

Self-Study Course

Fetal Alcohol Spectrum Disorder: Preschool & Elementary Educational Issues

Revised 7/06

4.0 Hours Credit

CREDITS:

A full bibliography of materials used in writing this training course is listed on the last page of this self-study.



If you wish to receive training credit for reading this self-study, please fill out the “CHECK YOUR UNDERSTANDING” Questionnaire” at the back of this course. Return the questionnaire to the Alaska Center for Resource Families for 1.0 hour of training credit. The course is yours to keep for further reference.

This self study course was developed by Aileen McInnis, South-central Training Coordinator for the Alaska Center for Resource Families.

RETURN YOUR QUESTIONNAIRE TO:

Alaska Center for Resource Families
815 Second Ave, Suite 202
Fairbanks, Alaska 99701

1-800-478-7307

479-7307 (Fairbanks/North Pole)

www.acrf.org

FOSTER PARENT COMPETENCIES

This self-study module addresses the following competencies

- 1.0 Foster parents will understand the possible impact of prenatal alcohol exposure on a child’s ability to learn and will understand the specific impact on the developing preschool or elementary aged child.
- 2.0 Foster parents will learn strategies to help a child with a fetal alcohol spectrum disorder to learn and better navigate his school experience.
- 3.0 Foster parents will learn strategies to work more effectively with a child’s teacher and will learn strategies that may help a child’s particular learning disability.
- 4.0 Foster parents will be family with the concepts of the Individualized Education Program, 504 Accommodation and the use of a surrogate parent.



Fetal Alcohol Spectrum Disorders: Preschool & Elementary Educational Issues

Part One: *How Prenatal Alcohol Exposure Affects The Developing Fetus*

Fetal Alcohol Spectrum Disorders (FASD) refer to a continuum of physical and mental birth defects resulting from a woman's drinking alcohol during pregnancy. FASD refers to a spectrum of conditions related to pre-natal alcohol exposure including *Fetal Alcohol Syndrome* (FAS) which is a medical diagnosis is characterized by growth deficiencies, neurological damage, abnormal facial features and a history of maternal alcohol use during pregnancy. *Fetal Alcohol Spectrum Disorders* (FASD) describes the full continuum of effects that can result from prenatal exposure to alcohol, including FAS and other conditions. *Fetal Alcohol Effects* or FAE is an older, but now outdated term that used to described a condition that did not have the physical symptoms or symptoms in all of the first three diagnostic categories. The term FASD or *Fetal Alcohol Spectrum Disorders* is a more inclusive and accurate term that includes the many different manifestation of effects related to pre-natal alcohol exposure including *Alcohol Related Birth Defects* (ARBD) or *Alcohol Related Neurological Deficits* (ARNND) and *Fetal Alcohol Syndrome* (FAS).

FASD almost always affect the way a child learns. Effects may vary from mild learning disabilities to severe mental retardation. School and learning are often a struggle. To understand how prenatal exposure to alcohol can affect learning, we must understand what alcohol does to the developing brain of the fetus. Alcohol and drugs are *teratogens*, or physical agents that can cause birth defects or fetal malformations. How teratogens impact the fetus depend on the substance, the quantity and frequency in which these chemicals are consumed, and when during the pregnancy the substance was used. Alcohol is particularly damaging to the developing fetus. Whatever is developing in the fetus at that time of exposure is at risk to be harmed. Since the brain is developing during all of pregnancy, it is often impacted by alcohol exposure.

Alcohol's Impact on the Developing Fetus

The first eight weeks of pregnancy (the embryonic period) seems to be a particularly vulnerable time for the fetus. It is often during these early weeks of pregnancy that a woman does not even know she is pregnant. Alcohol ingested by the mother crosses the placenta and can affect the development of the fetal nervous system by interfering with cell migration, neurotransmitters production, and brain growth. Some of the physical symptoms of FAS (small size, prematurity and small head circumference) may be detected at birth, but often the facial features are hard to

FETAL ALCOHOL SYNDROME

Medical Diagnosis results
From Maternal Alcohol
Use During Pregnancy

Characterized by:

- *Prenatal or Postnatal Growth Deficiency*
- *Central Nervous System Impairment*
- *Facial Anomalies*

FETAL ALCOHOL SPECTRUM DISORDERS

Refer to a continuum of
physical and mental birth
defects resulting from a
woman's drinking alcohol
during pregnancy.

see. As the baby grows, damage done to the central nervous system may gradually become detectable as parents observe that a child is slow to walk or has difficulty in learning and remembering new skills.

Timing in the pregnancy of alcohol exposure is critical. Children exposed to alcohol during the first two trimesters of pregnancy scored significantly lower on later assessments of language and other cognitive tasks. Defects in learning and motor skills are associated with exposure in the third trimester. Pre-natal alcohol exposure results not only in the characteristic facial features and small physical growth, but also affects the development of the central nervous system, which includes the brain and the spinal system. This is where learning deficits and attentional difficulties are rooted.

Central nervous system deficits may include microcephaly (smaller formed head), hyperactivity, motor problems, and mental retardation. Cognitive deficits, learning disabilities and behavior problems, including attention deficits, hyperactivity and high distractibility are results of central nervous system damage and are strongly associated with Fetal Alcohol Spectrum Disorders.¹ A child's fine motor skills may be impacted by alcohol exposure. A child may be clumsy when holding crayons or pencils or scissors. This becomes a challenge for a child as he struggles to use crayons or write his name or begin to write.

