

Understanding students with FASD


Twyla Gilroy BSW/RSW
FASD Diagnostic Coordinator
Prairie Mountain Health

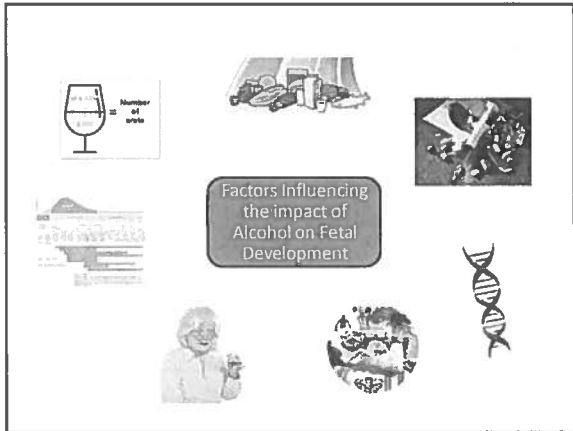
- Introductions
- What is FASD?
- Break
- Students with FASD
- Questions

What Is FASD?

Fetal Alcohol Spectrum Disorder (FASD) is a diagnostic term describing the range of effects that can occur in an individual who was exposed to alcohol prenatally.

- Effects may include: physical function, cognitive skills, behavioural control and/or learning challenges
- The effects are life long
- FASD is not an inherited disorder

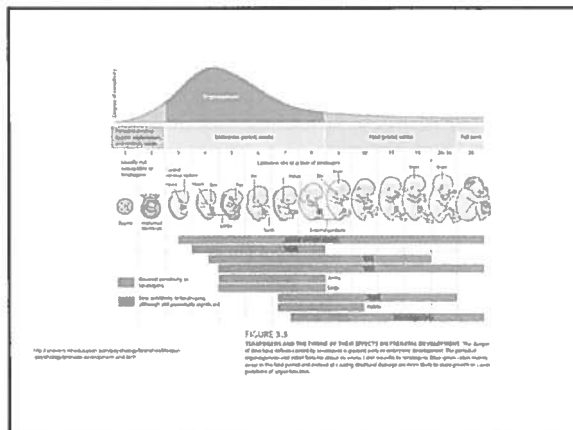





Did you know?

- Alcohol is the single most widely accepted and used substance in society.
- Approximately 75% of Canadians drink alcohol.
- Approximately 50% of pregnancies are unplanned.
- Most women do not realize they are pregnant until 6 weeks or more into their pregnancy.

- *Not being aware that one is pregnant, lack of information about the effects of alcohol, peer pressure, poverty, homelessness, violence, trauma and childhood abuse, isolation, mental health challenges, addiction and a lack of access to resources are all contributing factors and root causes to alcohol use during pregnancy.*



How Does Alcohol Change Brain Development?



- oMalformations in both gray and white matter
- oAbnormal brain tissue development
- oBrain tissue in the wrong location
- oTissue death or cell loss in some brain regions.
- oAbnormal "pruning" i.e. the process by which neurons and synaptic connections are eliminated in order to increase the brain's efficiency
- oBrain metabolism is altered affecting how brain messages are transmitted

Also:

- oDuring critical periods of development, gene expression regulating the formation of the Central Nervous System (brain and spinal cord) may also be interfered with by alcohol exposure.

Can you tell if a person is affected by FASD just by looking at them?

Only someone with a diagnosis of FASD with sentinel facial features (old term -FAS) will exhibit facial features.

Only a very small minority of individuals diagnosed with FASD will exhibit facial features.

Canadian 2015 Guidelines

DIAGNOSIS: FASD		
	FASD with Sentinel Facial Features	FASD without Sentinel Facial Features
PAE	Confirmed prenatal alcohol exposure (PAE)	Confirmed PAE
FACE	3 Facial Features (high specificity to PAE*)	Few or no classic features (associated with PAE)
BRAIN	3+ domains of neurodevelopmental impairment	3+ domains of neurodevelopmental impairment

Benefits of a Diagnosis

Promotes understanding which can lead to positive outcomes.

