difficult. Educators must be supportive and non-judgmental and partner with the student and parent to address needs. (SAMHSA, 2013)

Individuals with FASD can benefit from:

- Consistent routines
- Limited stimulation and strategies for reducing emotions when over stimulated
- Concrete language and examples
- Multi-sensory learning (visual, auditory and tactile)
- Realistic expectations
- Supportive environments and supervision.

Successful strategies for educating children with FASD include:

- Using concrete, hands-on learning methods
- Establishing structured routines
- Keeping instructions short and simple
- Providing consistent and specific directions
- Repeating tasks again and again
- Providing constant supervision

Students with Fetal Alcohol Spectrum Disorders (FASD) have special learning needs and a wide range of social and behavioral challenges. (SAMHSA, 2013)
Planning for Success

In addition to the suggestions above, educators can play a critical role in ensuring children with FASD reach their maximum potential by:

✓ Partnering with parents/caregivers: Educators and parents must work together and learn from each other to develop consistent support for students with FASD. Talk about physical, behavioral, social, and learning strengths as well as concerns. Parents may be hesitant to work with the school team, try these strategies if parents are reluctant to work with you:
   a. Maintain a positive, non-judgmental approach, even if the response may seem negative.
   b. Ask for assistance from an agency that is involved with the family such as social services (if appropriate).
   c. Offer to meet with the parents at a location of their choosing.
   d. Suggest parents invite someone to come to the school/meeting with them, such as a family member or advocate.
   e. Provide a single contact person at school.
   f. Try to partner parents with other parents for support.

✓ Shifting attitudes and improving understanding: FASD is a physical disability with behavioral symptoms. As mentioned, children with FASD may test well on standardized tests and may have IQ scores in the average range. These results often lead educators to believe the student could do better if only he or she tried harder. Recognizing that a child is trying hard, but is nevertheless struggling, goes a long way toward facilitating learning. Think “this child can’t” versus “this child won’t.” And remind yourself frequently that you have the skills to help this child. In addition, it helps to work with caregivers with the same level of understanding.

✓ Doing comprehensive Functional Behavioral Assessments: A functional behavioral assessment (FBA) is a key element in designing individualized behavioral strategies and supports for a child with FASD. It provides information on why the child engages in the behavior; when the child is most likely to demonstrate the behavior; and situations in which the behavior is least likely to occur. FBAs should be conducted on a regular basis to assess the effectiveness of interventions.
Additional information and training opportunities to address the needs of students with FASD are available at the Colorado Department of Education - www.cde.state.co.us/cdesped/FASD.asp or by contacting Heather Hotchkiss, FASD and Brain Injury Specialist at hotchkiss_h@cde.state.co.us.

References
- CDC Centers for Disease Control and Prevention - www.cdc.gov/ncbddd/fasd/
- NOFAS Colorado - www.nofascolorado.org/ – An organization dedicated to improving the lives of Colorado children affected by fetal alcohol spectrum disorder
- NOFAS - www.nofas.org – National Organization on Fetal Alcohol Syndrome

Resources
- All About Me - Getting to Know the Child Affected by Prenatal Alcohol Exposure - www.kyfasd.org/
- Brain Injury In Children and Youth: An Manual for Educators - www.cde.state.co.us/cdesped/sd-tbi
- Eight Magic Keys - http://view.earthchannel.com/PlayerController.aspx?&PGD=anchsch&eID=161
- Reach to Teach: Educating Elementary and Middle-School Children with Fetal Alcohol Spectrum Disorders - http://store.samhsa.gov/product/SMA07-4222?print=true

This CDE guidance document is meant for clarification, is not legally binding, and is not to be confused with legal advice. This guidance reflects CDE’s recommendations, but Administrative Units (AUs) may have developed their own policies or procedures that differ from those described herein. Be sure to refer to your local AU’s policies and procedures through the Director of Special Education. If you are seeking legal advice, please contact your legal counsel.