



Understanding FASD: From Stigma to Support

Reframing brain-based differences to transform outcomes for individuals and systems

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The Opening Scenario: When Bright Children Are Misunderstood

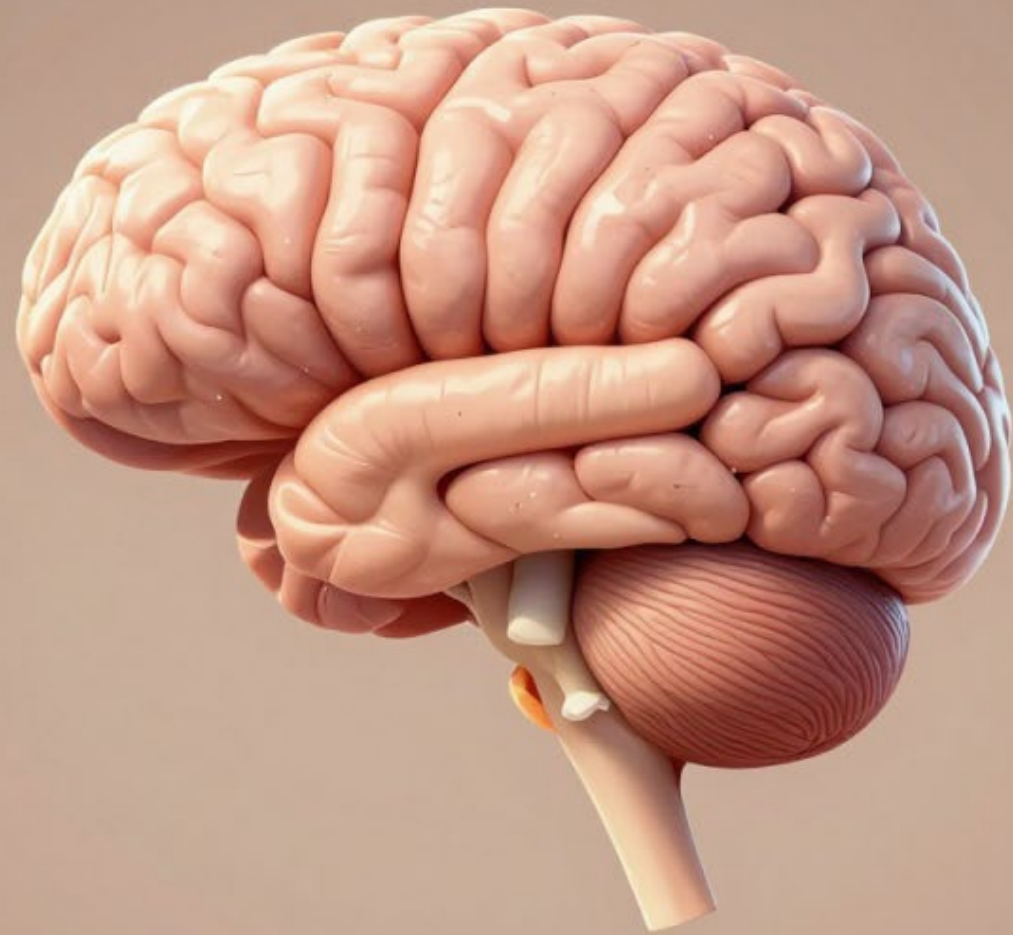
"Imagine a child who is bright, funny, and curious. Yet every day they are told they are lazy, defiant, or not trying hard enough."

Many of these individuals may have Fetal Alcohol Spectrum Disorder (FASD) one of the most common developmental disabilities, yet one of the least recognized.

- 1 Estimated 1–5% prevalence in the US**
- 2 Most individuals remain undiagnosed throughout their lives**
- 3 Present in child welfare, education, and justice systems, but rarely identified**



What is FASD? Prenatal Alcohol Exposure Creates Permanent Brain-Based Differences



Spectrum of Disorders

FASD includes Fetal Alcohol Syndrome (FAS), Partial FAS, and Alcohol-Related Neurodevelopmental Disorder (ARND).



Root Cause

Prenatal alcohol exposure affects brain development, creating permanent structural differences.



Brain-Based, Not Behavioral

These are brain differences, not willful behavior or character flaws. Critical reframe needed.