When you care for a child with an FASD in your home, you are caring for a child with organic brain deficits. This does not mean a child is stupid or mentally retarded. This means a child's brain processes information differently than a non-exposed brain and each child will be impacted differently. This shows up in daily life as difficulty in learning a new task or difficulty in following instructions. These children may be impulsive or attention deficit. They cannot sit still for long periods and are easily distractible. It may also result in behavior problems for a child. All of these will make it more difficult for a child to do well in school.

¹ Ghosts From The Nursery, Morse and Wiley, 1997

CASE EXAMPLE: Haley and Whitney

The twins were diagnosed with FAS when they were two years old. We were lucky that, except for mildly dysmorphic features, they are cute, strawberry blonde little munchkins. They are also very small for their age, so people do not expect as much from them as they would if they looked their age. One of the hardest things is watching their friends develop into typical children while Haley and Whitney lag behind never appearing to catch up. We have to keep telling ourselves that they are developing (although slowly)...

When the twins reached three, they were referred to a special need preschool program because of their developmental problems. They are also seeing a speech language pathologist once a week. Whitney's language skills are much better than Haley's.... The girls require specialized help right now in order to learn fine motor, language, gross motor, and social skills that kids without FAS typically learn by themselves, and they will spend another full year in the special needs preschool.

-- *Adoptive Mother Christine King
in Fantastic Antone Succeeds*

Understanding Input Processing Deficits

In her chapter in *Fantastic Antone Succeeds*, Barbara Morse discusses a way to understand how prenatal alcohol exposure may impair how a child's brain functions. These impairments are called "information processing deficits." Morse writes:

"Information processing deficits refer to learning disabilities in four domains: input, integration, memory and output. **Input** represents the recording of information from the senses. **Memory** represents the storage of information for later use. **Integration** is the process of interpreting the input. **Output** represents appropriate use of language and motor skills. Many people have a learning disability in one or two areas: children with FAS seem to have processing deficits in all areas."²

Examples of information processing deficits include:

Input Deficit: *A child is very sensitive to the noises of other children working around him in the classroom and is not responding to the teacher's request to sit in his desk.*

Memory Deficit: *A child seems to have learned a task on Monday. On Wednesday he cannot remember where to start.*

Integration Deficit: *A child is able to repeat what you said, "I need to come home and do my homework for one hour before I can watch television." But the child comes home, turns on the TV and is surprised when you are upset with his actions.*

Output Deficit: *A child has difficulty expressing what he wants using words and is easily frustrated.*

All of these areas are important in school. A child needs to be able to take in the information a teacher is trying to teach. He needs to remember material from day-to-day in order to take tests and learn advanced materials. He needs to be able to present himself in words and in writing. And he needs to be able to understand how to incorporate new skills and material into his work.

School is often a frustrating, debilitating experience for children with Fetal Alcohol Spectrum Disorders. Children who do well in the highly structured primary grades may begin to fail as the curriculum gets more complicated and abstract concepts (such as math and reading comprehension) are introduced. Children may have difficulty following instructions and have difficulty with fine motor activities such as cursive writing. What makes this disability more difficult is that a child who has a Fetal Alcohol Spectrum Disorder may show little or no facial features. His disability may be invisible. Educators and parents who don't understand that FASD is a disability may interpret a child's struggles as a behavior problem or that the child is being lazy or oppositional. These children look "normal" so our expectations are often too high for a child's disability.

² "Information Processing" in *Fantastic Antone Succeeds*, Barbara Morse

Because a child's difficulties might be misinterpreted as a behavior problem, families often get blamed for a child's behavior. They may be accused of poor parenting, of not following through with suggestions by the teacher, or not using enough discipline. Parents must work with teachers to give them information and education about FASD so that these circumstances can be avoided. A common piece of advice for caregivers and teachers of alcohol-exposed children is "don't try harder, try differently." We need to find different strategies that address the particular learning styles of the child instead of repeating ineffective teaching strategies.

How do the Effects of Alcohol Exposure Show Up During the Preschool Years?

- Small in both height and weight, looks younger
- Delayed in reaching developmental milestones
- Hyperactivity is most pronounced during this stage
- Perseveration (child is fixated on one topic of conversation or repeats an action over and over again)
- Interested more in people than in objects
- Delayed communication skills
- Difficulty in fine motor development resulting in trouble learning to use scissors, crayons, games with small pieces, tying shoes or buttoning clothes.
- Fearlessness, gets into everything
- In need of close supervision
- Hypersensitive, very sensitive to sounds and touch
- Sleep problems, delays in toilet training
- Easily overwhelmed, prone to tantrums
- Need to touch other children for closeness
- Difficulty with verbal instruction
- Indiscriminately friendly, has trouble learning who is a friend and who is a stranger



How Do the Effects of Alcohol Exposure Show Up During the School Years?



Hyperactivity or Attention Deficits: Because children are asked more often to sit and concentrate for longer periods of time as they get older, hyperactivity or attention deficits begin to be diagnosed during this time.

Abstraction Difficulties: A common effect of alcohol exposure is difficulty with abstractions. Children struggle with the ability to determine sequence (what happens next?); with time; with math such as long division and fractions; and generalizing concepts from one place to the next.

