Supporting & Teaching Learners with FASD

Handout for Educators

POPFASD
Provincial Outreach Program for FASD

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What is Fetal Alcohol Spectrum Disorder (FASD)?

According to the *Canadian Fetal Alcohol Spectrum Disorder Research Network (CANFASD)*:

> *Fetal Alcohol Spectrum Disorder (FASD) is a diagnostic term used to describe impacts on the brain and body of individuals prenatally exposed to alcohol. FASD is a lifelong disability. Individuals with FASD will experience some degree of challenges in their daily living and need support with motor skills, physical health, learning, memory, attention, communication, emotional regulation, and social skills to reach their full potential. Each individual with FASD is unique and has areas of both strengths and challenges.*

FASD is the leading known cause of preventable developmental disability in Canada. The number of people who have FASD is not known in Canada nor anywhere else in the world. This is because FASD is difficult to diagnose and also because it often goes undetected.

In Canada, there are two main diagnoses of FASD that can be made:

1. FASD with sentinel facial features
2. FASD without sentinel facial features

These specific medical diagnoses need to be made by a multidisciplinary team using extensive assessment data gathered by the individual team members.

The following diagnostic chart explains the differences between the two medical diagnoses.

Diagnostic Criteria for FASD

	FASD with Sentinel Facial Features	FASD without Sentinel Facial Features
3 Facial Features	All of the following: 1. Short eye slits 2. Smooth philtrum 3. Thin upper lip	Fewer than 3 facial features
Neurodevelopmental Domains Impaired	3 or more	3 or more
Prenatal alcohol exposure	Confirmed/Unknown	Confirmed

Adapted from Cook et al. Fetal alcohol spectrum disorder: a guideline for diagnosis across the lifespan (2015). CMAJ. www.cmaj.ca

According to the Public Health Agency of Canada, it's important to understand that the majority of people affected will not have the three facial features. FASD is often not identified until children reach school age and begin to miss average behavioural and developmental milestones.

FASD is a differential diagnosis and is largely under-diagnosed. It may be mistaken for other disorders, such as: Autism Spectrum Disorder (ASD), or Attention Deficit Hyperactivity Disorder (ADHD).

FASD Prevalence

Health Canada states that approximately 9 births in a 1000 are effected by prenatal alcohol exposure, which is about 1%. In recent prevalence studies (2009 & 2018), Dr. Phillip May found that the prevalence rates in school-aged children (grade one) around the world, is more like 2-5%. [3,4]

Alcohol Effects on the Developing Brain

Alcohol is known as one the most harmful teratogens (any harmful substance to the developing fetus). Along with the many organs that are susceptible to injury due to the prenatal alcohol exposure, the brain is vulnerable throughout pregnancy. From extensive research, we know that the presence of alcohol prenatally can change the number, organization, and structure of brain cells. We also know that the overall brain size, as well as specific areas of the brain, can be altered. The prenatal alcohol exposure can also have an effect on the myelination of neurons and on the neurotransmitters (that allow messages to be passed from one neuron to the other). These changes in the central nervous system result in cognitive deficits and may be the cause of the learning and behaviour difficulties many of our students display.

References

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2. "Diagnostic Criteria for FASD" *POPFASD - Fetal Alcohol Spectrum Disorder (FASD) Resource for Educators* (2006), December 2015. Web. <http://www.fasdoutreach.ca/elearning/learning-about-fasd/module-1-what-fasd>.

3. May, Philip A. Ph.D. "Researching the Prevalence and Characteristics of FASD in International Settings", *University of New Mexico*, 12 Apr. 2013, Web. <http://www.ihe.ca/documents/003-May.pdf>.

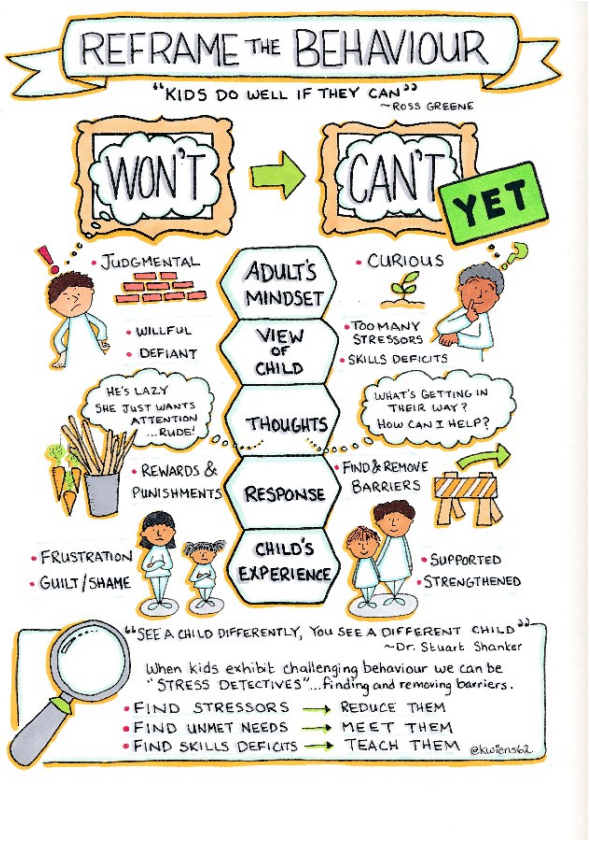
4. May, Philip A, PhD, Chambers, Christina D, PhD, MPH, Kalberg, Wendy O, MA, et al. "Prevalence of Fetal Alcohol Spectrum Disorders in 4 US Communities". JAMA. February, 2018. Web <https://jamanetwork.com/journals/jama/article-abstract/2671465>

