


Creating a Supportive School Community

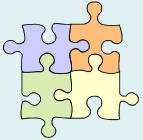

Presenter: Ms. Marjorie Carter and Dr. Gail Brierley

Date: January 29th, 2009

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.



Learning Objectives



- To learn who is part of the school community.
- To learn how each community member affects the student with FASD
- To learn how you can contribute to building the community as a parent, a caregiver, or a school staff member

What is FASD?

Fetal Alcohol Spectrum Disorder (FASD)

The medical diagnostic term Fetal Alcohol Syndrome (FAS) originated with Dr. David Smith and Dr. Kenneth Jones (1973) and identifies a small sub-group of individuals presenting varying degrees of four key features: alcohol exposure, growth deficiency, facial features and brain damage.

(Alberta Learning. Special Programs Branch. Teaching students with Fetal Alcohol Spectrum disorder. Building strengths, creating hope.)

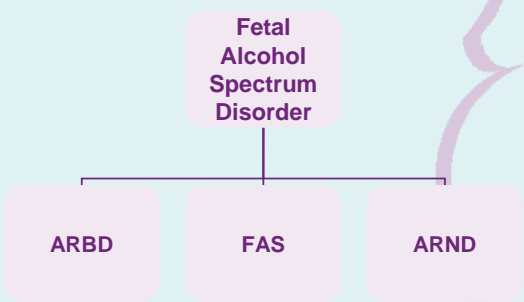
Fetal Alcohol Spectrum Disorder (FASD)

FASD is not a diagnostic term, but rather one which indicates the spectrum of physical, learning and behavioural challenges which children who are prenatally exposed to alcohol may face.

It includes, but is not restricted to, ARBD (Alcohol-Related Birth Defects), FAS, and ARND (Alcohol-Related Neurodevelopmental Disorder).

(Alberta Learning. Special Programs Branch. Teaching students with Fetal Alcohol Spectrum disorder. Building strengths, creating hope.)

Fetal Alcohol Spectrum Disorder (FASD)



Alcohol-Related Birth Defects (ARBD)

- Heart
- Skeletal
- Vision
- Hearing
- Fine/gross motor problems



Fetal Alcohol Syndrome (FAS)

- Alcohol exposure
- Growth deficiency
- Facial features
- Brain damage



Alcohol-Related Neurodevelopmental Disorder (ARND)

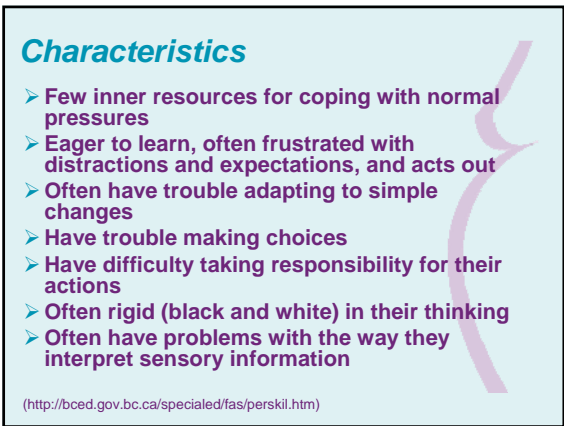
- Learning difficulties
- Poor impulse control
- Poor social skills
- Problems with memory, attention and judgment
- Language difficulties





The Child

- Characteristics
- Sibling Group of Four
- What I Wish My Teachers Knew



Characteristics

- Few inner resources for coping with normal pressures
- Eager to learn, often frustrated with distractions and expectations, and acts out
- Often have trouble adapting to simple changes
- Have trouble making choices
- Have difficulty taking responsibility for their actions
- Often rigid (black and white) in their thinking
- Often have problems with the way they interpret sensory information

(<http://bc.ed.gov.bc.ca/specialed/fas/perskil.htm>)



Although there are some patterns evident in most FASD children, prenatal alcohol damage is unique.

