PART 1

FASD in Behavioral Health:

HELPING SKILLS TRANSFER BEYOND THE THERAPY ROOM

Brain functioning changes the approach

Fetal Alcohol Spectrum Disorder (FASD) is one of the most common neurodevelopmental disabilities - yet it is widely overlooked in mental health settings.

LANDMARK FINDING: **>90%** have a co-occurring mental health disorder (Streissguth et al., 1996)

MEMORY AND INFORMATION PROCESSING



- Working memory, short-term memory, and retrieval are commonly impaired. (1,2)
- Holding and organizing information in the mind is harder.
- Multi-step directions and abstract concepts are difficult.
- New learning struggles to "stick" without repetition and support.

CONFABULATION: NOT LYING



- Memory gaps may be filled with information that feels true. (1,2)
- This is confabulation.
- It is not intentional or dishonest.
- Verify important information with records or caregivers.

One in 20

People in the U.S. have FASD.[2]

Frequently Missed

Often mistaken for ADHD, anxiety, depression, PTSD, autism, and more. [12]

Brain-Based

Affects memory, executive functioning, adaptive functioning, and learning.[12]

Life Long

Difficulties persist across the lifespan and may affect therapy outcomes.[123]



WHEN INSIGHT ALONE ISN'T ENOUGH

Most talk therapy is built on the idea that people can reflect, gain insight, and then change their behavior.

Many people with FASD have dificulty translating insight into action because of challenges with executive functioning, memory, language processing, and the ability to generalize learning to real life. [123]

Concepts discussed in therapy often don't become everyday actions without explicit teaching, practice, repetition, and support outside the therapy room.



Understanding FASD changes assessment, expectations, and treatment.

Different needs. Different support. Better outcomes.

TRADITIONAL PSYCHOTHERAPY OFTEN ASKS...

- What was your motivation?
- What were you thinking?
- What could you do diferently next time?

FASD-INFORMED PRACTICE ALSO ASKS...

- What skills are missing?
- How can we teach them?
- How can we practice them?
- How can we support them outside this room?

1. Brown et al. (2018) – Mental health practice
2. Glass et al. (2023) – Current FASD review
3. Strieker et al. (2025) – Evidence-based intervention guideline

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PART 2

FROM INSIGHT TO ACTION

Helping skills transfer beyond the therapy room



Adapt the method, not the person.

The goal is not just to talk about change - it's to teach, practice, and build skills that stick.

THERAPY INSTRUCTION	WHY THIS MATTERS	IN PRACTICE
Don't rely on memory.	Memory is a major challenge. Don't expect them to remember what was discussed or agreed upon.	• Write key points down. • Use apps for reminders. • Use checklists and step-by-step instructions. • Send notes after sessions or summary
Memory isn't always accurate.	Confabulation is not lying. Memory gaps may be filled with information that feels true.	• Verify important information with records or caregivers. • Ask questions in different ways. • Stay curious, not confrontational. Check facts compassionately, not confrontationally.
Use simple, concrete language.	Abstract or complex language can be confusing and misleading.	• Use short, clear sentences. • Avoid idioms and figures of speech. • Define what you mean. • Ask: "Explain in your own words or show me." Say: "Let's take a break." Not: "Let's hit the pause button."
Repeat, practice, and check learning.	New information needs to be repeated and practiced many times to stick.	• Review key points every session. • Practice in session. • Ask them to show understanding. • Expect many repetitions. "Explain that back to me."
Teach skills where they'll be used.	Skills don't generalize on their own. Real-life practice with support is essential.	• Role-play real situations. • Practice skills in different settings. • Break big skills into smaller steps. • Prepare for what might happen.
Involve caregivers.	Consistency across people and settings helps the brain learn and behavior change.	• Share strategies with caregivers. • Give written steps or examples. • Encourage daily practice. • Celebrate small wins together.

KEY CLINICAL CONCEPT

Knowing what to do and being able to do it are not the same thing.

UNDERSTANDING IN THERAPY

- Learns the skill
- Can explain it
- Recognizes it
- Plans to use it

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USING THE SKILL IN EVERYDAY LIFE

- Remembers in the moment
- Applies it under stress
- Navigates real-life demands
- Does it consistently

IMPLICATION FOR PRACTICE:

- Adapt therapy to support learning, not just insight.
- Involve support people.
- Build repetition and reinforcement into the plan.

Every person with FASD has a unique pattern of strengths and challenges. The strategies in this guide are based on commonly recognized neurodevelopmental differences but should always be individualized.

References

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