5. Public Health Agency of Canada. "Fetal Alcohol Spectrum Disorder (FASD)". Web <https://www.canada.ca/en/public-health/services/diseases/fetal-alcohol-spectrum-disorder.html>

Shift in Thinking

Beliefs dictate behaviors. The belief that neurobehavioral symptoms of FASD are willful, volitional or intentional generates punishment. This, in turn, often results in an array of impacts. The key to prevention is linking the idea of brain dysfunction with presenting behaviors, reframing perceptions, and moving from punishment to support. The shift is from seeing a child as one who "won't" do something to one who possibly "can't yet".

(Adapted from Diane Malbin's FASD: A Collection of Information Page 135)



Primary Disabilities

Primary disabilities are a functional deficit that are the result of permanent brain injury. They are the characteristics that a person is born with due to prenatal alcohol exposure. Some descriptions in the primary disabilities overlap. All of these areas are developmental and therefore the age of the individual should be considered.

The strategies shared are some suggestions. There is no implication that these are the best strategies; these are only some examples. It is important that you know your learner and try the strategies. It is also important that you do not abruptly remove strategies because they are not working. A systematic "gradual release of responsibility" should become part of the student plan to avoid learned helplessness. Some strategies need to remain in place indefinitely (think of a wheelchair). Strategies = skill development and need to be explicitly taught using The 8 Keys as a framework. In all cases it is important to understand the strengths and needs of the individual and develop supports from this knowledge.

Individuals with FASD may have difficulties with the following:

Inhibition

Impulsive behavior is acting without thinking. Students can struggle to inhibit thoughts, emotions, and actions. Inhibition/ impulse is an aspect of executive function. Controlling impulse requires planning that can be physical and cognitive.

If the student is impulsive, he/she may:

- Give quick responses to academic work
- *Have difficulty with 'future' thinking*
- Call/blurt out verbal responses
- Show a strong response to teasing
- Struggle to see/comprehend danger
- Respond negatively to changes in routine or structure
- Will get into the same trouble for the same reason no matter how many times they are consequence
- May struggle with turn-taking

Possible Strategies:

- Increased supervision
- Visual schedule
- Concrete supports to help understand when to "stop" and "start"
- Visual timer or "work" clock
- Quiet place to work
- Remove "triggers" that may cause the Impulsive responses
- Expectations/rules posted
- Teach "Stop, think, act"
- Physical activity breaks
- First … then …
- Many reminders/prompts
- Frequent positive feedback
- Front-load instruction (pre teach)
- Established routines
- Teach replacement behaviours

Linking and Predicting Outcomes

This characteristic is related to difficulties with inhibition and generalizing. Students may act without making connections to past and future events or outcomes. Individuals may have little sense of the outcome. Linking and predicting is difficult because many times the outcome changes or the possible outcome doesn't manifest. For example, "If you run across the road on a red light you may get hit by a car." The "may" can get lost in the sentence and the person doesn't get hit by a

car. Dangerous behaviours can result from an inability to link and predict. Typical reward systems rely on an ability to link and predict and so may not be effective for students with FASD.

A note on "stealing" – individuals with FASD may struggle with the concept of ownership, so they may take items that do not belong to them. He/she may not connect the object with the owner of the object. It becomes necessary to directly teach the concept of ownership to some of our students.

If a student is challenged by linking and predicting outcomes, he/ she may:

- taking something that doesn't belong to you not following rules
- can only answer literal comprehension questions
- difficulty with abstract math concepts like "probability"
- cannot anticipate what will happen next in a classroom – going from one subject to the next, one room to the next
- The student may have a rigid and egocentric notion of what is fair.

