



## FAST FACTS: What are Fetal Alcohol Spectrum Disorders?

FASD's are a set of physical, cognitive, and behavioral conditions that can impact children who were prenatally exposed to alcohol in utero. The alcohol exposure impacts every child differently, based on factors like amount of alcohol consumed, timing of exposure, fetal genetics/resiliency, metabolism, and diet of the mother. Below are the conditions that are under the umbrella of the term FASD. It is important to note that any one of these conditions can have a mild to severe impact on a child throughout their entire lifetime.

- Fetal alcohol syndrome (FAS}
- Partial fetal alcohol syndrome (pFAS}
- Alcohol-related birth defects (ARBDs}
- Alcohol-related neurodevelopmental disorder (ARND}
- Neurobehavioral disorder associated with prenatal alcohol exposure (ND-PAE}

Any of the above conditions are all a part of the spectrum and are considered to be a Fetal Alcohol Spectrum Disorder (FASD}. Diagnostics for FASD are most often done at specific FASD diagnostic clinics (see link below}. Diagnostics include a comprehensive neuro-psychological evaluation and a medical evaluation which includes a history of maternal alcohol consumption, facial features and growth issues. Illicit drugs as well as tobacco can also have an impact on a developing fetus, but research has shown that the impact from alcohol exposure is the most severe to the child. It is important to note that the majority of children with an FASD *do not* have the facial features or growth issues. It has been described as an 'invisible' disability in many cases.

### Common symptoms for a child with an FASD

*Children will not have all the symptoms and this list only includes a few of the most common symptoms. These can also change over their lifetime and be more or less prominent at various ages and stages of development.*

- Impulsive, hyperactive, and inattentive
- Memory issues, particularly working memory, which is important for reasoning and decision-making
- Inconsistency in skills and knowledge
- Poor social skills
- Sensory issues
- Poor comprehension, even when it appears that the child is competent
- Struggle in school, even with average or high IQ
- Motor, visual, or other physical impairments
- Sleep difficulties



## Effective Strategies and Tips for Parents and Caregivers

- Read as much as you can and attend a variety of trainings (in-person or on-line) on FASD. These conditions are very misunderstood by the majority of people, including professionals. Many parents and caregivers find themselves having to educate doctors, therapists, schools, etc. This can be frustrating, but it is an important role you will play in supporting your child. Find FASD and trauma competent professionals.
- Find support from other parents and caregivers. This can be in-person or on-line support groups, or through a parent mentor. You will likely receive a lot of advice from a variety of people, including professionals, that will prove to be ineffective with your child. Connecting with other parents will not only give you the support you need to not feel isolated, but it will also be where you will likely learn the most effective parenting and advocacy strategies for your child.
- Remember that FASD is a diagnosis of organic brain damage. Reframing how you look at your child's disability, moving from a perspective of a willfully disobedient child to that of a child with a brain injury, will lead to more compassion and patience and more creative parenting.
- FASD is a form of trauma. It is considered an in-utero trauma. Become trauma informed to better understand your child's needs.
- Typical parenting strategies, especially punitive or consequence-based strategies, are rarely effective for children with an FASD. These strategies often make behaviors even more challenging. Worse, they put a strain on the parent/child relationship. Parents and caregivers should explore non-consequence based/trauma-informed strategies including the Nurtured Heart Approach®, Trust Based Relational Intervention (TBRI)® or similar approaches.
- As a child with an FASD gets older, their struggles change. Often, there are significant struggles in the adolescent years. This is a time of struggle for neurotypical adolescents, and the issues for children with an FASD can be magnified. It is vital that parents and caregivers seek out support during these years.
- Occupational Therapy (OT), with a sensory integration focus, is one of the most effective interventions for a child with an FASD. An OT should perform a sensory evaluation and provide the family with a sensory diet as well as providing the family and other professionals with valuable resources to advocate for the child
- Children with an FASD generally are very scattered developmentally. Most children will function at about half of their actual age in some or all developmental areas. However, they may have very strong verbal expressive skills, which can mask their struggles and lead to assumptions that they are not trying or are being willfully disobedient. Having a good understanding of their emotional, social, and cognitive developmental age can help when parenting these children, as their developmental ages rarely match their chronological age.

The best piece of advice that will help you to care for, love and support a child with an FASD is for you to learn as much as possible about FASD, and for all of the adults in the child's life to make adjustments, based on the child's brain injury. Think about some symptoms that are common for people with Alzheimer's and dementia (swearing, stealing, aggressive behaviors, lying, hoarding food, etc.). Do we get frustrated with these behaviors when grandpa exhibits them? Yes. Do we punish him? Usually, we don't as we knew grandpa before his brain was compromised by his disorder. Children with an FASD deserve the same type of patience and understanding when they are displaying symptoms of their brain disorder.

## Resources

FASD from a Trauma Lens Webinar

<https://www.nacac.org/resource/fasd-from-a-trauma-lens/>

FASD Information and Support

<https://www.proofalliance.org/support-and-resources/resources/>

Minnesota FASD Diagnostic Clinics

<https://www.proofalliance.org/directory-category/health-care/fasd-diagnostic-clinics/>

Stages of Development

<https://www.healthychildren.org/English/Pages/default.aspx>

### ***Information presented by:***



**Barb Clark** attended the University of Minnesota and graduated with a B.I.S. in Youth Studies, Sociology and English. She has spent over 25 years working with at-risk youth in public schools and the non-profit sector. Barb and her husband are the parents of four adopted children, the oldest of which is diagnosed with a Fetal Alcohol Spectrum Disorder (FASD). Barb works at the North American Council on Adoptable Children (NACAC) and provides training around the continent on trauma-informed parenting, post adoption support & various topics. She also provides training and consulting with schools, agencies and families to improve the education and lives of young people who were prenatally exposed to drugs and alcohol and are either diagnosed or suspected of having an FASD.

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