Sibling Group of Four: Child A



Child A – born June, 1990

- Apprehended by Child and Family Services at age 3.5 and placed in foster and institutional care.
- Adopted at age 5 with Child B

FASD related:

- Expressive and receptive language delay
- Learning disability
- Anxiety
- Withdraws when threat is perceived

Environmental:

- Damaged eyesight and teeth from malnutrition
- Damaged feet from improper shoes
- Eating disorder: failure to thrive
- Post traumatic stress disorder

Child A - What I Wish My Teachers Knew

- Self-esteem suffered
- Parents help with organization, paperwork and other executive functioning skills
- At school, six different teachers had their own set of expectations
- Learning disability. Verbal IQ 87 and Performance IQ 130
- Good at “doing things”

Child A - What I Wish My Teachers Knew

- Reading and writing very hard. Can't spell and don't want to spend double or triple the amount of time reading, studying and completing assignments
- Shut down and get very discouraged
- Don't like school. Stress terrific. Rather do hard, physical labour than attend school. However, can't live on current pay

Many FASD children are not living with their birth families and have spent their lives in either in multiple foster care placements or in adoptive homes.

Sibling Group of Four: Child B

Child B – born June, 1992

- Apprehended by Child and Family Services at age 1.5 and placed in foster and institutional care.
- Adopted at age 3 with Child A



FASD related:

- Behaviour issues
- ADHD
- Anxiety
- Aggressive when threat is perceived

Environmental:

- Scarred from improper hygiene
- Difficulty with attachment
- Disassociation

Child B - What I Wish My Teachers Knew

- Read at four (4) years of age
- IQ about 112, no problem learning, honour student until recently
- Talented and has big dreams
- Difficulty separating reality from fantasy
- Obsess on things of interest and has trouble focusing

Child B - What I Wish My Teachers Knew

- Procrastinates, now very anxious and frustrated. Took anger out on everyone in the house and had to leave
- Quit school, no longer living at home, have gotten into trouble with the law and, by choice, don't speak to parents
- Hope to return to school in the near future, but at the moment, busy trying to support self

Violence in the lives of children with fetal alcohol syndrome can have significant influence on their likelihood of developing behavior, legal and living problems in later life.

(Developmental Disabilities. "Protective Factors for Children With FAS" 2 May 2006)

Sibling Group of Four: Child C



Child C – born April, 1997

- Apprehended by Child and Family Services at age 14 months and placed in foster care
- Adopted at age 6 with Child D

FASD related:

- ARND
- Behaviour issues
- ADHD
- Anxiety
- Withdraws when threat is perceived
- Severe expressive language and articulation delay

Environmental:

- Shaken baby
- Witnessed domestic violence (visited with birth parents until age 4)
- Attachment issues

