FETAL ALCOHOL SPECTRUM DISORDERS (FASD)

SYMPTOMS OR BEHAVIORS

Early Childhood (1–5 years)

- Speech or gross motor delays
- Extreme tactile sensitivity or insensitivity
- Erratic sleeping and/or eating habits
- Poor habituation
- Lack of stranger anxiety
- Rage
- Poor or limited abstracting ability (action/consequence connection, judgment and reasoning skills, sequential learning)

Elementary years

- Normal, borderline, or high IQ, but immature
- Blames others for all problems
- Volatile and impulsive, impaired reasoning
- School is increasingly difficult
- Socially isolated and emotionally disconnected
- High need for stimulation
- Vivid fantasies and perseveration problems
- Possible fascination with knives and/or fire

Adolescent years (13–18 years)

- No personal or property boundaries
- Naïve, suggestible, a follower, a victim, vulnerable to peers
- Poor judgment, reasoning, and memory
- Isolated, sometimes depressed and/or suicidal
- Poor social skills
- Doesn't learn from mistakes

ABOUT THE DISORDER

Fetal Alcohol Spectrum Disorder (FASD) refers to the brain damage and physical birth defects caused by a woman drinking alcohol during pregnancy. One disorder, Fetal Alcohol Syndrome (FAS), can include growth deficiencies, central nervous system dysfunction that may include low IQ or intellectual disabilities, and abnormal facial features (for example, small eye openings, small upturned nose, thin upper lip, small lower jaw, low set ears, and an overall small head circumference).

Children lacking the distinguishing facial features may be diagnosed with Fetal Alcohol Effects (FAE). A diagnosis of FAE may make it more difficult to meet the criteria for many services or accommodations. The Institute of Medicine has recently coined a new term to describe the condition in which only central nervous system abnormalities are present from prenatal alcohol exposure: Alcohol Related Neuro-developmental Disabilities (ARND).

Because FAS/FAE are irreversible, lifelong conditions, children with an FASD have severe challenges that may include intellectual disabilities (e.g., speech and language delays) and learning disabilities. They are often hyperactive, poorly coordinated, and impulsive. They will most likely have difficulty with daily living skills, including eating (this is due to missing tooth enamel, heightened oral sensitivity, or an abnormal gag reflex).

Learning is not automatic for them. Due to organic brain damage, memory retrieval is impaired, which may make any learning difficult. Many children with an FASD have problems with communication, especially social communication, even though they may have strong verbal skills. They often have trouble interpreting actions and behaviors of others or reading social cues. Abstract concepts are especially troublesome. They often appear irresponsible, undisciplined, and immature because they lack critical thinking skills such as judgment, reasoning, problem solving, predicting, and generalizing. In general, any learning is from a concrete perspective, but even then only through ongoing repetition.

Because children with FAS/FAE don't internalize morals, ethics, or values (these are abstract concepts), they don't understand how to do or say the appropriate thing. They also do not learn from past experience; punishment doesn't seem to faze them, and they often repeat the same mistakes. Immediate wants or needs take precedence, and they don't understand the concept of cause and effect or that there are consequences to their actions. These factors may result in serious behavior problems, unless their environment is closely monitored, structured, and consistent.

RESOURCES

Fetal Alcohol Syndrome Family Resource Institute
www.fetalalcoholsyndrome.org • *Information, support, and latest research findings*

FAS Community Resource Center (FAS-CRC)
4710 East 29th Street, Tucson, AZ 85710-6059 • 520-296-9172
www.come-over.to/FASCRC • *Lots of useful, supportive information*

National Organization on Fetal Alcohol Syndrome (NOFAS)
1200 Eton Court NW, Third Floor, Washington, DC 20007
202-785-4585 • 800-66NOFAS • www.nofas.org
Extensive resource listings plus links for educators

Publications

Fantastic Antoine Succeeds!: Experiences in Educating Children with Fetal Alcohol Syndrome, by Judith Kleinfeld & Siobhan Wescott, Univ. of Alaska Press, 1993.

