

Title of Submission:

Counseling Issues and Strategies for Students with Fetal Alcohol Syndrome

Authors:

Georgiana Wilton, Ph.D.
Director, Family Empowerment Network
University of Wisconsin Medical School
Department of Family Medicine
777 S. Mills Street
Madison, WI 53715
Phone: (608) 513-9782
Fax: (608) 263-5813
gwilton@fammed.wisc.edu

Nathalie D. Mizelle, Ph.D.
Assistant Professor, Department of Counseling
College of Health and Human Services
530 Burk Hall
1600 Holloway Avenue
San Francisco, CA 94132
Phone: (415) 338-6758
Fax: (415) 338-0594
Email: nmizelle@sfsu.edu

ABSTRACT

Counseling Issues and Strategies for Students with Fetal Alcohol Syndrome

Prenatal alcohol and other drug exposures occur in the United States at an alarming rate. Despite stable drinking patterns among the general population over the past 25 years, recent studies indicate an increasing number of women are consuming alcohol during pregnancy (NIAAA, 2000). It has been reported that 375,000 children are born each year who have been exposed in utero to drugs (Destafano-Lewis, 1995), and 5,000 are born with Fetal Alcohol Syndrome (FAS) (March of Dimes, 1996). FAS is a complex combination of cognitive, behavioral, and physiological impairments caused by prenatal alcohol exposure and is arguably the leading known cause of mental retardation (Mattson & Riley, 1997; Stratton, Howe, & Battaglia, 1996). Many children go undetected and inappropriately served due to a lack of accurate, accessible information. Although our body of knowledge about FAS had grown steadily since its recognition in 1973, a significant gap exists between the knowledge held by educators and other school personnel and the information and skills required to adequately serve the educational needs of children affected.

In addition to the primary characteristics of FAS, Streissguth and colleagues (1996) reported secondary disabilities in individuals with FAS. Secondary disabilities were defined as “those that a client is not born with, and that could presumably be ameliorated through better understanding and appropriate interventions.” These secondary disabilities included mental health problems, alcohol/drug problems, and inappropriate sexual behavior, all of which can be seen beginning in elementary school and negatively impact the educational process. These secondary characteristics have proven to be just as devastating as the primary diagnosis.

Early recognition of FAS and implementation of specific strategies can lead to a decrease in secondary characteristics including mental health issues and disruptive behaviors. Education professionals including teachers, counselors, social workers, school psychologists and AODA coordinators should have knowledge of research-based information on Fetal Alcohol Syndrome and related birth defects, developmental implications that may be seen in grades K-12, and intervention and counseling strategies that are appropriate for students with FAS and related conditions.

Based on the content of the workshop, participants will be able to:

1. Describe the diagnostic criteria associated with Fetal Alcohol Syndrome (FAS) and other fetal alcohol related disorders
2. Differentiate between the five diagnostic categories of FAS
3. Explain the biopsychosocial developmental implications associated with FAS
4. List at least eight secondary characteristics associated with FAS
5. Explain specific counseling intervention strategies to serve students with FAS
6. Share resources on FAS