Fetal Alcohol Spectrum Disorders

Understanding Fetal Alcohol Spectrum Disorders (FASD)

In the Classroom
FASD NorCal
Sponsored by Parents Helping Parents, a 501 (c) (3)

FASD NorCal is a group of parents and professionals whose purpose is to facilitate diagnosis, encourage services and support for everyone affected by fetal alcohol damage. We:

• Consult with families, professionals and agencies
• Host trainings
• Disseminate evidence-based research findings
• Provide information about a full range of resources
Fetal Alcohol Spectrum Disorders

The full range of effects that can occur when a person has been exposed to alcohol

Prenatally – (in Utero)
Mary: ADHD on Steroids might be a misnomer - we refer to OTHER diagnoses, so I don't know that the reference to ADHD is too specific. Might need to rethink this, as it gives a certain interpretation.

Guest User, 10/17/2018

I changed it to Fetal Alcohol Spectrum Disorders

Robert Land, 10/17/2018
Fetal Alcohol Spectrum Disorders

My Story: How I Came to Know FASD
Ditto to prior comment. Adjust MY STORY a little up and left, Have M in My center on page under the arrow.

Guest User, 10/17/2018
Why are we only talking about alcohol?

Alcohol is the *Leading Known Cause* of Developmental Disabilities & Birth Defects in the U.S.

Institute of Medicine, 1996
Kathy, I changed the title to include Damaged by. Is that right?

Robert Land, 10/17/2018
How many of us are affected?

1 in 20 people have FASD (of some form)

4 times as many as Autism

25 times more than affected by lead poisoning
Keep in mind...

- Alcohol can harm the baby beginning 5 days from conception, far before many women know they are pregnant.
- Most people don’t understand the effects, including many doctors.
- There is no safe amount or type of alcohol for a child in the womb.
- Alcohol is also a leading cause of stillbirths and miscarriages.
What ARE the effects?

- Global disrupted development
- Executive (intellectual) functioning difficulties
- Learning Disabilities, ADHD
- Behavioral and mood problems
- Heart, kidney, skeletal, other organ issues

(428 attributed conditions are documented, * The Lancet Global Health, 2017)
Bottom line effect of FASD

Lifelong disability: a pattern of behavioral challenges stemming from a damaged brain.

While there are commonalities, every person with FASD is different/unique.
A few important facts to keep in mind...

• Leading known cause of preventable lowered IQ

• While most have a normal IQ, some have 70 or below

• Fewer than 10% born with FASDs have the full physical effects (FAS – specifically has facial features: don’t just look for the facial features)

• The remaining 90% with no visible physical evidence are the most vulnerable
Signs to look for in early childhood

- Easily over stimulated and agitated
- Restless and difficult to soothe
- Rapidly changing moods; impulsive
- Frustrated by small things
- Clumsy; may have poor handwriting
Signs to look for in early childhood

- Short attention span
- Trouble learning rules & skills
- Does not understand cause and effect
- Transitions/changes are difficult
FASD: Signs to look for school-aged

- Poor social skills and awareness
- Memory problems
- May take things ("Stealing")
- Confabulation ("Lying")
- Slow processing
  (10 second kid in a 1 second world)
FASD: Signs to look for school-aged

- Fine and gross motor difficulties
- Inability to link actions with outcomes
- Impulsivity
- Easily frustrated
- Rages
Assembling the Puzzle

Primary Characteristics of FASDs

Compromised Executive Functioning

- Difficulty with memory
- Inconsistent memory or performance
- Difficulty with abstract concepts
- Impaired judgment; often unable to make decisions.
- Inability to generalize information
- Concrete thinking, not abstract

Behaviors clearly reflect underlying changes in brain structure and function

Source: Malbin
Mary - I changed title from "Making the Pieces Fit to ASSEMBLING the PUZZLE. This is because 3 slides further, the title says THE PIECES DONT FIT.

Guest User, 10/17/2018

Nice.

Robert Land, 10/17/2018
Assembling the Puzzle

Primary Characteristics of FASDs

**Communication Challenges**

- Language problems
- Slow cognitive pace
- Slow auditory pace
- Much better talker than listener

Behaviors clearly reflect underlying changes in brain structure and function

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Guest User, 10/17/2018

Nice.