Possible Strategies:

- Use role playing of social situations, discussing how each character may be feeling during the interactions
- Use social stories to describe expected behaviour, how the negative behaviour impacts others, and the desired behaviours/ outcomes
- Use immediate and consistent consequences
- Remove distracting objects
- Reduce clutter in the classroom
- Proximity to educator/supervision
- Movement breaks – handing out pencils, taking notes to the office, whole class movement breaks
- Positive, frequent feedback
- Use behaviour maps
- Teach positive self-statements to develop self-concept
- Use visual gestures/prompts/reminders
- Keep activities and particularly instruction short
- Teach replacement behaviours
- Teach how to use calming tools
- Teach the "Stop, Think, Act" procedure to help the student to learn to inhibit responses

Motor Skills

A student may struggle with fine (printing, cutting, doing up zips, buttons) or gross motor (jumping, running, climbing, balancing) skills. They may step on people's feet, not be able to estimate size of objects in relation to other objects, etc. It can be because the sensory systems are actually working "slower" than is typical and the body is trying to get information and get started. It can also mean troubles stopping or slowing down once started.

A student may:

- Be in constant motion: wiggling, fidgeting, crossing and uncrossing legs, standing up and sitting down, laying on chair, banging furniture, interrupting, clumsy movement
- Drop objects, appear to make a mess, be disorganized with personal belongings
- Struggle to sit for any length of time
- Be comforted by movement breaks and/or heavy work opportunities

Possible Strategies:

- Different seating options (i.e. ball chair, standing desk, rocking chair)
- Movement breaks
- Incorporating movement into learning activities—climbing gym, ball games, tag, dance/movement, balance beam
- Unilateral and cross-lateral exercises
- Pencil and crayon stubs vs full pencils if pinch grasp is weak
- Peg-board games, working with clay, beading, Squeezing a ball, dot-to-dot
- Seek advice of Occupational Therapist

Perseveration

Perseveration describes students who "get stuck". A student may have difficulty shifting gears or moving from one activity to another, may display uncontrolled repetition or continuation of a response (behaviour, word, thought, emotion, strategy, activity), or may get stuck on one topic, thought, or emotion without rationale for the behaviour. It is important to distinguish the cause of rigid thinking – is it neurologically based or is it because of a "praiseworthy persistence". Some students have great difficulty controlling rigid thought and should not be expected to control their own tendencies, nor should a quick response be expected.

If a student struggles with rigid thinking, he/she may:

- Have difficulty making transitions from lunch to gym, from one reading activity to another, from recess to inside, etc.
- Struggle when the regular educator is absent or when the school routine is interrupted (special occasion days)
- Display a need for closure
- Revert to a repetitive behaviour when presented with a novel task or during times of discomfort
- Struggle if regular routines or procedures are not followed

Possible Strategies:

- Avoid preservation causing activities and interests
- Pair student with supportive peer who understands rigid thought and can help student prevent or end behaviour
- Provide break time
- Anticipate anxiety and provide reassurance
- Redirection - change the subject, move to different place, give new job, etc.
- Give concrete object (e.g. a key) as a cue to move on
- Brainstorm with student possible redirection procedures
- Set limits - "you may ask that question only one more time"
- Adapt activities so successful completion is likely
- Advance warnings of upcoming change
- "Dramatic termination" - write topic on a card and then rip up to show "done"
- Find and teach alternative behaviour - "routine to change a routine"
- Teach "self-talk" to avoid perseveration
- Social stories

Attention

Attention requires focus on relevant information, encoding the information, sustaining attention to the information, often splitting attention between more than one focus, and then providing a response. Students with FASD may have problems in all or some of these areas. The difficulty of the task can affect attention. Sometimes what appears to be inattention (e.g. fidgeting) is actually a strategy to help with attention. If an individual has processing difficulties then attending to fast-paced instruction would be problematic. If a student is anxious, sad, worried and is unable to attend then it could be that social/emotional supports should be the focus and not attention.

If a student struggles with attention, he/she may:

- Miss instructions
- Respond with answers that are not related to the question
- Look attentive but not understand
- Be easily distracted by noises, lighting, textures, objects in/on desks, etc.
- Struggle to complete assignments
- Have difficulty inhibiting responses
- Have difficulty learning new concepts
- May move around and fidget
- Have difficulty playing quietly
- Have difficulty waiting, may interrupt, and be disorganized.

