Fetal Alcohol Spectrum Disorder (FASD) is permanent brain damage that results from prenatal exposure to alcohol. If your child has been diagnosed with FASD, you will need to find ways to parent and teach your child that will fit their abilities. Children with FASD typically do not learn nor respond as other children. New ways of behavior management, parenting skills, medication and teaching methods will have to be applied.

Children and adolescents with FASD act in ways that seem inappropriate to their age, but in actuality are acting within their developmental age. Educators and parents need to review the child’s behavior within the context of the FASD diagnosis. Many of these behaviors continue into adulthood.

- The stubborn acting out child doesn’t understand verbal directions.
- A child who keeps repeating the same mistakes in what seems like defiance can’t recall what was earned yesterday or a year ago.
- Often late and disorganized, the child can’t understand time since time is an abstract concept. Any type of math such as multiplications, division or fractions that have to be visualized because they can’t be “touched” may not be understood.
- Squirmy and intent on bothering others, the child’s brain communicates a need to move while learning.
- Unable to be safely left alone, the child is unable to understand danger.

Methods that work with other children to help them “act their age” won’t work with these children who take longer to grow up and require alternative behavior management, parenting skills, medication and teaching methods. A rule of thumb for parents and teachers is to “think younger” when a child or adolescent seems unable to complete tasks or displays inappropriate behaviors.

For those who teach and parent children and youth diagnosed with FAS, it is important to know:
- Symptoms that are based on the developmental level of the young person.
- How to get correct assessments.
- How to access educational services and community resources.
- Effective methods of parenting and teaching adapted to needs of youth with FAS.
- Support systems that bolster the family as well as the child or youth with FAS.

When an intervention is not working with a student with FAS, it is best to:
- Stop the action!
- Observe.
- Make eye contact with the child.
- Listen carefully to find out where he/she is stuck.
- Ask: What is hard? What would help?

Strategies to keep in mind are:
- Keep information concrete.
- Consider poor behavior as a physically-based unmet need.
- Maintain consistency.
• Use repetition.
• Maintain stable routines

## Alternative Methods in Dealing with Children/Youth with FASD

<table>
<thead>
<tr>
<th>Concrete</th>
<th>Supervision</th>
<th>Specific</th>
<th>Structure</th>
<th>Consistency</th>
<th>Repetition</th>
<th>Routine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talk and educate in concrete terms</td>
<td>Contact supervision is the rule since the child may not understand consequences nor perceive danger</td>
<td>Say exactly what you mean to help the child who has difficulty with abstractions</td>
<td>Structure is the “glue” that helps the world make sense to someone with FASD</td>
<td>Accommodate the inability to generalize learning from one situation to another, provide consistency</td>
<td>Address short term memory problems; Re-teach Re-teach Re-teach</td>
<td>Provide a daily stable routine to decrease anxiety and enable learning</td>
</tr>
<tr>
<td>Avoid double meanings and idioms such as “catch the bus”</td>
<td>Develop habit patterns of appropriate behavior since child may be socially inappropriate</td>
<td>Avoid the abstract and generalizations</td>
<td>Adjust expectations to meet the child or youth’s developmental level</td>
<td>Provide an environment with few changes</td>
<td>Practice teaching concepts in a variety of environments</td>
<td>Provide assistive technology within a routine (watch with alarm)</td>
</tr>
<tr>
<td>Give instructions at lower age/grade level than chronological age</td>
<td>FASD creates naivete and danger, so adults need to be vigilant</td>
<td>Students with FASD are unable to “fill in the blanks” when given directions</td>
<td>Adapt work and study schedules to child or youth’s frustration level</td>
<td>Teachers and parents need to use the same key words for oral directions</td>
<td>Patiently explain step by step with external supports and lots of cues</td>
<td>Allow adequate time to complete tasks within a daily routine</td>
</tr>
</tbody>
</table>

Traditional interventions do not work with FASD youth who cannot associate a consequence with a behavior. The best discipline is to keep the child or youth from needing discipline. If a discipline technique is NOT working, don’t try harder. Change your course of action. Redirect activity. Devise a prearranged gesture or signal as an automatic intervention to help a child understand that they need to stop whatever he or she is doing.

Without appropriate support services, youth with FASD have a high risk of developing secondary disabilities as teenagers or as young adults including mental illness; getting into trouble with the law; abusing alcohol and other drugs; and unwanted pregnancies. Families who understand the realities of this disability soon realize it requires the parents to have a life-long commitment to the son or daughter who has been diagnosed with FASD. All family members including siblings will need support, respite and coping skills.
RESOURCES

Adoption and Prenatal Alcohol and Drug Exposure: Research Policy and Practice
by R. Barth, M. Freundlich, and D. Brodzinsky (ed.)
Addresses long-term developmental issues with counseling suggestions. Illustrates the remedial effects of a positive postnatal environment, including services and support systems.

Our Fascinating Journey: The Best We Can Be – Keys to Brain Potential Along the Path of Prenatal Brain Injury
by Jodee Kulp
Comprehensively addresses FASD interventions with topics ranging from brain basics to creating an educational environment.

The Challenge of Fetal Alcohol Syndrome: Overcoming Secondary Disabilities
by Ann Streissguth and Jonathan Kanter
Summarizes recent findings and recommendations from twenty-two experts in the fields of human services, education, and criminal justice regarding FASD.

Fetal Alcohol Syndrome: A Guide for Families and Communities
by Ann Streissguth
A leading authority on FAS draws on her life’s work to give information about FAS diagnosis; brain damage; physical and behavioral manifestations; and services for high-risk mothers. Also, case studies, photos, illustrations and validated empirical research highlighting the cultural, racial and economic diversity of FAS.

The Way to Work: An Independent Living/Aftercare Program for High Risk Youth
by Amy J.L. Baker, David Olson and Carolyn Mincer
A Child Welfare League publication that presents a 15-year longitudinal study profiling successful programs serving youth such as those with FASD.

WEB SITES

FAS Alaska
Comprehensive website includes numerous links to resources around the world, training and consultations, research, connections to families, articles, homeschool resources. Focuses on intervention techniques for educators.
www.fasalaska.com

FASCETS- Fetal Alcohol Syndrome Consultation, Education and Training Services Inc.
Non-profit organization that provides direct services for individuals, family systems and professionals affected by Fetal Alcohol Spectrum Disorder including information, training, consultation and resources.
www.fascets.org

FAS Characteristics
Log on to view facial characteristics and a list of symptoms associated with FASD.
www.come-over.to/FAS/faschar

FAS Community Resource Center
Resources include articles of interest to parents ("When the Teen with FASD Drinks," "Teaching Kids about FASD.") research, fact sheets, web links, products, camps, lending library and homeschooling help.
www.come-over.to

Advanced Communications and Business Resources
Designed by Canadian businessman, this site offers a FASlink Archives with over 70,000 FAS related letters and articles. FASlink is a free Internet listserv that includes biological, foster and adoptive parents and caregivers as well as a wide range of professionals including those in medicine, social work, education and justice. Participants also include individuals who have FAS or FAE.
www.acbr.com/fas

ARC of Hennepin and Carver Counties
Resources for families of children with developmental disabilities include future planning, family support, respite care, assisted technology and managed care. ARC successfully connects families to the wisdom and know-how of other parents, family members and professionals understanding and living the experience throughout their entire lives.
www.archennepincarver.org