

# Beyond Behaviour:

BY KIM MILNE



# Rewiring Our Approach to FASD

**Let's be honest. We've all been there: you're teaching, things are humming along, and suddenly a student refuses to start, blurts out something random, or melts down over a tiny change. It's exhausting, right?** In those moments, it's so easy to think, "They're just being difficult. They won't do what I ask." But what if we flipped that script? What if, instead of "won't," we started asking, "What is happening in their brain that means they can't... yet?"

*"Not Won't, but Can't... yet!"*

This is the central challenge when supporting students with Fetal Alcohol Spectrum Disorder (FASD).

## The Hard Truth Hiding in Plain Sight

Here's the fundamental truth we need to acknowledge: If you know about Autism | Takiwātanga – and most of us do, affecting roughly 1 in 43 people – you certainly need to know about FASD. In Aotearoa New Zealand the prevalence rate for FASD is estimated between 2-5% which means it may be impacting as many as **1 in 20 people in our communities**. So every year up to 3000 Kiwi babies may be born with FASD - that's about 8 babies every day. This could mean about one child in every average

classroom. So, chances are, you're teaching students with undiagnosed, brain-based disabilities right now.

And here's the kicker: FASD isn't a behavioural issue. It's a brain and body-based disability caused by prenatal alcohol exposure (PAE). The damage is physical, permanent, and impacts the brain's 'central operating system' for learning and behaviour. And it's completely outside the child's control.

## The Mental Marathon – Working Triple Time

When you see a child struggling with impulse control, memory, or following instructions, you're not seeing laziness or defiance. You're seeing a brain working three times as hard as their peers just to get through a typical school day. Imagine running a marathon in a suit of armour – that's what they're dealing with.

Here's a mantra from FASD expert Diane Malbin: **"Behaviour is the symptom, not the disability."** FASD is an invisible brain injury, and you can't punish a disability out of a child. Every drink during pregnancy has the potential to take potential away from that child. This is a lifelong challenge that demands lifelong understanding and support.

## The Invisible Cloak of Competency

The tragedy of FASD is that it wears an ‘invisible cloak of competency.’ Many students with FASD have strong verbal skills and can hold great conversations, so their age and surface abilities mask their real struggles. They sound like they understand, so we hold them to expectations they can’t meet. That’s why FASD is often missed or misdiagnosed as ADHD, ODD, or ASD. When stress hits, the cloak drops, and their real struggles with executive function and memory are exposed.



## What’s Really Going On?

To scaffold a student with FASD, we need to understand which parts of the brain were affected by PAE. Think of it like having a mechanic’s manual for a car that keeps breaking down:

- **Frontal Lobe (executive functions):** Trouble with planning, starting tasks, impulse control, and shifting attention. They might have a 5-year-old’s ability to predict consequences, no matter their age.
- **The Swiss Cheese Memory and Inconsistency:** They might remember a song lyric but can’t use that info in a new context. Their memory is full of holes that appear and disappear.
- **The Information Slowdown (processing speed):** Slowed down information transfer. They may need 20 seconds to answer a question—rush them, and you short-circuit their system.
- **The Abstract Roadblock:** Concepts like ‘time,’ ‘money,’ or ‘justice’ are hard to grasp.
- **The Sensory Storm:** Constant state of mild sensory overload. The hum of the air conditioning, smells, flickering lights — they struggle to filter it all.



## Seeing the Person, Supporting the Whānau

The stigma around FASD is tough. Families and whānau feel judged and vulnerable. Up to 71% of women in the New Zealand GUINZ study drank alcohol before knowing they were pregnant. This is a public health issue, not a matter of blame. Māori communities are disproportionately affected due to historical trauma and social inequity. Our job is to build bridges, not walls, with families and whānau.

And as people with FASD say: **“FASD is just something I have; it is not who I am.”** Every student is unique. Our job is to see the whole, capable, unique child and provide the scaffolding they need.

Many whānau say the most helpful teachers are those who listen, ask questions, and work alongside them. One parent has shared, “When my son’s teacher started asking me what worked at home, everything changed. She stopped blaming him and started supporting him. We felt like a team.”



## The Low-Demand Revolution

If a child can’t consistently access executive function skills or control their responses due to brain damage, punishing them for the fallout doesn’t make sense — it’s harmful. We have to change the environment, not expect the child to change. Dr. Ross Greene’s core premise is, **“Kids do well if they can.”** When applied to FASD, this means we must reframe challenging behaviour not as wilful defiance, but as a sign of lagging skills or unmet needs — missing neurological capacity in areas like flexibility, frustration tolerance, or problem-solving. By adopting this view, we shift our focus from trying to control their behaviour to collaboratively teaching them the missing skills and removing environmental barriers.

