

FETAL ALCOHOL SPECTRUM DISORDER

If you don't think you see people with FASD, think again.

FASD is often missed or misdiagnosed. It affects outcomes across the lifespan and across service systems.



FASD is a lifelong, brain-based disability affecting core brain functions.



MENTAL HEALTH • BEHAVIORAL HEALTH

- Treatment may fail when it depends on memory, insight, self-monitoring and carry over into daily life.
- May be interpreted as manipulation or treatment resistance, or misdiagnosed as mood or personality disorders.



CHILD WELFARE • FOSTER CARE • ADOPTION

- Brain-based needs may be treated as behavior problems, driving placement instability and caregiver burnout.
- FASD-related needs may be attributed solely to trauma or attachment problems, or blamed on defiance or poor parenting.



SCHOOL SOCIAL WORK • SPECIAL EDUCATION

- Students may be disciplined for skills they cannot consistently access, while academic and functional gaps grow.
- May be labeled ADHD, ODD or anxiety, or interpreted as truancy or "not trying."



HOMELESSNESS • HOUSING SERVICES

- Executive-function challenges can lead to missed appointments, lost paperwork, rule violations and housing loss.
- May be labeled irresponsibility, lack of motivation or unwillingness to follow rules.



JUSTICE • PROBATION • FORENSIC SERVICES

- Memory problems, impulsivity and difficulty learning from consequences can lead to repeated violations.
- May be interpreted as lying, deliberate rule-breaking or lack of remorse.



SUBSTANCE USE SERVICES

- Treatment plans may fail when they require planning, remembering strategies and independently managing triggers.
- Repeated relapse may be seen as lack of motivation rather than need for adapted supports.



HEALTHCARE • HOSPITAL SOCIAL WORK

- A person may seem to understand but still be unable to manage medications, appointments, referrals or discharge plans.
- Missed care may be mistaken for poor compliance or lack of concern about health.



FAMILY • CAREGIVER SUPPORT

- Families often function as the person's external planner, organizer and regulator.
- Their advocacy may be mistaken for overparenting, enabling or poor boundaries.



DEVELOPMENTAL DISABILITY • ADULT TRANSITION SERVICES

- People may appear too capable for support while still struggling with everyday functioning and independence.
- Support needs may be mistaken for immaturity, laziness or unwillingness to "grow up."

YOU ARE SURROUNDED

People with FASD are in every system.

THE COMMON THREAD



What looks like: Noncompliance • Defiance • Manipulation • Laziness • Treatment resistance • Poor parenting • Lack of motivation

May actually involve: Memory • Executive functioning • Processing speed • Impulse control • Adaptive functioning • Emotional regulation • Sensory • Difficulty generalizing learning • Poor understanding of abstract concepts

RECOGNIZING FASD-RELATED BRAIN DIFFERENCES CAN REDUCE FRUSTRATION AND IMPROVE OUTCOMES.

COULD IT BE FASD?

Do you see clients returning again and again?

Why recognition matters

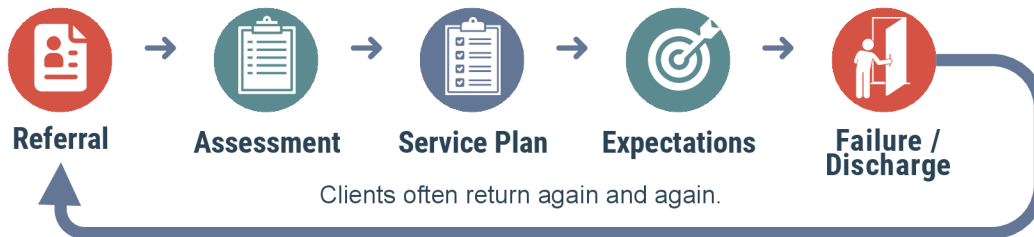
MISSED OR MISDIAGNOSED

People with Fetal Alcohol Spectrum Disorder (FASD) may also carry diagnoses such as ADHD, autism, trauma-related conditions, anxiety, depression, bipolar disorder, or other mental health conditions. These conditions can coexist with FASD, which may still go unrecognized.

An alphabet soup of diagnoses can be a red flag.

A COMMON SERVICE PATHWAY

Services may be asking for skills the disability affects.



SIGNS IT COULD BE FASD

- An alphabet soup of diagnoses
- Repeated failure despite increasing services
- Adaptive functioning much lower than verbal or cognitive ability
- Appears to understand, but cannot consistently carry things out
- Significant variability from day to day
- Difficulty learning from past experiences
- Receptive language may be weaker than expressive language
- Acts or functions younger than expected for age
- May not understand danger
- Vulnerable to exploitation

FASD MAY AFFECT

- Memory
- Executive functioning
- Processing
- Regulation
- Judgement
- Adaptive functioning
- Generalization of learning
- Receptive language
- Cause-and-effect understanding
- Abstract reasoning
- Cognition



WHAT IS FASD?

