

## DIFFICULT BEHAVIORS IN KEIKI SOMETIMES A RESULT OF FASD



Many resource caregivers and adoptive parents may be living with undiagnosed children & youth affected with Fetal Alcohol Spectrum Disorder (FASD). Their child may appear to be healthy but because FASD affected children have permanent brain damage, learning and controlling behavior can present special problems.

### What is FASD?

FASD is a permanent physical disability with behavioral symptoms that occur in those whose mothers drink alcohol while pregnant. It occurs more frequently than many other commonly known birth defects and encompasses more births than children with Spina Bifida, Down Syndrome and Autism combined.

FASD is diagnosed when children display one or more of these symptoms:

- Small size (weight, height, head size),
- Evidence of changes in facial features (small eye openings, thin upper lip, small jaw),
- Evidence of changes in brain function.

FASD is an umbrella term that describes the following diagnoses: Fetal Alcohol Syndrome (FAS), Alcohol Related Birth Defects (ARBD), Alcohol Related Neurodevelopmental Disorders (ARND).

### Primary behaviors associated with FASD:

- Impulsive, may not be able to predict outcomes,
- May not understand consequences,
- Memory problems, child has on and off days,
- Needs re-teaching often; child may seem to learn a new task one day and not remember it the next,
- Oversensitivity *or* under sensitivity to touch, hearing, smell and/or sight,
- Slow processing pace, may think and hear slower: “Ten second children in a one second world”,
- Gaps in understanding,
- May take longer to mature: A 14 year old may be developmentally more like an 8 year old.

### FASD Affected Children do Best with:

- **Structure**—a predictable environment where they have choices within clear, well-established routines,

- **Supervision**— enough to keep them out of trouble or danger,
- **Simplicity**—basic direction; easy words,
- **Small steps**—tasks broken into small steps and taught through repetition,
- **Context**—skills taught in a specific context without generalizing from one situation to another.

### School & the FASD Affected Child

School can be an ongoing challenge for those affected by FASD. Many schools are poorly informed about this invisible disorder and punish behavior that a child with FASD cannot control. A teacher may think a child affected with FASD is simply lazy when the child has actual difficulties with one or more of the following: mathematics, reasoning, connecting cause and effect, learning from experience, planning and remembering, decision-making and/or social skills.

### O‘ahu FASD Screening Contact:

Dr. Laurie Seaver  
Hawaii Community Genetics  
Kapi'olani Medical Specialists  
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PH: 808-973-3403

### Hawai‘i FASD Screening Contact:

Dr. Pam McKenna  
PH: 808-885-7111

### Recommended Reading

*Fetal Alcohol Spectrum Disorders: Trying Differently Rather than Harder* by Diane Malbin

*Damaged Angels: A Mother Discovers the Terrible Cost of Alcohol in Pregnancy* by Bonnie Buxton

*Fantastic Antone Grows Up: Adolescents and Adults with Fetal Alcohol Syndrome* by Judith Kleinfeld, Barbara Morse & Siobhan Wescott

Some parents have changed the need identified in their child's individualized education plan from "behavioral" to "physical." Behavioral programs with incentives, rewards, and punishments *do not* work for children with FASD.

### **Overlapping Diagnoses**

There may be co-occurring diagnoses associated with FASD such as:

- Failure to thrive
- Attention Deficit Disorder and/or Hyperactivity
- Speech and Language Disorder
- Learning Disability
- Sensory Integration Disorder
- Reactive Attachment Disorder
- Oppositional Defiant Disorder

People with obvious physical disabilities are given accommodations to support them in life. It is just as important to provide accommodations for those affected with FASD. These accommodations include changes in attitudes and expectations. When the child's strengths are identified and built upon, many frustrations can be avoided and positive outcomes are more likely.

### **Common Strengths of FASD Affected Children:**

- Friendly, loyal, kind, loving
- Curious, determined, willing
- Active, energetic
- Creative, artistic, musical
- Concrete, experienced, learn by doing

When raising an FASD affected child, love is important, but not enough. One needs support, training and to understand that a physical brain injury, not choice, dictates some of the child's behaviors.

*Gigi Davidson contributed to this factsheet. She is the Executive Director of 'Ohana Komputer & the parent of 23 year old Russian child affected with FASD. Feel free to contact her at (808) 523-8191 or [gigid@hawaiiintel.net](mailto:gigid@hawaiiintel.net). In addition, some information was excerpted from Elspeth Ross's FASD Forward article that was published in the North American Council on Adoptable Children Adopt Talk—Spring 2008. You can find her entire article at [www.nacac.org](http://www.nacac.org).*

### **Ways to help FASD affected keiki with memory:**

Because memory processing is a neurological function that does not work well in children with FASD disorders, there may be limits to how well the child can process information. It is important to recognize and accept these limits so as not to burden the child with unnecessary frustration and stress. Find an activity or subject that the child enjoys, a mode of expression for which the child has talent (drawing, singing, painting, playing music, etc.) and encourage the child to learn new ways to express the talent that are pleasant and comfortable for the child. Music is one of the best ways to enhance memory for the child with FASD and everyone will enjoy the lesson! Other ideas are:

- Present the child with information that is simple and concrete.
- Show the child, do the activity with the child.
- Read to your child each day
- Repetition, repetition, repetition
- Practice, practice, practice
- If it's an "off" day, don't pressure the child, wait for a better day.
- Use visual cues along with verbal cues (symbols, signs, charts)
- Teach one skill at a time, one step at a time.
- Hands on activity, sensory and tactile (water paint, play dough)
- Encourage exploration and creativity
- Include nature and real life experiences
- Music, rhymes (clapping, tapping, singing)
- Play matching games
- Less distractions, quiet environment (make cubby out of big box)
- One-on-one with eye contact
- Avoid fluorescent lighting or visually stimulating environment
- Freedom to move about without having to sit still
- Cheerful reinforcement (verbal encouragement)
- Frame work visually (place worksheet on a food tray or outline work area with tape)
- Appropriate and effective medication
- Avoid additives in your child's diet (no MSG, food coloring, NutraSweet)

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