Possible Strategies:

- Reduce amount of time expected to focus (based on knowledge of how long student can focus)
- Regular breaks
- Reduced distractions in and on desk or work surface
- Reduce stimulus in classroom – posted Information, lighting, smells, noise, etc.
- Reduced stimulus on worksheets, etc.
- Quiet study/work space
- "Get Ready, Do, Done" - (Cognitive Connections) – backwards planning/forward doing
- Timetable/schedules posted
- Clear understanding of beginning and end of activity/task
- Tasks broken into steps
- Frequent positive feedback
- Cooperative learning groups
- Teach cue words to refocus
- During listening tasks identify specifically what student is listening for
- Expectations clearly defined and taught
- Teach self-regulation programs (Alert Program is FASD research-based)
- Use a visual timer

Regulation

Emotional regulation is the process of recognizing and controlling feelings or reactions to feelings. Regulation is an area of executive function. Students with FASD may be challenged by being aware of their own emotional states, recognizing the emotional states of their peers, and/or in regulating their emotions to fit the situation. This lack of ability to manage emotions causes others to label and make judgements which impacts our students' ability to engage socially.

Regulation often becomes more severe in its appearance as individuals age and are expected to mature.

If a student struggles with regulation, he/she may:

- Display big responses to seemingly small triggers
- Require co-regulation to help calm
- Start work right without gathering materials and making sure they understand objectives
- Shut down
- Not use strategies when they encounter difficulties
- Struggle to begin a task, appears as deliberately resisting school work, defiance, not following rules, or not caring about school

Possible Strategies:

- Direct teaching of regulation skills
- Use key words as prompts i.e. "Calm"
- Provide supervision
- Help students to be aware of moods, emotions, stressors, illness, etc.
- Supports for transitions
- Visual supports
- Give positive and frequent reinforcement and feedback
- Teach calm down routines
- Scripted responses/routines (age-vocabulary-appropriate) e.g. "John, do you think this will be hard or easy?" "What is hard/easy?" "What is your plan?" "Is this a big deal/little deal?"
- Offer strategies to try
- Expectations clearly defined and taught
- Teach self-regulation programs
- Utilize social stories

Sensory Processing

A sensory processing difficulty means that a student may struggle to process all of the information taken in through their various senses (sight, smell, hearing, touch, taste, vestibular, proprioceptive). Some students may become easily overstimulated while others may need stimulation to become more alert and ready to learn.

This area of sensory processing is very complex and may require support from an Occupational Therapist. The complexity comes

from the fact that we all have different sensory profiles and that those profiles can change depending on the context.

If a student has sensory processing difficulties, he/she may:

- Fidget, rock, or spin
- Cover head/ears/eyes
- Appear sleepy or be daydreaming
- Be bothered by smells or tastes
- Be irritated by tags in clothing
- Not want to wear shoes
- Be sensitive to being touched or may seek heavy pressure
- Have a high tolerance to pain
- Chew things
- May be distracted by objects in the room or visuals on the walls, desk.

Possible Strategies:

- Reduce visual stimulus in room
- Lower lighting or increase lighting
- Reduce smells
- Provide quiet space or alternate setting
- Use ear muffs/hearing protectors
- Utilize alternate seating
- Cut tags from clothing
- Reduce materials in desk
- Create "zones" in classroom – reading, math, writing, quiet time,…
- Use an FM system
- Cover materials (curtains)
- "Check in" with student
- Provide movement breaks
- Alternate quiet and busy activities
- Teach how to use self-regulation tools, quiet space, techniques

Generalizing

The ability to generalize refers to the degree to which a learned behaviour will be repeated correctly in a new situation or a principle will be applied to a new situation. More simply, it refers to the ability to take a set of skills/behaviours learned in one context and apply it to others. This is sometimes referred to as "transfer of training". It is critical in learning that we take what we learn in the classroom and transfer it to the other situations.

If a student struggles to generalize information, he/she may:

- Struggle to use the same math rule in different questions/problems
- Know how to organize writing for an expository writing piece but cannot apply the organization strategy to a persuasive writing activity
- Show good behaviour in one setting but struggle in a different setting
- Struggle if there is a change in the regular routine or if different educators are working in the classroom
- Be organized at school but not at home

Possible Strategies:

- Do direct teaching in the setting the student struggles in
- Prepare students for a change in setting by using photos
- Provide many opportunities for the student to show skills/behaviours in different settings and with different people
- Provide many opportunities for the student to apply skills/knowledge to different situations and contexts
- Provide advance warning of an upcoming change and talk about expected behaviours

Abstract Concepts

Individuals with FASD may be more concrete in their thinking and how they learn. Abstract thinking requires the student to imagine or think about something that isn't immediately in front of them. A student may not be able to reflect and consider attributes and relationships. They may have difficulty understanding emotion, feeling, or understanding the parts in relation to the whole. They may have difficulty with spatial relations like "on", "big", etc. Time, number, and

money concepts are very abstract so our students may have difficulties in these areas. They may also have difficulties with the more abstract aspects of language.

