Overlapping Behavioral Characteristics of FASD & Related Mental Health Diagnoses in Children

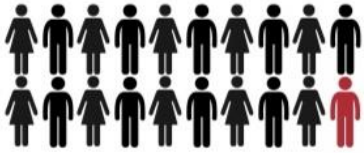
Overlapping Characteristics & Mental Health Diagnoses	FASD	ADD/ ADHD	Sensory Int. Dys.	Autism	Bi-Polar	RAD	Depres-sion	ODD	Trauma	Poverty
	Organic	Organic	Organic	Organic	Mood	Mood	Mood	Mood	Environ	Environ
Easily distracted by extraneous stimuli	X	X								
Developmental Dysmaturity	X			X						
Feel Different from other people	X				X					
Often does not follow through on instructions	X	X					X	X	X	X
Often interrupts/intrudes	X	X	X	X	X		X			X
Often engages in activities without considering possible consequences	X	X	X	X	X					X
Often has difficulty organizing tasks & activities	X	X		X	X		X			X
Difficulty with transitions	X		X	X	X					
No impulse controls, acts hyperactive	X	X	X		X	X				
Sleep Disturbance	X				X		X		X	
Indiscriminately affectionate with strangers	X		X		X	X				
Lack of eye contact	X		X	X		X	X			
Not cuddly	X			X		X	X			
Lying about the obvious	X				X	X				
Learning lags: "Won't learn, some can't learn"	X		X			X			X	X
Incessant chatter, **or** abnormal speech patterns	X		X	X	X	X				
Increased startle response	X		X						X	
Emotionally volatile, often exhibit wide mood swings	X	X	X	X	X	X	X	X	X	
Depression develops, often in teen years	X	X				X			X	
Problems with social interactions	X			X	X		X			
Defect in speech and language, delays	X			X						
Over/under-responsive to stimuli	X	X	X	X						
Perseveration, inflexibility	X			X	X					
Escalation in response to stress	X		X	X	X		X		X	
Poor problem solving	X			X	X		X			
Difficulty seeing cause & effect	X			X						
Exceptional abilities in one area	X			X						
Guess at what "normal" is	X			X						
Lie when it would be easy to tell the truth	X				X	X				
Difficulty initiating, following through	X	X			X		X			
Difficulty with relationships	X		X	X	X	X	X			
Manage time poorly/lack of comprehension of time	X	X			X		X			X
Information processing difficulties speech/language: receptive vs. expressive	X			X						
Often loses temper	X		X		X		X	X	X	
Often argues with adults	X				X			X		
Often actively defies or refuses to comply	X				X			X		
Often blames others for his or her mistakes	X	X			X		X	X		
Is often touchy or easily annoyed by others	X				X		X	X		
Is often angry and resentful	X						X	X		

Preventing Costs, Supporting People: The Case for Investing in FASD

Fetal alcohol spectrum disorders (FASD) are a group of diagnosable medical conditions that can occur in individuals with exposure to alcohol before birth. Thankfully, early diagnosis and supports can protect against the costly adverse outcomes of this full-body, lifelong disability.

1 in 7 pregnancies are alcohol exposed [6]

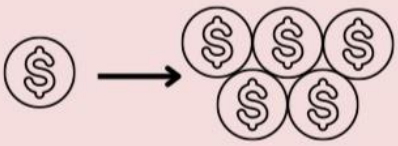
Alcohol exposure prior to recognition of pregnancy can lead to FASD. FASDs are not 100% preventable, but many costly outcomes are.



1 in 20 Americans estimated to have an FASD [5]

Cost Savings at All Levels

Pregnancy Support

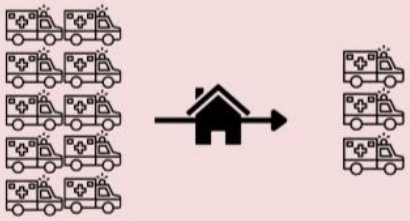


Alcohol screening & brief intervention during pregnancy returns $4–$5 for each $1 invested [4]

Early Identification and Support

Early ID before age 6 = 2–4x less likely to experience costly adverse life outcomes [20]

Long-term Interventions



Sustained community supports, like supportive housing programs, can decrease dependence on costly emergency services [34]

The Price of Ignoring FASD

Annual Federal Funding for FASD Programs vs. Total U.S. Expenditures Associated with FASD [2,3]