Social Intrusiveness: Alcohol affected children have a difficult time with the subtle clues of boundaries, facial expression, and body language. They overstep social boundaries by talking too much, trying to touch or hug someone who doesn't want it, or constantly repeating a phrase or gesture that got a laugh or a response previously.

Judgment Difficulties: Because of the difficulty in generalizing and predicting, and a reliance on visual clues, some children have trouble making good judgments. **Examples:** *A child may be susceptible to peer modeling and may participate in vandalism without knowing it is wrong. A child may have difficulty distinguishing between friends and strangers, and may be susceptible to exploitation or abuse.*

Memory Deficits: Some alcohol-affected children have chronic memory problems. Material that is mastered one day seems to disappear the next. Children start on a project, but then forget what they were supposed to do. Often these children depend heavily on structure and verbal clues to function. Some children have trouble with word retrieval--a word is on the tip of their tongue but they just can't think of it, even if it is a friend's name or a word like breakfast.

Perseveration: This means a child engages in the same behavior over and over again, or gets stuck doing a behavior without being to stop. For example, a child may have trouble stopping a game even after all her friends have gone home. It is as if a child cannot stop when they get started or can't get started once they've stopped.

Misdiagnosis: Children with undiagnosed alcohol effects are often mistakenly labeled or incompletely labeled as learning disabled, conduct disorder, emotionally disturbed or attachment disorder. This may be a piece of what is happening for the child, but it misses the critical piece of organic brain damage and which may require different intervention.

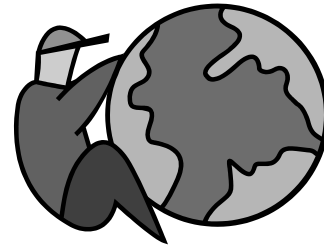
Frustration: Children themselves often begin to feel frustrated during the elementary school years because they may feel different or unlike other children or may be teased about their learning disabilities or looks. Children may also feel that their brain is "unreliable"—that they can't depend on it to work from day to day.

The Challenges of Living with FAS

One of the difficulties with a Fetal Alcohol Spectrum Disorder is that alcohol affected children often doesn't fit in our traditional categories of learning disabled or mental retardation. Children with FAS may have an IQ (intelligence quotient) between 40 and 110. A child with an FASD but not full FAS may have an even higher I.Q. Because a child may score high on a test, or be functional in several subjects, a child may not qualify for special education. Often children with Fetal Alcohol Spectrum Disorders are like square pegs in round holes. They may not totally fit in traditional classrooms, but we often try to "shoe-horn" them in.

Foster families are additionally challenged by the fact that children may have lived in several placements. Children may come into foster care already delayed not only by their disability but also by the chaos and uncertainty of their lives. These children may have experienced abuse or neglect, so their problems resulting from alcohol exposure are compounded by early childhood abuse, poor nutrition, and post-traumatic stress.

Fourth grade is a turning point for children going from concrete learning to being expected to do more abstract work such as mathematics and analysis. The FAS Family Resource Institute in Washington calls birth to age nine "the teachable years." These are the years that are the most responsive to maximizing a child's learning abilities and providing a foundation of emotional stability. Understanding a child's disability, celebrating small successes, and focusing on a child's strengths will be more successful than trusting that love alone can turn this child around. Children with FASD have a disability that will be with them for the rest of their life. We need to provide the support they need so they can do the best they can.



Children with FAS Challenge Educators With:

- Incomplete homework
- Poor reading comprehension
- Difficulty in developing math skills (particularly multiplication, telling time, money skills)
- Easily distracted, short attention span
- Inability to handle transitions
- Impulsivity and inconsistency
- Defiance/anger and aggressive behavior
- Verbal abuse
- Lacking social skills/
difficulty making friends
- Hyperactivity

--From the F.A.S. Times, Summer 1994
FAS/Family Resource Center, Washington

QUESTIONS AND ANSWERS ABOUT LEARNING AND THE CHILD WITH FASD

From *FAS: Parent and Child* By Barbara Morse and Lynn Weiner

Question: *My son seemed to be doing fine until he went to school. Now the teachers say he has behavioral problems. What happened?*

Response: School put many new pressures on children. They have to concentrate all day. There are many distractions, and a high reliance on auditory rather than visual information. A small class or resource room can help direct attention to the work rather than the surroundings.

Question: *The teacher says my daughter is smart enough, but she's lazy. I don't think so.*

Response: Children with FAS may know something one time but not the next. This happens because your daughter has a problem with short-term memory. It is helpful to understand that although she may try to remember, she cannot.

Question: *My son has a poor memory for many things, so why can he remember all the songs on the radio?*

Response: People tend to remember best those things that are especially interesting or those which have been reinforced. Songs are learned more easily because the words are repeated and they are reinforced by the music. Repetition contributes to memory; words set to music are more easily remembered.

Question: *My child can read, but is having a hard time with math.*

Response: Math involves abstract concepts which are often more difficult than reading. Providing concrete examples, visual feedback, and examples with physical objects (marbles, toothpicks) can make the concepts easier to grasp.

Question: *Sometime my child can tell me what I just asked her to do, but she still can't do it.*

Response: The ability to repeat directions, to figure out what they mean and to do them require different functions of the brain. Saying something is not always the same as processing or integrating the information. Directions that are given one step at a time are easier for children with FAS to follow

Question: *Is it true that one day my child will reach a point where he has learned everything he is capable of and won't go any further?*

Response: There is no indication that children with FAS stop learning. However, as children get older, learning requires the use of more complex skills such as abstract reasoning. These may take longer for children to master. Those with more severe disabilities may never fully master more complex skills.