Robert Land, 10/17/2018
Assembling the Puzzle

Primary Characteristics of FASDs

Behavioral Challenges

- Perseveration
- Chronic immaturity
- Impulsivity coupled with inability to abstract and predict outcomes
- Over- or under-sensitivity to light, sound, texture etc.

Behaviors clearly reflect underlying changes in brain structure and function

Source: Malbin
Mary - I changed title from "Making the Pieces Fit to ASSEMBLING the PUZZLE. This is because 3 slides further, the title says THE PIECES DONT FIT.

Guest User, 10/17/2018

Nice.

Robert Land, 10/17/2018
## FASD: Signs to look for

<table>
<thead>
<tr>
<th>Area of Dysfunction</th>
<th>Central Nervous System Impairments</th>
<th>Motor Abnormalities</th>
<th>Neurobehavioral Disorders</th>
<th>Speech Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptoms</td>
<td>Delayed milestones, Motor abnormalities, Neurobehavioral disorders, Perceptual problems</td>
<td>Poor gross motor skills, Delays in fine motor skills, Hand tremors</td>
<td>Hyperactivity, Poor attention span, Perceptual problems, Poor impulse control</td>
<td>Late onset, Delayed use of sentences, Uneven expressive and receptive skills, Low quality masked by high fluency</td>
</tr>
</tbody>
</table>
Key Behavioral Characteristics

- **Impulsivity** (ADD, ADHD, impulse control)
- **Easily overwhelmed** by stimuli (internal or external)
- **Social Skills deficits** (poor social cues, misinterpretation,
- **Slowed cognitive processing** (serial requests, lack of follow through or perseverative follow through)
Impulsivity

- They do not think before acting
- Little ability to project, recognize or remember consequences
- Difficulty learning cause and effect
- **Example:** They may steal without remorse. They may break rules frequently despite having been taught otherwise.
- Repeated mistakes.
Easily overwhelmed by stimuli

- Do not notice certain stimuli, overreact to others
- Difficulty prioritizing stimuli
- Oversensitive to light, sound, texture, taste, touch
- Meltdowns with too much incoming stimuli
This and the slide 17 have the same title. I'm not sure about the repetition.

Slide 18 has the same title too.

And slide 19
Social skills deficits

Social complexities are difficult to handle

- Better talker than listener (cocktail party chatter)
- Abstract reasoning is limited
- Insight is under-developed
- Example: Don’t understand why people don’t like them, easily make friends but can not keep them, social relationships are complicated and “I don’t like people.”
Slower processing

- Processing speed is reduced due to the inefficiencies in the brain
- They are similar to a drunk person (they can’t pick it all up at the same time)
- They live with a *10 second brain in a 1 second world*
- Only can hear 1 step of a process
- Example: Tell them to do 3 things in a row, and they will do one, maybe two
Mary - this one, same title. Are we trying to say why FASD masquerades as ADHD? If so, there are references to the other diagnoses too...so we can't be that specific I think,

Guest User, 10/17/2018

No, it was just a reference to the puzzle. It is not about ADHD only. That was leftover from the original presentation.

Robert Land, 10/17/2018
Connecting Neurology.. to Behavior

**Brain Impairment**
- Poor judgment
- Attention Deficits
- Concrete thinkers
- Math disability
- Generalizing problems
- Difficulty with abstract reasoning
- Memory problems
- Disoriented in time & space
- Poor frustration tolerance

**Behavioral Consequences**
- Easily victimized
- Unfocused / easily distracted
- Can’t understand concepts of "value", "ownership", or "time"
- Trouble handling money, with geometry & multiplication
- Doesn’t learn from experience
- Doesn’t anticipate or understand consequences
- Fails to recognize people/places; fails to perceive social cues
- Invades personal space
- Quick to anger
GU [2]8  Kathy - I sent you emails. Sadly, I can’t chat you on my screen. We could through Facebook, but I am also multitasking otherwise.

Guest User, 10/18/2018

RL6  Mary, can you reformat this a bit?
Robert Land, 10/18/2018
What it can feel like to have FASD

- Chronic frustration
- Failure or exhaustion
- Irritability
- Anger
- Fear and anxiety
- Shutting down
- Poor self-concept
- Pseudo-sophistication
- Depression
- Aggression
Secondary effects: When FASD is not identified and appropriately addressed

- Mental health problems (75%)
- Problems with employment (80%)
- Dependent living (80%)
- Victims of physical/sexual abuse or domestic violence (72%)
...without recognition of FASD, con't.