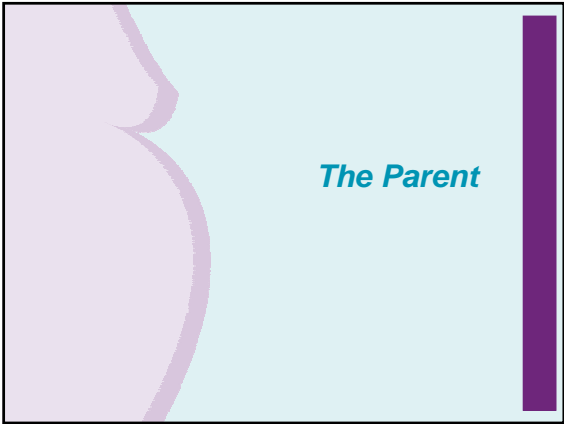
Child C - What I Wish My Teachers Knew

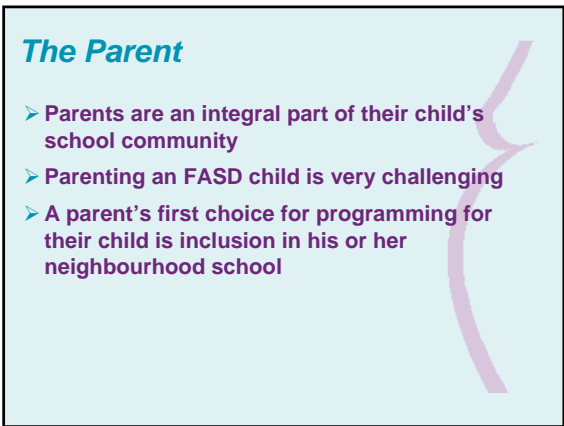
- Shaken by birth father when a baby and my brain moved around in my head
- Problem making right sounds when talking, also have trouble writing. Language Arts worst subject. Math best
- Don't trust people. Get very upset with and do not like change. Need to know ahead of time, so attitude can be under control
- Many talents – artistic and athletic. Sports help get the wiggles out

Child C - What I Wish My Teachers Knew

- As a consequence, please don't keep in for recess. Makes sitting still even harder
- Understand need to work hard. Have trouble sitting still
- My doctor says I have a mental illness called Reactive Attachment Disorder. I try hard in counseling
- I am always in trouble
- I don't like it when something is unfair
- Sometimes I say things and do things I shouldn't
- I need to be understood

FASD is considered a primary disability







Standards for Special Education

In Alberta, educating students with special education needs in inclusive settings is the first placement option to be considered by school boards in consultation with parents and, when appropriate, students.

Inclusion, by definition, refers not merely to setting but to specially designed instruction and support for students with special education needs in regular classrooms and neighbourhood schools.

Standards for Special Education, amended June 2004 (Alberta Education)

Inclusion Means That ALL Students...

- Are educated in regular classrooms in their home school
- Have enhanced opportunities to learn from each other
- Are provided necessary services to achieve
- Are involved in age-appropriate academic classes and extracurricular activities using the entire facility

(http://www.spedlawyers.com/info_on_inclusive_ed.htm)

Inclusion Means That ALL Students...

- Are encouraged to develop friendships with other students
- Are taught to understand and accept human differences
- Receive their education and job training in regular community environments when appropriate
- And parent concerns are taken seriously
- Have an individualized educational program where appropriate

(http://www.spedlawyers.com/info_on_inclusive_ed.htm)



The Specialists

Because FAS is partially defined by specific facial features and ARBD children also present with physical disabilities, diagnosis is often easier.

ARND children, however, can initially present as quite “normal” in most areas except in their behaviour, when in reality, they have serious cognitive processing difficulties.

Public health nurses and teachers are often the first people to recognize special needs in these children.

(Jean Andersen. Personal Communication. January 14th, 2009)

The Specialists

What these professionals see includes problems with learning, memory attention, problem solving, behaviour, vision, hearing and language skills.

Their patients/students may not understand social situations and their behaviour is often interpreted as problematic, rather than a symptom of an underlying condition.

(Ministry of Children and Family Development, British Columbia. <http://www.mcf.gov.bc.ca/fasd>)

The Specialists

Therefore, it is imperative that children who present with learning difficulties, cognitive processing problems, speech/language concerns etc. be assessed by a team of professionals who become part of a learning community which also includes parents and teachers.

The Specialists

- Only 20% of those afflicted [with FASD] will have the facial features
- Only 10% will have an IQ below 70. 90% will have a normal range IQ or higher than average IQ
- However, all those afflicted with FASD have a low Adaptive Quotient as measured by tests such as the Vineland Adaptive Behavior Scales

(Dr Barry Stanley M.B. Ch.B., F.R.C.S.[C], Cedar Springs Medical Centre, 960 Cumberland Avenue, Burlington, ON. L7N 3J6)

The Teacher

- Teaching Students with FASD
 - Attention
- Common Misinterpretations of Normal Responses in Students with FASD
 - Cause and Effect Thinking
 - Individual Program Plan

The Teacher

- While there are no perfect or fail-proof strategies for instructing an FASD child, success relies on matching strategies with student needs, trying these in more than one context, observing and assessing how students respond and understanding how to differentiate instruction.
- Teachers need to ask themselves not how can I teach this but rather how will my students best learn this?

