

did you know

- Each year, 7,061 babies are born in MN with prenatal alcohol exposure.¹
- FASD costs Minnesota \$131 million each year. This includes the cost for education, juvenile justice, medical and mental health services.²
- Diagnosable cases of FASD are more common than originally estimated. Currently 24-48 children per 1,000 have an FASD or closer to 4% for some groups.³
- 50% of individuals with an FASD have a history of confinement in a jail, prison, residential drug treatment facility, or psychiatric hospital.⁴

1. 2009 Annual MN Births, Minnesota State Demographic Center X current percentage of pregnant women who self-identify for drinking alcohol while pregnant from CDC (70,617 births X 10.2% or 1 in 10)

2. Lupton, C.; Burd, L.; and Harwood R. 2004. Cost of fetal alcohol spectrum disorders. American Journal of Medical Genetics 127C (671):42-50.

3. Phillip A. May, et al, "Prevalence and Characteristics of Fetal Alcohol Spectrum Disorders," Pediatrics, Volume 134, Number 5, November 2014.

4. A. Streissguth et al. Risk Factors for Adverse Life Outcomes in Fetal Alcohol Syndrome and Fetal Alcohol Effects, (2004) Journal of Developmental and Behavioral Pediatrics, Vol. 25, No. 4

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eight essentials for success

Interventions for those with Fetal Alcohol Spectrum Disorders (FASD)



Developed by
Deb Evensen and Jan Lutke, 1997

Adapted by the Minnesota Organization on
Fetal Alcohol Syndrome

8 essential strategies

While there is no recommended “cookbook approach” to working with individuals with an FASD, there are strategies that work, based on the following guidelines:

1. **Concrete**—Individuals with an FASD do well when people talk in concrete terms, do not use words with double meanings, or idioms. Since their social-emotional understanding is far below their chronological age, it helps to “think younger” when providing assistance and giving instructions.
2. **Consistency**—Because of the difficulty individuals with an FASD experience trying to generalize learning from one situation to another, they do best in an environment with few changes. This includes language. For example, teachers and parents can coordinate with each other to use the same words for key phases and oral directions.

3. **Repetition**—Individuals with an FASD have chronic short term memory problems; they forget things they want to remember as well as information that has been learned and retained for a period of time. In order for something to make it to long term memory, it may simply need to be re-taught and re-taught.

4. **Routine**—Stable routines that don’t change from day to day will make it easier for individuals with an FASD to know what to expect next and decrease their anxiety, enabling them to learn.

5. **Simplicity**—Remember to Keep it Short and Sweet (KISS method). Individuals with an FASD are easily over-stimulated, leading to “shutdown” at which point no more information can be assimilated. Therefore, a simple environment is the foundation for an effective school program.

6. **Specific**—Say exactly what you mean. Remember that individuals with an FASD have difficulty with abstractions, generalization, and not being able to “fill in the blanks” when given a direction. Tell them step by step what to do, developing appropriate habit patterns.

7. **Structure**—Structure is the “glue” that makes the world make sense for an individual with an FASD. If this glue is taken away, the walls fall down! An individual with an FASD achieves and is successful because their world provides the appropriate structure as a permanent foundation.

8. **Supervision**—Because of their cognitive challenges, individuals with an FASD bring a naiveté to daily life situations. They need constant supervision, as with much younger children, to develop habit patterns of appropriate behavior.

not working?

When a situation with an individual with an FASD is confusing and the intervention is not working, then:

- Stop action!
- Observe.
- Listen carefully to find out where they are stuck.
- Ask: What is hard? What would help?