

FETAL ALCOHOL SPECTRUM DISORDERS (FASDs)



About FASDs

Fetal alcohol spectrum disorders (FASDs) are a group of conditions that can occur in children whose mothers drank alcohol during pregnancy. The effects may include physical problems as well as difficulties with behavior and learning. Frequently, individuals with FASDs present a mix of these problems, which can range from mild to severe.¹

Most students with FASD are unidentified or misdiagnosed because they do not always demonstrate the characteristic features associated with the disorder.

What Does It Look Like?

Adapted from the NOFAS FASD Fact Sheet: What School Systems Should Know About Affected Students.²

FAS (fetal alcohol syndrome) is one condition among the full range of FASDs. A baby born with FAS may exhibit the following facial characteristics:

- Small head
- Low nasal bridge
- Epicanthal folds (skin folds of the upper eyelid covering the inner corner of the eye)
- Small eye openings
- Flat midface
- Short nose
- Smooth philtrum (the groove between the base of the nose and the border of the upper lip)
- Thin upper lip
- Underdeveloped jaw

While students with FASD have IQ scores that range from 29 to 140, their overall level of adaptive functioning (the ability to perform daily life skills) is often much lower than would be expected. They also have problems receiving and processing information, often cannot store what they learn, and/or lack the mental capacity to use new information.

Symptoms and Interventions

	Symptoms	Interventions
Classroom	<ul style="list-style-type: none"> • Hyperactive or impulsive • Struggles with attention • Demonstrates poor reasoning and judgment skills • Shows disregard for rules and authority • Experiences difficulties with peer and staff relationships 	<ul style="list-style-type: none"> • Teach lessons or lead social skills groups to practice alternate behaviors, such as conflict resolution and emotional regulation • Identify supportive figures with whom the student can build positive relationships • Practice calm, positive interactions with student, particularly when student is confrontational or combative • Provide student with jobs or tasks that he enjoys helping with and that allow him to experience success • Provide strong and rapid reinforcement for specific critical skills
School Work	<ul style="list-style-type: none"> • Experiences difficulties with learning or memory • Struggles to complete tasks • Demonstrates speech and language delays • Has low IQ 	<ul style="list-style-type: none"> • Modify assignments if needed • Give consistent and specific directions • Keep instructions short and simple • Identify methods of instruction or completion that the student enjoys and responds to (e.g., using the computer, artwork, music) • Use concrete, hands-on learning methods
Desk	<ul style="list-style-type: none"> • Struggles with organization • Experiences difficulties remaining seated or still 	<ul style="list-style-type: none"> • Collaborate with occupational or physical therapist to develop opportunities for student to engage in movement or other sensory activities • Assign methods of completing work that uses the student's strengths (e.g., technology) • Consider appropriate seating arrangement for student • Develop organizational system with student
Outside the Classroom	<ul style="list-style-type: none"> • May easily become overstimulated (difficulties integrating sensory information) • Exhibits poor social skills 	<ul style="list-style-type: none"> • Communicate with parents or caregivers to identify patterns in behaviors or events at home that may impact the student's behavior (e.g., lack of sleep) • Work with occupational or physical therapist to develop sensory-based interventions • Identify supports and understand student's environment outside of school to provide appropriate interventions • Use social skills groups or special curricula to model appropriate behavior
Transitions	<ul style="list-style-type: none"> • Demonstrates need for constant supervision • Experiences difficulties in shifting from one setting to another • Struggles with unexpected changes 	<ul style="list-style-type: none"> • Create structured routines and schedules that are predictable • Work with other staff members to develop consistent rules and interactions (and offer reminders as necessary)

Student Strengths

- Sensitive
- Creative
- Imaginative
- Visual learner

References

- 1 National Organization on Fetal Alcohol Syndrome. (n.d.). *About NOFAS*. Retrieved from <http://www.nofas.org/wp-content/uploads/2014/06/NEW-Fact-sheet-about-NOFAS-5-9.pdf>
- 2 Kellerman, Teresa and the National Organization on Fetal Alcohol Syndrome. (n.d). *FASD: What school systems should know about affected students*. Retrieved from <http://www.nofas.org/wp-content/uploads/2014/05/Fact-sheet-teachers.pdf>

Resources

Local Resources

- **Midwest Regional Fetal Alcohol Syndrome Training Center (MRFASSTC) at the University of Missouri**
<http://nofas.missouri.edu/index.html>
- **Flint Hills Community Health Center**
<http://www.flinthillshealth.org/behavioral-health/3665142>

National Resources

- **Fetal Alcohol Spectrum Disorders Center for Excellence**
<http://www.fasdcenter.samhsa.gov>
- **SAMHSA Publication: Addressing Fetal Alcohol Spectrum Disorders (FASD)**
<http://store.samhsa.gov/product/TIP-58-Addressing-Fetal-Alcohol-Spectrum-Disorders-FASD-/SMA13-4803>
- **National Organization on Fetal Alcohol Syndrome**
<http://www.nofas.org/>
- **American Academy of Pediatrics: Fetal Alcohol Spectrum Disorders Toolkit**
<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/fetal-alcohol-spectrum-disorders-toolkit>
- **Centers for Disease Control and Prevention**
<http://www.cdc.gov/ncbddd/fasd/facts.html>