(Colleen Politano and Joy Paquin. Brain-Based Learning with Class. Winnipeg, MB: Portage and Main Press, 2000)

Teaching Students with FASD

- Many students with FASD have serious problems sustaining attention to the point where it makes learning difficult
- They become easily over-stimulated by pictures on the walls, sounds in the hallway and by what other students are doing, which, depending on the focus of the child, is much more interesting than listening to the teacher. Distractibility increases with the difficulty of the task

Teaching Students with FASD

- Hyperactive students need to move, however, for some students, physical activity can cause over-stimulation
- Minimize visual and auditory distractions. Use warm, white lights if possible, and store materials in boxes or cupboards, not on counter tops

Teaching Students with FASD

- Use an FM system so that the teacher's voice is 10 to 12 decibels louder than the background noise level. Seat the student near the source of information
- Teach the student to go work in a quieter working area, making it clear that this is not a punishment

Attention

- Students who are hyperactive are often impulsive. They may acknowledge that they should not have done something, but they just couldn't help themselves
- They might strike out verbally or physically at the least provocation
- Students may put themselves in danger due to this impulsivity
- Teach self control through verbalization

<http://www.bced.gov.bc.ca/specialied/fas/attdiff.htm>

Attention

- Teach the student to curb impulsive behaviour by knowing how to initiate action, when to initiate action, and how to inhibit behaviours. This lesson will need to be taught over and over again in various contexts because FASD children tend to have difficulty generalizing from one situation to another
- Consequences for inappropriate behaviour need to be immediate

<http://www.bced.gov.bc.ca/specialied/fas/attdiff.htm>

Common Misinterpretations of Normal Responses in Students with FASD

Common Misinterpretations of Normal Responses in Students with FASD

Behaviour	Misinterpretation	Accurate Interpretation
<ul style="list-style-type: none"> ➤ Noncompliance 	<ul style="list-style-type: none"> ➤ Willful misconduct ➤ Attention seeking ➤ Stubborn 	<ul style="list-style-type: none"> ➤ Difficulty translating verbal directions into action ➤ Doesn't understand

1994 Debra L. Evenson, MA <http://www.bced.gov.bc.ca/specialed/fas/app3.htm>

Common Misinterpretations of Normal Responses in Students with FASD

Behaviour	Misinterpretation	Accurate Interpretation
<ul style="list-style-type: none"> ➤ Repeatedly making the same mistakes 	<ul style="list-style-type: none"> ➤ Willful misconduct ➤ Manipulative 	<ul style="list-style-type: none"> ➤ Cannot link cause to effect ➤ Cannot see similarities ➤ Difficulty generalizing

1994 Debra L. Evenson, MA <http://www.bced.gov.bc.ca/specialed/fas/app3.htm>

Common Misinterpretations of Normal Responses in Students with FASD

Behaviour	Misinterpretation	Accurate Interpretation
<ul style="list-style-type: none"> ➤ Often late 	<ul style="list-style-type: none"> ➤ Lazy, slow ➤ Poor parenting ➤ Willful misconduct 	<ul style="list-style-type: none"> ➤ Cannot understand the abstract concept of time ➤ Needs assistance organizing

1994 Debra L. Evenson, MA <http://www.bced.gov.bc.ca/specialed/fas/app3.htm>

Common Misinterpretations of Normal Responses in Students with FASD

Behaviour	Misinterpretation	Accurate Interpretation
<ul style="list-style-type: none"> ➤ Not sitting still 	<ul style="list-style-type: none"> ➤ Seeking attention ➤ Bothering others ➤ Willful misconduct 	<ul style="list-style-type: none"> ➤ Neurologically based need to move while learning ➤ Sensory overload