If a student struggles with abstract thinking, he/she may:

- Have difficulties with metaphors and similes – "Cute as a button", "You're on fire!"
- Struggle to perform tasks without a visual prompt or reminder
- Perform better with hands on tasks
- Concepts like "justice, freedom, peace" may confuse students
- May be able to carry out concrete tasks
- Take things that do not belong to them
- Often be late for school
- Learn something in one setting and then cannot transfer it to a different setting

Possible Strategies:

- Use direct, specific language
- Provide concrete objects whenever possible
- Use meaningful information (i.e. family, interests, etc) to make the abstract more concrete
- Provide finished products so student knows the expectations ("Get Ready, Do, Done" - Sarah Ward)
- Use visual supports and photos to support student's learning
- Incorporate hands-on and/or experiential learning activities
- Pre teach content
- Teach in setting rather than just using verbal instruction
- Share images/actions/expectations for future setting (e.g. picture of gym before going to gym)
- Teach and modelled "think out louds"
- Use visual organizers like a Venn diagram
- Provide demonstrations of learning activities, when possible
- Use Thinking Maps
- Ensure that expectations are explicitly taught and practiced

Language

Language is complex, rule-governed, and abstract. Language is spoken, written, or gestural. Language is expressed and received. It involves comprehension, word knowledge, social language, hearing, processing, and responding. Communication is the exchange of information between people within a social context. It can include verbal and non-verbal communication. Tone, volume, pitch are all part of communication. Individuals with FASD may have normal vocabulary, grammar, and sentence structure in their spoken communication and therefore language difficulties may not be apparent until language demands in school increase. Students may lack comprehension skills.

If the student has a receptive and/or expressive language deficit, he/she may:

- Be chatty, but may struggle to explain
- Understand but slow to formulate responses
- Miss important details or directions
- Get left behind in social conversations
- Not respond when called upon
- Answer with "I don't know."
- Struggle to put verbal ideas into writing
- Say things that are off topic
- May become overwhelmed
- Interrupt frequently
- Struggle to express difficulties they are having and will say "it's fine"

A note on "lying" vs "confabulation". Individuals with FASD may confabulate, which is different from lying. Lies are untruths told deliberately and are usually much simpler than confabulations. Confabulations are spontaneously reported events that never happened. They can be very convoluted and convincing. This is usually not a deliberate attempt to deceive but is an attempt to fill in the missing pieces.

Possible Strategies:

- Provide written and/or visual supports
- Utilize "Word Walls"
- Use vocabulary and anchor charts
- Create visual images of concepts
- Use peer support
- Slow down – allow for processing time
- Speak clearly
- Simplify language
- Avoid or explain abstract language
- Use concise language
- Chunk information
- Have students repeat back or show you that they understand
- Provide organized summaries
- Practice vocabulary
- Provide graphic organizers
- Teach students to ask "What does ____ mean?" - self advocacy
- Provide a scribe, if appropriate
- Utilize technological supports
- Provide audio books
- Allow opportunities for rereading
- Establish reading groups
- Pre-teach/teach content vocabulary
- Teach social language
- Teach a social emotional learning curriculum
- Contextualize grammar instruction - communication purpose
- Select text that students can read and understand
- Provide demonstrations
- Utilize role playing

Processing Pace

A slower processing pace is a common characteristic in many individuals who live with FASD. A student who is a slower processor simply needs more time to process and less information to process at once. What appears to be a processing problem may, in fact, be a difficulty with attention, language, memory, organization, anxiety, or depression. Knowledge and experience with a topic can affect processing speed. Slow processing pace is not an indicator of lower intelligence.

If a student is a slower processor, he/she may:

- Show that they are "10 second people in a 1 second world" (Diane Malbin)
- Miss instructions
- Take longer to provide a spoken or written response to a question or task
- Some students may even move more slowly
- Students may not respond to a question and may be considered defiant or attention seeking
- Become frustrated if not given time to respond

Possible Strategies:

- Provide more time for responses
- Visual to support instructions
- Quiet environment
- Concrete way to let teacher know that they are going too fast
- Use peer support
- Slow the pace down
- Chunking work
- Showing completed projects
- Provide extra time
- Reduce workload
- Establish routines
- Provide many practice opportunities

Memory

Memory is the ability to register new stimuli, retain information for a short time, consolidate and use new knowledge and skills, and store information in long-term memory. Memory includes retrieval or efficiently recalling stored ideas. Experts agree that working memory is an area that is commonly impacted in individuals with FASD. Working memory is the ability to hold information in mind so that you can complete a larger task

If a student lives with a memory challenge, he/she may:

