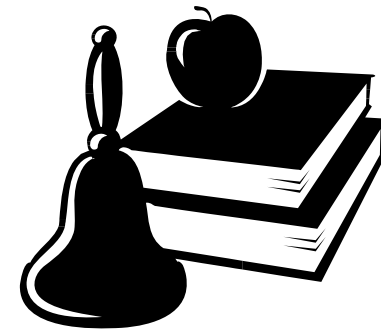


Fetal Alcohol Spectrum Disorders:

A Practical Guide for Educators



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www.fammed.wisc.edu/fen*

Dear Educator,

Thank you for taking the time to read this booklet and to learn more about Fetal Alcohol Spectrum Disorders (FASD). FASD is an umbrella term used to describe the range of physical, cognitive and behavioral effects that can be caused by alcohol use during pregnancy. Alcohol can affect the fetus in many ways depending on the timing of exposure and dose. Alcohol's effects are permanent but research shows that with early identification and appropriate interventions, healthy positive outcomes can occur.

This booklet will provide you with some techniques that have been used by other teachers who have worked with children prenatally exposed to alcohol.

Notes:



Citations

¹ *Circle of Friends* By Marsha Forest & Jack Pearpoint

² *How Does Your Engine Run? A Leader's Guide to the Alert Program for Self-Regulation.* By Williams & Schellenberger www.alertprogram.com

³ *Active Learning: Bridging the Gap for Fetal Alcohol Syndrome.* By Debbie Evensen www.acbr.com/fas/j.htm

⁴ *Trying Differently Rather Than Harder.* By Diane Malbin. www.FASCETS.org 513-621-1271

History

Fetal Alcohol Syndrome (FAS) is the most recognizable condition associated with prenatal alcohol exposure. FAS was first recognized in the US in 1973 by Drs. Smith and Jones. FAS is a medical diagnosis characterized by the following:

- Small size
- Specific facial features
- Central Nervous System (CNS) Effects

Today after over 30 years of research, the medical world understands that many individuals can have central nervous system (CNS) effects of prenatal alcohol exposure without all of the physical signs to support and FAS diagnosis.

Related Conditions

Other related conditions under the umbrella term FASD include partial FAS (pFAS), alcohol related neurodevelopmental disorder (ARND), Fetal Alcohol Effects (FAE) and alcohol related birth defects (ARBD).

It is important to note that the CNS deficits associated with these conditions are permanent and due to organic brain dysfunction. Deficits consistent with CNS abnormality include:

- poor fine and gross motor coordination
- learning disabilities
- mental retardation
- speech and language deficits
- memory deficits
- poor executive function
- information processing difficulties
- attention problems & impulsivity
- sensory problems

Special Education or Regular Education

Many children with FASD fit into specific special education categories and are served accordingly. Despite the variety of ways children with FASD can be served in our schools, many never come under our radar and become challenging students in our regular education classes. As the years progress, parents and teachers become frustrated because these students may not learn as well with 'traditional' techniques and strategies.

Identification is not always possible, but as educators you are in a unique position to effectively implement

Resources

1. *Trying Differently Rather Than Harder*
By: Diane Malbin www.FASCETS.org 513-621-1271
2. *Fantastic Antone Succeeds & Fantastic Antone Grows Up* Edited by: Judith Kleinfeld & S.Wescott University of Arkansas Press
www.uaf.edu/uapress 888-252-6657
3. *The Out of Sync Child & The Out of Sync Child Has Fun* By: Carol Kranowitz www.amazon.com
4. *Fetal Alcohol Syndrome & Effect: Stories of Help and Hope* Video. Hazelden 1-800-328-9000
5. *Teaching Students with Fetal Alcohol Syndrome/Effects: A Resource Guide for Teachers* BC Ministry of Education, British Columbia. www.fasbookshelf.com/books
6. *TIPS: Thoughts, Ideas, Practices and Strategies for Working with Children Who Have Alcohol Related Disorders* By Froehlick, Robinson, Spack & Tozeland. www.fasbookshelf.com/books
7. *Challenges & Opportunities: A Handbook for Teachers of Special Needs with a Focus on Fetal Alcohol Syndrome (FAS) and Partial Fetal Alcohol Syndrome* 200+ teaching strategies Vancouver School Board www.fasbookshelf.com/books

