

Ain't Misbehavin'

Without an understanding of the physically-based cognitive challenges faced by people with Fetal Alcohol Related Conditions, typical, normal behaviors can be misinterpreted as willful misconduct or deliberate disobedience, when it is often just the opposite.

Information Processing Differences

Due to the way the brain prenatally exposed to alcohol works, people with Fetal Alcohol Related Conditions have difficulty with the following:

- Input, or taking in of information
- Integration of new information with previous learning
- Memory, especially short-term memory
- Output, or ability to use information

Children and adolescents prenatally exposed to alcohol have difficulty with:

- Abstract Reasoning – Abstract concepts are the invisible foundation that structures our world.
- Cause and Effect Reasoning – Imagination! People with Fetal Alcohol Related Conditions often can't imagine something they haven't experienced.
- Generalization – They don't have moveable parts in the thinking process; so, when you change a piece of the routine for the child, 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 memory.

*They often talk better than they think.
They can "talk the talk"
but can't "walk the walk."*

They have difficulty with socialization and skills of independence.

Fetal Alcohol Syndrome is a lifelong disability, but "**Secondary Characteristics**" may occur, such as:

- 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

These secondary conditions are **preventable** when parents and professionals understand the cognitive challenges associated with a child's history of prenatal exposure to alcohol.

Behavioral Expectations of Children and Adolescents with FAS/E:

Age-appropriate vs. developmental age-appropriate expectations:

Typical 5-year olds...

- Go to school
- Follow 3 instructions
- Interactive, cooperative play
- Share
- Take turns

Developmental Age with FAS/E: 5-years going on 2-years...

- Take naps
- Follow one instruction
- Help mommy
- Sit still for 5-10 minutes
- Parallel play
- Are active

- "My way or no way"

Typical 10 year olds...

- answer abstract questions
- get along with others, solve problems
- learn inferentially
- academic and social
- physical stamina
- generalize information learned from worksheets

Developmental age with FAS/E: 10 years going on 6 years...

- learn by doing, experientially
- mirror and echo words, behaviors
- supervised play, structured play
- learn from modeled problem solving
- 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
- organize

Developmental age with FAS/E: 18 years going on 10 years...

- needs structure and guidance
- limited choices of activities
- in the "here and now," little projection
- giggles, curiosity, frustration
- gets an allowance
- gets organized with help of adults



Fetal Alcohol Syndrome

Fetal Alcohol Syndrome (FAS) and other alcohol related birth defects refer to a group of physical and mental birth defects resulting from a woman drinking alcohol during pregnancy.

Four primary diagnostic criteria indicate full Fetal Alcohol Syndrome:

- ◆ Growth deficiencies – stunted prenatal and/or postnatal growth.
- ◆ Permanent brain damage resulting in neurological abnormalities, delay in development, intellectual impairment, learning/behavior disorders.
- ◆ Abnormal facial features: short eye openings, short nose, flat mid-face, thin upper lip, small chin.
- ◆ Maternal alcohol use during pregnancy.

Some but not all of the primary diagnostic criteria for FAS can lead to such diagnoses as:

- ◆ Fetal Alcohol Effect (FAE)
- ◆ Alcohol Related Neurodevelopmental Disorder (ARND)
- ◆ Fetal Alcohol Related Conditions (FARC)
- ◆ Alcohol Related Birth Defects (ARBD)

Alcohol is a teratogen that affects whatever is developing in her fetus when a pregnant woman drinks. Whether or not her child has the specific physical characteristics of FAS simply depends on when and how much the other drank alcohol. However, the brain is developing throughout gestation, and prenatal exposure to alcohol at any time during pregnancy can alter the development of the baby's brain.

Prenatal exposure to alcohol causes an “invisible disability” that manifests behaviorally. Many children have the brain damage without all of the physical dysmorphology of full FAS, which reminds others of their disability.

“We see what we look for, and
we look for what we know.”
Goethe

FAS in a Nutshell



- ◆ FAS is the leading known cause of mental retardation.
- ◆ Most individuals with FAS have normal intelligence.
- ◆ FAS causes serious social and behavior problems.
- ◆ Each year in the US 5,000 babies are born with FAS.
- ◆ Ten times as many are born with alcohol related disorders.
- ◆ No amount of alcohol is known to be safe during pregnancy.
- ◆ Alcohol causes more damage to baby than any other drug.
- ◆ Fas and related conditions are 100% preventable.

www.fasstar.com

Fetal Alcohol Syndrome
Fasstar Information Series Brochure 0405AM1

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Understanding the Behaviors of Children and Adolescents with Fetal Alcohol Syndrome

By **Deb Evensen**
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For more information on
Fetal Alcohol Syndrome
And related conditions
Please visit:
www.fasstar.com

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

Information Processing Differences

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