

FASD and Practice: Issues for School Administrators

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The FASD Learning Series is part of the Alberta government's commitment to programs and services for people affected by FASD and those who support them.

Student Challenges

- Memory
- Cognitive Ability
- Social Interaction
- Behavior
- Emotional Well-being
- Families

Memory

- Loss of newly acquired or archived learning
- Comprehension
- Organization
- Keeping up with the class
- Remedial options
- Realistic expectations

Cognitive Ability

- Differentiated programming
- Congregated programs
- Independence through curriculum



Social Interaction

- Immature approaches to peers
- Self-regulation
- Bullying
 - Being bullied
 - Being the bully
- Learning social skills
- Others learning to appreciate and understand differences
- Loneliness



Behavior

- Aggression
- Withdrawal
- Unknown sources of anger and anxiety



Emotional Well-being

- **Self-talk regarding**
 - **Academics**
 - **Peer relations**
 - **Family relations**



Families

- **Positive, supportive**
- **Dysfunction**
- **Expectations**



System Challenges and Approach



System Challenges

- Building programming
 - Integrated
 - Congregated
- Staff Education
 - Resistance
 - Fear
 - Skills and capacity
- IPP deficit model
- EA dependency

System Approach

- Treat FASD as brain injury
- Start with what the child can do
- Recognize that executive function is likely a central challenge
- Modify the environment rather than the child

Sturgeon Neuro-Academic Program (SNAP)

- Who Is Part of the SNAP Team
 - SNAP Partners
- Who Participates In SNAP
 - SNAP Statistics
- SNAP Guiding Principles

Who Is Part of the SNAP Team

- **Mary McGregor – Associate Superintendent**
- **Tina Hayes – Coordinator, Student Services**
- **Classroom teachers**

SNAP Partners

- | | |
|--|--|
| <ul style="list-style-type: none">➤ Dr. Hodlevskyy – Glenrose Hospital<ul style="list-style-type: none">• Visitations• Research• Assessments• Advice• Donations | <ul style="list-style-type: none">➤ John DeHoog – Child & Family Services Manager<ul style="list-style-type: none">• Support funding• Advocate |
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Who Participates In SNAP

- **Children with neuro-academic needs caused through chronic organic brain dysfunction**
 - Fetal Alcohol Spectrum Disorder
 - Traumatic Brain Injury
 - Etc.
- **Metacognition**
- **Learning difficulties**
- **Behaviour**

SNAP Statistics

- There are 135 children in Sturgeon School Division schools with diagnosed brain injury or dysfunction
- There are many more who are undiagnosed or not recognized as “organic” dysfunction, such as the 175 children diagnosed with Learning Disabilities

SNAP Guiding Principles

- Mentorship
- What TO DO (not what to stop doing)
- Antecedents (not consequences)
- Structure and routine (reduced stimulation)
- Protect student free time or recess
- Schedule daily breaks
- Schedules – written or picture

SNAP Guiding Principles

- Pro-active school-home communication system
- Prepare students for transitions
- Appropriate instructional strategies based on research

Strategies

- Instructional Strategies
- Concentration Strategies
- Emotional Strategies
- Neurological Development Strategies

Instructional Strategies

- Repetition
- Pre-teaching
- Visual schedules
- Memory emphasis
- Appropriate writing tools

Concentration Strategies

- Special cushions
- Phera-bands – facilitate foot movement
- Tennis balls on table/chair legs
- Exercise ball for sitting
- Fidget toys
- Chewing gum
- Weighted vests

Emotional Strategies

- Advance notice of change
- Peer support – celebrating successes
- Positive/friendly competition
- Students met at the door
- Relaxation station
- Time-out station
- 1-2-3 Magic (Stop/Think/Use your words)

Neurological Development Strategies

- Snack and water available on student desks
- FM system
- Quiet music during quiet time
- Brain-gym
- Music therapy
- Classroom – with room to move
- Sensory exercises

Program Structure

- Program Structure
 - Daily Routine
- Admission Criteria

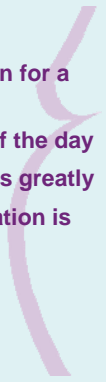
Program Structure

- Low enrolment (6-12 students)
 - One Teacher
 - One Teacher Assistant (part time)
 - Regular Program partner classroom teacher for integration
- Goal of 50% integration
- Consultation with Dr. Hodlevskyy



Daily Routine

- Individual and small group instruction for a portion of the day
- Supported integration for a portion of the day
- The level of need for each child varies greatly
 - The amount of support and integration is based on student need



Admission Criteria

- Diagnosed organic brain injury through a complete medical assessment
- Cognitive level at or above mild cognitive disability level (IQ above 55)



Next Steps

- Evaluation of Progress
 - Vision
- Affirmed Commitment

Evaluation of Progress

- Academic progress
- Behavioral progress
- Recommendations from:
 - Program Staff
 - Regular Program Staff
 - Students
 - Parents
 - Administration

Vision

- More diversity in the program
 - Currently exclusive to “brain injury”
 - Could include more learning disabilities associated with “organic brain dysfunction”
- Special program that facilitates integration as a major goal
- Teachers formally partnering to share expertise
- Integration programming in more schools

Affirmed Commitment

Dr. Hodlevskyy and his assistant Sue Lord (RN) from the Glenrose Hospital have committed to:

- Assessment tools
- Research information
- Medical intervention strategies to further enhance the program

Feedback

- Program Critique - Dr. Hodlevskyy
 - Positive Results
 - Challenging Results
 - Ongoing Challenges
 - Wisdom

Program Critique - Dr. Hodlevskyy

The Glenrose staff have discussed the program and promoted it to others in the medical community and other school divisions as...

“A wonderful model to follow for students with these disabilities.”

Positive Results

- Parents and students have been extremely happy with the program
- Initial teachers embraced the programming
- Students found success in a low enrolment and focused situation

Challenging Results

- Resistance to integration from other teachers and from students
- Mix of cognitive levels
- Mix of types of behaviors
- Numbers regarding financial viability in a small system
- Overlap with other programs
- Teacher turnover – seniority system

Ongoing Challenges

- Inclusion
- Getting the message out in a curriculum and instruction busy environment
- Low enrolment costs
- Seniority system
- Ever greening the training
- Acceptance of FASD as a “brain injury” rather than a behavior

Wisdom

- Hire great teachers
- Build brain injury into teaching strategies
- Start with what the child can do
- Create the needed environment

Reference

- Other Resources
- Contact Information

Other Resources

- Asperger Syndrome, Fetal Alcohol Spectrum Disorder The Adult Years: Help for Front Line Staff and Parents. *(Autism Society of Edmonton Area and Autism Calgary Association. 2007)*
- Aboriginal Approaches to Fetal Alcohol Spectrum Disorder. A Special Report by the Ontario Federation of Indian Friendship Centres. *(2008 rev.ed.)*

Other Resources

- Fantastic Antone Succeeds! Experiences in Educating Children with Fetal Alcohol Syndrome (Kleinfeld, J. & Wescott, S. eds. University of Alaska Press. 1993)
- FASD Strategies not Solutions (Edmonton and Area Fetal Alcohol Network 2007)
 - Can be downloaded at www.region6fasd.ca
 - Or print copies available through www.child.alberta.ca

Other Resources

- FASD Center for Excellence website: www.fasdcenter.samhsa.gov

Contact Information

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For Information on Upcoming Sessions in the Series:
www.fasd-cmc.alberta.ca

Please Take the Time to Fill Out the On-Line Evaluation

Thank You!