- Disrupted school experience (60%)
- Inappropriate sexual behaviors (50%)
- Confinement (50%)
- Alcohol & drug problems (30%)

Streissguth et al, 1996
Mental health problems associated with FASDs

<table>
<thead>
<tr>
<th>Depression</th>
<th>Oppositional Defiant Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>Attachment Disorder</td>
</tr>
<tr>
<td>ADHD</td>
<td>Borderline Personality Disorder (adult)</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>Posttraumatic Stress Disorder (PTSD)</td>
</tr>
</tbody>
</table>
Why FASD Gets Misdiagnosed

| Overlapping Behavioral Characteristics & Related Mental Health Diagnoses in Children |
|----------------------------------|-----------------------------------|-------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------
<p>|                                  | FASD    | ADHD  | Sensory | Autism | Bipolar | RAD  | Depression | ODD  | Trauma | Poverty |<br />
|------|---------|-------|---------|--------|---------|------|------------|------|---------|---------|-----------------|---------------|
| Easily distracted by external stimuli | X      | X     | X       | X      | X       | X    | X          | X    | X       | X       |                |
| Developmental dysnesia             | X      | X     | X       | X      | X       | X    | X          | X    | X       | X       |                |
| Feel different from other people   | X      |       |         |        |         |      |            |      |         |         |                |
| Often does not follow through on instructions | X      | X     | X       | X      | X       | X    | X          | X    | X       | X       |                |
| Often inattentive                  | X      | X     | X       | X      | X       | X    | X          | X    | X       | X       |                |
| Often enters in activities without considering possible consequences | X      |       |         |        |         |      |            |      |         |         |                |
| Often has difficulty organizing tasks &amp; activities | X      |       |         |        |         |      |            |      |         |         |                |
| Difficulty with transitions        | X      |       |         |        |         |      |            |      |         |         |                |
| No impulse control, acts hyperactive | X      |       |         |        |         |      |            |      |         |         |                |
| Sleep disturbance                  | X      |       |         |        |         |      |            |      |         |         |                |
| Indiscriminately affectionate with strangers | X      |       |         |        |         |      |            |      |         |         |                |
| Lack of eye contact               | X      |       |         |        |         |      |            |      |         |         |                |
| Not cuddly                        | X      |       |         |        |         |      |            |      |         |         |                |
| Lying about the obvious            | X      |       |         |        |         |      |            |      |         |         |                |
| No impulse control, acts hyperactive | X      |       |         |        |         |      |            |      |         |         |                |
| Learning difficulty, “won’t learn, some can’t learn” | X      |       |         |        |         |      |            |      |         |         |                |
| Inconsistent, or abnormal speech patterns | X      |       |         |        |         |      |            |      |         |         |                |
| Increased irritability             | X      |       |         |        |         |      |            |      |         |         |                |
| Emotionally volatile, often exhibit wide mood swings | X      |       |         |        |         |      |            |      |         |         |                |
| Depression develops, often in teen years | X      |       |         |        |         |      |            |      |         |         |                |
| Problems with social interactions | X      |       |         |        |         |      |            |      |         |         |                |
| Deficit in speech and language, delays | X      |       |         |        |         |      |            |      |         |         |                |
| Overactive, responsive to stimuli  | X      |       |         |        |         |      |            |      |         |         |                |
| Perseveration, inflexibility       | X      |       |         |        |         |      |            |      |         |         |                |
| Inattention to response to stress  | X      |       |         |        |         |      |            |      |         |         |                |
| Poor problem solving              | X      |       |         |        |         |      |            |      |         |         |                |
| Difficulty using cause &amp; effect    | X      |       |         |        |         |      |            |      |         |         |                |
| Exceptional abilities in one area  | X      |       |         |        |         |      |            |      |         |         |                |
| Has at what “normal” is           | X      |       |         |        |         |      |            |      |         |         |                |
| Lies when it would be easy to tell the truth | X      |       |         |        |         |      |            |      |         |         |                |
| Difficulty understanding, following through | X      | X     |         |        |         |      |            |      |         |         |                |
| Difficulty with relationships      | X      |       |         |        |         |      |            |      |         |         |                |
| Manage time poorly/afraid of consequences | X      |       |         |        |         |      |            |      |         |         |                |
| Information processing difficulties, speech/language receptive vs. expressive | X      | X     |         |        |         |      |            |      |         |         |                |
| Often lies,偷偷               | X      |       |         |        |         |      |            |      |         |         |                |
| Often argues with adults           | X      |       |         |        |         |      |            |      |         |         |                |
| Often activity delayed, or refuses to comply | X      | X     |         |        |         |      |            |      |         |         |                |
| Often blames others for his or her mistakes | X      | X     |         |        |         |      |            |      |         |         |                |
| Often truculent, easily annoyed by others | X      | X     |         |        |         |      |            |      |         |         |                |
| Often angry and resentful          | X      |       |         |        |         |      |            |      |         |         |                |</p>
<table>
<thead>
<tr>
<th>Behavior: Takes Risks</th>
<th>Core Cause of Behavior</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>FASD</td>
<td>Does not perceive danger/consequences</td>
<td>Provide mentor: utilize a lot of repeated role-play</td>
</tr>
<tr>
<td>ADHD</td>
<td>Acts Impulsively</td>
<td>Utilize behavioral approaches (e.g. stop and count to 10)</td>
</tr>
<tr>
<td>ODD</td>
<td>Pushes the envelope, feels omnipotent</td>
<td>Psychotherapy to address issues: protect from harm, behavior modification</td>
</tr>
</tbody>
</table>
# FASD vs. ADHD vs. ODD

