



Do you work with children or teens who have behavioral concerns?

Are common strategies and classroom supports not working?

FASD may be the reason.

FASD may affect neurocognitive, adaptive, and behavioral functioning. It is an underdiagnosed disorder with a range of symptoms that may present like ADHD, ID, LD, CD, ODD and/or other common behavioral disorders. However, the usual strategies to manage those disorders are not effective with FASD.

The CDC reports as many as

1 in 20 children

in the US may have FASD.

ADHD = Attention-Deficit/Hyperactivity Disorder, ID = Intellectual Disabilities, LD = Learning Disabilities CD = Cognitive Disabilities, ODD = Oppositional Defiant Disorder

FASD indicators may include:

General

 Suspected or documented prenatal alcohol exposure

Executive Functioning Difficulties

- Problem solving skills
- Planning and organization
- Learning from mistakes
- Difficulty with transitions
- Self regulation difficulties
- Temper tantrums, anger, rigidity
- Hyperactivity
- Impulsivity
- Emotional reactivity

Memory and Learning Difficulties

- Working memory issues
- Difficulty learning and remembering new information

Physical

- Impaired growth/failure to thrive
 - Height and/or weight less than the 10th percentile
 - Head circumference less than the 10th percentile
- Facial abnormalities (fewer than 3% have the following)
 - Thin upper lip
 - Flattened philtrum
 - Small eyes

Adaptive Functioning Deficits

- Difficulties with comprehension and abstraction
- Difficulties understanding social cues/ body language
- Excessive friendliness with strangers/ social immaturity
- Struggles with daily living skills (telling time, managing money)
- Safety issues/need for close supervision and monitoring





