

FASD and ADHD

There is overlap, but important differences.

FASD and ADHD can look alike in some ways, but they are different conditions with different causes, and different implications for support. FASD and ADHD can occur together.



FASD



Caused by prenatal alcohol exposure.



Can affect a wide range of neurodevelopment functions, including attention, memory, learning, planning, set-shifting, fluency, communication, adaptive functioning, and everyday life skills.



Verbal and non-verbal fluency



Learning difficulties can reflect underlying brain-based processing differences, not attention alone.

Executive-function difficulties often show greater impairment in:



Planning



Set-shifting: difficulty changing mental gears, rules, strategies, or expectations when circumstances change.

Both



Inattention



Impulsivity



Hyperactivity and restlessness



Executive-function difficulties, with different patterns of impairment



Working memory difficulties



Adaptive-functioning difficulties occur in both, but are typically more severe and longer-lasting in FASD, continuing into adulthood.

ADHD



Can have multiple causes, including genetic, neurological, environmental, and developmental factors.



Attention difficulties are central, including sustaining, dividing, and shifting attention.



ADHD-targeted treatments, including medication and behavioral strategies, can improve ADHD symptoms.



Executive-function difficulties often include inhibition and attention regulation.

Recognizing FASD changes the question from “Why isn’t this working?” to “What support is missing?”



Same outward behavior does not mean the same brain problem.

“Inattentive,” “forgetful,” “impulsive,” “doesn’t follow directions,” and “needs constant reminders” can describe either condition. Observation tells us what happened. Direct assessment helps identify why.



fasdnetworknortherncalifornia.org
fasdnetworknorcal@gmail.com

Note: Every person is different. Both FASD and ADHD can vary widely in how they affect an individual. The differences shown here describe common patterns seen across groups, not every person.



Why Identifying FASD Matters



An ADHD diagnosis can explain some of the difficulties. It does not explain the full FASD neurodevelopment profile or the support needs that can come with it.

1 ADHD will capture only part of the disability

FASD can affect attention, memory, learning, planning, shifting, communication, adaptive functioning, and everyday life skills. An ADHD diagnosis can identify some of the difficulties while leaving the broader FASD profile unrecognized.

2 Functional ability can be overestimated

A person may speak well, test well, or appear capable while functioning much lower in daily life. In FASD, adaptive functioning is often substantially weaker than IQ or verbal ability would suggest.

3 Brain-based difficulty is easily misread as behavior

Forgetting, getting stuck, repeating mistakes, failing to follow through, or performing inconsistently can be mistaken for defiance, laziness, manipulation, or lack of motivation.

4 Traditional behavior plans can fail and make things worse

Reward-and-consequence approaches rely on memory, anticipating outcomes, generalizing learning, and shifting behavior. When those functions are impaired, more consequences can increase stress and anxiety without fixing the underlying problem.

5 Supports need to match the brain profile

FASD often requires more external structure, repetition, supervision, concrete supports, simplified steps, environmental modification, and help carrying skills from one situation to another.

6 Independence cannot be predicted from intelligence

Average IQ or strong verbal skills do not mean a person can consistently manage daily living, judgment, money, appointments, work, relationships, or safety.

7 Identification changes assessment and accommodations

Recognizing FASD shifts evaluation beyond attention symptoms toward executive functioning, adaptive functioning, memory, learning, communication, and other neurodevelopmental domains.

8 The intervention target changes

Instead of focusing only on the behavior, ask what brain function is getting in the way and what support needs to be provided externally.



Bottom line

Stopping at ADHD can underestimate the disability. If FASD is not recognized, a person can be given interventions that depend on abilities they do not reliably have, then be blamed when those interventions fail.