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Fetal Alcohol Spectrum Disorders (FASD)

Summary: Fetal Alcohol Spectrum Disorders (FASD) is an umbrella term that describes a wide range of effects that can occur in a child whose mother drank alcohol during pregnancy. Prenatal alcohol exposure can cause significant brain damage. The effects of FASD typically include physical, mental, and learning disabilities as well as behavioral deficits and problems with socialization.

About the Disorder

Fetal Alcohol Spectrum Disorders (FASD) is an umbrella term that describes a wide range of effects that can occur in a child whose mother drank alcohol during pregnancy. Prenatal alcohol exposure can cause significant brain damage. The effects of FASD typically include physical, mental, and learning disabilities as well as behavioral deficits and problems with socialization.

FASD includes the following categories:

- Fetal alcohol syndrome (FAS)—This is indicated by a pattern of neurological, behavioral, and cognitive deficits along with specific facial features.
- Alcohol-related neurodevelopmental disorder (ARND)— This term is used when only central nervous system abnormalities are present as a result of the fetal alcohol exposure. ARND is characterized by problems with memory and motor skills.
- Alcohol-related birth defects (ARBD)—This is indicated by defects in the growth of skeletal and major organ systems.
- Fetal alcohol effects (FAE)—This term is sometimes used to describe children who had prenatal exposure to alcohol but do not have all the symptoms (particularly the facial features) associated with FAS.

Some children will have no physical symptoms of FAS. If it is certain that a child was exposed to alcohol before birth but there are no physical symptoms and the child's early childhood screening appears to be within normal development, a followup screening may be necessary when the child is older if behavioral or learning deficits become apparent.

What You May See

An infant with FASD may be very irritable, fussy, and/or cry a lot for no apparent reason. As a child with FASD grows, parents and caregivers may begin to notice that the child's development of gross motor skills is delayed—for example the child may walk or run with an awkward gait, have difficulty tossing and catching a ball, and/or struggle to be able to hop on one foot. The child may also exhibit cognitive deficits—for example the child may have trouble problem solving, difficulty planning future actions, and problems taking in, storing, and recalling information. Because of damage to the brain, a child with FASD is sometimes overly sensitive to sensory input—for example they may be upset by bright lights, loud noises, and tags on their clothes.

As the child's development continues, parents and caregivers may notice that the child has verbal skills that exceed their level of understanding, which will sometimes lead a child to say they understand something when they don't. They are also likely to have difficulty following multiple directions. These challenges are frustrating and can lead the child to emotional outbursts. Along with auditory processing problems, parents may also see a child

develop oppositional behaviors and a pattern of not completing tasks or chores they are asked to do.

As a child with FASD has more social interactions, parents and caregivers may notice that the disorder can cause the child to misinterpret others' words, actions, or body movements, which can make it harder for the child to determine how to respond to different situations. It is also typical for children with FASD to miss social cues and be unable to entertain themselves. This too can lead to social problems and acting out.

Symptoms

- May cry a lot and be irritable as an infant
- May have tremors
- Sensitive to sights, sounds, and touch
- Easily over-stimulated, then hard to soothe
- Problems with bonding
- Inappropriate social interactions (for example willingness to leave with a stranger or hugging strangers—strangers can be either child or adult)
- Unable to comprehend danger and does not respond well to verbal warnings
- Prone to temper tantrums and noncompliance
- Difficulty handling changes in routine
- Motor skills lag behind children of the same age
- May be disinterested in food
- May have disrupted sleep
- Distractible, unable to concentrate, poor memory
- Inconsistent behaviors, skill levels from day to day
- May be able to state a rule but not follow it
- No recognizable play themes or organization
- Has difficulty with requests or instructions that have more than two steps

Strategies

Because damage to the developing brain varies, each child's development will be different; however, the following strategies work well with many children who have FASD:

- Speak simply and concretely. Avoid words with double meanings, sarcasm, and irony.
- Give only one-step or two-step directions.
- Simplify the child's environment and take steps to avoid sensory triggers.
- Be consistent and structure the day so there are predictable routines.
- Repeat and re-teach frequently. Rules, expectations, and directions may not be remembered from day to day. Review behavioral expectations with the child before each event.
- Use pictures, charts, and demonstrations. Allow children to find their own way of performing a task when possible.
- Provide skills training and use a lot of role playing.
- Supervise all activities—children with FASD can be socially naïve and are easily victimized.
- Use direct teaching of skills that are missing. Materials similar to those designed for students with autism are often helpful in teaching behaviors like social interactions, waiting in line, and asking for help.
- Use teaching strategies that focus on the child's strengths; whenever possible give the child jobs to do that require the child's strengths.

Documenting Your Concerns and Next Steps

When documenting behavior, avoid generalizations such as "Roberto never remembers the rules for circle time." Instead, provide observations such as "Each day this week I have had to remind Roberto that when another child is speaking during circle time he must raise his hand and wait until the other child is done." Often it helps to write out

a list of concerns or keep a log of the situations where the child appears to have difficulty. Recording the frequency of the behavior and what the child said and did as well as what the caregiver said and did can help to identify specific triggers and/or learning deficits.

If a child’s behaviors are causing concern, you may want to suggest to the parents that they take their child to their primary care provider who may refer the parents to a mental health professional, an early childhood behavior specialist, or a developmental pediatrician. When discussing your concerns, focus on the child’s behaviors and avoid drawing conclusions about whether the behaviors are indicative of a mental health problem.

For More Information

- National Organization on Fetal Alcohol Syndrome at www.nofas.org
- SAMHSA’s National Mental Health Information Center at www.mentalhealth.samhsa.gov
- ZERO TO THREE at www.zerotothree.org

About this Document

This fact sheet is based on information from SAMHSA'S (U.S. Department of Health and Human Services Substance Abuse and Mental Health Services) FASD Center for Excellence and NOFAS (National Organization on Fetal Alcohol Syndrome).

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