A lifelong brain-based disability affecting core brain functions, caused by prenatal alcohol exposure.

1 in 20

people may have FASD.



DIAGNOSTIC CAPACITY

Extremely limited.



ONLY ABOUT

1%

are diagnosed



PROFESSIONAL TRAINING

Most professionals receive little to no FASD-specific training.

HOW THIS MAY LOOK AT DIFFERENT AGES

CHILDREN AND TEENS



- School struggles
- Emotional overwhelm
- Caregiver carrying executive functioning load
- Repeated behavior, school or placement concerns
- Home instability
- Interaction with drugs, alcohol, or the law can begin as early as age 12



ADULTS

- Missed appointments
- Incomplete paperwork
- Crisis cycling
- Unstable follow-through
- Appearing capable while not managing daily demands independently
- Housing instability
- Justice involvement

— WHEN FASD ISN'T RECOGNIZED —

Fetal Alcohol Spectrum Disorder (FASD) is a lifelong, brain-based disability affecting core brain functions. Typical interventions and interactions often do not work.

UNIDENTIFIED FASD



FASD IS NOT IDENTIFIED

The person's history and signs of FASD, including underlying brain involvement, go unrecognized.



NEEDS ARE MISREAD

The person may receive diagnoses such as ADHD, ASD, RAD, anxiety, bipolar disorder or other mental health conditions or learning disabilities, while FASD remains unrecognized.



SUPPORTS DON'T MEET NEEDS

Interventions are not designed for FASD, so the person's needs remain unmet.



INCREASED VULNERABILITY

Lack of understanding and support can make people with FASD more vulnerable to being manipulated, harmed, or kicked out, leading them to repeatedly reach crisis systems.

DIAGNOSED FASD (BUT NOT RECOGNIZED)



FASD IS IDENTIFIED

The person receives an FASD diagnosis, but understanding of FASD is limited.



SUPPORTS ARE STILL A POOR FIT

Professionals lack training in FASD, so typical services and approaches do not work well.



CAREGIVERS FILL THE GAPS

Caregivers become the translators, case managers, advocates, and support system. They explain the disability, coordinate services, and provide support that systems often fail to provide.



WHAT HAPPENS WHEN CAREGIVER SUPPORT IS UNAVAILABLE?

Support may not be available forever. Some adults do not accept help, some lose support, and some are left in systems that still do not understand FASD.

THE DE FACTO FASD SERVICE SYSTEM

When needs remain unidentified or unsupported, people with FASD are more likely to end up in systems not designed for their disability. These systems may become the default source of support.



MENTAL
HEALTH



SUBSTANCE
USE & RECOVERY



HOMELESSNESS
& HOUSING



JUSTICE
SYSTEM



PUBLIC
ASSISTANCE

"Services were offered"
is not the same as
services are accessible.



With professional training, identification, and service modifications,
PEOPLE WITH FASD CAN SUCCEED



FASD AND SOCIAL WORK

Cheat Sheet to Successful Advocacy

Understanding how Fetal Alcohol Spectrum Disorder (FASD) affects everyday functioning can help social workers recognize unmet needs, develop accessible plans, and improve continuity of support.

1 LEARN BEFORE YOU INTERPRET

Review what is already known before drawing conclusions.

- Learn how FASD affects brain development, memory, executive functioning, processing, learning, and adaptive skills.
- Review existing assessments and previous service records, not just the diagnosis page.
- Look for patterns across reports and settings, even when FASD has never been identified.
- Consider whether current services and expectations reflect the person's actual functioning.
- Begin adapting support when needs are apparent. A formal FASD diagnosis is not required to make services more accessible.

Avoid assuming: repeated difficulties reflect a lack of motivation without considering underlying limitations.

2 UNDERSTAND HOW THE PERSON ACTUALLY FUNCTIONS

A brief intake may not reveal the support someone needs in everyday life.



For children and youth

- Involve caregivers early, alongside the child or young person.
- Ask what caregivers routinely remind, organize, prepare, supervise, anticipate, or do on the child's behalf.
- Identify support that has become so routine that caregivers may not think to mention it.
- Ask what happens when that support is unavailable.
- Ask about capacity and tolerance: how much can the child manage before becoming overwhelmed or unable to continue?