Tip #7 Provide Opportunities for Positive Social Experiences

For better or worse, our schools are charged with the role of teaching students skills to become productive members of society and this includes social development as well as academic and vocational development. Many curricula exist to help develop social skills for students. "Circle of Friends" is a program developed for children with Asperger's Syndrome and can be adapted to students with FASD. The June 2005 online LD newsletter published by The National Center for Learning Disability (www.ld.org/newsltr) is devoted to social and emotional development of students with learning disabilities and has some great strategies for classroom teachers.



modifications into your classrooms that can benefit not only children with FASD but also many others who learn differently. I hope as you read this booklet, your eyes will be opened to a new approach in dealing with your more challenging students who may have been prenatally exposed to alcohol.

You are all too familiar with this type of student. One who appears to be able to learn in a regular education setting and who has a normal IQ but perplexes you because s/he cannot follow directions or stay on task; is overly social and does not understand personal boundaries; and who cannot seem to remember rules or understand consequences. And in many cases, this student already has a diagnosis of ADHD or ADD.

We need to understand that organic brain dysfunction is a *physical* disability. This realization is the first step in changing our approach as we work with individuals who "think differently." We must understand that changing the way they "think" is no different than expecting a student who is blind to read the blackboard. Thus, our approach should be to change the environments to accommodate the "physical disability" of organic brain dysfunction.

Dr. Sterling Clarren of the University of Washington states it this way: “Just as we adapt the environment for those with physical disabilities, we also need to adapt the environment for those with organic brain dysfunction.”¹

Changing Perceptions

As an educator of individuals with FASD, you can change your perceptions and work on altering the environment to support the student. These changes can be simple techniques that will cost very little to you or your school. Change is not always easy, but hopefully, as you use these tips, they will provide you with enough positive results to continue to find creative ways to help students who think differently.

This booklet provides a list of helpful tips to get you started. This list is not complete. You can add creative ways that suit you.

Also, you will find a list of resources at the back of this booklet to help as you develop and design your classroom to promote positive learning and social development for all students.

Tip #6 Monitor Unstructured Environments

Students with FASD find the playground, cafeteria and school bus difficult to navigate because of the lack of structure and predictability. Establishing additional supports in these environments is a proactive method for preventing negative situations where children could be hurt both physically and emotionally.



Tip #5 Use Multimodality Instruction

- Display completed work samples of projects
- Model what you are describing to them
- Provide hands-on learning experiences
- Provide role playing activities to teach social skills
- Use music to remind student of transition or change
- Provide color coded areas in the room to designate academic subjects
- Post daily schedule clearly with visual aids to reinforce classroom rules and activities
- Provide many opportunities for practicing the skill to be learned
- Develop simple problem solving strategies & have student verbally recite sequence of problem solving strategy, especially in math

Tips for Teachers

Tip #1 Provide a Structured and Predictable Environment

- Organized, well defined areas that remain constant: specific math area, reading area, science area, etc.
- Classroom free of clutter and extraneous materials
- Staff used consistently
- Alert in advance of transitions, allow student to feel closure with individual seat work
- Consistent routines with visual aids showing sequence of steps for each routine
- Small class size
- Few interruptions/visitors entering classroom

Tip #2 Be Aware of Students With Sensory Issues

- Provide quiet area where over-stimulated students can go to calm themselves
- Allow students to use props to keep focused
- Consider using "How Does Your Engine Run"² to help students self-regulate
- Have the school occupational therapist observe classroom to provide additional strategies
- Give frequent breaks
- Teach relaxation techniques

Tip #3 Keep it Simple & Brief

- Use simple concrete language during instruction- K.I.S.S. Keep It Short & Simple³
- Worksheets & instruction sheets should have few words and numbers with plenty of white space between questions or math problems.
- Give one direction at a time
- Give individual instructions to student after giving group instructions
- Use calm voice with simple one word cues or close body position to keep student on task

- Tell them what you want them to do, not what you don't want them to do
- Allow them time for "processing". Think of them as a "10 second child in a 1 second world"⁴

Tip #4 Think Younger

For children with FASD, developmental age is often much younger than chronological age. Most of our expectations are based on their chronological age. Offering strategies and interventions based on their developmental age can alleviate frustrations and other negative behaviors that develop over time due to inappropriate expectations. Many students prefer to play with children in lower grades and addressing this on the playground has been a challenge for teachers and parents alike.