- Only be able to hold one piece of information in mind at a time

- Display inconsistent performance
- Struggle with test taking
- Lose their belongings
- Have difficulties remembering routines and classroom expectations
- Struggle to complete a series of steps
- Not complete activities or hand in assignments
- Arrive late to school
- Have difficulty recalling situations

Possible Strategies:

- Present one instruction at a time
- Present information repetitively
- Visual supports that serve as reminders
- Provide the day's agenda, visually
- Give many practice opportunities
- Use peer support
- Directly teach memory skills i.e. rehearsal, associations
- Use mnemonics like acronyms, songs, rhymes
- Play memory games
- Link new learning to things that are very familiar or known to the student
- Chunk instruction
- Explicitly outline steps
- Use pictures to support instruction
- Share thinking/metacognitive strategies
- Provide initial sounds cue
- Teach student to take photos of things
- Access prior learning/knowledge
- Teach planning and organizing

Planning and Organizing

Planning and Organizing is the ability to recall what happened before, what will happen now, and what will happen next. It requires the ability to "see oneself" in the future and act on what you "see". It requires an understanding of time, people involved, objects involved, and the space where the work or activity needs to be carried out. It may require delegating or accepting responsibility for a part of an activity. It requires the ability to set goals and monitor those goals. It requires attending, processing verbal and non-verbal information. It is a "mental dress rehearsal".

If a student struggles with planning/ organizing, he/she may:

- Be late for school/miss school
- Have a disorganized desk, locker
- forget homework
- Struggle to complete tasks,
- Struggle with poor hygiene and/or grooming
- Have difficulty following school routines or multi-step instructions
- Struggle to work in a group
- Sit and do nothing
- Not return school forms
- Not return toys/objects/resources
- Appear clumsy
- May display unorganized written work

Possible Strategies:

- Provide examples of end product
- Use Sarah Ward's "Get Ready, Do, Done", starting with the "Done"
- Visual supports/schedules
- Break tasks down into steps with the student
- Use "working" clock or timer to help students make work plans
- Concrete supports and examples
- Repeat/practice procedures frequently i.e. desk/locker clean up, backpack/ binder organization
- Provide consistent, structure, routine environment
- Create zones in classroom – math, reading, writing, personal belongings…
- Explicitly outline steps
- Review expectations prior to activities
- Scaffold instruction—build on prior learning and knowledge

- Use a “gradual release of responsibility” or supported independence
- Review who will be in the room, their role, the objects needed, the space, the emotional expectations prior to moving to that space
- Set, share, and teach how to use learning outcomes
- Explicitly teach planning and organizing

Dysmaturity

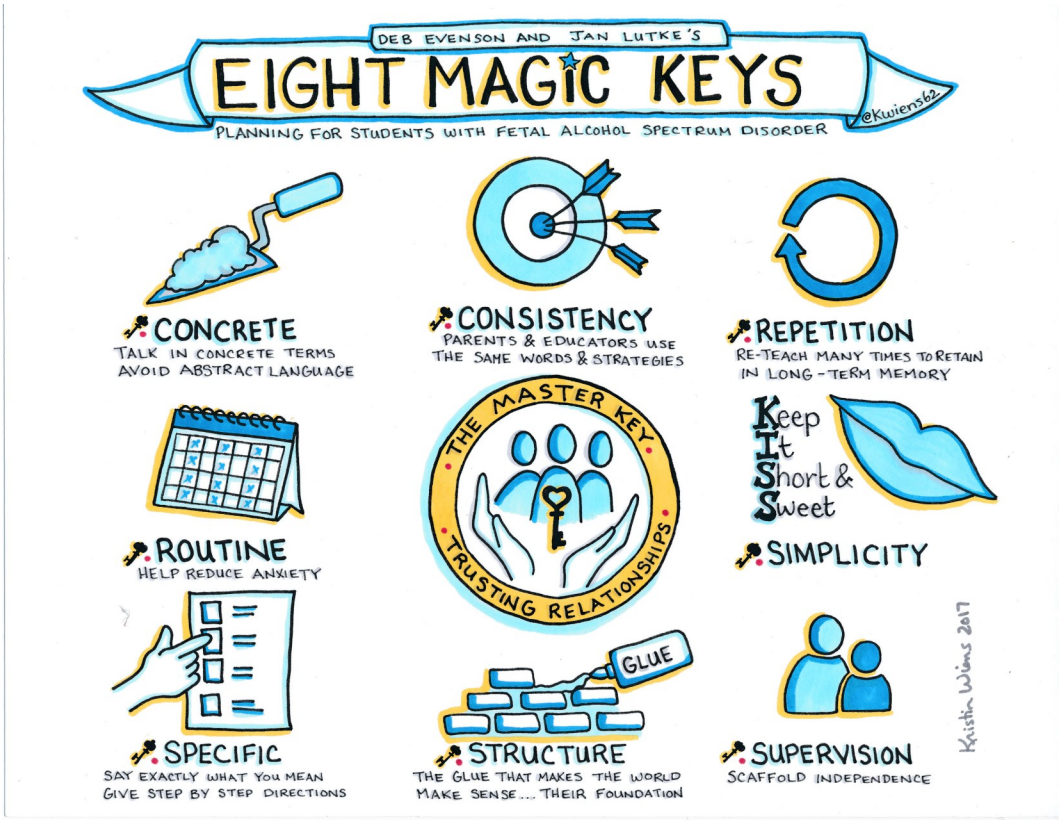
Dysmaturity is not a functional deficit. Dysmaturity refers to the gap between the chronological and developmental ages in different domains. It is often referred to as “uneven maturation”. It is often helpful to “think younger” but still maintain respectful language and approach. Often students with FASD have an IQ score within the normal range. For many people with FASD this gap between chronological and developmental levels seems to narrow by their mid-thirties.

