



# TOPICAL BRIEF

NO. 11

## **Understanding Fetal Alcohol Spectrum Disorders (FASD)**

**BY BARB CLARK, AUTHOR OF *RAISING KIDS AND TEENS WITH FASD: ADVICE AND STRATEGIES TO HELP YOUR FAMILY TO THRIVE!***

A Quick Guide for Caregivers and Professionals

### **WHAT IS FASD?**

Fetal Alcohol Spectrum Disorders (FASD) describe the range of brain and body differences that can occur when a baby is exposed to alcohol during pregnancy. Alcohol exposure can disrupt brain growth and development, leading to lifelong challenges with memory, learning, impulse control, and emotional regulation. No parent does this intentionally; they are either struggling with substance use disorders or had an unplanned pregnancy.

FASD is a brain-based disability, not a behavioral problem. Children, teens, and adults with FASD want to do well — their brains just work differently.

### **HOW COMMON IS IT?**

- FASD affects an estimated 1 in 20 people — making it more common than autism.
- Many individuals go undiagnosed or misdiagnosed as ADHD, ODD, RAD or trauma-related disorders, and many have co-occurring disorders.
- Because FASD is often hidden, others may misinterpret behaviors as willful or oppositional rather than neurological.

### **WHAT'S GOING ON IN THE BRAIN?**

Prenatal alcohol exposure can affect:

- Memory and learning – difficulty storing or recalling information
- Developmentally scattered profiles – most children with FASD don't function at their chronological age, though their expressive language skills often appear age-appropriate
- Executive functioning – trouble with planning, transitions, and time management
- Processing speed – slower to understand or respond
- Impulsivity and inhibition – acting before thinking
- Emotional regulation – big feelings, quick frustration
- Sensory processing – over- or under-reacting to sights, sounds, or textures

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Every person with FASD is unique. Think of it as a mosaic of strengths and struggles.

## COMMON STRENGTHS

- Loyal, caring, and funny
- Highly verbal and engaging
- Determined and hard-working
- Forgiving — “every day is a new day”
- Creative and curious
- Great with younger children and animals

Recognizing strengths helps balance the focus away from “what’s wrong” toward “what works.”

## WHAT CAREGIVERS CAN DO RIGHT AWAY

### 1. Change the Lens

Shift from “*won’t*” to “*can’t (yet)*”.

Behavior is communication — it reflects what the brain can or can’t manage in the moment.

### 2. Adjust Expectations

- Break tasks into one step at a time.
- Use visual supports (schedules, pictures, written lists).
- Offer lots of repetition — learning takes longer to stick.
- Avoid relying on memory or verbal instructions alone.

### 3. Use a Calm, Concrete Approach

Keep directions short, specific, and literal. Instead of saying “Clean your room,” try “Put your clothes in the basket.”

When that’s done, say “Put your toys on the shelf.” One step at a time.

### 4. Create Predictable Routines

Structure helps reduce anxiety and supports regulation.

Use consistent routines for mornings, mealtimes, and bedtime.

### 5. Build Your Support Team

Caring for someone with FASD can be isolating — but you’re not alone.

Connect with:

- Local and/or virtual FASD support groups or parent networks
- Trauma-informed therapists who understand brain-based behaviors
- Schools and caseworkers open to accommodations

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## UNDERSTANDING BEHAVIOR

If you see...	Think about...	Try...
Lying or blaming	Memory gaps or confabulation	Stay calm, write things down, don't accuse
Stealing	Impulsivity/poor cause-and-effect	Keep tempting items out of reach, use natural consequences
Raging or melting down	Sensory or emotional overload	Provide space, lower demands, reconnect later
Repeating mistakes	Difficulty generalizing	Practice in the same way and setting multiple times

## LONG-TERM MINDSET

FASD is lifelong, but with the right supports, individuals can thrive.

- Focus on building interdependence, not independence — success with scaffolding.
- Progress may come slowly, but it's meaningful and real.
- Connection always comes before correction.

## CAREGIVER REMINDER

“My child isn't giving me a hard time — my child is having a hard time.”  
Reframing behavior helps you respond with empathy, not exhaustion.

## HELPFUL RESOURCES

### Websites

- FASD United: [www.fasdunited.org](http://www.fasdunited.org)
- Proof Alliance: [www.proofalliance.org](http://www.proofalliance.org)
- FASD Mosaic: [www.fasdmosaic.com](http://www.fasdmosaic.com)

### Books

- *Raising Kids and Teens with FASD* by Barb Clark
- *Embracing Hope* by Carl Young & Joel Sheagren
- *Trying Differently Rather than Harder* by Diane Malbin