FASD in the Classroom





WHAT IS FASD?

Fetal Alcohol Spectrum Disorder (FASD) is a neurodevelopmental disability caused by prenatal alcohol exposure. FASD is a lifelong and often invisible disability that may affect growth, coordination, behaviour, attention span, memory, learning, speech, IQ, reasoning and judgement. FASD may also affect vision and hearing, and can cause cardiac, renal and skeletal problems. Rarely people with FASD may have characteristic facial features, such as a smooth philtrum, small eyes and a thin upper lipi.

UNDERSTAND

FASD is brain damage due to prenatal alcohol exposure

RECOGNISE

Know the signs of a child with FASD

ACCOMMODATE

Success is possible with supports and strategies

FASD IN THE CLASSROOM

Challenges due to FASD may be evident in other disorders and disabilities but are more pronounced in students with FASD. **These include challenges with:**

- Memory/learning/information processing.
- Planning/temporal skills.
- Behaviour regulation/sensory motor integration.
- Abstract thinking/judgment.

- Spatial skills/spatial memory.
- Social skills and adaptive behaviour.
- Motor/oral motor control.
- Ognition/academic achievements.
- Language/social communication^{ii,iii}.

FASD is often diagnosed alongside other disorders and disabilities such as Autistic Spectrum Disorder, Attention Deficit Hyperactivity Disorder, Attachment Disorders and Sensory Integration Disorder.







BEHAVIOURS ARE SYMPTOMS

Children with FASD will have unique profiles as their brains work differently. Learning difficulties associated with FASD will depend on the extent of damage caused to the brain. There are some things they are very good at doing but others they find more difficult^{ii,ii}.

Children with FASD may score within standard IQ measurements, give the appearance of functioning at a level consistent with their age and appear physically mature. However, they may be performing at half of their developmental age in areas such as social skills and emotional maturity.

Similarly, children with FASD may appear to have reading level appropriate to their age and their expressive language may seem advanced, however, their academic abilities may be below their IQ level. Their adaptive behaviour, communication and living skills may also be further below their IQ score^{II,III}.

Secondary conditions

People with FASD may develop secondary conditions, which are challenges that a person is not born with, but that can develop over time as a result of having FASD. Secondary conditions include: mental health challenges; disrupted school experience; trouble with the law; confinement (for mental health challenges, alcohol and other drug use or crime); inappropriate sexual behaviour, and alcohol and other drug use. Secondary conditions can be reduced by a range of protective factors, including having a positive educational experience. Table 2 demonstrates some ideas to help foster a positive educational experience for children with FASD.

Table 2: Ideas to help students do their best iv

Remember Learn Behave Signs and pictures showing Step by step written or Explain what you expect oral instructions. children what to do. and how to behave. Written reminders on the board. Visual examples. Let children calm down before talking to them. Pictorial or visual timetables. Provide a quiet space for children to work on their own. Provide a safe space Warnings a few minutes where they can go when Provide lots of opportunities before changing an activity. they get angry. to practise. Frequent checking in • Visual prompts. with children. Provide lots of repetition. • Regular time to relieve stress. Clear boundaries and • One instruction at a time. Acknowledging when expectations. Help them know when others are encouraging children do remember. Regular and easy routines. silly things. Notes or email sent home. Specific feedback. More time to do things. Check in regularly rather than waiting for questions.

Other useful things to consider:

- Minimise homework.
- Children with FASD may benefit from someone to help them make decisions.
- Children with FASD can have trouble thinking outside of black and white.
- Children with FASD can do amazing things when working with their talents.

Table 2: Common behaviours, misinterpretations and support strategies for young people with FASD^v

What behaviour may look like	What behaviour actually represents	Strategies to support the young person
Non-compliance with order	 May not understand or remember what is expected. 	 Provide instructions one step at a time, explain rules using simple language.
 Repeatedly making the same mistake 	May not link cause and effect.May not understand or remember.	 Provide clear instructions.
Often late	Difficulties understanding the concept of time.May not remember appointments.	Provide assistance with organising tasks.Visual cues and auditory reminders are useful.
 Not sitting still 	Sensory overload.	Provide opportunities for movement frequently.
 Poor social Judgement 	 Difficulties interpreting social cues and understanding social conventions. 	 Use simple language. Provide clear instructions. Role model positive interactions.
Overly physical	May not understand social cues about boundaries.Hyper or hypo sensitive to touch.	 Provide clear instructions about appropriate behaviours. Role model positive interactions and encourage good behaviour.
 Does not work independently 	 May not translate verbal instructions into actions. May have problems with memory. 	 Provide clear, simple instructions, and always check their understanding by getting them to repeat back in their own words.
• Stealing	 Does not understand concept of ownership. 	 Explain rules and expectations using simple language and visual cues. Provide frequent supervision.
• Lying	May not link cause and effect.Difficulties accurately recalling events.	 Provide clear instructions and talk through what is expected.
• Self - centred	May not link cause and effect.	 Talk through different scenarios using visual supports, role play positive interactions.
Volatile	Difficulties verbalising feelings.Feeling overwhelmed or overstimulated.	Provide opportunities and appropriate space for them to calm down.
 Inconsistent performance 	Difficulties with memory.Difficulties carrying through learning from one situation to the next.	 Use visual supports as reminders, provide frequent verbal reminders.



FOR MORE INFORMATION

NOFASD Australia:

https://www.nofasd.org.au/

FASD HUB Australia:

https://www.fasdhub.org.au/

Telethon Kids Institute:

https://www.telethonkids.org.au/our-research/research-topics/ fetal-alcohol-spectrum-disorder-fasd/NO FAS UK, Teachers Tool Kit: http://www.nofas-uk.org/

Hey Teacher:

http://www.ahw.org.nz/Portals/5/Resources/Fannz%20documents/Hey%20Teacher.pdf

Understanding and addressing the needs of children and young people living with FASD:

https://cdn.shopify.com/s/files/1/1613/1919/files/FASD_ResourceFor Teachers.pdf?3284529561400562662

Fetal Alcohol Spectrum Disorder (FASD) and Complex Trauma A resource for educators:

https://cdn.shopify.com/s/files/1/1613/1919/files/FASD_2nd_Ed-2018.pdf?17909097525429957987



ABOUT US

Telethon Kids Institute is working with Mercy Services and the Newcastle Local Drug Action Team to help make FASD History in Newcastle.

If you'd like to know more about the project:

Email: Helena.Hodgson@mercyservices.org.au (Project Coordinator)

Online: https://alcoholpregnancy.telethonkids.org.au/our-research/research-projects/making-fasd-history-multi-sites/

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NO FAS U.K., (2017). Teaching a Student with FASD. Retrieved from http://www.nofas-uk.org/TeachingAStudentWithFASD_FIN%20REV.pdf

NOFASD Australia, (2017) Toolkit for parents, caregivers and families. Retrieved from https://www.nofasd.org.au/wp-content/uploads/2018/02/toolkit-2017-nov.pdf

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Yalton, H. & Evensen, D. (2006). Making a Difference Working with students who have Fetal Alcohol Spectrum
Disorders, p. 6.5. Government of Yukon, Yukon. Retrieved from http://www.education.gov.yk.ca/pdf/publications/fasd_manual_2007.pdf