Healthcare, Education, Justice, Productivity Loss, and Child Welfare

Annual cost between $24-$45K/person (an

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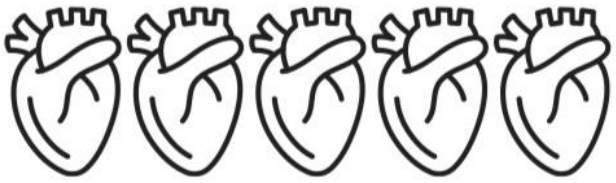
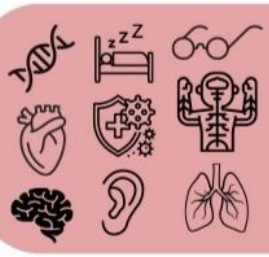
Lifelong Disability, Lifelong Costs



People with FASD are 5x more likely to have congenital heart defects [12]



428 conditions affecting body and brain systems are known to co-occur with FASD [10]

82% of people prenatally exposed to alcohol have at least one co-occurring diagnosis [11]

3–10x higher overall healthcare costs [8,9]

Education plans costing 2–3x more than general education [21, 22]

19x more likely to be incarcerated, costing $35–$60K/year/person [25]

People with FASD face unemployment at rates of up to 80% [27]

Building a Stronger Nation Must Include FASD Support

> It is reasonable to conclude that PCAP has the potential for significant cost savings. However, cost savings alone do not capture the societal benefits of keeping parents with their children, improving family well-being, and supporting mothers…
>
> *Parent-Child Assistance Program Outcomes Suggest Sources of Cost Savings for Washington State, Produced by Casey Family Programs and the University of Washington for the University of Washington.* [32]

A study found that **86.5%** of youth with FASD in child welfare had **never been diagnosed** or had been **misdiagnosed** [23]

Early diagnosis and **FASD-informed supports** can improve outcomes throughout the lifespan and **reduce lifelong costs**

Universal alcohol screening and brief interventions in primary care reduce alcohol exposure 20–40% [28]

Want Citations or More Information? Scan Here

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The Rate of FASD in School Age Children is 1/20

CDC, 2023

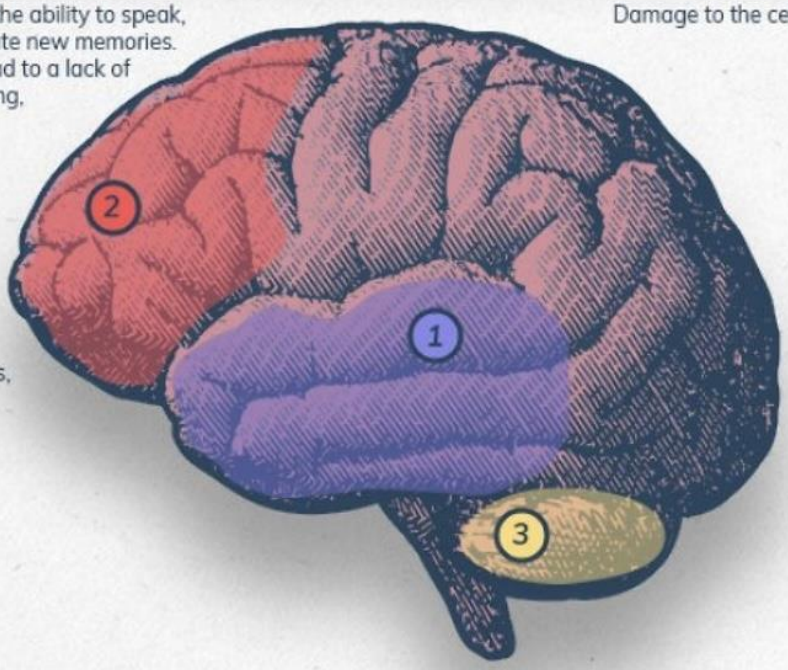
THE DAMAGE THAT ALCOHOL DOES TO THE BRAIN

1 TEMPORAL LOBE:

The temporal lobe controls the ability to speak, understand words, and create new memories. Damage to this area can lead to a lack of control inhibition while talking, memory problems, and language issues.

2 FRONTAL/ PREFRONTAL CORTEX:

When there is damage to the frontal or prefrontal cortex, problem solving skills, morals, inhibition, and limit empathy.



3 CEREBELLUM:

Damage to the cerebellum can lead to motor control issues.

