

# understanding behaviors of fetal alcohol spectrum disorders (FASD) children and adolescents



## won't...or 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 an 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-** The concepts are often meaningless as the brain is unable to process the concept. Be concrete.
- **Cause and Effect Reasoning-** Consequences often do not shape future behavior. Past experiences and related consequences are not recalled at the point of engaging in similar behavior, which is often impulsive.
- **Generalization-** What is understood or done in one setting does not automatically transfer to other similar settings. 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 working memory. Visual memory is often better. "Show" them, rather than "tell" them. Use fewer words.
- **Behavior-** Peer problems due to immaturity, emotional or behavioral outbursts due to frustration or being misunderstood.
- **Adaptive Functioning -** Independent living skills are delayed, or often never fully developed.

Minnesota Organization on Fetal Alcohol Syndrome  
2233 University Avenue West, Suite 395, St. Paul, MN 55114  
(651) 917-2370 info@mofas.org www.mofas.org

## behavioral expectations

### Typical 5 year-olds...

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

### 5 year-old with an 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 an FASD, developmentally 6 years...

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

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## 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 caregivers and professional understand the intellectual challenges associated with an individual’s history of Prenatal Alcohol Exposure (PAE).

## adjust expectations

Caregivers should adjust their expectations of the person with an FASD to the developmental stage they are at in that moment. Expect variability. Some days they may seem to function well, and other days they will have frequent struggles. This is typical, but not intentional. Provide additional support when they become overwhelmed. Learn to read the behaviors and intervene earlier.

## behavioral expectations continued...

### Typical 18 year-olds...

- On the verge of independence
- Maintain a job and graduate from school
- Have a plan for the future
- Budget own money
- Have positive peer relationships

### 18 year-old with an 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 from adults
- Prefer younger friends

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