An Introduction to Fetal Alcohol Spectrum Disorders (FASD) and Sleep Disturbances

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Sleep problems are common in FASD. This article is the first of a five-part series that examines the complexities involved in understanding the link between FASD and sleep problems. The current article describes the basics of FASD as well as the connection it has to sleep-related disturbances. Subsequent articles will examine the relationship between FASD and problems of sleep and co-occurring disorders, including the impact of sleep disturbance on family members, implications for criminal justice professionals, and intervention and treatment options.

Introduction to Sleep Problems and Fetal Alcohol Spectrum Disorders

FASD results from a woman’s alcohol consumption during pregnancy. Alcohol is a teratogen that damages organs and structures in a developing fetus. The brain, which develops throughout pregnancy, is susceptible to damage throughout gestation. When that damage affects the brain, FASD is the result. Often, the brain damage caused by prenatal alcohol exposure affects systems that control arousal and the capacity to self-soothe, skills that are central to an unimpaired ability to sleep soundly through the night. Studies show that FASD impacts approximately five percent of births in the United States, indicating that many with FASD are sleep-deprived (May et. al, 2009). For example, one study found that 85% of children with FASD had some kind of sleep disturbance (Chen, 2012).

Sleep is essential for one’s wellbeing, but is an elusive goal for those who have difficulty self-calming and relaxing. Many people with FASD cannot self-soothe or self-calm (Wengel, Hanlon-Dearman, & Fjeldsted, 2011). Consequently, hyperarousal is common in children with FASD (Johnson, Emory University School of Medicine). As a result, this population typically struggles with sleep disturbance throughout life, which may exacerbate ancillary cognitive and neurobehavioral problems, such as hyperactivity and anxiety (Volgin, 2012).

Caregivers of children with FASD can also be impacted, especially when an adult’s sleep time is interrupted by the need to care for a child who cannot sleep. When caregivers are sleep-deprived, they are more likely to feel frustrated and overwhelmed. Such feelings can negatively impact relationships and the quality of caregiving, making it a significant challenge to raise a child with FASD.

FASD and sleep problems are often correlated (Jan et. al., 2010). However, there is a lack of research specific to the relationship between the two, despite the fact that sleep disturbance in FASD is similar to that which is observed in other neuro-developmental disorders. Characteristics include high rates of circadian sleep rhythm disorders, sleep-disordered breathing, restless leg syndrome, and parasomnias (Jan, et. al., 2010).
Conclusion

Fetal Alcohol Spectrum Disorder (FASD) is a common disorder, impacting society on many levels. There exists limited research and interventions specifically available to those impacted by FASD and problems of sleep. These problems often exacerbate existing concerns and can negatively impact other family members. The need for additional research and services to those suffering from FASD and sleep related disturbances are a must. The goal of this article is to shed light and raise awareness of these problems.

Coming Up Next

Our upcoming article, second in the five-part series, examines the relationship between FASD, sleep problems, and co-occurring disorders. These disorders may include, but are not limited to, depression, ADHD, learning problems, memory impairments, seizure disorders, and sensory impairment difficulties.

References


**About the Authors:**

1. **Jerrod Brown**’s interest in Forensic Mental Health and a love of learning have been the impetus for his ongoing pursuit of knowledge and education. Jerrod has earned Master’s degrees in Criminal Justice, Forensics, Clinical Counseling, and Cognitive Disorders. He has completed a postgraduate certificate in Autism Spectrum Disorders (ASD) and is currently pursuing his PhD in Psychology. Jerrod is an adjunct instructor for a college in the Twin Cities area, where he teaches courses related to criminal justice. He has worked full-time for 10 years at Pathways Counseling Center, Inc. in St. Paul, MN, and currently is the Treatment Director. Jerrod has testified in court, written Pre-Sentence Investigations, and worked with violent and mentally ill offenders. He has held positions in corrections, probation, security, and mental health treatment. Jerrod is the founder and president of the American Institute for the Advancement of Forensic Studies (AIAFS), an organization specializing in forensic-based trainings for law enforcement, the human service, behavioral science, medical communities, and legal professionals. Additionally, Jerrod is a certified trainer in Fetal Alcohol Spectrum Disorder (FASD) and a problem gambling therapist, certified with the State of Minnesota.