Fetal Alcohol Spectrum Disorders: Preschool & Elementary Educational Issues

Part Two: *Helping Children Be Successful In School*

The role of the caregiver of a child with a Fetal Alcohol Spectrum Disorder is many fold. **Part Two** of this self-study will focus on three areas related to a child's education:

One: *Educating the Educators*

Two: *Helping Your Child Learn to Learn*

Three: *Ideas for Your Child's Specific Challenges*

ONE: *Educating the Educators*

Teachers in Alaska are required to have training in fetal alcohol syndrome and effects but the extent and length of the training is left to school districts to decide. Do not assume your child's teacher is an expert on FASD, and do not assume he or she knows how to best teach your individual child. Teachers and schools have many demands in a classroom and may not have the time or knowledge to know what works for every child.

It will be up to you to keep involved with your child's education on every level to assure your child is not being overlooked. This means you need to know about FASD and you need to know how your individual child is impacted. Observe your child. What comes easily and what is a struggle? How does he learn the best? If the child has not been assessed for Fetal Alcohol Syndrome, talk to the social worker about setting up an evaluation. Sometime people are afraid of "labeling" a child, but in the school system, a label or diagnosis sometimes opens up access to special services. Research also shows that an early FAS diagnosis in children often leads to more effective intervention that can prevent problems from occurring in later childhood and adulthood. Armed with this information, set out to help the teacher be informed about what works with your child.

The parents at the Fetal Alcohol Syndrome/Family Resource Institute in Lynwood, Washington, advise educating school staff about FASD in three steps:

- 1) Help the school staff connect your child's obvious behavioral problems with the disability

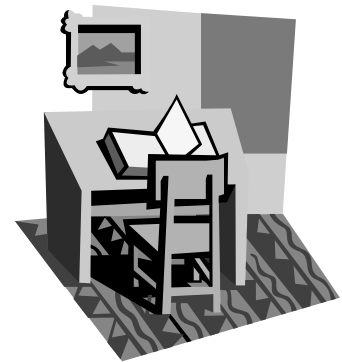
- 2) Teach the educators what you have instinctively learned: how to do the “dance” with your child to get as much cooperation as possible
- 3) Ask for the school staff to set up a situation so you can observe and evaluate potential classrooms without the child present. Then you can intuitively choose the most appropriate setting for your child

Many foster and adoptive parents keep a list of articles about prenatal alcohol effects to share with teachers and aides. If you go to a training or workshop, pick up an extra packet of information for your child’s primary teacher. Share information from this self-study. Present this information in a helpful, not critical way.

Some challenges with the educational system may be with an individual, such as a teacher or administrator who doesn’t understand FASD or doesn’t believe it exists. Some challenges may be with a school system that doesn’t have the resources to provide for the child or restrictive requirements for special education services. Use the resources at the end of this self-study to get what your child needs to do well in school and to find support when the going gets tough.

General Guidelines for Helping a Child in School

1. *Your child’s teacher must understand Fetal Alcohol Spectrum Disorders.* Schedule time to talk with the teacher. Share articles that specifically address your child’s disabilities. Share “Eight Magic Keys” in this self-study.
2. Communicate often with the teacher. Volunteer in your child’s classroom if you can. It gives you a better idea of how the classroom works and helps you build a relationship with the teacher. For daily communication, use notebooks to write notes from home to school and school to home. Use the phone or email as a way to keep connected.
3. The teacher should help a child feel comfortable in asking questions and in asking for help (and asking again and again!) when he does not understand.
4. Schedule homework right after school.
5. A child with alcohol effects should sit close to teacher. Facial expressions are an important part of communication. The farther away the child sits from the teacher, the more distractions there are between them. In small groups, children can learn to sit in a way where he or she can still see the teacher.
6. One adoptive mother advises going to school and helping child clean and organize his desk and locker every week. From fourth grade on, go to school after dismissal. Help the child organize, organize, organize!³



³ FAS: Practical Strategies for Home and School, Gloria Stuart

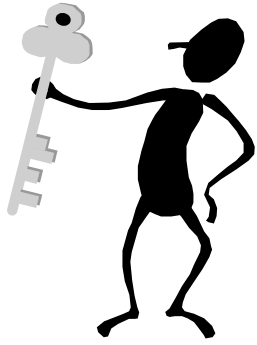
7. If a child has an I.E.P. (an Individualized Education Program) make sure it targets specific interventions directly related to your child's needs and disabilities. For example, some children may require a quiet room where a child can choose to retreat and unwind when needed. Sensory integration treatment, occupational therapy, or special supervision during sports or recess may also be specified.
8. Request evaluation by a school psychologist. Test results can identify and document some of the areas where the child is having specific difficulty. This in turn can help you and the teacher identify modifications or strategies to help him learn.
9. Educate all school staff (and the social worker) who have contact with your child. This means talking to bus drivers, playground monitors, classroom aides, and the school counselor about how this disability presents itself in your child. Repeat each new school year or with new personnel.
10. Realize learning plateaus can happen for two or three months at a time. The child may then have another learning period followed by another plateau when he doesn't seem to learn new material. Or a child may do well for a while, then falls apart. This is common with a Fetal Alcohol Spectrum Disorder
11. Children may need extra help from the teacher, a teacher aide, or resource room. Children with alcohol effects tend not to do well in large classrooms with lots of activity and changes (such as or frequent changes in bulletin board displays or dramatic changes in learning centers.)
12. When teaching a child new material, use as many of the senses as possible. Speak it, write it, act it, sign it or draw it to help a child understand.
13. Focus on every day, functional life skills. For example, when children learn to count by five or ten, have them practice by using dimes or nickels. This way the knowledge is tied to daily living skills.



