

# Fetal Alcohol Spectrum Disorder Fact Sheet



Minnesota Association for  
Children's Mental Health

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## Symptoms/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

**Resources:** See [macmh.org/edguidelink](http://macmh.org/edguidelink) for more FASD specific resources.

## About the Disorder

Fetal Alcohol Spectrum Disorders (FASD) is an umbrella term describing a range of conditions and disabilities that can occur in an individual whose mother drank alcohol during pregnancy. Unfortunately, FASD cannot be cured and the damage to the brain is permanent.

There are many terms under the FASD umbrella including these medical diagnoses:

- Fetal Alcohol Syndrome (FAS)
- Alcohol Related Neuro-developmental Disorders (ARND)
- Alcohol Related Birth Defects (ARBD)
- Partial Fetal Alcohol Syndrome (pFAS)

Effects of an FASD vary widely from person to person and may include physical, mental, social, behavioral, and/or learning disabilities with lifelong implications. A person with an FASD might have abnormal facial features, poor coordination, hyperactive behavior, short attention span, learning disabilities, and poor reasoning and judgment skills. See "Symptoms or Behaviors" for additional behaviors you may observe.

For many people with an FASD, brain damage is the most serious effect. Due to organic brain damage, memory retrieval is impaired, which may make any learning difficult. Many students 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 students with an FASD 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.

*Much of the FASD information and the information for the Instructional Strategies and Classroom Accommodations section were taken from documents provided by ARC Northland–Duluth, used with permission, with edits from Minnesota Organization on Fetal Alcohol Syndrome (MOFAS). MOFAS is the leading voice and resource on FASD statewide.*

## Educational Implications

Students with an FASD need more intense supervision and structure than other students. 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 can be impulsive, uninhibited, and over-reactive. In general, social skills such as sharing, taking turns, and cooperating are usually not understood, and a student 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 it is more difficult for them to 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, their threshold for frustration is low and can result in rages and temper tantrums.

A common impairment is 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 cannot connect their actions with consequences, they don't learn from experience that making up answers is not appropriate.

## Instructional Strategies and Classroom Accommodations

While there is not a standard approach to working with students with an FASD, there are strategies that work, based on the following guidelines:

- **Be as consistent as possible.** Students with an FASD do best in an environment with few changes, this includes language. Teachers and parents can coordinate with each other to use the same words for key phases and oral directions.
- **Be concrete.** Students with an FASD do well when people talk in concrete terms. Do not use words with double meanings. Because their social-emotional understanding is far below their chronological age, it helps to think younger when providing assistance and giving instructions. Structure is the key that makes their world makes sense. Students with an FASD achieve and are successful because their world provides the appropriate structure as a permanent foundation. Likewise, stable routines that don't change from day to day will make it easier for students with an FASD to know what to expect next and decrease their anxiety, enabling them to learn. Break all tasks down to one step at a time. Students with an FASD can't always see the parts of a whole nor can they always understand a sequence — help them to see the parts and the order of an activity or task.
- **Use a lot of repetition.** Students with an FASD can have chronic short term memory problems; they forget things they want to remember as well as information that has been learned and retained for a period of time. In order for something to make it to long term memory, it may simply need to be re-taught and re-taught.
- **Be specific, yet brief.** Say exactly what you mean. Remember that students with an FASD have difficulty with abstractions, generalization, and may not be able to fill in the blanks when given a direction. Do not rely on the students' ability to recite the rules or steps. Tell them step by step what to do, developing appropriate habit patterns. Always have students paraphrase any directions to check for understanding.
- **Increase supervision.** Because of their cognitive challenges, students with an FASD bring a naiveté to daily life situations. They need constant supervision, as with much younger students, to develop patterns of appropriate behavior.
- **Model appropriate behavior.** Students with an FASD often copycat behavior, so always try to be respectful, patient, and kind.
- **Keep things simple.** Remember to keep it simple. Students with an FASD are easily over-stimulated, leading to shutdown at which point no more information can be assimilated.

*For additional suggestions on classroom strategies and modifications, see [An Educator's Guide to Children's Mental Health chapter on Meeting the Needs of All Students](#).*