- o FASD is brain based
- o Identification and further understanding of the unique challenges and strengths of the individual
- o Adaptations to environments at home and school
- o Avoids inappropriate labels
- o Prevention of secondary disabilities
- o Access to programs/resources
- o 'Reframing' of behaviour

Diagnostic Process

Multidisciplinary Approach

- Multidisciplinary teams are recommended as the standard for assessing and diagnosing children and adults.
- The core diagnostic team members in the Manitoba context include:
 - Diagnostic Coordinators
 - Developmental Pediatricians
 - Geneticists
 - Social Workers
 - Psychologists
 - Speech-Language Pathologists
 - Occupational Therapists
 - FASD Educator
 - Manager and Admin Team

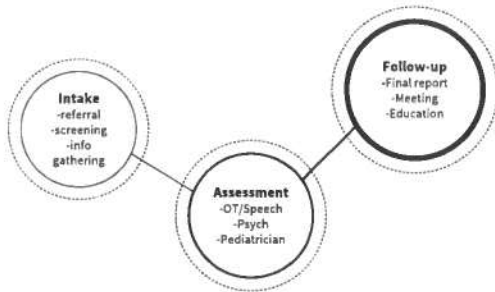
An assessment for FASD can possibly lead to a diagnosis which, rather than labeling, provides a 'blueprint' for early intervention and treatment specific to the unique needs of individuals and their caregivers.

Criteria for Assessment

1. Identified developmental / learning / behavioral concerns
2. Reliable knowledge of prenatal alcohol exposure
3. Guardian's consent for assessment

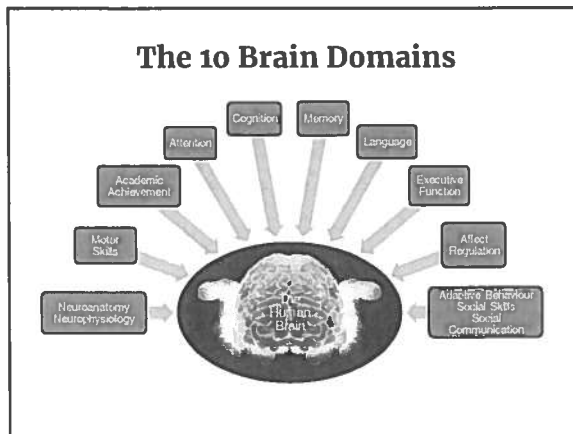
KEY: Alcohol exposure is a risk but not a diagnosis for FASD.

Coordinated Assessment Process



Four Areas Assessed

- Growth parameters
- Facial Characteristics
- Brain Domains Affected
- Alcohol Consumption



Neuroanatomy/Neurophysiology

- o Brain structure and size
- o Could have a smaller brain and head circumference, may have seizures and difficulty with being clumsy

Motor Skills

- o Over/under processing sensation of temperature, pain movement, balance, sound, loudness, taste, oral sensation, smell, brightness, dimness.

Academic Achievement

- o Difficulty with reading, comprehension, memory, organization, focus/attention, inability to grasp abstract concepts such as money and numbers

Attention (redefined from ADHD)

- o Difficulty maintaining focus and attention, staying 'on task', transitioning between activities, easily distracted and hyperactive

Cognition (IQ)

- o Difficulty with the ability to reason, plan, solve problems, think abstractly, comprehend complex ideas, learn quickly and learn from experience

Memory

- o Difficulty recalling information, may fabricate to "fill in the blank", more difficulty with free recall, better on recognition tasks

Language

- o Language develops at a slower rate, sentence structure at younger age level, difficulty with understanding, remembering and acting on verbal instruction.

Executive Function

- o Difficulty with the ability to plan ahead, set goals, evaluate actions during an activity, control emotional reactions, use working memory, start and finish tasks, think before acting, connect cause and effect, impulse control and hyperactivity

Affect Regulation

- o Difficulty with anxiety, depression and mood dysregulation

Adaptive Behaviour/Social Skills or Social Communication

- o Difficulty with money concepts, self-direction, social skills, responsibility, self-esteem, following rules, obeying laws, preparing meals, using transportation and dysmaturity

“10 second kids in a 1 second world”

- Diane Malbin

Primary and Secondary impacts

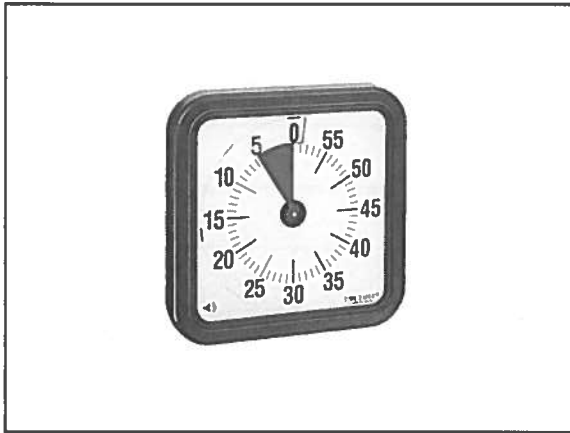
© Primary behaviours are behaviours that most clearly reflect differences in brain structure and function

© Secondary behaviours are those behaviours that are believed to develop over time when there is a chronic poor fit between the individual and his/her environment. These behaviours are believed to be preventable. They may develop early and lead to challenging patterns of behavior.



