



Understanding the Behaviors of Children and Adolescents with Fetal Alcohol Spectrum Disorders (FASD)



Individuals with FASD often talk better than they think. They can “talk the talk”, but can’t “walk the walk”.

Won'tor Can't?

Without an understanding of the physical, behavioral and cognitive challenges faced by people with Fetal Alcohol Spectrum Disorders (FASD), typical misbehaviors can be misinterpreted as willful misconduct or deliberate disobedience, when it is often just the opposite.

Information Processing Differences.

Due to the brain damage caused by prenatal alcohol exposure, people with FASD have difficulty with the following:

- Input or taking in information
- Integration of new information with previous learning
- Output, or ability to use information

Individuals prenatally exposed to alcohol have difficulty with:

- **Abstract Reasoning** - Abstract concepts are the invisible foundation that structures our world.
- **Cause and Effect Reasoning** - Consequences often do not shape future behavior. People with FASD often don't use past experiences to help make future decisions.
- **Generalization** - They don't have moveable parts in the thinking process; so, when you change a piece of the routine for the individual, you have created an entirely new routine.
- **Time** - Telling time, feeling the passage of time, associating specific activities to numbers on a clock, cyclical nature of events.
- **Memory** - Especially short-term and auditory.
- **Behavior** - Difficulty with socialization and skills of independence.

Secondary Characteristics.

FASD is a lifelong disability, but often “secondary characteristics” occur, which are the result of living with the struggles of the primary disability:

- Fatigue, tantrums
- Irritability, frustration, anger, aggression
- Fear, anxiety, avoidance, withdrawal, shutdown, lying, running away
- Trouble at home and/or school
- Legal trouble, drug/alcohol abuse
- Mental health problems

The impact of these secondary conditions can be reduced when parents and professionals understand the intellectual challenges associated with an individual's history of prenatal exposure to alcohol.

Caregivers should adjust their expectations of the person with FASD to the developmental stage they are at. Expect variability.

Behavioral Expectations

Typical 5 year-olds...

- Go to school
- Follow 3-part instructions
- Cooperatively play
- Share and take turns

5 year-old with FASD, developmentally 2 years...

- Take naps
- Follow one instruction
- Sit still for 5-10 minutes
- Parallel play
- "My way or no way"

Typical 10 year olds...

- Answer abstract questions
- Get along with others, solve problems
- Learn inferentially
- Physical stamina

10 year-old with FASD, developmentally 6 years...

- Learn by doing, experientially
- Mirror and echo words, behaviors
- Supervised play, structured play
- Easily fatigued by mental work

Typical 18 year-olds...

- On the verge of independence
- Maintain a job and graduate from school
- Have a plan for life
- Budget own money

18 year-old with FASD, developmentally 10 years...

- Need structure and guidance
- Limited choices of activities
- In the “here and now,” little future focus
- Giggles, curiosity, frustration
- Get an allowance
- gets organized with help of adults