**Your Most Important Role:
Know Your Child!**

Prenatal exposure to alcohol impacts every child differently. One child may be impulsive, another have attention deficits. One may be social, while another has trouble making friends. One child may be good at geometry, but struggles with writing a sentence.

Teachers may have general information about the effect fetal alcohol exposure, but caregivers are in a position to give accurate information about alcohol exposure has impacted *their particular child*. Observe how your child learns and thinks. What seems to come easy to him and what is a struggle? What works at home and what doesn't? How do you know when a child is starting to deteriorate? Share this information with your child's educator.



Eight Magic Keys

While there is no recommended “cook book” approach to working with students with FASD, there are strategies⁴ that work, based on the following guidelines:

Concrete: Students with FASD do well when parents and educators talk in concrete terms. Don’t use words with double meaning, idioms, etc. Because their social and emotional development is far below their chronological age, it helps to “think younger” when providing assistance, giving instructions, etc.

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 phrases and oral directions.

Repetition: Students with FASD have chronic short-term memory problem. They forget things they want to remember as well as information that FASD 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 re-taught.

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

Simplicity: Remember to **Keep It Short and Simple** (KISS method). Student with FASD are easily over stimulated, leading to shutdown at which no more information can be assimilated. Therefore, a simple environment is the foundation for an effective school program.

Specific: Say exactly what you mean. Remember that student 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.

Structure: Structure is the “glue” that make the work make sense for a student FASD If this glue is taken away, the walls fall down. A student with FASD achieves and is useful because their world provides the appropriate structure.

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

⁴ By Jan Lutke and Debra Evensen REPRINTED WITH PERMISSION.

TWO: *Helping Your Child Learn to Learn*

Because your foster child has an organic brain condition, one of the most effective ways to help him is to teach him “how to learn.”

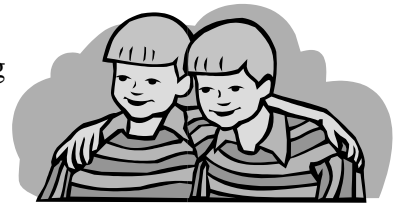


- Lists can help older children plan their day. Teach them how to make a list of upcoming events or chores. Encourage them to refer back to it when they forget what is next. For younger children, use picture lists around the house to help them remember tasks such as bedtime, mealtime, sleep time, or bedtime.
- Calendars can help older children remember and plan for future assignments. Help a child take a big task and break it into smaller tasks. Then assign each task a date on the calendar. Teach children to take the things from this calendar to add to their daily list.
- Use computers games such as Concentration to help a child improve his memory. Spend time comparing and describing objects. Teach matching and sorting skills using everyday objects.
- Teach children how to refrain from acting impulsively without thinking. The **S.T.A.R.** System (**S**top, **T**hink, **A**ct Appropriately and **R**eward Yourself) is an easy one to remember.
- Give your child an outlet to decrease stress and calm himself down. For example, whisper in a child’s ear that he is getting out of control and that he needs to go to the calming place. Or give a hand signal. The calming place may be a chair in a pleasant part of the house. Have a single toy or some books in the place to help the child calm down. Use time out with your child as a way to get back into control, not a punishment. Teach the child to go to the calming place when he feels out of control or needs to have quiet.
- Computers can help with poor handwriting that results from poor coordination. Computers also can help improve memory and increase attention spans. Many learning-disabled children are highly sensitive to errors and adult intervention. Computers give visual and quick feedback without the criticizing “parent” factor.
- Build on a child’s strengths. Many children are good visual learners and do well with puzzles, matching card games, art, and computer games.
- Teaching children in sequence and teach them in the same way, every time. (EXAMPLE: always go from left to right when picking up toys; always put on clothes in the same sequence.) With younger children, lay out clothes in the same order everyday so dressing becomes easier.
- Repetition is the key! If you have to repeat it five times for a child without alcohol effects, you may have to repeat it 30 times for a child with alcohol effects. Remember, they are not dumb, or oppositional. It’s not that they *won’t*, it’s that they *can’t*.

- With older children, use cue cards to remind them what steps to take to complete a task.
- Some older children do better with note cards to take notes in school rather than a notebook. You can then help the child organize his note cards by similarity to help the child remember the material.
- Some children benefit greatly by taking medication to help control their attention deficit and hyperactivity. Work with a health professional who is informed about Fetal Alcohol Spectrum Disorders or is willing to learn.

The Special Needs of Preschoolers

The preschool years form the foundation of learning. Scribbling in coloring books and cutting newspaper with scissors develops fine motor development that helps with writing. Putting together puzzles and matching colors help a child learn to organize and manipulate the world. Playing with other children



develops language and social skills that assist in learning how to be part of a larger world. Preschool children with Fetal Alcohol Spectrum Disorders may show great lags in language, motor and social development. Physical problems such as auditory and visual impairments, heart problems, or dental problems will also impact a child's ability to learn. Developmental assessments and structured programs like Head Start or Infant Learning Programs can help target specific learning problems.