Brain Domains Impacted by FASD

Brain-Based Differences: 'Can't' Not 'Won't'

Executive Functioning

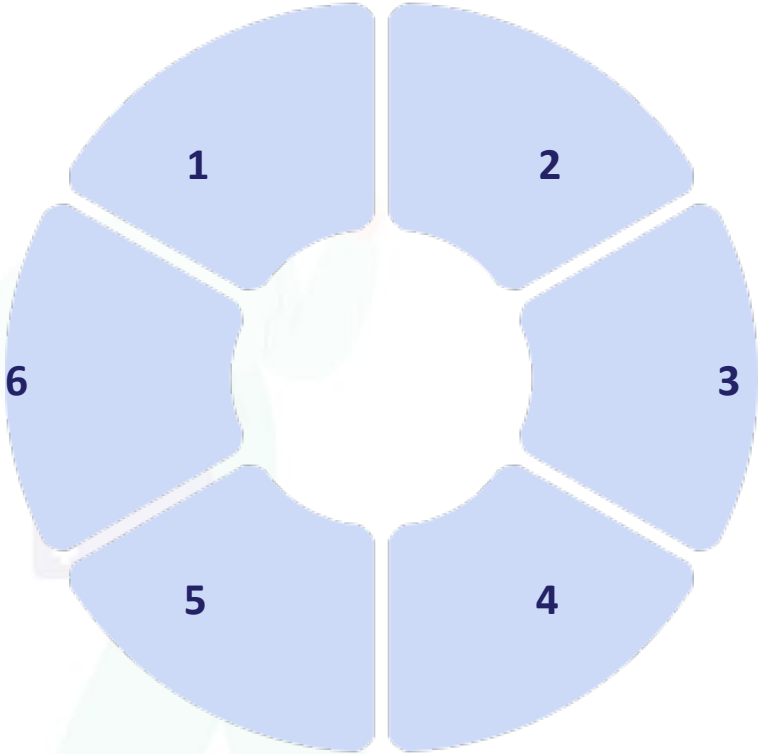
Challenges with planning, organizing tasks, and controlling impulses that affect daily decision making and goal-directed behavior.

Adaptive Functioning

Challenges with daily living skills and social navigation that affect independence, routines, and successful community participation.

Sensory Regulation

Difficulty managing sensory input and emotional responses, often resulting in overwhelm, avoidance, or atypical reactivity to stimuli.



Memory & Learning

Difficulty retaining new information and recalling learned material, impacting academic performance and skill acquisition over time.

Processing Speed

Slower understanding and response to information which can lead to delayed reactions and increased time needed to complete tasks.

Cause-Effect Reasoning

Impaired ability to connect actions with consequences, making it harder to learn from experiences and adjust future behavior accordingly.



The Diagnostic Gap: Why 95% of FASD Cases Go Unidentified

Despite affecting 1-5% of the population, most individuals with FASD never receive a diagnosis. This diagnostic gap creates decades of misunderstanding and inappropriate interventions.

Barriers to Diagnosis

- **Maternal shame and stigma**
- **Lack of universal screening**
- **Limited trained diagnostic clinics**
- **Provider unfamiliarity with FASD**
- **Symptom overlap with other conditions**

Consequences

- **Labeled with ADHD, ODD, anxiety, learning disabilities, or attachment disorders**
- **Root cause remains unaddressed**
- **Secondary symptoms multiply**
- **Escalating behavioral crises**



System Failure: FASD Is Not a Billable Mental Health Diagnosis

1

FASD Not Billable

FASD itself cannot be billed by most mental health agencies, leaving affected individuals without access to diagnosis-driven services.

2

Treat Secondary Symptoms

Systems focus on anxiety, ADHD, and depression rather than the underlying neurodevelopmental condition, resulting in symptom-targeted care.

3

Interventions Fail

Without addressing the neurodevelopmental disability, interventions are mismatched to needs and often fail to produce sustained improvement.

4

Crisis Escalation

Individuals cycle through services as behaviors worsen, leading to repeated crises and exhaustion of both clients and systems.

Financial and clinical misalignment perpetuates the diagnostic gap and treatment failures.



Maternal Stigma: The Primary Barrier to Early Identification

Alcohol use during pregnancy is complex and requires compassionate understanding

Addiction

Substance use disorder is a medical condition that requires evidence-based treatment and support rather than punitive responses, especially during pregnancy.

Untreated Trauma

Unresolved past trauma frequently contributes to substance use during pregnancy; trauma-informed care is essential to address root causes and promote healing.

Poverty & Barriers

Lack of resources, unstable housing, and limited access to healthcare create substantial barriers that prevent pregnant people from obtaining timely support and services.