Fetal Alcohol Syndrome: Practical Suggestions and Support for Families and Caregivers, by Kathleen Tavenner Mitchell. Available through NOFAS.

EDUCATIONAL IMPLICATIONS

Children with an FASD need more intense supervision and structure than other children. They often lack a sense of boundaries for people and objects. For instance, they don't "steal" things, they "find" them; an object "belongs" to a person only if it is in that person's hand. They are impulsive, uninhibited, and over-reactive. In general, social skills such as sharing, taking turns, and cooperating are usually not understood, and a child with an FASD tends to play alongside others but not with them. In addition, sensory integration problems are common and may lead to the tendency to be high strung, sound-sensitive, and easily over-stimulated.

Although they can focus their attention on the task at hand, they have multiple obstacles to learning. Since they don't understand ideas, concepts, or abstract thought, they may have verbal ability without actual understanding. Even simple tasks require intense mental effort because of their cognitive impairment. This can result in mental exhaustion, which adds to behavior problems. In addition, since their threshold for frustration is low, they may fly into rages and temper tantrums.

A common impairment is with short-term memory, and in an effort to please, students often will make up an answer when they don't remember one. This practice can apply to anything, including schoolwork or behaviors. These are not intentional "lies," they just honestly don't remember the truth and want to have an answer. Since they live in the moment and don't connect their actions with consequences, they don't learn from experience that making up answers is not appropriate.

INSTRUCTIONAL STRATEGIES AND CLASSROOM ACCOMMODATIONS

- Be as consistent as possible. The way something is learned the first time will have the most lasting effect. *Re-learning is very difficult and therefore any change is difficult.*
- Use a lot of repetition. These students need more time and more repetition than average to learn and retain information. Try using mnemonics like silly rhymes and songs. Also have them repeatedly practice basic actions and social skills like walking quietly down the hall or when to say "thank you." Be positive, supportive, and sympathetic during crises; these are children who "can't" rather than "won't."
- Use multi-sensory instruction (visual, olfactory, kinesthetic, tactile, and auditory). More senses used in learning means more possible neurological connections to aid in memory retrieval.
- Be specific, yet brief. These students have difficulty "filling in the blanks." Tell them step-by-step, but not all at once. Use short sentences, simple words, and be concrete. Avoid asking "why" questions. Instead, ask concrete who, what, where, and when questions.
- Increase supervision—it should be as constant as possible, with an emphasis on positive reinforcement of appropriate behavior so it becomes habit. Do not rely on the student's ability to "recite" the rules or steps.
- Model appropriate behavior. Students with an FASD often copycat behavior, so always try to be respectful, patient, and kind.
- Avoid long periods of desk work (a child with an FASD *must* move). To address the problem of a student becoming overloaded from mental exhaustion and/or trying to sit still, create a self-calming and respite plan.
- Post all rules and schedules. Use pictures, drawings, symbols, charts, or whatever seems to be effective at conveying the message. Go over the rules and their meanings aloud at least once a day. *Rules should be the same for all students, but you may need to alter the consequences for a child with an FASD.*
- Use immediate discipline. If discipline is delayed, the student with an FASD will not understand why it's happening. Even if the student is told immediately that a consequence will happen the next day, he or she will likely not make the connection the next day. *Never take away recess as a consequence—children with an FASD need that break to move around.*
- Ensure the student's attention. When talking directly to the student, be sure to say his or her name and make eye contact. Always have the student paraphrase any directions to check for understanding.
- Encourage use of positive self-talk. Recognize partially correct responses and offer positive incentives for finishing work. Try to set them up for success, and recognize successes every day (or even every hour).

Much of the FASD information and the information for the Instructional Strategies and Classroom Accommodations section was taken from handouts provided by ARC Northland–Duluth. Used with permission. • *For more on classroom strategies and modifications, see* An Educator's Guide to Children's Mental Health *pages 18–24.*

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