Most unaffected preschool children learn by copying what other children and adults do. But children with alcohol effects may need lots of help learning things that other children simply learn by watching others. Think about what a child needs to know to do well in school and start teaching him in the preschool years. You may need to help a child learn to sustain eye contact and increase attention span. He may need to learn to tolerate touch or noise if he is hypersensitive. You may need to actively teach a child how to play with toys or how to stack blocks. Time spent teaching children the basics will help a child do better in school.⁵

Gloria Stuart, adoptive parents of two boys, also shares these ideas for preschoolers and school:

- *Teacher and aides must understand fetal alcohol syndrome.*
- Routine is imperative
- Rooms need some “empty walls” or corners for decompression.
- Bus aides should be members of the team and may help keep child awake on bus if naps are being avoided. (Use a tape player, sing songs, etc.)
- For daily communication, use pad to write notes from home to school and school to home.
- Help child with dressing by laying clothes on floor in a line. Sequence what to put on first, second. etc. This is very important for some children.

⁵ For a particularly good look at the educational needs of the preschool child with fetal alcohol effects, please read Jan Hinde's chapter in Fantastic Antone Succeeds called “Early Intervention for Alcohol Affected Children.”



THREE: *Ideas for Specific Learning Challenges*

Hyperactivity/Distractibility *Hyperactivity and attention deficits are often present for children with alcohol effects. Not being able to focus can interfere with learning.*

- Limit TV watching and video games.
- Avoid too many activities or transitions in one week. Work on establishing routines and sequences for a child's day.
- Alternative activities require attention (listening, reading, writing) with physical exercise (running, standing up, moving around).
- Avoid cluttered space. Keep space well organized, simple and easy to understand. Cover up cluttered bookshelves with a blanket or towel when working on abstract problems or activities requiring concentration.
- Designate a calm, cozy comfortable place for quiet time. Don't make this a punishment. Allow the child to go to the space when he is overwhelmed.
- Say the child's name and get eye contact before giving a direction. Focus the child's attention by using pictures, objects and facial expressions.
- Use soft music in the background to keep things calm. Have a rocking chair or bean bag chair that children can use to soothe themselves.
- Teach a child to use self-talk or talking out loud to keep himself focused.
- If a child is on medication, help him keep to a schedule and watch for any side effects when dosages change or need to be adjusted.

Sensory Input/Hypersensitivity *Children with alcohol effects often are overly sensitive to noise, heat, touch, sounds, and smells. Children may find it hard to learn with so much many things clamoring at their senses.*

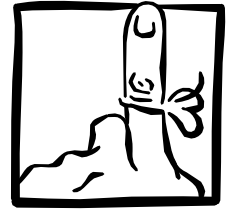
- Avoid bright, noisy lights in the classroom.
- Earphones can help a child block out noises when he needs to be concentrating or to help him calm down. Listening to soothing music blocks out distracting sounds and actually can help a child concentrate.
- Let a child play with modeling clay or play dough while at his desk to satisfy his need for touch and help him concentrate.
- Choose a classroom with a small size. Avoid crowds with too many people in a small spot. Children may do better in the front or the back of the line because there is one less person to bump up against. Position children at the edge of a group instead of the middle.
- Be sure to have outlets for physical activity during the day. Before a period of concentration, allow children to have some intense physical activity such as running, jumping, and hanging. Don't take away recess as a punishment!
- Hyperactivity is often used to provide needed stimulation for a child. Help a child get extra stimulation by attaching sand paper or a squeeze ball to his desk so he can "fidget" in an acceptable way. Allow a child to stand while doing an activity.
- Pay special attention to a child's clothes. Go for comfort, not fashion! Sweats or roomy clothes don't bother children as much as too many buttons, restrictive clothing or tight collars around the neck.



Impulsivity *Children may act or talk without thinking first.*

- Have a card or talking stick. When a child is holding the card, he knows it is his turn. If a child blurts out an answer or wants to say something, instead of scolding him, ask, "Who has the talking card?"
- Use the **S.T.A.R.** technique. Teach a child to **Stop**, **Think**, **Act** appropriately, and **Reward** yourself
- Limit free time and unstructured desk time. Teach the child to be aware of his own personal space and that of others.

Memory Problems *Many children feel inadequate because of their poor memories. They can't trust their own brains to remember material from day to day.*



- Predictable, repetitive routines help a child learn and feel more confident. Post list of rules on the classroom walls. Use pictures to help younger children.
- Help a child make a schedule at the beginning of the day. A teacher can give the day's schedule to the child in the morning so he or she can keep organized.
- Music or rap lines can help children remember sequences. (Remember the ABC song?) Teach the child jingles or short songs to help him recover information.
- A child with chronic memory problems will need frequent re-teaching and reviews. Be prepared to repeat information and lessons.
- Visual memory is often stronger for the child with than auditory learning. Use visual aids such as overheads and computers.