**“Your explanation guides your intervention”**  
– Dr Ross Greene, Author of ‘The Explosive Child’ and ‘Lost at School’

If you see behaviour as wilful, you’ll reach for punishment. If you see it as a sign of lagging skills, you’ll reach for scaffolding support and teaching.

## The Shift from Compliance to Co-Regulation

The core principle for all educators dealing with neurodiversity is: **You must Maslow before you can Bloom.**

A student’s ability to engage in cognitive learning (Bloom’s Taxonomy) is completely dependent on their foundational needs for safety, belonging, and emotional regulation (Maslow’s Hierarchy) being met. When the FASD brain is in distress,

it’s operating purely in survival mode, which makes it unavailable for learning. Therefore, the priority of the classroom must be to create the psychological safety and consistent structure and routine that allows the student to move from survival mode to learning mode.

**This means we must apply a Brain-Based Lens to all behaviour:**

<b>Think Brain, Not Blame, Then Reframe:</b>
Reframe the behaviour from "Won't" to "Can't... yet!"
The "lens" you apply to behaviour matters most.
Get curious, not punitive.

Old Approach (High Demand & Punishment)	New Approach (Low Demand & Support)
<i>"You need to finish this worksheet first."</i> (Threat of failure)	<i>"I wonder if we could try the first two questions together."</i> (Collaboration, breaking down the task)
<i>"Go sit down until you can calm down."</i> (Isolation, high demand for self-regulation)	<i>"I see you're struggling. Let's go to the quiet corner together for a reset."</i> (Co-regulation, offering support)
<i>"I told you the expectations yesterday!"</i> (Assumes consistent memory)	(Pointing to the visual cue.) <i>"Remember what this picture tells us about lining up?"</i> (Visual over verbal, assumes inconsistency)
<i>"You need to apologise to Sarah now."</i> (High pressure on impulse control)	<i>"I can see Sarah is upset. Let's take a walk, and we can talk about a way to help her feel better later."</i> (De-escalation and scaffolding)

# Three Core Principles to Change Your Classroom Tomorrow

If you only change three things, make them these:

## 1. Prioritise Visual, Concrete, and Consistent

- **Be less verbal, more visual:** Verbal instructions overload the system. Use visuals for schedules, rules, and tasks.

- **One step at a time:** Break tasks into single steps. Give one instruction, wait until they start, then give the next.
- **Teach the “why”:** Use concrete examples for abstract rules.
- **Use FASD-CAN’s KISSSSSS communication strategy** for clear, supportive communication.

FASD KISSSSSS COMMUNICATION STRATEGY

# KISSSSSS!

Keep it Short. Simple. Same. Slow. Specific & Show.

## The Sensory Audit: Look with New Eyes

When you step into your classroom, take a moment to perform a sensory check through the eyes of a child who struggles to filter input. This quick audit can reveal hidden triggers:

- **Visual Noise:** Is there too much colour, clutter, or visual information on the walls? Unnecessary posters, busy bulletin boards, or random equipment can be overwhelming. Aim for clear, calm, and purposeful visual space.
- **Aural Assault:** What is the background hum? Fluorescent lights, buzzing electronics, or consistent low-level chatter can create a constant stressor. Can you offer noise-cancelling headphones or designate a quiet, visually minimal working space?
- **Smell Sensitivity:** Is there a strong cleaning product smell, heavy perfume, or constant aroma from a heating/cooling unit? These can be highly distracting and uncomfortable.

Making the environment predictable, clean, and low-stimulus is a fundamental act of support.



## 2. Scaffold Time, Transitions, and Structure

- **Make time concrete:** Use timers and visual countdowns.
- **Routine and preparation:** Pre-warn, pre-warn, pre-warn. Give visual warnings for transitions. Never spring a change.
- **The power of the “do-over”:** If a student fails to start a task, calmly reset and let them try again with support.
- **Universal Design for Learning (UDL):** You don't have to redesign your whole approach just for one student; in fact, the greatest supports for FASD are those that benefit everyone. UDL means offering options for engagement, representation, and expression—shifting the focus from deficits to strengths.

## 3. Be a Detective, Not a Judge

- **Build the relationship first. Trust is everything.** When a strong, safe relationship exists, ākongā are more likely to accept support during moments of stress or crisis.
- **Assume competence, assume inconsistency.** They can do the task, but not reliably. Memory gaps, overload, and regulation challenges mean yesterday's success doesn't guarantee today's. Use the mantra: “I know you can do this — let's try it together.”
- **Be a detective.** When behaviour challenges arise, avoid “Why did you do that?” — they may not know. Instead ask:  
*What need is the student communicating?*  
*What triggered the overload — sensory input, fatigue, demand, or stress?*

FASD LORRRRSSSS COMMUNICATION STRATEGY

# LORRRRSSSS

Learning modalities, Observations, Relationship, Repetition, Role models, Routine, Self-esteem, Sensory overload, Strengths, Supervision & scaffolding.