Diagnoses under the FASD umbrella include:

- Fetal alcohol syndrome (FAS)
- Partial fetal alcohol syndrome (pFAS)
- Neurobehavioral disorders associated with prenatal alcohol exposure (ND-PAE)
- Alcohol-related neurodevelopmental disorders (ARND)
- Alcohol-related birth defects (ARBD)
- Static Encephalopathy/Alcohol Exposed (SE/AE)

Who Does FASD affect?

Any individual may face the possibility of their child developing FASD if they consume alcohol during pregnancy. This includes people with substance use disorders (SUDs) and those who drank prior to recognition of pregnancy. Yet, FASD affects us all. Systems, providers, families, and individuals can benefit from access to accurate, FASD-informed information to promote healthy pre- and post-natal outcomes for everyone.

FASDs are lifelong and affect people uniquely throughout their lifespan.

Social Determinants of Health Related to FASD:

- Access to/quality of healthcare & education
- Access to nutritious foods
- Social and community context
- Economic stability
- Neighborhood & built environment

FASD-Informed Systems

People with FASD can thrive and succeed when systems are FASD-informed and FASD is given their seat at the table.
Recognition and accommodation of people with FASD and PAE is crucial. Modifications and shifts in practices and policies will support the complex needs of people with FASD. Key systems include:

- Neurodiversity
- Child Welfare
- Education
- Justice
- Public Health

4/30/24

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Fetal Alcohol Spectrum Disorders (FASD)

Fetal alcohol spectrum disorders **(FASD)** are a group of diagnosable medical conditions that can occur in a person who was exposed to alcohol before birth. As many as **1 in 20** Americans may have an FASD.[1] While there are many characteristics associated with FASD, each person with FASD has distinct challenges and strengths. Every person with FASD is unique.

Possible Characteristics of FASD [2-4]

Physical concerns

- Low body weight, problems with the heart, kidneys, or bones, poor coordination, vision or hearing problems

Learning challenges

- Difficulty with memory, learning disabilities, speech and language delays, intellectual disability

Behavioral issues

- Hyperactive behavior, impulsivity, emotional volatility, difficulty with attention, poor reasoning and judgment skills, trouble with executive functioning

Sensory differences

- Strong eating preferences, aversion to certain textures, easily distracted by auditory or visual stimuli, very sensitive or insensitive to pain

Social difficulties

- Difficulty with social cues like body language and facial expressions, dysmature social behavior, challenges with peer relationships

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Resources

FASD United Family Navigators

- Navigators provide personalized one-on-one peer support, referrals to vetted resources and services, and assistance with medical, educational, and disability benefits.

Resource Directory

- Over 1,200 professionally vetted resources for all 50 states.

Centers for Disease Control and Prevention (CDC)

- Information about FASD, including stories from people with living experience.

Sources

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Published 3/2025

How is **FASD** Recognized **in** the State of **Kentucky**?

FASD stands for fetal alcohol spectrum disorders, a range of disabilities caused by prenatal alcohol exposure (PAE). As many as 1 in 20 children in the United States have an FASD. **To learn more, visit FASDUnited.org**

FASD is not recognized by the State Department of Health.

Information about FASD is not available on the Kentucky Department for Public Health website.

The state does not include FASD in its definition of Developmental Disability.

People with FASD may qualify for waiver services through the State.

Although FASD is not a named condition, a person with FASD may still qualify. There is no IQ cutoff for waiver services, and individuals have to be diagnosed prior to age 22.

FASD is not recognized by name in the state for Special Education services.

FASD is not specifically listed as a condition to qualify for Special Education.

The state tracks rates of alcohol-exposed pregnancies.

Questions about prenatal alcohol use are asked in the state's PRAMS survey.

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How Are Alcohol-Free Pregnancies Supported in Kentucky?

The state requires a warning sign for alcohol sales.

Warning signs about the risks associated with prenatal alcohol exposure are required for alcohol sales.

Ky. Rev. Stat. Ann. § 243.895

13% of people binge drink.

Binge drinking is especially risky, whether or not someone is pregnant. Reducing alcohol use can improve health outcomes.

47% of pregnancies are unintended.

Prenatal alcohol exposure can happen before pregnancy is confirmed. When pregnancy is unintended, this may take at least 4-6 weeks, and many people continue drinking during this time.

13.5% of pregnancies in the United States are exposed to alcohol.

Effects are lifelong and can include mental health conditions, learning disabilities, sensory issues, and physical manifestations such as heart defects, hearing and visual impairments, and more.

