

Patience Required to Teach Fetal Alcohol Syndrome (FAS) Children

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My first contact with Fetal Alcohol Syndrome (FAS) was two years ago when I tried to teach a Sabbath School Class. I could not understand why most of the children were running all over the place and could not stay calm. I also noticed that they had similar physical traits even though they were not related. I knew that day that I would need a double portion of patience.

“Children with FAS ... are likely to display excessive irritability, hyperactivity, seizures, or tremors. Most children with FAS score well below average on IQ Tests through childhood and adolescence” (Sigelman & Rider, 2012, p. 106). These children will definitely have problems with learning, remembering things, attention span (ADD/ADHD), communicating, doing mathematics, and controlling their behavior. The disabilities produced by alcohol are life-long and are not curable. The effects depend on what system was developing at the time of the mother’s alcohol ingestion. “The facial abnormalities associated with FAS result from consumption during the first trimester. ... During the second and third trimesters, there is much fetal growth as well as rapid brain development; thus, alcohol consumption during this latter part of pregnancy is likely to stunt growth and brain development” (Sigelman & Rider, 2012, p.107).

Children with FAS are likely to display an Attention-Deficit/Hyperactivity Disorder (ADHD), a neurobehavioral disorder identified by inattention, impulsivity, and hyperactivity. It causes impairment in social and academic functioning (Franc, Maury & Purper-Ouakil, 2009). Timothy Wilens and his colleagues (2011) state that subjects with ADHD are nearly three times as likely to develop a substance use disorder, alcohol/drug use disorder, or cigarette smoking. The results of these studies may lead us to think that there is no hope for these children. The attachment concept proposed by John Bowlby (1988) postulates that emotion regulation is highly related to attachment security in young children and could play a part in the development of early attention processes. This is where our caring Seventh-day Adventists teachers can play an important role and help them to learn.

I teach in a school where there are several children with FAS; I have to admit that it is not an easy task. My patience has been tested, and I have been relying more on God and prayers. As the Bible says: “Be patient when trouble comes, and pray at all times” (Romans 12:12). When I think that this is probably the only opportunity the students will have to establish a relationship with Jesus, then every effort is worthy. In addition to the academics, these children need to know that the Lord loves them and has plans for them: “For I know the plans I have for you, declares the Lord, plans to prosper you and not to harm you, plans to give you hope and a future” (Jeremiah 29:11). Their eyes always glow when I tell them that one day, not far away, Jesus will come to pick them up, and they will live for eternity.

These children can learn if they feel love and security. I am sometimes amazed at the concepts my students can grasp. Are we ready to integrate these children in our classrooms? More importantly, do we really believe they can learn and succeed? The results of many scientific

studies predicting a future life of substance use disorder for these children can be defied with loving and caring teachers. Unfortunately, children with FAS will suffer the consequences on this earth, yet there is hope; everything will be renewed in the world to come!

Fetal Alcohol Syndrome is 100% preventable, but there are not enough prevention campaigns at the government, provincial, and community levels to bring awareness of the damages caused to children. Our schools can be leaders in prevention at this level, as it says a common expression: “An ounce of prevention is better than a pound of cure”.

References:

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