



Children’s Mental Health Disorder Fact Sheet for the Classroom<sup>1</sup>

# Fetal Alcohol Spectrum Syndrome (FASD)

Symptoms or Behaviors	About the Disorder	Educational Implications	Instructional Strategies & Classroom Accommodations
<p><b>Early Childhood (1-5 yrs.)</b></p> <ul style="list-style-type: none"> <li>• Speech or gross motor delays</li> <li>• Extreme tactile sensitivity or insensitivity</li> <li>• Erratic sleep and/or eating habits</li> <li>• Poor habituation</li> <li>• Lack of stranger anxiety</li> <li>• Rage</li> <li>• Poor or limited abstracting ability (action/ consequence connection, judgment and reasoning skills, sequential learning)</li> </ul> <p><b>Elementary Year</b></p> <ul style="list-style-type: none"> <li>• Normal, borderline, or high IQ, but immature</li> <li>• Blames others for problems</li> <li>• Volatile and impulsive, impaired reasoning</li> <li>• School becomes increasingly difficult</li> <li>• Socially isolated and emotionally disconnected</li> <li>• High need for stimulation</li> <li>• Vivid fantasies and perseveration problems</li> <li>• Possible fascination with knives and/or fire</li> </ul> <p><b>Adolescent Years (13-18 yrs)</b></p> <ul style="list-style-type: none"> <li>• No personal or property boundaries</li> <li>• Naive, suggestible, a follower, a victim, vulnerable to peers</li> <li>• Poor judgment, reasoning, and memory</li> <li>• Isolated, sometimes depressed and/or suicidal</li> </ul>	<p>Fetal Alcohol Spectrum Disorder refers to the brain damage and physical birth defects caused by women drinking alcohol during pregnancy. Fetal Alcohol Syndrome (FAS), can include growth deficiencies, central nervous system dysfunction that may include low IQ or mental retardation, and abnormal facial features (e.g. small eye openings, small upturned nose, thin upper lip, small lower jaw, low set of ears, and an overall small head circumference).</p> <p>Children lacking the distinguishing facial features may be diagnosed with Fetal Alcohol Effects (FAE). A diagnosis of FAE may make it more difficult to meet the criteria for many services or accommodations. The Institute of Medicine has recently coined a new term to describe the condition in which only the central nervous system abnormalities are present from prenatal alcohol exposure: Alcohol Related Neurodevelopmental Disabilities (ARND).</p> <p>Because FAS/FAE are irreversible, lifelong conditions, children with FASD have severe challenges that may include developmental disabilities (e.g. speech and language delays) and learning disabilities. They are often hyperactive, poorly coordinated, and impulsive. They will most likely have difficulty with daily living skills, including eating (as a result of missing tooth enamel, heightened oral sensitivity, or an abnormal gag reflex).</p> <p>Learning is not automatic for them. Due to organic brain damage, memory retrieval is impaired, making learning difficult. Many of these children have problems with communication,</p>	<p>Children with FASD need more intense supervision and structure than other children. They often lack a sense of boundaries for people and objects. For instance, they don’t “steal” things, they “find” the; an object “belongs” to a person only if it is in that person’s hand. They are impulsive, uninhibited, and over-reactive. Social skills such as sharing, taking turns, and cooperating in general are usually not understood, and these children tend to play alongside others but not with them. In addition, sensory integration problems are common, and may lead to the tendency to be high strung, sound-sensitive, and easily over-stimulated.</p> <p>Although they can focus their attention on the task at hand, they have multiple obstacles to learning. Since they don’t understand ideas, concepts, or abstract thought, they may have verbal ability without actual understanding. Even simple tasks require intense mental effort because of their cognitive impairment. This can result in mental exhaustion, which adds to behavior problems. In addition, since their threshold for frustration is low, they may fly into rage and tantrums.</p> <p>A common impairment is with short-term memory, and in an effort to please, students often will make-up an answer when they don’t</p>	<ul style="list-style-type: none"> <li>• Be consistent as possible. The way something is learned from the first time will have the most lasting effect. <i>Re-learning is very difficult, therefore change is difficult.</i></li> <li>• Use a lot repetition. They need more time and more reps than average to learn and retain information. Try using mnemonics like silly rhymes and songs. Have them repeatedly practice basic actions and social skills like walking quietly down the hall or saying “thank you.” Be positive, supportive, and sympathetic during crisis; these are children who “can’t” rather than “won’t.”</li> <li>• Use multi-sensory instruction (visual, olfactory, kinesthetic, tactile, and auditory). More senses used in learning means more possible neurological connections to aid in memory retrieval.</li> <li>• Be specific, yet brief. They have difficulty “filling in the blanks.” Tell them step-by-step, but not all at once. Use short sentences, simple words, and be concrete. Avoid asking “why” questions. Instead, ask concrete who, what, where, and when questions.</li> <li>• Increase supervision- it should be as constant as possible, with an emphasis on <i>positive reinforcement</i> of appropriate behavior so it becomes habit. Do not rely on the student’s ability to ‘recite’ the rules or steps.</li> <li>• Model appropriate behavior. Students with FASD often copycat behavior, so always try to be respectful, patient, and kind.</li> <li>• Avoid long periods of deskwork (these children <i>must</i> move). To avoid the problem of a student becoming overloaded from mental exhaustion and/or trying to sit still, create a self-calming and respite plan.</li> <li>• Post all rules and schedules. Use pictures, drawings, symbols, charts, or whatever seems to be effective at conveying the message. Repeatedly go over the rules and their meanings</li> </ul>