If Dysmaturity is present, he/she may:

- Seem young for their age
- Have difficulties with age-appropriate social situations
- Be more comfortable spending time with friends who are younger,
- Be 18 years of age, sound like they are 22, act like a 8 year old in social situations and in expressing moral understanding, read like a 6 year old and understand time/ money like a 10 year old.

Possible Strategies:

- Adjust instructional approach to meet student where they are at
- Provide supervision appropriate with developmental level
- Enlist the help of supportive peers
- Ensure student fully understands the expectations
- Clear, simple, repetition of instruction
- Use multi-age groupings
- Provide many opportunities for breaks
- Scaffold instruction
- Adapt curriculum to meet level
- Use “real life” situations
- Directly teach social/emotional skills



EIGHT KEYS: Developing Successful Interventions for Students with FASD

1. **Structure**
2. Concrete
3. Consistency
4. Repetition
5. Routine
6. Simplicity
7. Specific
8. Supervision

While there is no recommended "cookbook approach" to working with students with FASD, there are strategies that work, based on the following guidelines:

1. Structure - Structure is the "glue" that makes the world make sense for a student with FASD. If this glue is taken away, the walls fall down! A student with FASD achieves and is successful because their world provides the appropriate structure as a permanent foundation.

2. Concrete - Students with FASD do well when parents and educators talk in concrete terms, don't use words with double meanings, idioms, etc. Because their social-emotional understanding is far below their chronological age, it helps to "think younger" when providing assistance, giving instructions, etc.

3. Consistency - Because of the difficulty students with FASD experience trying to generalize learning from one situation to another, they do best in an environment with few changes. This includes language. Teachers and parents can coordinate with each other to use the same words for key phases and oral directions.

4. Repetition - Students with FASD have chronic short-term memory problems; they forget things they want to remember as well as information that has been learned and retained for a period of time. In order for something to make it to long term memory, it may simply need to be re-taught and retaught.

5. Routine - Stable routines that don't change from day to day will make it easier for students with FASD to know what to expect next and decrease their anxiety, enabling them to learn.

6. Simplicity - Remember to Keep it Short and Sweet (KISS method). Students with FASD are easily overstimulated, leading to "shutdown" at which point no more information can be assimilated. Therefore, a simple environment is the foundation for an effective school program.

7. Specific - Say exactly what you mean. Remember that students with FASD have difficulty with abstractions, generalization, and not being able to "fill in the blanks" when given a direction. Tell them step by step what to do, developing appropriate habit patterns.

8. Supervision - Because of their cognitive challenges, students with FASD bring a naiveté to daily life situations. They need constant supervision, as with much younger children, to develop habit patterns of appropriate behavior.

When a situation with a student with FASD is confusing and the intervention is not working, then:
- Stop Action!
- Observe.
- Listen carefully to find out where he/she is stuck.
- Ask: What is hard? What would help?

Video Resources

8 Magic Keys of Success
WRaP Schools http://bit.ly/217jHob

8 Magic Keys of Success
Anchorage School District and ASDtv
http://bit.ly/1R6RgSE

Relationships – 2 strategies

The 2 x 10 strategy is simple: spend 2 minutes per day for 10 days in a row talking with an at-risk student about anything she or he wants to talk about. http://bit.ly/1KoeDHX

The Find, Remind and Bind Strategy. Find a student that you want a relationship with, Remind them why you are grateful for them and this will Bind you. http://bit.ly/1SCEQCC

What is FASD?

FASD describes a spectrum of disorders caused by prenatal exposure to alcohol.

Three or more domains of the central nervous system are impacted when you are living with FASD.

Children living with FASD have a brain-based disability.

