



# FASD: Questions and Answers

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## Q. What is the difference between the primary and secondary disabilities of FASD?

Fetal Alcohol Spectrum Disorder (FASD) describes a range of lifelong disabilities resulting from prenatal exposure to alcohol. We know that maternal alcohol consumption injures the structure, function and design of the brain, resulting in a physical disability, that is mostly invisible to us (Malbin, 2006). It is helpful to understand the various primary and secondary disabilities that may go along with this invisible injury to the brain.

When we talk about **primary disabilities**, we mean those disabilities that a child is born with that are caused directly by the prenatal exposure to alcohol. Primary disabilities may impact cognitive, physical, behavioural, or sensory functioning. The most significant primary disabilities are those that result from neurological damage to the central nervous system. Some examples of primary disabilities are impaired **cognitive functioning** (how we think, ability to perform mental tasks and intellectual functioning) including:

- slower cognitive pace and reduced ability to pay attention,
- difficulty with judgment, perception, prediction, and planning,
- trouble with abstract thought and generalizing information from one setting to another,
- difficulty with learning and memory, leading to story telling and filling in the blanks that might be perceived as lies.

In addition to impaired cognitive functioning, **behavioural disabilities** are an issue. Some examples are:

- problems with interpersonal skills and reading social cues,
- impulsive actions along with a lack of inhibitions,
- actions resulting from poor understanding of boundaries and ownership,
- struggles with regulating emotion,
- rigid and inflexible behaviour patterns,
- being easily influenced, overly trusting, and **dysmature** (Malbin, 2006) meaning they act younger than they are,
- sleep problems and being overly active.

While many of the disabilities relate to cognitive functioning and behavioural issues, there are some **physical and sensory disabilities** that are worth noting, such as:

- delayed motor development and poor motor control,
- lower height and weight along with characteristic facial features,
- hearing impairments and auditory processing problems,
- damage to body systems like the skeletal, renal, and circulatory systems,
- high or low pain tolerance, sensitivity to light, sound, texture or stimulation.

This is a long list of primary disabilities. Keep in mind that no two people are alike and each person will experience varying affects; some will be affected mildly and others will be significantly affected. This holds true for secondary disabilities as well.

**Secondary disabilities** are those difficulties that arise later in life due to a poor fit between the individual's needs and ability to function in a particular environment. Complications arise most often because of an undiagnosed primary disability, a lack of intervention, lack of services, or ineffective strategies and unrealistic expectations.

Some common secondary disabilities and characteristics related to FASD are mental health problems, low self esteem, difficulties with school, trouble with the law, being a victim of crime, substance use and abuse leading to addictions, employment problems, inappropriate sexual behaviour, housing problems and homelessness (Streissguth et al.1997). Secondary disabilities can be prevented through the presence of protective factors like a stable nurturing home, early diagnosis, effective support and environmental accommodations. It is important to be alert to the development of secondary disabilities and then access those services and supports that are available in the community. You may need to encourage community service providers to become informed about FASD.

With the recognition of the primary disabilities associated with FASD and an awareness of the vulnerability to secondary disabilities, we can all better support individuals living with FASD. For more information please contact the Network office; contact information on page 12.

#### Reference:

Streissguth, A. (1997) *Fetal Alcohol Syndrome: A Guide for Families and Communities*. Baltimore, MD: Paul H. Brookes Publishing. pp 270 -275.  
Malbin, D. (2006) Training Session, Regina, Saskatchewan.