

SYMPTOMS/BEHAVIOURS

Early Childhood (1 to 5 years)

- Speech or gross motor delays
- Extreme tactile sensitivity or insensitivity
- Erratic sleep and/or eating habits
- Poor habituation
- Lack of stranger anxiety
- Rage
- Poor or limited abstracting ability (action/consequence connection, judgment and reasoning skills, sequential learning)

Elementary Year

- Normal, borderline, or high IQ with relative immaturity
- Blames others for problems
- Volatile and impulsive, impaired reasoning
- School becomes increasingly difficult
- Socially isolated and emotionally disconnected
- High need for stimulation
- Vivid fantasies and perseveration problems
- Possible fascination with knives and/or fire

Adolescent Years (13 to 18 years)

- No personal or property boundaries
- Naïve, suggestible, a follower, a victim, vulnerable to peers
- Poor judgment, reasoning and memory
- Isolated, sometimes depressed and/or suicidal
- Poor social skills
- Doesn't learn from mistakes

EDUCATIONAL IMPLICATIONS













Children with FASD require more intense supervision and structure than other students. They often lack a sense of boundaries for people and objects. For instance, they don't steal things, they find them.

An object only belongs to a person if it is in their hand. They are impulsive, uninhibited and over-reactive. Social skills such as sharing, taking turns and co-operating in general, are usually not understood. These children tend to play alongside others but not with them. Also, sensory integration problems are common and may lead to a tendency to be high strung, sound-sensitive and easily over-stimulated.

Although they can focus their attention on the task at hand, they have multiple obstacles to their learning. Since they are unable to understand ideas, concepts or abstract thoughts, they often have the ability to verbalize without actually understanding. Even simple tasks require intense mental effort due to their cognitive impairment. This can result in mental exhaustion, which adds to their behaviour problems. Their threshold for frustration is low, so they often fly into rage and tantrums.

A common impairment is short-term memory. In an effort to please, students will often fabricate answers when they don't remember. This practice can apply to anything, including school work or behaviours. These are not intentional lies. They truly do not remember the truth and simply want to have an answer. Since they live in the moment and do not connect their actions with consequences, they are unable to recognize that making up answers is not appropriate.

SERIES ON MENTAL HEALTH AND WELL-BEING

-  Anxiety
-  Attention Deficit Hyperactivity Disorder
-  Asperger's Syndrome
-  Autism Spectrum Disorder
-  Conduct Disorder
-  Depression
-  Eating Disorders
-  Fetal Alcohol Spectrum Disorder
-  Obsessive Compulsive Disorder
-  Oppositional Defiant Disorder
-  Reactive Attachment Disorder
-  Tourette Syndrome

TO LEARN MORE, PLEASE CONTACT:

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FETAL ALCOHOL SPECTRUM DISORDER

ABOUT

FETAL ALCOHOL SPECTRUM DISORDER

Fetal Alcohol Spectrum Disorder (FASD) refers to the brain damage and physical birth defects in children caused by women who consumed alcohol during their pregnancy. FASD can include growth deficiencies, central nervous system dysfunction that could result in low IQ or cognitive deficiencies, and abnormal facial features such as small eye openings, small upturned nose, thin upper lip, small lower jaw, low set of ears, and an overall small head circumference.

Children lacking the distinguishing facial features could be diagnosed with Fetal Alcohol Effects (FAE). A diagnosis of FAE may make it increasingly difficult to meet the criteria for many services or accommodations. The Institute of Medicine recently coined Alcohol Related Neurodevelopmental Disabilities (ARND) to describe the condition in which only the central nervous system abnormalities are present from prenatal alcohol exposure.

FASD/FAE are lifelong irreversible conditions. Children with FASD experience severe challenges including speech and language delays, and learning disabilities. Often, children with FASD are hyperactive, poorly co-ordinated and impulsive. They will most likely have difficulty with daily living skills, including eating, resulting from missing tooth enamel, heightened oral sensitivity, or an abnormal gag reflex.

Learning is not automatic for those with FASD. Due to organic brain damage, memory retrieval is impaired, making learning extremely difficult for some. Many children with FASD have problems with communicating, especially socially, even though they may have strong verbal skills. They often have trouble interpreting actions and behaviours of others or reading social cues. Abstract concepts are especially troublesome. They often appear irresponsible, undisciplined, and immature, as they lack critical thinking skills such as judgment, reasoning, problem solving, predicting and generalizing.

Children with FASD/FAE don't internalize morals, ethics or values. (These are abstract concepts). They do not understand how to do or say what is considered appropriate. They also do not learn from past experiences and punishment does not seem to faze them and, as a result, they often repeat mistakes. Immediate wants or needs take precedence and they don't understand the concept of cause and effect, or that there are consequences to their actions. These factors may result in serious behaviour problems unless their environment is closely monitored, structured and consistent.

This fact sheet must not be used for the purpose of making a diagnosis. It is to be used only as a reference for your own understanding and to provide information about different kinds of behaviours and mental health issues you may encounter in the classroom.

INSTRUCTIONAL ACCOMMODATIONS AND CLASSROOM STRATEGIES

- Be consistent. The manner in which something is learned the first time will have the most long lasting effect. Re-learning is difficult, therefore, change is difficult.
- Use repetition. Some students need extra time to learn and retain information. Try using reminders like rhymes and songs. Have students repeatedly practice basic actions and social skills like walking quietly down the hall or saying thank you.
- Be positive, supportive and sympathetic during crisis. These are children who can't rather than won't.
- Use multi-sensory instruction including visual, olfactory, kinesthetic, tactile and auditory. More senses used in learning results in more possible neurological connections to aid in memory retrieval.
- Be specific, yet brief, as students with FASD have difficulty filling in the blanks. Explain step-by-step instructions but not all at once. Use short sentences and simple words. Be concrete. Avoid asking why. Instead, ask distinct questions such as who, what, where, when and how.
- Supervision should be as constant as possible, with an emphasis on positive reinforcement of appropriate behaviour.
- Do not rely on the student's ability to recite the rules or steps.
- Model appropriate behaviour. Students will often mimic behaviours, so try to remain respectful, patient and kind.
- Avoid long periods of deskwork, as these children must move often. To avoid the problem of a student becoming overloaded from mental exhaustion and/or trying to sit still, create a self-calming and respite plan.
- Post all rules and schedules. Use pictures, drawings, symbols, charts or whatever seems to be effective at conveying your message. Repeat the rules and their meanings aloud at least once per day.
- Rules should be the same for all students, however, you may need to alter the consequences for a child with FASD.
- Use immediate discipline. They will not comprehend why if consequences are delayed. Even if the student is told immediately that it will happen the next day, he/she will not make the connection when the time comes.
- Never take away recess as a consequence because children with FASD need to move around. Denying them that will only compound the problem.
- Ensure the student's attention. When talking directly to the student, be sure to say his/her name and make eye contact. Have them paraphrase directions to check for understanding.
- Encourage the use of self-talk.
- Recognize partially correct responses.
- Offer positive incentives for complete work.
- Set them up for success and recognize successes as often as possible.