

FASD Characteristics across the Lifespan

Individual fetal alcohol (FA) characteristics will vary from child to child and as adverse impacts of fetal alcohol exposure are dependent on the timing and dose of alcohol use during pregnancy. This poses a conundrum for diagnosticians because the absence of observable signs or biomarkers (as in partial Fetal Alcohol Syndrome (pFAS); Alcohol Related Neurodevelopmental Disorder (ARND); or Neurodevelopmental Disorder – Alcohol Exposed (ND-AE) means it is often undetected. However, as a guide, damage to the brain means individuals living with FASDs will typically experience some or all of the following characteristics:

- Memory problems
- Difficulty storing and retrieving information
- Inconsistent performance
- Impulsivity, distractibility, disorganization
- Ability to repeat instructions, but inability to put them into action
- Difficulty with abstract thinking – mathematics, money, Time
- Cognitive processing deficits – thinking which is slowed
- Slower auditory pace (may only pick up pieces of the information or instruction)
- Developmental – development is younger than chronological age
- Inability to predict outcomes or understand consequences

INFANCY	EARLY CHILDHOOD
<ul style="list-style-type: none"> ▪ Unusual posturing of hands; ▪ Chronic constipation ▪ Unable to support head ▪ Small head ▪ Often tremulous and irritable and may cry a lot ▪ Weak sucking reflex and muscle tone ▪ Highly susceptible to illness ▪ Problems with bonding ▪ Feeding difficulties, often disinterested in food with feeding taking a very long Time ▪ Erratic sleep patterns, no predictable sleep-wake cycle ▪ Sensitive to light, sound and touch ▪ Failure to thrive ▪ Slow to master developmental milestones – walking, talking, imitating sounds ▪ Poor motor co-ordination 	<ul style="list-style-type: none"> ▪ Disinterest in food and disrupted sleep continues ▪ Moves from one thing to another with ‘butterfly – like’ movements ▪ More interest in people than objects ▪ Overly friendly and highly social ▪ Unable to comprehend danger, limited response to verbal warnings ▪ Prone to temper tantrums and non-compliant ▪ Short attention span ▪ Expressive speech may be delayed, may have less in depth language than peers, may be excessively talkative and intrusive - superficial appearance that speech is not impaired ▪ Easily distractible or hyperactive ▪ Does not respond well to changes, prefers routine and structure.

EARLY SCHOOL AGE

- Reading and writing skills during the first two years may not be noticed as delayed
- Arithmetic (maths) may be more of a problem than spelling/reading
- Attention deficits and poor impulse control become more apparent as demands for classroom attention increase
- Inability to transfer learning from one situation to another or to learn from experience
- Requires constant reminders for basic activities at home or school
- Information is learned, perhaps retained for a while and is then lost and poor performance of 'learned' tasks may appear deliberate
- Gross motor control problems – clumsy
- Fine motor control problems – handwriting, buttons, shoe laces
- Difficulties with social skills and interpersonal relationships, be unable to share, wait for a turn, follow the rules or cooperate, be inappropriately intrusive
- Poor peer relationships and social isolation, may prefer to play with younger children or adults rather than peers
- Memory deficits
- Exists in the here and now and seems to lack an internal Time clock
- Unable to monitor his/her own work or to pace self

MIDDLE SCHOOL AGE

- Delayed physical and cognitive development
- Reading and spelling skills usually peak
- Increased difficulty maintaining attention, completing tasks and mastering new academic skills
- Usually very concrete thinking, may have trouble working with ideas or concepts, tends to fall further behind peers as world becomes increasingly abstract and concept based
- Continuing fine motor problems may make volume work production impossible
- Good verbal skills, superficially friendly social manner and good intentions often mask the seriousness of the problem
- Psychological evaluation and remedial placement may be necessary
- A pattern of school suspensions may begin

ADOLESCENCE

- Increased truancy, school refusal and dropout
- Increased behavioural disruption in school
- Reading comprehension is poorer than word recognition
- Faulty logic, lacks basic types of critical thinking and judgement skills
- Mathematics tends to be the most difficult task suggesting poor memory, poor abstract thinking and difficulty with basic problem solving
- May indicate an understanding of instructions but are unable to carry these out, may have learned to act as though there is understanding of instructions but cannot follow through
- Often misjudged as being lazy, stubborn, and unwilling to learn
- Increased problems with abstract thinking and the ability to link cause and effect
- Depressed/ suicidal ideation or withdrawn and isolated
- Impulsive, total lack of inhibition and easily influenced, subject to peer manipulation and exploitation
- Difficulty showing remorse or taking responsibility for actions
- Problems managing Time and money
- High risk for problems with law and involvement with criminal justice system likely
- Difficulty identifying and labelling feelings
- Low motivation
- Low self-esteem
- Clinical depression may be evident
- Sexual boundary issues with sexual activity beginning at an earlier age
- May not exhibit primary symptoms of FASD but may display secondary disabilities
- Have a need to develop social skills appropriate to their age group
- High risk for exploitation and peer manipulation

ADULT

- Uncontrolled repetition of a particular response - ideas or activities may appear compulsive and/or rigid
- Poor social skills and difficulty holding jobs
- Unable to live independently
- Unable to safely parent children
- Problems managing money
- Lack of reciprocal relationships
- Unpredictable
- Alcohol and other substance misuse