Engaging Students with FASD

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Fetal Alcohol Spectrum Disorder

➢ FASD refers to ... physical, mental, behavioral, and/or learning disabilities as a result of maternal alcohol consumption
➢ — Chudley et al., 2005.

How are children with FASD different from other children who require special education supports?
The Challenge of FASD

- Comes with clusters of problems, e.g. ADHD, Learning Disabilities, and Depression
- Often both organic and environmental factors contribute
  - Primary Disabilities: those which directly result from the brain injuries of prenatal alcohol exposure and are evident in some form from birth, e.g. intelligence, memory, attention
  - Secondary Disabilities: those resulting from primary disabilities and environmental interactions and are not evident from birth, e.g. disrupted school experience, trouble with the law, substance abuse, inappropriate sexual behaviours

The Challenge of FASD

- Difficulties are not always consistent or predictable
- Performance may shift from day to day
- The diagnosis does not reflect function, two children with FASD may present very differently (e.g. Sam and Chris)
- Consequently assessment is very important to understanding the unique needs of each child in generating a plan for success

Knowing the child

- Assessment should provide information about function in several areas, e.g. attention, executive functioning, intelligence, and academic skills
- Assessment is more than one contact – use this professional as a support and collaborator as interventions are explored and then pass it on
- In addition to areas of difficulty it is equally important to know their areas of strength – this is what your interventions can build upon
**Knowing the child**

- Seek to understand the underlying reason for their behaviour. Often a child who “can’t” looks a lot like one who “won’t.” For example, a child who cannot link cause to effect or has difficulty generalizing between situations will repeatedly make the same mistake over and over – this is not malicious or manipulative.
- What is at the root of the behaviour? Again, the value of assessment and collaboration is key here.

**Knowing the child**

- Communication with caregivers and other supporters will help to identify context factors that may contribute to problems (e.g. transitions) and areas of strength.
- Assessment should help identify reasonable expectations for environmental supports and whether organic supports (e.g. medication) are also needed.
- In collaboration with caregivers and professionals, determine the priorities – what needs to be addressed first?

**Challenge your priorities**

- Be flexible and adaptive where the child cannot. Meet the child where they are.
- Be hopeful and see the potential in the child. If you have given up, they will know it.
- Use your resources to help understand the child and avoid jumping to conclusions.
- Be informed regarding intervention and support options.
What specific strategies can I use in the classroom to prevent problems and promote success?

**In the classroom**
- Routine is very important – support with visual reminders (e.g. schedule taped to desk)
- Do not remove supports with success – and don’t give up if it does not work one day
- Provide proactive reminders to support the child
- Use concrete ‘codes’ to help provide external support to the child
- Prepare child for transitions (e.g. five minute reminder) and provide supportive cues as needed

**In the classroom**
- Keep rules consistent – avoid negotiation
- Avoid independent activities
- Use visual cues to support verbal statements
- Keep instructions simple and brief. One step at a time.
- Fairness isn’t that everyone gets the same, it is that everyone gets their needs met
- Saying is not the same as doing
- Monitor and adjust as you go
**In the classroom**
- Seek out positive privileges/opportunities. Help the child define themselves in a positive light (e.g. where can they help or contribute?)
- Match the child’s communication level – and allow for processing time
- Label belongings with a color/shape
- A small snack break may be effective
- Support peer interactions – smaller groups, structured activities

**Attention**
- Desk at front of class … or not…
- Fidget ball/doodle sheet
- FM system
- Medication – maybe
- Concrete token strategies may be effective. Keep them visible

**Memory**
- Understand that what might look like a lie could be a memory problem
- Avoid challenges “are you sure that happened?”
- Use questions such as “truth or story?” or ask “what would you mother say?”
- Avoid asking questions to which you already know the answer – if you know they did it, then consequence and move on
- Reminders in each setting – remember they may struggle to generalize
**Academic**
- Know the specific academic challenges they face and modify as appropriate
- Concrete strategies tied to needs identified in assessment
- Repeat instructions
- More time to do work
- Shorter tasks (e.g. two minutes vs. ten minutes).
- Flashcards instead of decoding
- Monitor for frustration
- Tap areas of interest

**What about the problems that arise despite good proactive strategies?**

**Responding to problems**
- Consider your goal – improved function
- Do not appear angry
- Immediate
- Keep ‘time-outs’ in the same place always
- Natural or logical consequences may not work.
- Very concrete and consistent
**Responding to problems**

- Limit language – and allow time to process the things you do say
- Have a safe place for anger outbursts – calming place
- Avoid ‘why’ questions – instead ask how and where

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**The bottom line…**

- Children with FASD can experience success
- They will often require unique and well-matched supports to achieve this success
- You are not alone! Working with a team will best enable you to optimize supports while reducing your stress and potential frustration – this team can include school supports, other teachers, a psychologist, caregivers…
- The ‘right’ fit may take time and patience to find – there is no formula but there are some good places to start
- Remain hopeful!
Upcoming Sessions

Creating a Supportive School Community for Students Affected by FASD
Thursday, January 29, 2009  4:00 – 6:00 pm MST
Presenter:  Marjorie Carter

Unique Needs of Students Affected by FASD
Wednesday, February 11, 2009   4:00 – 6:00 pm MST
Presenter:  Dwaine Souveny

This session will be available for viewing online at:  
www.fasd-cmc.alberta.ca

Please fill out your evaluations!  
Thank You