INTERVENTION GUIDELINES *for* STUDENTS WITH FASD

FASD is a physical disability. Developing appropriate accommodations and services requires the IEP team to view the student through a neurodevelopmental/brain-based lens. With FASD, it is important to view the student's difficulties as a manifestation of their disability rather than as purposeful behaviors.

Interventions that are likely to be SUPPORTIVE

- Self-directed breaks
- Structure and predictability
- 8 Magic Keys (fasdoutreach.ca)
- Supervision across settings
- Consistency and repetition
- Think brain, not behavior
- Universal Design for Learning (UDL)
- Creating trusting relationships
- Relationally-based interventions
- Strength-Based approach to teaching
- Plan and practice any expected change in routine
- Support for executive functions and interdependency
- Creating opportunities for movement within the classroom
- Expectations must meet the developmental level of the student
- Any mental health interventions must be adapted to allow for cognitive and language processing deficits
- Sensory Processing supports designed by an Occupational Therapist with sensory processing expertise
- Social Communication supports by Speech Language Pathologist (SLP)
- Robust Transition Plans that include self-advocacy, interdependency, and connections to support systems
- The emphasis is on shifting the environment and expectations to meet the needs of the student
- Incorporate adaptive skills into the curriculum (money, math, time, safety awareness)
- Individualized accommodations based on the student's learning profile (rather than behavior modifications; think physical disability)

Interventions that are likely to be INEFFECTIVE and/or HARMFUL

Rewards/Consequences/Punishments
(i.e. point systems, level systems, sticker charts)

Behavioral Modification
(including compliance-based behavioral intervention plans)

Applied Behavioral Analysis (ABA)

Cognitive Behavioral Therapy (CBT)
(unless specifically adapted to utilize FASD-Informed approaches)

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