Sources:

- May, PA, Chambers, CD, Kalberg, WO, Zellner, J, Feldman, H, Buckley, D, et al. (2018) Prevalence of fetal alcohol spectrum disorders in 4 US communities. JAMA. 319(5):474–82.
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Local Resource on FASD:

THE PAPILLION CENTER

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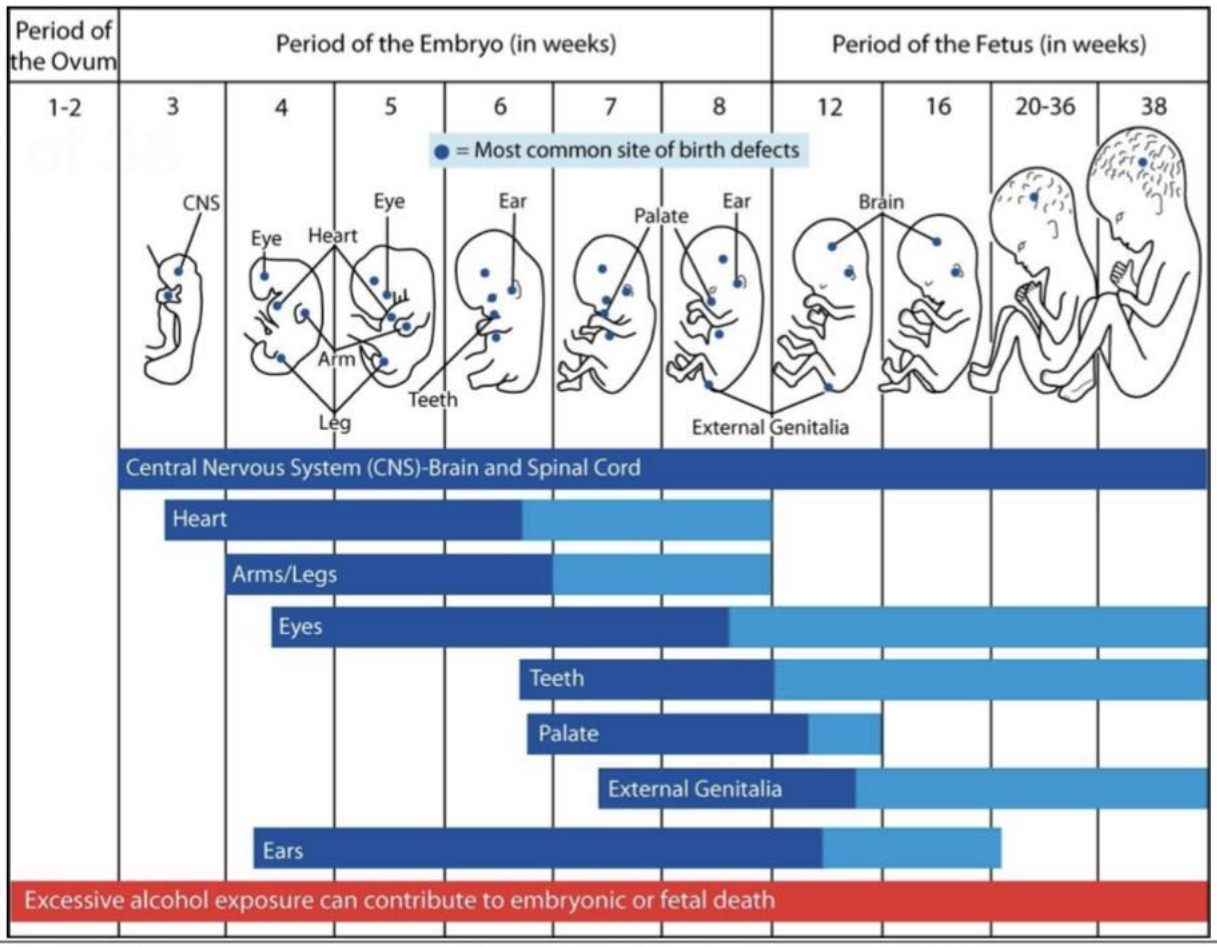

Figure 1 Vulnerability of the fetus to defects during different periods of development. The blue portion of the bars represents the most sensitive periods of development, during which alcohol-induced (i.e., teratogenic) effects on the sites listed would result in major structural abnormalities in the child. The lt blue portion of the bars represents periods of development during which physiological defects and minor structural abnormalities would occur. SOURCE: Adapted from Moore and Persaud 1993.