1994 Debra L. Evenson, MA <http://www.bced.gov.bc.ca/specialed/fas/app3.htm>

Common Misinterpretations of Normal Responses in Students with FASD

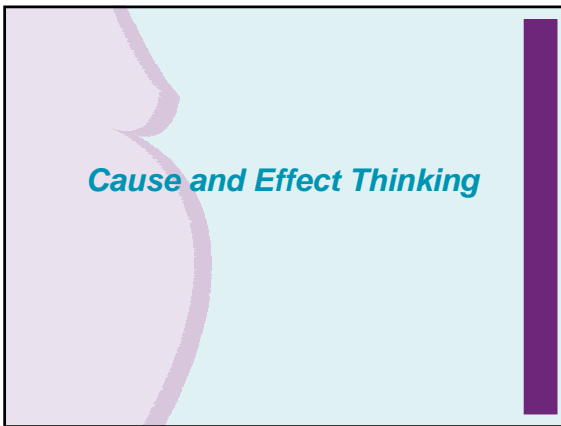
Behaviour	Misinterpretation	Accurate Interpretation
<ul style="list-style-type: none"> ➤ Poor social judgment 	<ul style="list-style-type: none"> ➤ Poor parenting ➤ Willful misconduct ➤ Abused child 	<ul style="list-style-type: none"> ➤ Not able to interpret social cues from peers ➤ Does not know what to do

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Common Misinterpretations of Normal Responses in Students with FASD

Behaviour	Misinterpretation	Accurate Interpretation
<ul style="list-style-type: none"> ➤ Overly physical 	<ul style="list-style-type: none"> ➤ Willful misconduct ➤ Deviancy 	<ul style="list-style-type: none"> ➤ Hyper or hypo-sensitive to touch ➤ Does not understand social cues re: boundaries

1994 Debra L. Evenson, MA <http://www.bced.gov.bc.ca/specialed/fas/app3.htm>



Cause and Effect Thinking

Cause and Effect Thinking: A Student With FASD May Experience Difficulty With ...

- Understanding consequences and what they are for
- Generalizing behaviour from one setting to another
- Predicting outcomes of different behaviours in new settings and/or
- Working within a rigid and egocentric notion of what is fair

(<http://www.bced.gov.bc.ca/specialed/fas/candeff.htm>.)

**Cause and Effect Thinking:
A Teacher With a FASD Student Will
Experience Success By ...**

- Finding out how the child thinks: use observations, assessments, interest inventories and other checklists to assess the child's interests, strengths, areas for growth and
- Deciding what is the most important (such as safety - FASD children need regular supervision, especially during transition times and unstructured times such as recess and lunch) and ignore the rest

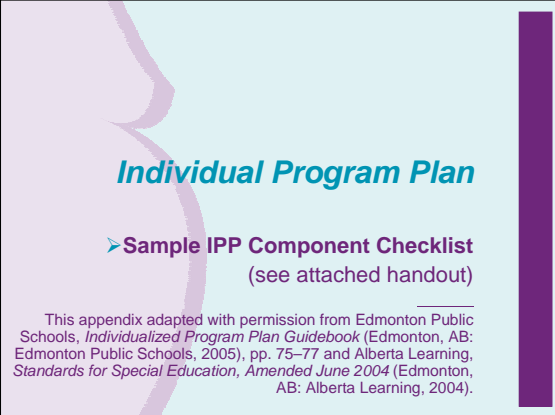
(<http://www.bced.gov.bc.ca/specialed/fas/candeff.htm>.)

**Cause and Effect Thinking:
A Teacher With a FASD Student Will
Experience Success By ...**

- Working on modifying one behaviour at a time
- Using a written process to help the child problem solve. If there is a conflict between the child and another child, a guided face-to-face conversation would help the child see how the other child feels. Use a page of faces showing emotion to help the child relate

(<http://www.bced.gov.bc.ca/specialed/fas/candeff.htm>.)