Developed by Deb Evenson and Jan Lutke 1997

Adapted by POPFASD 2016

Master Key – Trusting Relationship

8 Keys Document (adapted from Evensen and Lutke)

Overlapping Behavioral Characteristics & Related Mental Health Diagnoses in Children

Overlapping Characteristics & Mental Health Diagnoses	FASD	ADD/ ADHD	Sensory Int. Dys.	Autism	Bi-Polar	RAD	Depres-sion	ODD	Trauma	Poverty
Easily distracted by extraneous stimuli	X	X	X							
Developmental Dysmaturity	X			X						
Feel Different from other people	X				X					
Often does not follow through on instructions	X	X					X	X	X	X
Often interrupts/intrudes	X	X	X	X	X		X			X
Often engages in activities without considering possible consequences	X	X	X	X	X					X
Often has difficulty organizing tasks & activities	X	X		X	X		X			X
Difficulty with transitions	X		X	X	X					
No impulse controls, acts hyperactive	X	X	X		X	X				
Sleep Disturbance	X				X		X		X	
Indiscriminately affectionate with strangers	X		X		X	X				
Lack of eye contact	X		X	X		X	X			
Not cuddly	X			X		X	X			
Lying about the obvious	X				X	X				
No impulse controls, acts hyperactive	X		X		X	X			X	
Learning lags: "Won't learn, some can't learn"	X		X			X			X	X
Incessant chatter, **or** abnormal speech patterns	X		X	X	X	X				
Increased startle response	X		X						X	
Emotionally volatile, often exhibit wide mood swings	X	X	X	X	X	X	X	X	X	
Depression develops, often in teen years	X	X				X			X	
Problems with social interactions	X			X	X		X			
Defect in speech and language, delays	X			X						
Over/under-responsive to stimuli	X	X	X	X						
Perseveration, inflexibility	X			X	X					
Escalation in response to stress	X		X	X	X		X		X	
Poor problem solving	X			X	X		X			
Difficulty seeing cause & effect	X			X						
Exceptional abilities in one area	X			X						
Guess at what "normal" is	X			X						
Lie when it would be easy to tell the truth	X				X	X				
Difficulty initiating, following through	X	X			X		X			
Difficulty with relationships	X		X	X	X	X	X			
Manage time poorly/lack of comprehension of time	X	X			X		X			X
Information processing difficulties speech/language: receptive vs. expressive	X			X						
Often loses temper	X		X		X		X	X	X	
Often argues with adults	X				X			X		
Often actively defies or refuses to comply	X				X			X		
Often blames others for his or her mistakes	X	X			X		X	X		
Is often touchy or easily annoyed by others	X				X		X	X		
Is often angry and resentful	X						X	X		

Adapted from:

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Why do girls and women drink alcohol during pregnancy?

Information for Service Providers

"It is safest not to drink alcohol during pregnancy." Yet, 11% of Canadian women continue to drink after learning they are pregnant. Many service providers struggle to understand why a woman drinks during pregnancy.

6 Reasons Why Girls & Women May Drink During Pregnancy

1. Women are unaware they are pregnant.

Approximately 50% of pregnancies are unplanned. Most women will stop drinking when they learn they are pregnant. It is important to have conversations with women about alcohol use *before* they become pregnant.

2. Women are unaware of the extent of damage alcohol can cause the fetus.

While Fetal Alcohol Spectrum Disorder is the leading known cause of developmental disability, the range of harms of alcohol during pregnancy is still debated in the media and science has yet to determine all the factors that affect how alcohol can affect a developing fetus.

3. Women underestimate the harms alcohol consumption can cause because they know other women who drank during pregnancy and their children appear healthy.

While many women are aware of the possible harms of alcohol, tobacco and other drugs, the effects can be varied, invisible, and only apparent years down the road.

4. Alcohol use is the norm in their social group and abstaining may therefore be difficult.

For some women, it can be hard to abstain when it's expected that they drink, especially if people don't yet know they are pregnant. Alcohol use is often an integral part of business networking, socializing, and relationships.

5. Women may be using alcohol to cope with difficult life situations such as violence, depression, poverty, or isolation.

Many women can find it difficult to stop drinking when their life circumstances remain challenging during pregnancy or if they have few alternatives for finding support and treatment.

6. Women may struggle with alcohol addiction.

Addiction spans all segments of society and can be a concern long before pregnancy. In some cases, pregnancy can be an opportunity to address addictions issues, but in other cases, harm reduction approaches should be considered until a woman is ready to address her addiction.

Research shows that drinking alcohol during pregnancy is most consistently predicted by: 1) how much women drank before they were pregnant; and 2) being in an abusive relationship.

References

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