Insufficient Education

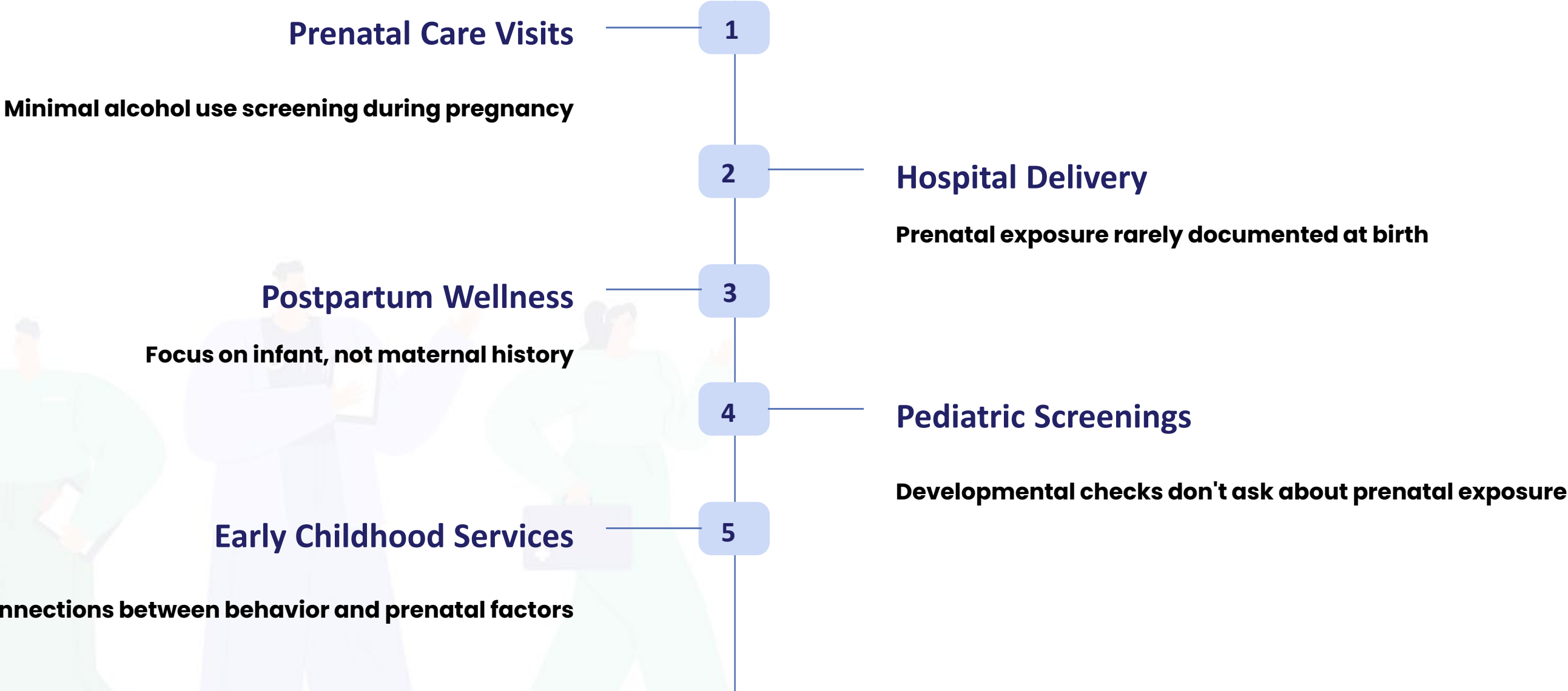
Many people have limited awareness of how alcohol affects fetal development; clear, nonjudgmental education is needed to inform safer choices and care.

Stigma Drives Concealment

Fear of judgment, legal consequences, or loss of custody leads many to conceal substance use, preventing early identification and access to supportive interventions.



Missed Screening Opportunities: Critical Windows We're Failing to Use



Early identification could prevent decades of misunderstanding. Every missed screening is a potential life trajectory altered.

Visual emphasis: highlight these missed opportunities with prevention-focused messaging and prioritize screening integration across these critical windows.



Maternal Support Must Replace Shame: Compassionate Systems Enable Disclosure

When mothers feel safe to disclose, children can be identified early. Support for mothers is support for children's futures.