Problems with Abstraction *Abstraction includes general principles, generalizations and imagination. Children with alcohol effects have trouble imagining something they haven't concretely experienced. Subjects like math, science and reading comprehension can be particularly challenging for the child who has trouble with abstract concepts.*

- Children with FASD often learn things contextually, meaning that they learn things particular to the environment they are in. They may have difficulty generalizing to other environments. Use as many visual clues as possible to guide a child in his task. Repeat rules from one environment to another.
- Traditional teaching relies heavily on auditory learning and memorization. These are usually not the most effective ways for the child with Fetal Alcohol Spectrum Disorders to learn. Encourage creative ways to teach math and science, with hands on activities, talking books, art and computers.
- Use singing and jingles. Find out the child's favorite tunes and use the tunes with different words to get a child's attention or to help him remember an abstract concept. One special education teacher developed a "rap" to help students remember the steps of long division. She had the kids chant "Divide, multiply, subtract and bring down!" and encouraged them to say it out loud when working on problems.
- For children who are verbal but have difficulty with writing (such as composing a paragraph or summarizing a story the teacher has read), teach them to talk out loud and draw the concepts in pictures. Write a sentence about each picture. Then put these

sentences together in a paragraph. This will teach a child how to write a paragraph or break down an essay.

- When possible, make accommodations for extended time for test taking or allow a take home test. Children may freeze under pressure and not complete tests even when they know the material.



Time *Time is an abstract concept (numbers on a calendar and hands on the clock) and can often be a challenge for the child who lives in the “now.”*

- Use visual reminders of how time is passing. Put three ping pong balls in a jar and tell the child each ball represents 5 or 10 minutes. As time passes remove the balls one by one. This helps the child conceptualize the passing of time. You can do the same with paper chains by cutting a link for each slot of time.
- Some children do better with a regular face clock that has hands. It is more visual for the child to see the passing of time.
- Give time for transitions. Verbally warn or prepare children that a change is coming up and help them make the transition into the next activity.
- Have an established routine. Children may understand sequence better than time. So homework is always right after school, or dishes are right after dinner.
- Some children have trouble with days of the week. Post a large calendar and mark off the days that have passed with a large X, just as you might do with a younger child. Younger children have trouble with abstract concepts such as time and so do some children with alcohol effects. So adjust your expectations and think younger.



Fetal Alcohol Spectrum Disorders: Preschool & Elementary Educational Issues

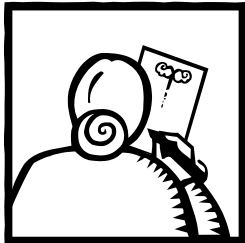
Part Three: *Other Important Educational Tools*

Obtaining A Diagnosis Of Fetal Alcohol Syndrome

The first step to effective education for the prenatally exposed child is a thorough assessment of a child. Fetal Alcohol Syndrome is an actual medical diagnosis usually made by a physician specifically trained in the assessment of birth defects. Teachers, social workers, and foster parents cannot diagnose FAS though they are often the first step in identifying children with known maternal drinking histories or suspected problems. If you feel an assessment is needed, talk with the social worker about how to proceed.

It is important to note that Fetal Alcohol Spectrum Disorders is not a medical diagnosis. It is a term to describe the spectrum of different conditions that can be caused by prenatal exposure to alcohol. Included in that category are diagnosis such as *Alcohol Related Birth Defects* (ARBD) or *Alcohol Related Neurological Deficits* (ARND) and *Fetal Alcohol Syndrome* (FAS).

In Alaska, the State Office of F.A.S. has provided training for diagnostic teams throughout the state in an attempt to increase the state's diagnostic capacity and services delivery. To find out about how to contact the state's *FAS Multidisciplinary Community Team Network*, contact the State of Alaska FAS Office at 1-800-478-2072 or (907) 465-3033 in Juneau, or check out the listing on the state's Office of FAS website at <http://health.hss.state.ak.us/fas/teams/default.htm>



***For a diagnosis of Fetal Alcohol Syndrome, or FAS,
the following must be present:***

1. *Prenatal or postnatal growth deficiency* (either weight, length, or both below the 10th percentile when corrected for gestational age)
2. *Central nervous system* (CNS) disorders, including neurological abnormality, developmental delay, intellectual impairment, and structural abnormalities
3. A distinctive pattern of *facial anomalies*, including short palpebral fissures (eye openings); a thin upper lip; an elongated, flattened midface; and an indistinct philtrum (the zone between the nose and the mouth)
4. *Maternal alcohol use* during pregnancy

Special Education Services

To receive special education services, a child must be eligible under at least one of two federal laws: the *Individuals with Disabilities Education Act* (IDEA) or *Section 504* of the Rehabilitation Act of 1973. Children whose disabilities seriously hinder them from making progress in school are entitled, under IDEA, to receive a free and appropriate public education in the least restrictive environment as possible. This education must include accommodations or services that will help a child, despite his disability, participate in as much of the regular school curriculum as possible. These services may include special learning devices, a special education aide, counseling or speech therapy. Just which services are decided upon by the school district's *Committee on Special Education* (CSE) and embodied in the *Individualized Education Program* (IEP). The IEP is kind of written contract between the school district and the child's family. IDEA benefits end when the youth graduates high school or turns twenty-one, whichever happens first.