## The UDL in Practice

By consciously integrating UDL approaches, you're automatically scaffolding for FASD. UDL principles—providing multiple means of engagement, representation, and action and expression—directly address the variable processing speed, abstract roadblocks, and memory inconsistencies faced by ākongā with FASD. When you offer options for how information is consumed, how tasks are practised, and how knowledge is demonstrated, you shift the focus from their neurological deficits to their unique strengths. Being strengths-based in your interactions and support of ākongā with FASD is a fundamental focus of brain-based and FASD-informed practice. To find out more about UDL: <https://www.cast.org/>

## The FASD LORS (not LAWS) Education Support Strategy

To formalise this critical detective work, FASD-CAN's Education encourages the use of the LORS Education Support Strategy – that is in fact L.O.R.R.R.R.S.S.S.S abbreviated to LORS. This handy mnemonic covers the basics when setting up a positive environment at school or kura for ākongā with FASD. As we know, 'normal' laws don't tend to work that well for neurodiverse students, and everyone in the class does better when the way their brains work is understood and their needs are met.

Creating a supportive and consistent school environment is vital for students with FASD. This LORS framework will guide educators by drawing on neuroscience, trauma-informed practices, and strengths-based perspectives to enable ākongā with FASD to reach their full learning potential. (For more information about this strategy visit: [https://www.fasd-can.org.nz/lors\\_not\\_laws](https://www.fasd-can.org.nz/lors_not_laws))

## Resources for Practice Change

This is just the start of the journey. If you feel that pull to know more, to truly understand how to make your classroom work for every child, then know that there is incredible depth of professional learning waiting for you.

- **Kete into Practice Training Course:** A deep-dive professional development offering focused on translating FASD-informed theory into practical, daily classroom strategies. [fasd-can.org.nz](https://www.fasd-can.org.nz)
- **Ngā Tupu Rau Learning Network for Educators:** A collaborative network for educators to share best practices, resources, and support for working with neurodiverse tamariki and rangatahi. [fasd-can.org.nz](https://www.fasd-can.org.nz)

- **Website Resources:** Access to articles, downloads, and case studies to further your learning journey. [fasd-can.org.nz](https://www.fasd-can.org.nz)
- **Tahurangi:** TKI has a dedicated resource including targeted strategies for teachers to assist them to understand and meet the learning needs of FASD ākonga: [tahurangi.education.govt.nz](https://www.tahurangi.education.govt.nz)

Explore our Facebook pages:

- FASD-CAN Inc <https://www.facebook.com/fasdsupport>
- FASD-CAN NZ Professionals & Parents Group <https://www.facebook.com/groups/348034555601935>

Explore our instagram page:

<https://www.instagram.com/fasdsupportnz/>

## PAUSE. REFLECT. THEN CHOOSE ONE SMALL SHIFT.

1. When you think of a student whose behaviour often challenges you, what is one behaviour you might now re-frame from 'won't' to 'can't... yet'?

2. Have you ever assumed a student understood an instruction because they could repeat it back to you?

YES

NO

3. When challenging behaviour shows up, which lens do you most often reach for first?

- Behaviour needs consequences
- Behaviour is communication
- The environment needs adjusting
- I'm not sure — it depends on the day

4. On a scale of 1–10, how confident do you feel applying a brain-based (not blame-based) lens to behaviour?

1      2      3      4      5      6      7      8      9      10

1 = not confident yet

10 = this already guides my practice

Where could you head for some more information to help you move one point up the scale?

## Your Invitation to Professional Reflection

This isn't just about changing a lesson plan—it's about changing a life. One young woman with FASD, Yulia, has shared how hard her mum had to educate her teachers. We've got a professional responsibility to close that knowledge gap and ensure that families and whānau feel supported, not judged. By embracing a brain-based lens and adopting brain-friendly strategies, we become the compassionate champions our students with FASD need.



**Kim Milne** is a Principal and Practice Advisor with FASD-CAN Inc. Aotearoa, supporting educators, professionals, and whānau to better understand and respond to Fetal Alcohol Spectrum Disorder (FASD). As a parent of a child with FASD, she brings both professional expertise and lived experience to her work, providing training, guidance, and advocacy to help schools and communities create environments where individuals with FASD can thrive. [fasd-can.org.nz](https://www.fasd-can.org.nz)

5. What is one small environmental change you could trial next week to reduce cognitive, sensory, or emotional load for your learners?

6. Which low-demand shift feels most doable right now?

- Using visuals instead of repeating verbal instructions
- Breaking tasks into single steps
- Pre-warning transitions every time
- Co-regulating before correcting

7. Complete this sentence (for yourself or your team):

*"If behaviour is the symptom, my next step will be to..."*