

Information Sheet 2

How Foetal Alcohol Spectrum Disorder affects children

The term Foetal Alcohol Spectrum Disorder (FASD) is used to represent the range of effects that a child who has been prenatally exposed to alcohol may have. It is an umbrella term used to encompass the following:

- Foetal Alcohol Syndrome (FAS)
- Partial Foetal Alcohol Syndrome (PFAS)
- Foetal Alcohol Effects (FAE)
- Alcohol Related Neurodevelopmental Disorder (ARND)
- Alcohol Related Birth Defect (ARBD).

(Information Sheet 8 provides a description of the terms above.)

The foetal brain is vulnerable throughout the 40 weeks of pregnancy and many of the common physical deformities associated with FASD occur during the six weeks of early pregnancy when a woman often does not yet know that she is pregnant. The part of the foetus affected by alcohol consumption is dependent on the stage of pregnancy and the quantity of alcohol consumed.

The resulting primary disabilities (which occur as a direct result of alcohol on the foetus) include deficits that result from damage to the brain and those that result from damage to other parts of the developing foetus such as bones or organs. The changes in brain development are permanent; there is no cure for the damage caused.

How does FASD affect children's brains?

Whether a child has full Foetal Alcohol Syndrome, with a changed physical appearance, or whether they look the same as other children, their brain will be affected. This is caused by the brain not growing as it should and abnormal connections forming between different parts of the brain. This can cause challenges for the child in the following areas:

- Intellectual disability; lowered IQ
- Memory disorders
- Learning disorders
- Attention disorders
- Sensory disorders
- Speech and language disorders
- Mood disorders
- Behavioural disorders
- Autistic-like behaviours
- Sleep disorders.

Often the condition goes undiagnosed, or is misdiagnosed, for example as Autism or Attention Deficit Hyperactivity Disorder (ADHD), and this can lead to **secondary disabilities** which can include:

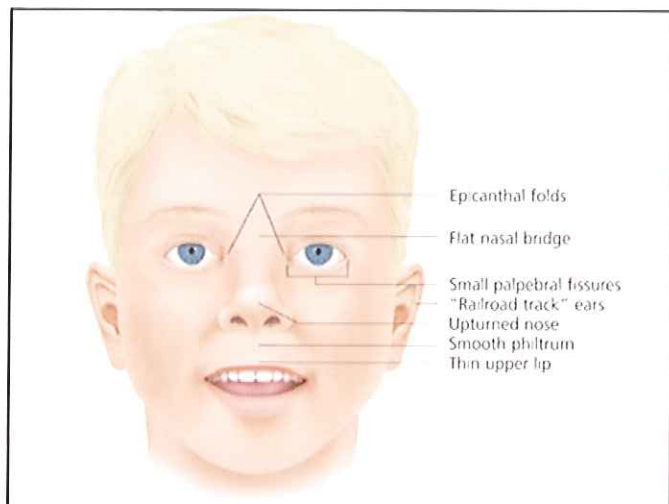
- Loneliness
- School expulsions
- Addictions
- Chronic unemployment
- Promiscuity
- Unplanned pregnancies
- Poverty
- Criminality
- Prison
- Homelessness
- Depression and suicide.

What does a child with full Foetal Alcohol Syndrome look like?

The way a child with full Foetal Alcohol Syndrome looks gives a clue to their disability.

- They may be small and weigh less than other children their age.
- Their head may be smaller than usual.
- They may have smaller eye openings which hide the corners of the eye.

- The middle part of their face may be flattened.
- They may have a small, upturned nose.
- They may have a flattened 'philtrum' (the two ridges running between nose and lips).
- They may have a thin upper lip.



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Babies with FASD are often:

- Of low birthweight
- Over-sensitive to light, noise and touch
- Irritable
- Unable to suck effectively
- Slow to develop
- Vulnerable to ear infections
- Affected by poor sleep/wake cycles
- Too stiff or too floppy
- Resistant to accepting new situations.

As **toddlers and young children**, they are likely to have problems with:

- Poor muscle development and movement skills
- Coordination and balance
- Language
- Learning new skills that other children find easy

- Remembering
- Hyperactivity (they find it difficult to sit still)
- Lack of a sense of fear
- Understanding boundaries
- Their need for lots of physical contact
- Missing typical development milestones such as walking, toilet training, emotional development, etc.

Older children with FASD may experience all of the difficulties above, but also have problems with:

- Distraction (they respond to everything happening around them)
- Impulsiveness (they do not think before they act)
- Paying attention, concentrating and understanding what they hear
- Accepting changes in routine
- Planning and problem solving
- Understanding why something happened (cause and effect)
- Learning from experience
- Responding to requests and questions
- Understanding their own feelings and the feelings of others
- Adapting to the normal stresses of day-to-day living
- Relating to other people (friends and strangers)
- Sensory overload (become confused by too much noise, movement, light, smells)
- Talking and listening (they may only understand one in three words)
- Thinking and doing things in the right order
- Understanding abstractions (e.g. maths, money, time)
- Inconsistent performance (i.e. 'on' and 'off' days)
- Age appropriate behaviour (i.e. they may act younger than their age)
- Lying to fit in and gain approval (e.g. saying they understand an instruction when they do not).