D. Malbin

Chronological age-appropriate expectations D Evensen & D. Malbin	Developmental age-appropriate expectations Taken from: Challenges and Opportunities by Peggy Lasser
AGE 5 Can sit alone Follow three instructions Sit still for 20 minutes Interactive, cooperative play, share Take turns	AGE 5 - 6 YEARS OLD INDIVIDUALLY Follow one instruction "help mommy" Active, sit still for 5 to minutes Parallel play My way or no way
AGE 6 Listen, pay attention for an hour Read and write Line up on their own Wait their turn Remember events and requests	AGE 6 - 7 YEARS OLD INDIVIDUALLY Pay attention for about one minute Scribble Used to be alone and read aloud Does not wait gracefully, act impulsively Adults read about these books
AGE 7 Read books without pictures Learn from worksheets Answer abstract questions Structure their own views Get along and solve problems Learn intellectually, or abstract and social Know right from wrong Have physical stamina	AGE 7 - 8 YEARS OLD INDIVIDUALLY Beginning to read, with pictures Learn spontaneously Name and color words, behaviors Supervised play, structured play Learn from modeled problem solving Learn by doing, spontaneously Developing sense of humor Easily engaged by social work
AGE 8 Art responsible Organize themselves, plan ahead, follow through Move deadline after being told more Initiate, follow through Have appropriate social boundaries Understand body space Establish and maintain friendships	AGE 8 - 9 YEARS OLD INDIVIDUALLY Read rereading Read social cues, understanding Sample experiences Read promoting Elementary, tactics, lots of working in your space Forming early friendships
AGE 13 On the verge of independence Master a job and graduate from school Have a plan for their life Budget their own money Organize Accomplish tasks independently at home, school, and job	AGE 13 - 14 YEARS OLD INDIVIDUALLY Work structure and guidance Limited choice of activities In the "here and now" little projection Giggles, raucous, boisterous Care as allowance Gets organized with help of adults



Straight from the teachers mouth...

<https://www.youtube.com/watch?v=IXS-dpF-P9I>

Common Misinterpretations of Normal Functions (1994, Debra L. Evenson, MA)

Behaviour (What we see)	Misinterpretation (What we think)	Accurate interpretation for FASD (What's really going on)
Non-compliance	<ul style="list-style-type: none"> Doing it on purpose Attention seeking Stubborn 	<ul style="list-style-type: none"> Difficulty translating verbal directions into action Doesn't understand
Repeatedly making the same mistakes	<ul style="list-style-type: none"> Doing it on purpose Manipulative 	<ul style="list-style-type: none"> Cannot link cause to effect Cannot see similarities Difficulty generalizing from one event to another
Often late	<ul style="list-style-type: none"> Lazy, slow Doing it on purpose Poor parenting 	<ul style="list-style-type: none"> Cannot understand the abstract concept of time Needs assistance getting organized
Not sitting still	<ul style="list-style-type: none"> Seeking attention Bothering others Doing it on purpose 	<ul style="list-style-type: none"> Neurologically based need to move while learning Sensory overload
Stealing	<ul style="list-style-type: none"> Deliberate dishonesty Lack of conscience 	<ul style="list-style-type: none"> Does not understand concept of ownership over time and space Immature thinking ("finders keepers")

Common Misinterpretations of Normal Functions (1994, Debra L. Evenson, MA)

Behaviour (What we see)	Misinterpretation (What we think)	Accurate interpretation for FASD (What's really going on)
Poor social judgment	<ul style="list-style-type: none"> Abused child Doing it on purpose Poor parenting 	<ul style="list-style-type: none"> Not able to interpret social cues from peers Does not know what to do in social settings
Overly physical	<ul style="list-style-type: none"> Doing it to bother other people Deviancy 	<ul style="list-style-type: none"> Hypo- or hyper-sensitive to touch (feels things too much or not enough) Does not understand social cues regarding boundaries
Does not work independently	<ul style="list-style-type: none"> Doing it on purpose Poor parenting 	<ul style="list-style-type: none"> Chronic health problems Cannot translate verbal directions into action
Lying	<ul style="list-style-type: none"> Deliberate Sociopathic behaviour Lack of conscience 	<ul style="list-style-type: none"> Problems with memory or sequencing Unable to accurately recall events Trying to please by telling you what they think you want to hear



8 Magic Keys

While there is no recommended “cookbook approach” to working with individuals with FASD there are strategies that work based on the following guidelines:

Reprinted with Permission. Evenson, D. & Luthke, J. (1997). 8 Magic Keys. Adapted version, (2005) Minnesota Organization on Fetal Alcohol Syndrome. Adapted.

