

FOETAL ALCOHOL SPECTRUM DISORDERS

What is foetal alcohol spectrum disorder (FASD)?

FASD is an umbrella term used to encompass the range of possible effects of prenatal exposure to alcohol (British Medical Association, 2007). The following diagnostic or educational terms are included in the spectrum:

foetal alcohol syndrome (FAS) – the most easily recognisable condition due to characteristic facial features which are formed during the first trimester of pregnancy and dissipate with age partial foetal alcohol syndrome (pFAS) – some but not all of the criteria for FAS are met

foetal alcohol effects (FAE) – the symptoms are not usually visible (eg behaviour disorders, attention deficits, etc) alcohol related neurodevelopmental disorder (ARND) – can include attention deficits, behaviour disorders, obsessive/compulsive disorder

alcohol related birth defects (ARBD) – includes characteristics such as organ damage, heart defects, sight/hearing problems, skeletal damage and joint defects

A diagnosis of FAS is not an indication of the severity of the impairment, which varies considerably. For a diagnosis, four criteria must be met:

- growth deficiency
- characteristic facial features
- central nervous system damage
- confirmed alcohol exposure

The characteristics of students

The characteristics of FASD are individual to each student depending on timing and dosage of maternal alcohol consumption, and maternal well-being and health during pregnancy. Damage to the central nervous system results in changes to the structure of the brain that will persist throughout life. Permanent damage to organs and bones can occur at particular periods of pregnancy. Generally, however, the following characteristics may be observed in these

Possible strengths

Students may be

- bright in some areas; highly verbal
- artistic, musical, athletic, have good practical skills
- friendly, helpful, affectionate and good with younger students
- determined and persistent.



Likely difficulties

Students may:

- be easily influenced by others
- have difficulty predicting and understanding the consequences of actions
- despite a good vocabulary, struggle to understand what is said to them
- have difficulty in separating fact from fantasy
- display behaviours which will need support, such as lying, stealing, temper tantrums
- have delayed physical, emotional and cognitive development (delayed developmental milestones)
- have poor impulse control, hyperactivity and poor memory
- experience sensory processing difficulties
- have social communication difficulties, particularly in the areas of interpreting the actions of others and in understanding how to respond in social situations; this is due to their impulsivity and lack of inhibition, and may lead to inappropriate sexual behaviour when older
- have dietary and feeding difficulties/small stature/health problems such as frequent and persistent
- colds, visual and hearing impairments.

As a result of their disability, students may experience

- memory problems; difficulty storing and retrieving information
- inconsistent performance (on and off days)
- impulsivity, distractibility, disorganisation
- ability to repeat instructions, but inability to put them into action
- difficulty with abstractions, such as maths, money management, time concepts
- cognitive processing deficits, so need time to take in information and to respond
- slow auditory pace (may only understand every third word of normally paced conversation)
- developmental lags (may act younger than chronological age)
- inability to predict outcomes or understand consequences.

Supporting students with FASD

Have a safe, structured environment, where the student's difficulty in following verbal instruction is supported by visually presented material.

If helpful, use screens or something similar to reduce the distraction around the area where they work.

Keep instructions short and simple.



1. Support their independence and organisational skills by creating clearly defined areas of the classroom for specific activities; use labelling and general tidiness to help them to find what they regularly.
2. Support their independence and organisational skills by creating clearly defined areas of the classroom for specific activities; use labelling and general tidiness to help them to find what they need.
3. Have a set routine for carrying out their work, so they know what is expected of them.
4. Allow them time to take in what is said and to form a response. Provide plenty of repetition to aid recall.
5. Check that they understand class and school rules and give them the chance to go over them regularly.
6. Provide plenty of encouragement and praise when they achieve. Use their strengths and interest to personalise learning and assist motivation.
7. Help them to understand their feelings and practice the vocabulary to express how they feel. (It is thought that up to 80% of children affected by FASD are with foster or adoptive families, and that some may have lived with a number of families before they are placed with adoptive families. These experiences may lead to impaired emotional understanding.)
8. Maintain regular contact with home in order to give consistent messages and to provide support.
9. The transition between primary and secondary education can be difficult for students with FASD, as they may already have had a number of changes in their lives. Try to ensure that there is a smooth transition and that support remains in place.
10. For teenagers, issues around emotions, friendships and sexual behaviour, independence and achievement can be difficult, particularly if family relationships are unusual.

