

Typical 10 year old...

- * answers abstract questions
- * gets along with other, solves problems
- * learns inferentially, academic and social
- * physical stamina
- * generalizes 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 old...

- * 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 the help of adults

How do I get more information?

For additional information, please contact Debra Evensen at:

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Fetal Alcohol Training and Services (FACTS)



Ain't Misbehav'in

Understanding the Behaviors of Children
and Adolescents with
Fetal Alcohol Syndrome

Special Education Service Agency

Anchorage, Alaska

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 and learning/behavior disabilities.
- * Abnormal facial features, including short eye openings, short nose, flat mid-face, thin upper lip and 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 Neuro-developmental 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 mother 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 dysmorphism of full FAS, which reminds others of their disability.

**"We see what we look for
—and—
we look for what we know."**

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 of, 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 a child with FAS, 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 and 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,**" such as:

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

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/Adolescents with Fetal Alcohol Syndrome: **Age-appropriate v.s. Developmental Age-appropriate Expectations**

Typical 5 year old...

- * 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
- * Parallel play
- * Active
- * My way or no way