Non-Judgmental Screening

Routine, compassionate prenatal alcohol screening



Accessible Treatment

Substance use treatment during and after pregnancy



Trauma-Informed Care

Addressing root causes with empathy



Mental Health Support

Integrated behavioral health services



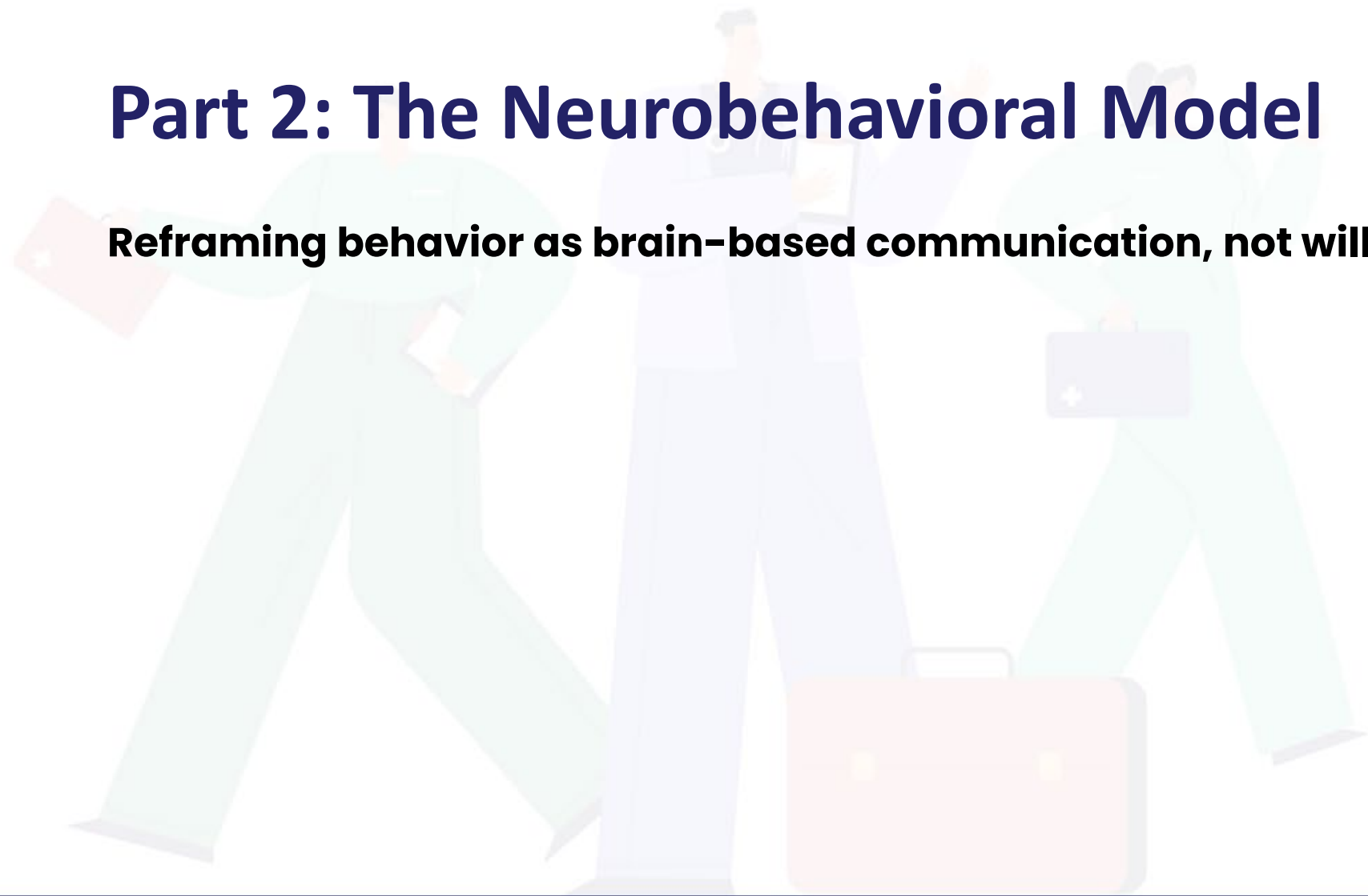
Postpartum Follow-Up

Continued support for at-risk mothers



Part 2: The Neurobehavioral Model

Reframing behavior as brain-based communication, not willful defiance



The Neurobehavioral Model: Behavior as Communication of Brain Differences

Traditional Model ✗

Child Seen As...

- **Oppositional and defiant**
- **Manipulative**
- **Deliberately non-compliant**
- **Lazy or unmotivated**

Result: Punitive responses escalate problems

Neurobehavioral Model ✓

Paradigm Shift...

- **Behavior = expression of brain differences**
- **Not character flaws**
- **Memory and processing challenges misread as defiance**
- **FASCETS framework: understand the brain to understand behavior**

Result: Supportive responses improve outcomes

From 'What's wrong with this child?' to 'What happened to the brain?'