<sup>1</sup> Minnesota Association for Children’s Mental Health, St. Paul Minnesota, [www.macmh.org](http://www.macmh.org).

Symptoms or Behaviors	About the Disorder	Educational Implications	Instructional Strategies & Classroom Accommodations
<ul style="list-style-type: none"> <li>Poor social skills</li> <li>Doesn't learn from mistakes</li> </ul>	<p>especially social communication, even though they may have strong verbal skills. They often have trouble interpreting actions and behaviors of others or reading social cues. Abstract concepts are especially troublesome. They often appear irresponsible, undisciplined, and immature as they lack critical thinking skills such as judgment, reasoning, problem solving, predicting, and generalizing. In general, any learning is from a concrete perspective, but even then only through ongoing repetition.</p> <p>Because FAS/FAE children don't internalize morals, ethics, or values (these are abstract concepts), they don't understand how to do or say the appropriate thing. They also do not learn from past experience; punishment doesn't seem to faze them, they often repeat the same mistakes. Immediate wants or needs take precedence, and they don't understand the concept of cause and effect or that there are consequences to their actions. These factors may result in serious behavior problems, unless their environment is closely monitored, structured, and consistent.</p> <p><i>This fact sheet must not be used for the purpose of making a diagnosis. It is to be used only as a reference for your own understanding and to provide information about different kinds of behaviors and mental health issues you may encounter in the classroom.</i></p>	<p>remember one. This practice can apply to anything, including schoolwork or behaviors. These are not intentional "lies," they honestly don't remember the truth and want to have an answer. Since they live in the moment and don't connect their actions with consequences, they don't learn from experience that making up answers isn't appropriate.</p>	<p>aloud at least once a day. <i>Rules should be the same for all students, but you may need to alter the consequences for a child with FASD.</i></p> <ul style="list-style-type: none"> <li>Use immediate discipline. They won't understand why it's happening if it is delayed. Even if the student is told immediately that a consequence will happen the next day, he/she will not make the connection the next day. <i>Never take away recess as a consequence- children with FASD need that break to move around. Denying them that will only compound the problem.</i></li> <li>Ensure the student's attention. When talking directly to the student, be sure to say his/her name and make eye contact. Have them paraphrase directions to check for understanding.</li> <li>Encourage the use of self-talk. Recognize partially correct responses and offer positive incentives for finishing work. Try to set them up for success, and recognize successes every day (or even every hour)!</li> </ul> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>FAS Community Resource Center <a href="http://www.come-over.to/FASCRC">www.come-over.to/FASCRC</a></li> <li>Fetal Alcohol Syndrome Family Resource Institute <a href="http://www.fetalalcoholsyndrome.org">www.fetalalcoholsyndrome.org</a></li> <li>National Organization on Fetal Alcohol Syndrome (NOFAS) <a href="http://www.nofas.org">www.nofas.org</a></li> </ul>