For adults

- Ask what is easy, what is difficult, and what requires assistance.
- Ask who currently supports them and whether they would like that person involved.
- Explore what happens between appointments, particularly with paperwork, scheduling, transportation, and following through on plans.
- Recognize that support needs may continue throughout adulthood, even when someone communicates fluently or appears independent.
- Ask about overwhelm, capacity, and how much the person can realistically manage in a day.

Avoid assuming: verbal ability or performance during an appointment equals independent functioning in daily life.

3 MAKE THE PLAN ACCESSIBLE

Match the plan to the person's abilities and available support.

- Develop the plan with the person and, when appropriate, caregivers or chosen supporters.
- Break the plan into clear, manageable steps with realistic timelines.
- Build in practical help with reminders, organization, transportation, paperwork and follow-through. Identify who will provide it.
- Consider total demands. Several manageable tasks may become overwhelming when combined.
- Anticipate difficulties, arrange support early and maintain supports that are working.
- Identify what needs to be done with the person, who will provide that assistance, and who will help with follow-through.

Avoid assuming: agreement during a meeting means the person can independently carry out everything discussed.

4 INTERPRET DIFFICULTY DIFFERENTLY

When a plan isn't working, examine the barriers before concluding the person is disengaged, declining services, or failing to follow through.

- Did the person understand and remember what was being asked?
- Could they initiate, organize, and complete the next step?
- What assistance or change in the environment might make participation possible?
- Consider whether the pace, complexity, communication, or expectations of the service need to change.
- Could stress, fatigue, sensory overload, or emotional dysregulation be affecting the person's ability to participate?
- Does the person feel safe in the relationship?

Avoid assuming: repeated difficulty means the person needs fewer supports rather than a different approach.

5 MAINTAIN CONNECTION AND FOLLOW-THROUGH

Help ensure referrals result in meaningful access to services.

- Make calls together, assist with applications, and arrange appointments when needed.
- With permission, communicate relevant information and support needs to the next provider.
- Help the person navigate transitions without repeatedly having to explain their history and disability.
- Check whether the new service is accessible and whether the support is actually working.
- Before closing a case, consider whether the person has successfully connected with the support they need.
- A trusting relationship can promote engagement and follow-through.
- **Respect self-determination while offering the assistance needed to exercise it.**

Avoid assuming: a referral, phone number, or accepted application means the person can access and use the service.



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1 in 20
may have FASD

Limited diagnostic capacity

<1%
diagnosed

Professionals are not trained



FASD AND SYSTEM FAILURE

Example: Probation

A young man on probation was told he could not leave Santa Cruz County. Later, he went to Los Angeles and posted pictures of the trip all over social media.



WHAT DID HIS BRAIN NEED TO DO TO FOLLOW THE RULE?

1

TAKE IN AND STORE THE CONDITION

Could he attend to the instruction, process it, and store it in memory?



- Attention
- Processing
- Encoding
- Memory

2

UNDERSTAND THE MEANING

What does "leave Santa Cruz County" actually mean?



- Language
- Concrete understanding
- Comprehension

3

UNDERSTAND THE BOUNDARY

Did he know where Santa Cruz County ended?



- Practical knowledge
- Spatial understanding
- Abstract concepts

4

REMEMBER THE RULE

When the trip came up, did the condition come back to mind?



- Memory retrieval
- Working memory
- Executive functioning

5

APPLY THE RULE TO THIS SITUATION

Could he connect going to Los Angeles with the rule?



- Generalization
- Working memory
- Abstract thinking

6

CHANGE COURSE

Could he stop, shift plans, and figure out how to get back?



- Flexibility
- Inhibition
- Problem-solving
- Adaptive functioning

7

ANTICIPATE CONSEQUENCES

Could he connect leaving the county with violating probation and future jail?



- Future thinking
- Cause and effect
- Judgment

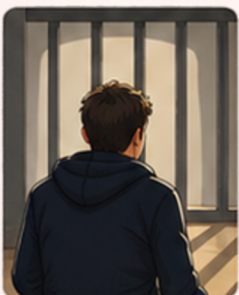
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UNDERSTAND THE SOCIAL MEDIA CONNECTION

Did he realize posting pictures could document the violation?



- Judgment
- Foresight
- Generalization
- Cause and effect



He violated probation and...

He went back to jail.

From the outside, this can look like obvious defiance. But each step required brain functions that may have been assumed rather than understood.

MOST FASD IS UNIDENTIFIED

Recognizing FASD can change what happens next:

You can make a difference.



better
assessment



appropriate
supports



more effective
probation
planning



possible
Regional Center
referral

Recognizing FASD, knowing the signs, reviewing history, and using appropriate assessment can help identify where breakdowns may occur and what support is needed to prevent them from happening again.