2. **Barb Clark** attended the University of Minnesota and graduated with a BS in Youth Studies, Sociology, and English. Barb and her husband are the parents of four adopted children; the oldest is diagnosed with Fetal Alcohol Spectrum Disorders (FASD). She has spent over 20 years working with at-risk youth in public schools and the non-profit sector. Barb worked in the Bloomington Public Schools for eight years as the Youth Development Manager and was integral in the development and implementation of three youth centers. She was also the Youth Initiatives Director at the National Youth Leadership Council based in St. Paul, Minnesota. As a volunteer trainer for the Minnesota Organization on Fetal Alcohol Syndrome (MOFAS), Barb has trained on FASD in education, social services, medical systems and churches. Barb is an advocate for families and children living with FASD, and blogs about her experiences at www.lordgrantmeserenity.blogspot.com

3. **Anthony P. (Tony) Wartnik** served as a trial judge for 34 years, almost 25 years on the Superior Court in Seattle, retiring in 2005 as the senior judge. He served as Dean Emeritus of the Washington Judicial College, chaired the Judicial College Board of Trustees, and the Washington Supreme Court’s Education Committee. Judge Wartnik chaired a task force to establish protocols for determining competency of youth with organic brain damage and served on the Governor’s Advisory Panel on FAS/FAE. In addition, he chaired the Family and Juvenile Court Committees and the Family Law Department of the King County Superior Court, as well as the Sealed Adoption Files Committee. In the latter capacity, Judge Wartnik was responsible for creating the current protocols and policy for the determining when sealed adoption files can
be opened and the appointment of confidential intermediaries (“C.I.s”). Judge Wartnik is the Legal Director for FASD Experts, the first multidisciplinary forensic FASD diagnostic team in the United States, and a consultant to the Fetal Alcohol and Drug Unit (FADU) at the University of Washington, School of Medicine. He received both his B.A. and J.D. degrees from the University of Washington and its School of Law, has attended National Judicial College courses on managing complex mental health cases and death penalty cases, participated in SAMSHA’s Training the Trainers Program, and provides annual FASD scientific research updates. Tony is an internationally known speaker and author on the topic of FASD and the courts.

4. **Rachel Tiede** is employed at Pathways Counseling Center as a Mental Health Practitioner, where she is a member of the forensic mental health and the Illness Management of Recovery (IMR) team. Rachel has a Master’s degree in Education and is pursuing her second Master’s degree in Counseling from Adler Graduate School. Rachel has worked with numerous clients with mental health and substance use problems, as well as cognitive impairments. She has also worked with clients with mental illness throughout pregnancy and with individuals suffering with postpartum depression. Rachel is a volunteer Forensic Mental Health Research Assistant with the American Institute for the Advancement of Forensic Studies (AIAFS). Her primary areas of research include sleep disorders, Wernicke-Korsakoff syndrome, the forensic aspects of postpartum depression and psychosis, Fetal Alcohol Spectrum Disorders (FASD), and Shaken Baby Syndrome (SBS)/Abusive Head Trauma (AHT). Rachel has both attended and given presentations on postpartum depression. She is also an active board member for the Midwest Alliance on Shaken Baby Syndrome (MASBS).

5. **Sue Terwey** is Family Engagement Director at Minnesota Organization on Fetal Alcohol Syndrome (MOFAS) and has been working in the field of FASD since 2002. She is responsible for providing support to families parenting children with one of the Fetal Alcohol Spectrum Disorders and for identifying and collaborating with professionals who want to develop greater competence in serving the FASD population.

Under her guidance, MOFAS has created two online tools to help both caregivers and professionals access resources. The Resource Guide and Resource Directory can be viewed at [www.mofas.org](http://www.mofas.org). She also oversees the Virtual Family Center, which is a private site for Minnesota families living with FASD to connect with one another. Sue supervises nine Family Resource Coordinators from around the state who connect with caregivers on a regional level.

Sue has her M.S. in Community Counseling from St. Cloud State University. She spent 15 years as a Treatment Foster Care Provider parenting 25 children, many with FASD or a history of alcohol exposure. Sue also worked as a Student Support Specialist in Minneapolis Special Education EBD classrooms providing behavioral and academic support to students.