Social and Emotional Issues in Fetal Alcohol Syndrome (FAS)

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A great many social, emotional and behavioral problems have been attributed to the effects of prenatal alcohol exposure. It is possible to find descriptions of the “typical” FAS child and lists of negative characteristics that are attributed to people with FAS. Most of these behaviors have been shown not to be attributed directly to prenatal exposure. Rather, the combination of developmental or cognitive delays associated with FAS and certain environmental stressors seems to cause these behaviors in some individuals with FAS.

Nevertheless, there are some behavioral patterns that are associated very often with FAS. A good example is that of an “attachment disorder.” An attachment disorder is a complex problem that occurs in children who have not had the opportunity to form a close and trusting relationship to an adult in the way children usually do. Some of the characteristics include overly “friendly” behavior, running away, and withdrawal from caregivers. Because many children with FAS spend time in difficult environments, or have multiple placements, many of them develop attachment disorders.

Children and adolescent with FAS and other alcohol-related disorders may be developmentally delayed, have mental retardation or have problems with specific learning differences or disabilities. These conditions are often associated with social, emotional, behavioral, and academic problems. When these and other deficits are not identified early in life, children may be viewed as being deliberately “bad” or having “emotional” problems when, in fact, they are unable to act in ways that caregivers ask of them. Such labels can be very damaging to self-esteem. In fact, in a recent study of
“secondary disabilities” associated with FAS and fetal alcohol effects, researchers found that the earlier that diagnosis occurred, the less likely such problems were to occur. That is, when the children’s condition was understood before school age, long-term behavioral and social problems were less likely.

In adolescence, young people with FAS may have difficulty meeting social and behavioral expectations. Problem areas include developing appropriate life skills, becoming independent of parents, making appropriate social contacts, and preparing for academic and vocational challenges. Again the very real problems encountered by individuals with FAS are similar to those encountered by other persons with developmental disabilities. Often the response to frustration and to the physical demands of puberty is “acting out” behavior. The developmentally delayed adolescent is often less able to control this type of behavior than are other adolescents.

To summarize, children with FAS may have behavioral and emotional problems. Some of these problems result from the effects of prenatal alcohol exposure. Many other problems result from the postnatal environment and/or the developmental delays experienced by the affected individuals. The cause may be a combination of the effect of the alcohol on the child’s brain and an unsupportive or confusing environment. Diagnosis and treatment of these problems requires that the child be seen by professionals who are experienced in working with such children.

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