The Link Between Attachment Disorder and Fetal Alcohol Exposure

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I was first introduced to the reality of Fetal Alcohol Syndrome when I first started working with a 13 year old adopted from Russia in the fall of 2011. It was a stroke of luck that this family found me and hired to me to be their therapist to deal with the teenager's attachment issues. The effects of fetal alcohol exposure were taking an increasingly heavy toll on her daily functioning, both at school and at home. Self education seemed to be the first order of business so I delved into the literature. I found the treatment daunting. I looked all over Kansas City for a professional who could teach me and guide me in my work with this young lady, to no avail. Few people knew much more than I did so I returned to the research. Ann Streissguth (Fetal Alcohol Syndrome: A Guide For Families and Communities, 1997), a pioneering therapist who authored several articles and books on fetal alcohol syndrome provided much of the most current information.

I too can write volumes on FAS and Fetal Alcohol Spectrum Disorders now. My practice went from seeing one child to working with several children, domestically and internationally adopted. As I learned more about FAS, I found a strong connection between fetal alcohol exposed children and attachment disordered children. Why was that? Because if the child's brain does not process cause and effect, she cannot grasp that she is being cared for in a loving and consistent manner. Infants express their needs for food, clean diapers, and cuddling hundreds of times a day. It is the consistent meeting of those needs that becomes the foundation for the infant to develop trust in her environment and her caretakers. Without the ability to connect cause (baby's crying to signal need) and effect (caretaker's meeting that need), trust is severely compromised.

Children may not evidence major symptoms outside of hyperactivity, attention deficit issues, poor impulse control and cause and effect learning until they enter school. At that time, the child may have marked difficulty with short term memory affecting learning colors, numbers, and letters. Some professionals call this swiss cheese learning where the student understands the information one day but not the next. School becomes increasingly difficult and social skills lag further and further behind.

Compared with their peers, fetal alcohol affected youth run a higher than typical risk of drinking, doing drugs, running away, stealing, and imprisonment. The teenager's poor judgement is further compromised by their lack of impulse control and an inability to plan out what they are going to do if something goes wrong

Because the neo-cortex (frontal lobe responsible for planning, cause and effect thinking, reasoning, and impulse control) is most severely affected by alcohol poisoning in utero, caretakers must become the child's external brain, their hard drive so to speak, until she learns to make good choices for herself. This may take years but I believe that, with hard work and innovative parenting skills, we can help these youngsters prepare for adulthood in a healthier way. We may always need to be in their lives, guiding them through the harder decisions but if they can live on their own, that will be the best we can hope for them.

Posted in <u>Fetal Alcohol Spectrum Disorders</u> | Tagged <u>Attachment Disroder</u>, <u>FAE</u>, <u>FAS</u>, <u>Fetal Alcohol Spectrum Disorder</u>, <u>Fetal Alcohol Syndrome</u>

<u>In 2005, the Canadian Medical Association developed yet another variant of the diagnostic criteria</u> <u>for FAS.</u>

The result of the strict application of these varying systems is that <u>as many as 90%</u> of children who lie along the FASD spectrum are missed. <u>There is no typical profile for FASD</u>. Most MRI's are normal and hence not useful diagnostically. <u>Specialized depth MRI's are needed to reveal some of the neurological damage. The most common misdiagnosis is AD/HD</u>. Neither FAS nor ARND are considered psychiatric disorders. Therefore they do not appear in the DSM-4 nor will they appear in the DSM-5 to be released in 2013. However, FASD diagnostic terms have been listed in the International Classification of Diseases (currently ICD-9) for some 25 years now.

Attachment Disorder Maryland