

A.L.A.R.M.S. is a frequently used acronym that helps people recall the common signs of FASD. These six categories represent the primary characteristic behaviours of individuals with FASD. These characteristics are rarely found in isolation. For example, a student with attention disorders, weak reasoning skills and memory deficits may appear to lack “common sense” and have trouble learning due to their unique combination of challenges.

These behaviours in the classroom reflect a “poor fit” between our standard educational expectations and the environment in which the student is working. Because students with FASD are brain damaged they cannot meet current educational expectations for behaviour and instead produce the primary behavioural effects of FASD. Therefore, these behaviours are reflective of brain damage and are the clearest indication that on-going support is needed. In other words: **Behaviours = Brain Damage.**

CHARACTERISTICS	COMMENTS
<p>Adaptation – effectiveness with which a student relates to the world around them at an age-appropriate level. Adaptive difficulties are often the biggest deficit with FASD.</p>	<ul style="list-style-type: none"> • Act younger than their chronological age, otherwise known as <i>dysmaturity</i>. • Have difficulty following rules, understanding social boundaries and social skills. • Have difficulty maintaining positive social relationships (keeping friends). • Show poor judgement in school, work and community situations. • Have problems with transitions (rotary timetable, supply teacher, etc.). • Often show inconsistent performance (have a skill one day and but not the next day). • Show poor hygiene and self-care.
<p>Language - frequent difficulties with understanding and using language; lots of “language” but little comprehension.</p>	<ul style="list-style-type: none"> • Say they understand when they do not (“can talk the talk but can’t walk the walk”). • Can repeat instructions but not put them into action. • Do not understand the subtleties of language (taking hints and reading social cues). • Have difficulty understanding abstract language (e.g. soon, later, perhaps). • Do not recognize that different words require the same behaviour (e.g. “walk” and “don’t run” mean the same thing). • Exhibit weak narrative skills. • Have difficulty using language in a social situation (pragmatic skills).
<p>Attention - ADD/ADHD is frequently diagnosed. Psycho-stimulant medications might not work because the underlying brain chemistry and infrastructure may not be typical.</p>	<ul style="list-style-type: none"> • Have difficulty with staying on task. • Appear to be hyperactive and/or hypoactive. • Display distractibility and restlessness. • Have great difficulty filtering out stimuli. • Have difficulty inhibiting behaviours (they say things without thinking, are impulsive).
<p>Reasoning - Most have average IQ and may have average language assessment scores but will not be able to access or use this information and/or skills when needed.</p>	<ul style="list-style-type: none"> • Have great difficulty with mathematics, science, time and money concepts. • Have difficulty learning from consequences. • Do not respond to usual sanctions and rewards programs (detentions, incentives, etc.). • Have trouble with predicting outcomes (do not connect cause and effect). • Have trouble with generalization (knowing that old rules apply in new situations). • Tend to focus on pieces rather than the whole concept. • Have difficulty seeing all possibilities.

	<ul style="list-style-type: none"> • Are unable to empathize with others or understand how their actions affect others. • Tend to be risk takers because they lack a sense of danger. • Exhibit suicidal ideation and behaviour from an early age.
<p>Memory – When a student has weakness in memory, they will experience challenges in the learning environment.</p>	<ul style="list-style-type: none"> • Difficulty with acquiring literacy skills (e.g. forgetting the beginning of the word by the time they get to the end of the word when sounding out a word). • Difficulty retrieving information from their knowledge base ('finding' the right word). • Difficulty following directions and taking tests. • Unable to transfer knowledge from formal learning to everyday application (they may be able to spell a word on their spelling test but not in their journal). • No internal dialogue to complete sequential tasks (e.g. math, steps to cleaning locker). • Cannot multi-task and/or monitor their progress while working. • Cannot remember events and/or information or rules to guide actions (e.g. remembering the 'hands off' rule at recess). • Cannot solve problems independently. • Do not complete work or answer questions within normal timelines. • Memory variability (they could remember a fact or operation yesterday but not today). • Often confabulate answers ("make it up") which looks like lying but is a cover-up for memory gaps.
<p>Sensory Processing - Students feel overwhelmed by sensory information (hypersensitivity), and/or seek out intense sensory experiences (hyposensitivity). Some students can exhibit both types of sensory processing disorders.</p>	<ul style="list-style-type: none"> • May misinterpret everyday sensory information (e.g. sight, taste, touch, sound, movement and smell). • May interpret light touch as an "attack". • Respond negatively to buzzing from fluorescent lighting. • May want to wear hoodies or caps to reduce stimuli. • React intensely to sudden or loud noises (e.g. fire alarm, school P.A. systems, noise in the halls). • Be over-stimulated in cluttered classrooms. • Self-stimulate (rocking in chair, banging pencil on desk) to calm themselves. • Be overly sensitive to perfumes, colognes, food odours. • Have oral fixations (e.g. chewing clothing, hair, biting fingernails). • May experience extreme irritation from tags and textures of clothing. • May not report injuries because they do not feel the pain. • May not eat their lunch because they do not feel hungry or put on or off coats because they don't feel cold/heat.

Note: This list provides some examples of primary brain based FASD behaviours but is not exhaustive and should not be used for diagnostic purposes.

A.L.A.R.M.S. in Your Classroom (Based on the original work of Conry, J. and Fast, D., "Fetal Alcohol Syndrome and the Criminal [Justice](#) System", BC FAS Resource Centre, December 2000.)

[You Are Seeing This In Your Classroom | FASD ONE \(fasdontario.ca\)](#)

Resource provided by the Fetal Alcohol Resource Program at ABLE2
If you have any questions, please contact us at 613-761-9522 Ext 234 or fasd@able2.org