<table>
<thead>
<tr>
<th>Behavior: <strong>Does not complete tasks</strong></th>
<th>Core Cause of Behavior</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FASD</strong></td>
<td>May or may not take in information: cannot recall information when needed, cannot remember what to do</td>
<td>Provide one direction at a time</td>
</tr>
<tr>
<td><strong>ADHD</strong></td>
<td>Takes in information, can recall information but gets distracted</td>
<td>Limit stimuli and provide cues</td>
</tr>
<tr>
<td><strong>ODD</strong></td>
<td>Takes in information: can recall information when needed: chooses not to do what they are told</td>
<td>Provide positive sense of control: limits and consequences</td>
</tr>
<tr>
<td>Behavior:</td>
<td>Hits others</td>
<td>Core Cause of Behavior</td>
</tr>
<tr>
<td>----------</td>
<td>-------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>FASD</td>
<td></td>
<td>Someone told them to do it: misinterprets the intentions of others; may sense bump as an attack; may respond from history of abuse</td>
</tr>
<tr>
<td>ADHD</td>
<td></td>
<td>Frequently an impulsive act</td>
</tr>
<tr>
<td>ODD</td>
<td></td>
<td>Plans to hurt others; misinterprets intentions of others as attack or impending attack</td>
</tr>
</tbody>
</table>
Strengths of People with FASDs

Individuals with FASD often have one or more of the following strengths:

- Musical or artistic talent
- Curiosity
- Spontaneity
- Athletic
- Good mechanical and construction skills
- Love of animals or the outdoors
- Generous, helpful
- Bright in some areas of cognitive development
- Loyalty, friendly, gentle, charming

- People with FASD “live in the moment”, can be resilient and bounce back from frustration.
- They seem happy-go-lucky and able to take life as it comes.
- Some have great stores of energy, determination, persistence, and show a great desire to succeed in life.
FASD Evaluations

Districts that allow School Psychologists to diagnose Autism should also allow FASD diagnosis, with appropriate training.

Be certain to measure adaptive behaviors, memory, executive functioning, and sensory integration. A typical school district evaluation will not capture these necessary areas.
Red Flags in the Classroom

- **Problems applying** what has been learned, e.g., moving from rote recitation to problem-solving.
- **Concrete thinking**, e.g., doesn’t understand similes, metaphors, jokes.
- Responds to **immediate feedback** vs distant consequences such as point or reward systems.
- **Visual and “hands-on”** learner rather than auditory.
- **Multiple diagnoses and history of failed interventions** (including medications and treatment).
- **Diagnosed with a mental health disorder** (such as ADHD, ODD, bi-polar) before grade school, or early childhood delays.
- **Difficulty understanding verbal commands**, challenges with 3-step commands
- **Excluded** because of behavior or "odd" social skills.
Change Assumptions

FASDs are BRAIN-BASED DISORDERS

Not willful disobedience, inadequate parenting, or not trying hard enough!!
Change Assumptions

Different Thinking Required

The child is *not* the problem

The child *has* a problem

brain damage that is a *life-long* challenge
What Helps

We accommodate obvious physical disabilities; we must also accommodate the Invisible ones.