Information Sheet 6

How can I encourage positive behaviour?

Life can be confusing and difficult for children with Foetal Alcohol Spectrum Disorder (FASD). They struggle to understand people, situations and what they are supposed to do. When things become overwhelming, they may lose control. Please see Focus on Strategies for further information about strategies for specific learning areas.



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There are three ways that you can help the child to behave positively:

1. Teach them how to behave with other children through role playing different situations supported by an adult. Keep practising to help them remember
2. Help to raise the child's self-esteem by knowing what they do well, telling them so, supporting them to do it and giving lots of praise and concrete rewards
3. Know how to recognise difficult situations, how to prevent them happening and what to do if they do happen. Help the child to do the same. Through role-play, practise over and over again with them what to do.

How do I help with social skills?

Children with FASD find it difficult to understand boundaries and personal space. For example, they do not understand that a toy that is lying around may be

owned by someone else, or the right way to touch people. Children need to be taught boundaries through play, simple games and repetition.

- Children with FASD do not automatically know how to be someone's friend. They cannot be taught the right behaviour by asking them to copy their peers. Help them to role play different behaviours supported by an adult.
- Talk to the child about what is happening socially and teach them positively what action to take. For example, in a library, point out another noisy child and whisper to your child, 'Mum likes you to be quiet in the library. Let's see how quiet you can be.'
- Children often touch others more if they themselves need sensory feedback. Vibrating toys, rubbing arms and legs with a towel, hand or foot massages with creams and lying under a weighted blanket all give needed sensory feedback. Sometimes children with Foetal Alcohol Spectrum Disorder have the opposite reaction to tactile experiences. They may have a low tolerance for certain fabric or foods.
- Pointing to and naming their own body parts can increase a child's awareness of where they are physically in space.
- Movement based programmes (e.g. Sherborne Developmental Movement) can also provide children with predictable sensory feedback.
- Do not be upset if a child rejects or shies away from physical contact. Although children with FASD touch others, they are often hypersensitive to being touched themselves. Warn the child before you touch them.
- Because of their learning disabilities, children with FASD do not understand how to behave with strangers, or how to avoid dangerous social situations. They need constant supervision and role play practice to develop safe behaviours around strangers.

Building a child's self-esteem

Children with FASD find it difficult to get things right. It is important to build their self-esteem as much as possible. They will need to feel good about themselves to help them cope with the difficult times. Help them to see their own strengths and know their limits.

Positive self-image – Encourage the child to think positively about themselves. Model what to say in real life situations. When they find something difficult, teach the child to say, 'I can do this. I'll give it another try,' instead of 'I can't do this. I'm stupid.'

Positive attention – Reward and praise positive behaviors, and when possible ignore negative ones, so the child receives adult attention in response to good behaviour. Do not use sanctions – they do not work for a child who has problems with memory and controlling their responses. Give them ways of getting attention for doing positive things – perhaps encourage them to show a special object or something they have done.

Asking for help – One of the most important things is to teach the child how and when to ask for help without getting angry or upset. Again, this needs to be taught through lots of practice in role-play and reminders in real life situations.

Help them to realise that every day is a new day – If the day has been difficult for the child, end it by sharing a positive outlook with them:

- Reassure them that everyone has difficult days
- Remind them how the problem was solved, and that they can put it behind them
- Remind them that together you can avoid it happening again.

What to do when the child loses control

Avoiding the situation

- Plan in advance what you will do when an outburst happens and practice with the child what to do. Give them strategies they can use and explore the different

things they could do (e.g. go to a calm place) through role-play.

- Keep an eye on situations which might be difficult, and plan how to redirect children to another pleasurable activity before the situation gets out of control.
- Be aware when the child is becoming over-excited, anxious, confused, etc. Reduce the confusion in the environment (e.g. reduce noise, light, clutter, etc.). Redirect the child sensitively to another activity – perhaps outdoor exercise with a member of staff or some time in the relaxation space with a favourite activity or person.

What to do if an outburst happens

- If the child has an outburst, do not take it personally.
- Follow your plan of action for when a child loses control.
- Make the area safe by moving other children and dangerous objects away.
- Calmly help the child to regain control using the different ways that you have practised together.
- When the child is calm and able to listen without getting upset, talk with them about why the situation happened (in a positive, constructive way, not a critical way).
- Talk about what the child can do next time in a similar situation.
- Practise with the child what to do many times.

How to prevent outbursts

- **Understand the triggers for the child's behaviour** and how to avoid them or minimise them. The child may have lost control because:
 - They did not understand the situation
 - Too much was expected of them
 - They became overwhelmed by everything going on around them (noise, touch, smells, light, etc.).