Case Example: When 'Defiance' Is Actually Executive Function Impairment

Traditional Interpretation

The Problem

A child repeatedly breaks the same classroom rule despite multiple reminders and consequences.

Interpretation

Child knows the rule but chooses to break it — oppositional behavior

Response

Escalating consequences (loss of recess, detention, suspension)

Outcome

Behavior persists or worsens; relationship damaged

Key Insight: Changing our response changes their trajectory

Neurobehavioral Interpretation

The Reality

A child repeatedly breaks the same classroom rule despite multiple reminders and consequences.

Interpretation

Child may not retain rule, cannot generalize across settings, struggles with impulse control due to executive function deficits

Response

Visual cues, reduced verbal load, consistent repetition, environmental supports

Outcome

Behavior improves when approach matches brain needs





Support Through a Neurobehavioral Lens

Reducing crisis cycles by addressing root neurodevelopmental needs

Reframe Behavior

Helping families understand behavior as brain-based, not willful

Coordinate Services

Bridging medical, educational, and mental health systems

School Advocacy

Securing appropriate accommodations and IEP support

Caregiver Education

Teaching why traditional consequences fail and what works

Environmental Supports

Building structures that prevent dysregulation and crisis



Practical Strategies: Making the Neurobehavioral Model Work



Visual Supports

Why repetition and visual cues help when verbal instruction doesn't stick



Adjust Expectations

Helping families match expectations to actual brain capacity, not chronological age



Reduce Overwhelm

Decreasing sensory and cognitive load in environment prevents dysregulation



Prevent Escalation

Without FASD understanding, families and providers escalate consequences – increasing failure

Case management bridges the gap between diagnosis and daily life. Families shift from frustration to empowerment.



Early Identification Prevents Secondary Complications Across Lifespan

Without Early Diagnosis: Risk Factors

- Increased likelihood of school failure and eventual dropout due to unmet learning and behavioral needs.
- Higher rates of mental health disorders such as depression, anxiety, and post-traumatic stress symptoms without timely support.
- Elevated risk for developing substance use disorders as individuals attempt to self-medicate or cope with challenges.
- Greater chance of involvement with the justice system stemming from untreated behavioral and social difficulties.
- Increased probability of unemployment and homelessness when early identification and supports are lacking.

With Early Support: Protective Factors

- Early diagnosis enables tailored interventions that significantly improve developmental and functional outcomes.
- Stable and understanding caregiving provides predictable environments that promote emotional regulation and resilience.
- Appropriate educational supports reduce learning gaps and increase engagement, decreasing long-term academic failure.
- Neurobehavioral-informed interventions address underlying brain-based difficulties and improve daily functioning across settings.
- Effective system coordination ensures families access services early, reducing risk trajectories and supporting positive outcomes.

Understanding the brain early changes life trajectory



Recommendations for Vermont Systems: Four Pillars of Improved FASD Response



Improve Screening

Universal prenatal alcohol exposure screening in all healthcare settings



Provider Education

Train pediatricians, educators, mental health clinicians, and child welfare workers on FASD identification



Maternal Support

Non-punitive screening, accessible substance use treatment, comprehensive postpartum support



System Recognition

Expand diagnostic capacity, increase FASCETS training, create billing pathways for FASD-informed care



Shifting the Paradigm: From 'What's Wrong?' to 'What Happened to the Brain?'

When we shift from asking 'What's wrong with this child?' to 'What happened to the brain?' we begin to create systems that support rather than punish.

Key transformation points

1 From blame
to understanding

2 From punishment
to support

3 From symptom management
to addressing root
neurodevelopmental cause

Impact

When systems understand FASD, interventions become effective rather than escalating. Investment in early identification and maternal support yields lifelong prevention of secondary issues.

Vermont has the opportunity to lead in FASD-informed care.

Compassionate understanding of brain differences transforms lives.

Let us move forward with an inspirational, forward-looking commitment to systems that heal, support, and prevent.



An illustration of a diverse group of people. In the foreground, a woman with dark curly hair and a yellow top has her hand raised. To her right, a woman with short dark hair and a grey top has her hand raised and is holding a white document. On the left, a woman in a red top has her hand raised. There are three light blue speech bubbles: one with a play button icon near the woman in yellow, one with a document icon near the woman in grey, and one with a hand-drawn icon near the woman in red. The background is a light blue gradient.

Questions & Discussion

Thank you for your commitment to understanding FASD and supporting individuals and families