1. Concrete

Individuals with FASD do well when people **talk in concrete terms** and do not use words with double meanings or idioms. As many individuals with FASD often have a social-emotional understanding below their chronological age, it helps to “**think younger**” when providing assistance and giving instructions.

2. Consistency

Due to the difficulty individuals with FASD experience trying to generalize learning from one situation to the another they do best in an environment with few changes. This includes languages. For example, teachers and parents can coordinate with each other to use the same words for key phrases and oral directions.

3.Repetition

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

4.Routine

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

5. Simplicity

Remember to **KEEP IT SHORT and SWEET** (KISS method). Individuals with FASD are **easily over-stimulated**, leading to "shutdown" at which point no more information can be assimilated. Therefore, a **simple environment is the foundation** for an effective school program.

6. Specific

Say exactly what you mean. Remember that individuals 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.

7. Structure

Structure is the “glue” that **makes the world make sense** for an individual with FASD. If this glue is taken away, the walls fall down! An individual with an FASD achieves and is **successful because their world provides the appropriate structure** as permanent foundation.

8. Supervision

Because of their **cognitive challenges**, individuals 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**.

The key to successful formal and informal networks (in support of someone with FASD) is understanding behaviours from a brain-based perspective.

Understanding is the cornerstone for acceptance and acceptance is essential for relationships.



In the classroom



1. Modify Environment

- o Reduce clutter
- o Have child directly in front of you
- o Stand in front of a blank wall
- o Allow child to use headphones
- o Create a quiet space
- o Playdough to keep busy hands quiet
- o Make physical changes
- o Use furniture and wall decor to clearly define different learning areas



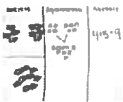
2. Provide Structure & Predictability

- o Routine
- o Label child's place at table, tape name to back of chairs, on lockers and cubbies etc
- o Clearly identify where material is kept and homework is turned in
- o Post simple schedule (words & pictures) and in a separate area
- o Discuss the schedule every morning to prepare the child
- o Use masking tape to define areas eg a circle for story time or line for line-ups
- o Parent & teacher work together



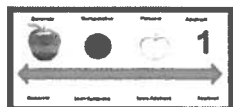
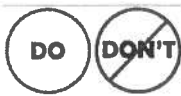
3. Adjust your teaching methods

- o Use concrete examples to make abstract concepts easier
- o Learning needs to be hands on
- o Use a multisensory approach whenever possible
- o Use a computer/dry erase board whenever possible rather than paper & pencil for children with fine motor coordination problems
- o Children with FASD have a hard time integrating the information learnt from one subject into another subject area or different parts of their life so try to integrate it for them.
- o Be aware of memory challenges
- o Learn a strategy instead of just memorizing
- o Teach one concept at a time - let the child master it.
- o Check for understanding



4. Communicate Clearly

- o Give examples, show
- o Make eye contact
- o Keep directions short and simple
- o Keep it concrete
- o You have to show abstract concepts
- o Always be specific
- o State your request in a positive way - say what you want, not what you don't want
- o Recognize behaviours such as facial expressions, body language and challenging behaviours as child's attempts to communicate what they are unable to put into words



5. Plan transitions and unstructured time



- o Let student come in and get settled before everyone else
- o Structure is the framework in which children with FASD operate
- o When changing classes, stand in the hallway outside your door so you are visible
- o Give children with FASD a job to do to move them from one task to another
- o Give students a consistent routine
- o Use counting or songs to signify transition
- o Use hourglass as a visual reminder
- o Remind child what's coming next
- o Assign a classmate to be a transition buddy
- o Speak to previous teachers about what worked for transition times.



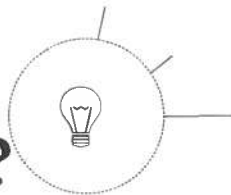
6. Teach Social Skills



- o Need to be taught in concrete terms
- o Let child with FASD help other children
- o Use timer or other reminder to help students take turn
- o Find a visual way to define space
- o Teaching by example
- o Have a special helper every day
- o Play games
- o Teach personal space



Questions?



Thank you!

Twyla Gilroy BSW/RSW
FASD Diagnostic Coordinator
tgilroy@pmh-mb.ca
204.622.6223
Brandon Coordinator 204.578.2487

Resources

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