Does a child with FASD qualify for special education services? ***It depends.*** Children with FASD may be impaired in such ways as to qualify them under one of the thirteen kinds of disabilities covered by IDEA, but FAS does not automatically qualify children for special education services. (Examples of accepted categories are: Learning Disabled, Multiple Handicapped, Mentally Retarded.) ADHD is also not one of the thirteen kinds of disabilities, but ADHD and FAS may be considered under the category "Other Health Impaired" to qualify for special education services

COMMON SPECIAL EDUCATION ABBREVIATIONS

IEP: Individual Educational Program

FAPE: Free and Appropriate Public Education

IDEA: Individuals with Disabilities Education Act

CSE: Committee on Special Education

ADD: Attention Deficit Disorder

LRE: Least Restrictive Environment

Section 504 of the Rehabilitation Act of 1973 stresses the concept of accommodation. Those children who show a "physical or mental impairment which substantially limits one or more life activities" are entitled to modifications that will permit them to participate successfully in class. Examples might include simplified instructions, special kinds of tests, or special seating. These variations are prescribed by a school committee, usually the CSE. Certain rights accrue to the family as a result of this plan and may continue through college and into the young person's place of employment.⁶

The Individual Education Program: The first step in determining services is a good assessment of the child's ability, which may include standardized tests, functional evaluation, and parental observations. If a child is determined to be eligible for special education services the next step is to assemble a team to develop goals and objectives for the child's learning based on the results of the assessment. This is the *Individualized Education Program* (IEP). The IEP is a written statement for each child with a disability that is developed, reviewed, and revised by the IEP team. An IEP team is a group of people including parents, a regular classroom teacher, and a local school representative. Others involved with the children who may have special knowledge of the child (such as a foster parent) may also be invited. At least one IEP meeting is required

⁶ This section comes from Barbara Posner, 1998 Winter Issue of CHADD Room as quoted by PARENTS, Inc. in their special PARENTS News newsletter on IDEA.

every year and the goals and objectives established during the meeting must be measurable. The assistance that is outlined for a child may occur in a regular classroom or a special education classroom.

The Role of the Foster Parent and the Surrogate Parent: Your relationship with school as a foster parent should be like any other parent/school relationship. Attend all parent-teacher conference concerning the child and keep the placement worker informed of the child's progress problems in school if you detect problems that require special help. When a child requires an IEP, the school district will designate a person to oversee the child's IEP. That person may be the birth parents, but if the birth parent is unable or unwilling, the school will appoints "surrogate parent."

A foster parent is not considered the primary parent of a child, so if a child is in custody, usually the birth parent is asked to be on the team or a "surrogate parent" will be appointed by the school district to be on the team. A surrogate parent is a specially trained volunteer who serves the role of the parent on the team. The foster parent may be asked to be a surrogate parent to oversee the child's IEP when the foster parents has a long term relationship with the child and has no interest that would conflict with the interest of the child. But a foster parent is not automatically considered the acting surrogate parent for the child. If a foster parent serves as a surrogate parent, they will also be asked to undergo a short training in how to effectively serve as a surrogate parent for a child.

Additional Resources

There is a wealth of information available that can help resource families navigate educational issues for their preschool and elementary child.

The Special Education Handbook Available from the Division of Education and Early Childhood Education or down load it from their website at www.educ.state.ak.us

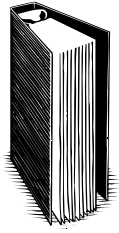
Fantastic Antone Succeeds: Experiences in Educating Children With Fetal Alcohol Syndrome, University of Alaska Press, 1993.

Office of Fetal Alcohol Syndrome, Dept. of Health and Social Services State of Alaska. 1-800-478-2072. (In Juneau, 465-3033.) Informational Website www.hss.state.ak.us/fas

FACTS Project, 1-877-393-2287. (In Fairbanks, 474-7970.) FAS Alaska Website www.fasalaska.com Informational website, training for school personnel, internet list serve for parents and individual support.

PARENTS, Inc. 1-800-478-7738. (In Anchorage, 337-7678.) Parent Resource Center focusing on support and service for families of children with disabilities. www.parentsinc.org

STONE SOUP GROUP is a an organization the supports parents who care for children with special health needs including FASD. A list of FASD related resources are available at <http://www.stonesoupgroup.org/fas/index.html>



BIBLIOGRAPHY OF MATERIALS USED IN WRITING THIS TRAINING COURSE

The Best of FAS Times Fetal Alcohol Syndrome/Family Resource Institute Newsletter, 1999

Eight Magic Keys and Ain't Misbehavin'! Deb Evensen and Jan Lutke. From **The FACTS Website**, www.fasalaska.com

Fantastic Antone Succeeds: Experiences in Educating Children With Fetal Alcohol Syndrome Edited by Judith Kleinfeld and Siobhan Wescott, University of Alaska Press, Fairbanks, Alaska, 1993.

FAS: Practical Strategies For the Home and School Handout written and used with permission by Gloria Stuart, Homer, Alaska 1998

FAS: Parent and Child Barbara Morse and Lynn Weiner, Brookline, MA 1992

FAS/FAE: A Practical Guide for Parents Jim Slinn, Anchorage, AK 1994

Fetal Alcohol Spectrum Disorder: An Introduction for Foster Parents. Aileen McInnis, Alaska Center for Resource Families Self Study Course. Fairbanks, Alaska.

Fetal Alcohol Spectrum Disorder: Caring for Children with FASD. Aileen McInnis, Alaska Center for Resource Families Self Study Course. Fairbanks, Alaska.

Ghosts From the Nursery: Tracing the Roots of Violence Robin Karr Morse and Meredith S. Wiley, Atlantic Monthly Press, 1997.

Special Edition: PARENTS NEWS: Individuals With Disabilities Act PARENTS, Inc.

State Of Alaska Office of Fetal Alcohol Syndrome Website www.hss.state.ak.us/fas

TEST