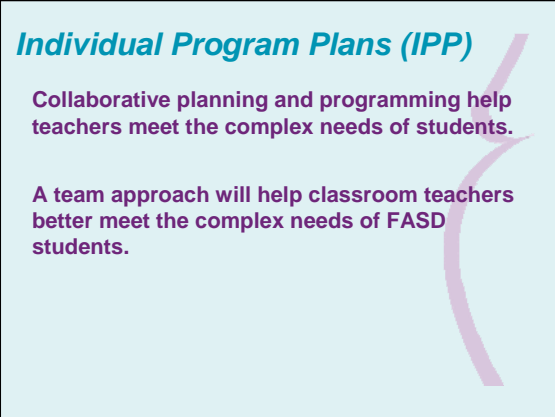
The classroom teacher who the child spends the most time with (often the homeroom teacher), becomes the case manager in developing a collaborative plan and programming to meet the needs of the student.



Individual Program Plan

➤ **Sample IPP Component Checklist**
(see attached handout)

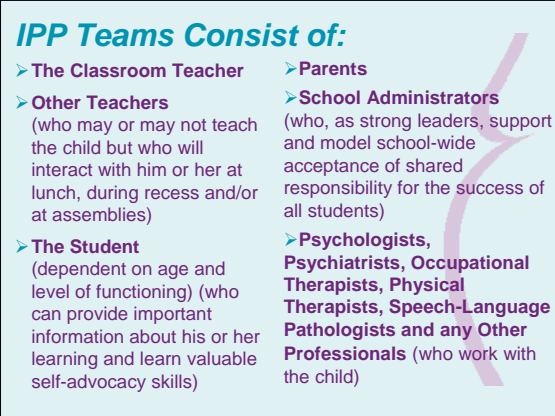
This appendix adapted with permission from Edmonton Public Schools, *Individualized Program Plan Guidebook* (Edmonton, AB: Edmonton Public Schools, 2005), pp. 75–77 and Alberta Learning, *Standards for Special Education, Amended June 2004* (Edmonton, AB: Alberta Learning, 2004).



Individual Program Plans (IPP)

Collaborative planning and programming help teachers meet the complex needs of students.

A team approach will help classroom teachers better meet the complex needs of FASD students.



IPP Teams Consist of:

<p>➤ The Classroom Teacher</p> <p>➤ Other Teachers (who may or may not teach the child but who will interact with him or her at lunch, during recess and/or at assemblies)</p> <p>➤ The Student (dependent on age and level of functioning) (who can provide important information about his or her learning and learn valuable self-advocacy skills)</p>	<p>➤ Parents</p> <p>➤ School Administrators (who, as strong leaders, support and model school-wide acceptance of shared responsibility for the success of all students)</p> <p>➤ Psychologists, Psychiatrists, Occupational Therapists, Physical Therapists, Speech-Language Pathologists and any Other Professionals (who work with the child)</p>
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Children who do not present with the physical characteristics of FAS, but have been prenatally exposed to alcohol, may have significant brain differences, but the only identified disability is aberrant behaviour.

The Child - Continued

- Sibling Group of Four
- What I Wish My Teachers Knew

Sibling Group of Four: Child D

Child D— born May, 1998

- Apprehended by Child and Family Services at age 2 months and placed in foster care
- Adopted at age 5 with Child C



FASD related:

- ARND
- Major behaviour issues
- ADHD, OCD
- Anxiety
- Aggressive when threat is perceived
- Severe receptive and expressive language delay

Environmental:

- Reactive Attachment Disorder
- Eating disorder

Child D - What I Wish My Teachers Knew

- Adopted at age five (5) and moved from British Columbia to Alberta
- Very angry at having to leave my foster family
- Adults lie
- I speak really well and like to read and write. I hate math
- I steal food every day. I mostly steal from my family

Recap of Learning Objectives

- To learn who is part of the school community
- To learn how each community member affects the student with FASD
- To learn how you can contribute to building the community as a parent, a caregiver, or a school staff member

FASD Community Members

- Child
- Parent
- Teachers
- Administration
- Support Staff
- Office Staff
- Other Staff Members
- Occupational Therapist
- Physical Therapist
- Speech-Language Pathologist
- School Social Worker
- School Nurse
- Psychologist
- Psychiatrist

***See Handout for Information on
Upcoming Sessions in the FASD
Learning Series***

***Please Remember to Fill Out
Your Evaluations***

Thank You!
