

KEY FACTS ABOUT FASD FOR EDUCATORS

- Individuals with FASD have a permanent brain based physical disability. They may have brain damage in the form of missing brain structures, damaged brain structures and damaged brain pathways and connections.
- Due to differences in exposure patterns i.e., when their mothers consumed alcohol and to what extent, the type of damage sustained and the symptoms expressed varies greatly from individual to individual. No two individuals with the diagnosis will have exactly the same damage. Therefore the presentation of FASD can vary enormously from person to person.
- Differences in brain damage manifests in a wide range of symptoms e.g., memory problems, learning problems, communication and language problems, issues with impulse control and emotional regulation.
- Many people interpret the symptoms of FASD as behaviours that are under the control of the individual e.g., lying. They are not. The symptoms are a result of the individuals brain damage and as such often do not respond to typical behaviour management strategies.
- The symptoms of FASD often fluctuate which can cause them to be misinterpreted as behaviours. For example, children with FASD can master and execute a skill on one day and be unable to perform it later in the week.
- Most people with FASD have been extensively punished and blamed for their FASD symptoms resulting in secondary issues and disabilities. They often have poor self-esteem, issues with anger and frustration and few peers.
- Most children with FASD have a wide range of other diagnosis e.g., ODD, ADHD, ASD, RAD etc. Although conditions can co-exist, it is important to note that the brain damage associated with FASD pre-dated any other issues. Many diagnoses are better explained by FASD and the associated brain damage than other diagnostic labels. Many children in foster care or who have been adopted with FASD may also have a history of trauma which can also impact on brain wiring and organisation.
- Individuals with FASD may or may not have an intellectual disability. Those who have IQ's in the normal range or above still experience significant issues with learning, communication, interacting with peers and adaptive functioning. Their problematic symptoms are even more likely to be interpreted by others as behaviours.

- Individuals with FASD often present as far more able than they actually are. It is not uncommon for their expressive language to be far stronger than their receptive language i.e., they can talk the talk but not walk the walk.
- Those with FASD often perform better in earlier years of education than in later years, which may lead to unrealistic expectations of their progress and abilities later on.

SUPPORTING CHILDREN WITH FASD IN THE SCHOOL SYSTEM

Understanding the facts of FASD is vital so that symptoms are viewed and responded to appropriately. Giving consequences and punishment for symptoms works very poorly and can escalate issues and contribute to secondary disabilities.

GENERAL PRINCIPALS

Environment

Create an environment that is supportive of their needs and capabilities. Do not expect FASD kids to be able to change or control the symptoms of their brain injury (in the same way we don't expect those with Tourette's Syndrome to stop vocal or behavioural tics). Being proactive will minimise but not eliminate issues.

Supervise, supervise, supervise – Children with FASD typically have difficulties with memory, information processing, impulse control, emotional regulation and communication. They typically lack the capacity to work independently even as they get older.

Supervise and support in the playground – the above issues apply more so in the playground which is less structured and more stimulating. The rules of social interaction are also far more subtle, complex and confusing for kids with FASD.

Minimise unnecessary stimulation in the learning environment e.g., limit items on the students desk, items on the walls or hanging from the ceiling, try to ensure a quiet learning environment, seat them at the front of the class rather than the back.

Provide routine, structure and consistency.



Provide much more time to complete tasks.

Expectations

Gear your expectations and responses to children with FASD according to their developmental age rather than their chronological age. This can be ascertained by assessments such as the Vineland's Adaptive Behaviour Scales. It is often around half their chronological age.

Do not assume that information and skills will generalise across settings. Students with FASD often have to learn similar skills that occur in different settings separately, in each of those settings. For example, they may have to learn turn taking both in the classroom and the playground.

Avoid the use of behaviour charts and token systems. Kids with FASD have severe limitations in understanding cause and effect as well as poor impulse control. They will often experience great frustration and embarrassment with such systems.

It may be necessary to reduce or even eliminate homework. Children with FASD use an enormous amount of energy processing information and managing complex situations though out the day. They are often unable to manage further stimulation and demands after school.

Don't remove supports when improvements occur! In many instances improvements occur because of the supports. If you remove the support then you may lose the improvement.

When giving consequences ask yourself "Am I accidentally trying to change or punish a symptom of brain damage?", "Am I expecting something typical of this child's chronological age or their actual developmental age?"

Expect that children with FASD will require different consequences because they have significantly differently configured brains.



Execution

Break tasks into simple, discrete steps. Do not layer tasks.

Develop routines particularly for complex or tasks causing difficulties.

Represent routines in multiple formats e.g., explain it, role play it, use a picture or diagram. Minimise changes and disruption to routine as much as possible. Prepare the student for changes that will occur. Supervise during transition times.

Use repetition – even with tasks they may seem to have mastered.

Provide short, clear and direct instructions. Avoid the use of abstractions, analogies and metaphors. Students may correct you if you use abstractions or metaphors – this is not defiance or backchat, it is an example of concrete thinking.

Check that students understand questions and concepts and are not just repeating words back. Many students with FASD can use sophisticated language, even in the correct context, but still don't have an understanding of the word or concept.

Have an individualised plan for managing a child's "meltdown". Recognise that this plan may be significantly different from how you respond to other children's behaviours. This is because this child has a significantly different brain structure from other children and from other children with FASD.

Avoid school exclusions as a consequence.

Seek support for yourself as needed and consult advice as needed. Supporting students with FASD can be very challenging and the strategies required are often very different to neuro-typical students.

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