• Identify the problem behavior

• Define the behavior in concrete terms

• Identify the contextual factors that contribute to the behavior (including affective and cognitive factors)

• Form a hypothesis about the general conditions under which a behavior usually occurs and probable consequences that serve to maintain it.
What Helps

Referrals for Further Testing

Speech & Language

Occupational Therapy/Sensory Integration study

Instruments: Vineland Adaptive Behavior System – 3
NEPSY – II (Executive Functioning Assessment)
Trauma Symptom Checklist (For adults or children)
What Helps in Transitions

- Transitions are the hardest time
- Over-estimate, rather than under-estimate time needed
- Plan
- Use as a time to develop a life skill
- Role-play
- Care now will yield fewer frustrations later
What else helps

• Give them a chance: If they are out of control, they need the chance to regulate without being penalized.

• Never ever take away recess. Might need 1:1 during recess to stay out of trouble.

• Remember: Developmental age in many areas is much younger than chronological age

• Focus on quality not quantity. Homework is family torture! Needs to be reduced or eliminated.
What Helps

• **Independence is not reality.** Stop pressuring child to achieve that level. Inter-dependence!!!!

• **Triennial testing must include adaptive skills assessment.** These help explain deficits not evident in IQ or education level assessments.

• **Supervise at all times.** If ownership boundaries elude a student, label all belongings.
Supervision always important!!!

Gullible, bully targets: If they are treated poorly or punished constantly, they may become the bully.
What Helps

• **OVER-teach:**
  
  • Sometimes it takes [multiple repetitions](#) to learn something
  
  • Teach in context **concretely**
  
  • Real life situations are required, **they do not generalize well**

Remember: **Can’t vs Won’t**
What Helps

Eight Magic Keys
(see handout)

- Concrete
- Consistency
- Routine
- Specific
- Simplicity
- Repetition
- Structure
- Supervision

Deb Evensen
What Helps

Remember

Same words
Fewer words, not more
Calm voice
Reduction of stimuli
Break tasks down into steps

Repetition of instructions/write down
Few steps
Immediate reward
Extra transition time
Consequences rarely work
What Helps

Remember

Can’t vs Won’t
What Helps

Make homework less difficult

- Give your child a "learning corner" for homework.
- **Make it free of distractions** – no radio or TV
- Keep to a **set schedule as much as possible. Establish routines** in the home.
- Give a **10 minute warning** when time to go to dinner.
- **Avoid rush and last minute pressures.** Include long-term assignments on a **weekly calendar.** Check off assignments when completed.
What Helps

A ROLE, a RULE and a TOOL

A Role (being a helper, TA, timer, etc)
A Rule (when I say start, or at 10:00, etc)
and
A Tool (pass out papers, stopwatch, etc)
What Helps

Tools for Staff

- Pictures of tasks
- Label drawers
- Flow charts of steps
- Teachers notes
- Multi-modal
- Experiential
Final Words

Remember

- Children with an FASD can learn, but the **process will be different**
- Use your **imagination and creativity**
- If a strategy isn't working, try something different. **Don't try harder, try smarter**
- Repetition, repetition, repetition
- Use a **skills-based** approach
- Engage and empower **the parents**
- Invest in **staff training**
Resource List

FASD Northern California: www.fasdnorcal.org

MOFAS: https://www.mofas.org

Take Another Look - FASD for School Psychologists:  
http://www.ccf.ny.gov/files/9313/7969/7041/Take20Another20Look_FASD20for 
20School20Psychologists-WEB.pdf

Neurobehavioral Approach - Diane Malbin: http://www.fascets.org

Oregon Department of Education:  

NOFAS (more about prevention) 
www.nofas.org/k-12-curriculum/
Resource List

Facebook Groups - A Safe Closed (Private) Group Where Parents Share

- Parenting FASD Teens and Adults
- Parenting FASD Kids
Caregiver Curriculum on FASD

http://fasdchildwelfare.ca./learning/caregivers

New interactive modules you can view from your browser