Jacobson, S. (1997). Assessing the impact of maternal drinking during and after pregnancy. Alcohol Health Res World 21(3): 199-203.

The FASD Respect Act Builds a System of Care

Fetal Alcohol Spectrum Disorders (FASD) are lifelong physical, behavioral, and intellectual disabilities caused by prenatal alcohol exposure. According to the CDC, FASD impacts as many as one in twenty Americans.

The provisions in this act can:

Support the creation of a State FASD Task Force and the creation of a state plan for FASD

Introduce the use of evidence-based FASD behavioral interventions

Supply trained mentors, housing assistance, vocational training and placement, **for adults with FASD**

Provide **resources and supports for individuals with FASD**, parents, caregivers and professionals

Integrate FASD informed care into existing programs and services

Decrease the recidivism rate for FASD in the justice system through the training of police, judges and prison staff

Reduce waste and increase the effectiveness of FASD programming through the creation of FASD Centers for Excellence

Expand diagnostic capacity to other cities through mentoring and training

Identify FASD under IDEA and provide training for schools on teaching students with FASD

Provide **FASD education** to **foster care** and **adoption** training programs

Build knowledge and capacity of professionals to identify individuals with a possible FASD diagnosis

Reduce the incidence of FASD through the reduction of substance exposed pregnancies

Improve recovery of adults and teens with FASD through FASD informed addictions treatment services.

FASD is a Bi-Partisan Issue

Senate Sponsors (S. 1800):

- Senator Lisa Murkowski (AK-R)
- Senator Amy Klobuchar (MN-D)

House Sponsors (H.R. 3946):

- Don Bacon (NE-R)
- Betty McCollum (MN-D)

The FASD Respect Act

Building the Foundation for Change #FASDRESPECT

For more information go to www.nofaspolicycenter.org

Giving FASD a Seat at the Table Means...

We aim to secure a presence for FASD in decision-making and discussion forums across various fields, including areas of study, professions, and societal sectors.

For Example:

- Education
- Policy
- Healthcare
- Child Welfare
- Neurodiversity
- Substance Use
- Maternal Health
- Mental Health

A Well-Rounded Table Includes...

- Access to Early Identification and Intervention
- Enhanced Communal Support for both the person with FASD and their caregiver(s)
- Stigma-Free Prevention Messaging
- Accurate Diagnosis
- FASD-Informed Systems of Care
- Recognition and Accommodations
- Reduction of Stigma
- Strengths as well as Challenges

Give FASD a Seat at the Table

FASD AWARENESS MONTH '24

Preventing Costs, Supporting People: The Case for Investing in FASD

Fetal Alcohol Spectrum Disorders (FASDs) are a group of lifelong body and brain-based developmental disabilities associated with prenatal alcohol exposure (PAE). FASD places an economic strain on our healthcare, education, child welfare, justice, and employment systems. Relevant costs estimates are:

- A **Lifetime cost** per person is $2.0 to $2.4 million USD [1,2]
- An **Annual cost** per person is $24 to $45 thousand USD (amortized lifetime)
- Total US **annual expenditure of** approximately 215 billion USD (using 2% prevalence. [2,3]
- **Cost of inaction** per birth cohort is $1.7 to $2.0 billion USD/year for new births

These costs are avoided or reduced by prevention, early diagnosis, appropriate services and systemic support. These measures are **far more effective than ignoring this highly prevalent disability**. The cost of inaction—financially, socially, and morally—is far greater than the cost of proactive care.

- Alcohol screening & brief intervention returns $4-$5 for each $1 invested [4]
- Early diagnosis & coordinated support substantially reduce total costs throughout the lifespan.
- Supportive education/employment reduces long-term justice & disability costs.

FASD is often a non-apparent disability, but FASD is not rare, impacting up to 1 in 20 Americans. [5,6] Yet, programs and services addressing childhood disability and maternal health devote far less resources to FASD than its scale demands. FASD is often not included in discussions of disability and systems of care, including education, resulting in missed opportunities for early intervention, prevention, and family supports. Supporting individuals with FASD strengthens entire systems of care. When schools, healthcare providers, and public agencies are prepared to respond to FASD, they perform more efficiently and effectively, benefiting not just those with FASD, but all who rely on these systems.

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For more information go to www.nofaspolicycenter.org

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Family Counseling Center

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