

Reach to Teach

Educating Elementary and
Middle School Children with
Fetal Alcohol Spectrum Disorders



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention
www.samhsa.gov

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Electronic copies of the booklet can be downloaded from SAMHSA's FASD Center for Excellence Web site: www.fasdcenter.samhsa.gov/. Printed copies can be ordered free of charge from SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) at 800-729-6686 or 1-800-487-4889 (TDD). Or, visit <http://ncadi.samhsa.gov/>.

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Preface

A NOTE TO PARENTS AND TEACHERS

Reach to Teach is a valuable resource for parents and teachers to use in educating elementary and middle school children with fetal alcohol spectrum disorders (FASD). It provides a basic introduction to FASD, which results from prenatal alcohol exposure and can cause physical, mental, behavioral, and/or learning disabilities, and provides tools to enhance communication between parents and teachers.

Parents with a child identified as having an FASD can reach out to the child's teachers, school principals, special education professionals, religious school personnel, and camp counselors by passing along copies of this booklet.

Teachers and other staff, in turn, can reach out to the child, using specific classroom strategies to assist learning. These strategies, detailed in the booklet, include structuring a caring and consistent environment, shifting attitudes and improving understanding, learning to translate misbehavior, changing classroom teaching style, restructuring the physical space in the classroom, and engaging the whole school community.

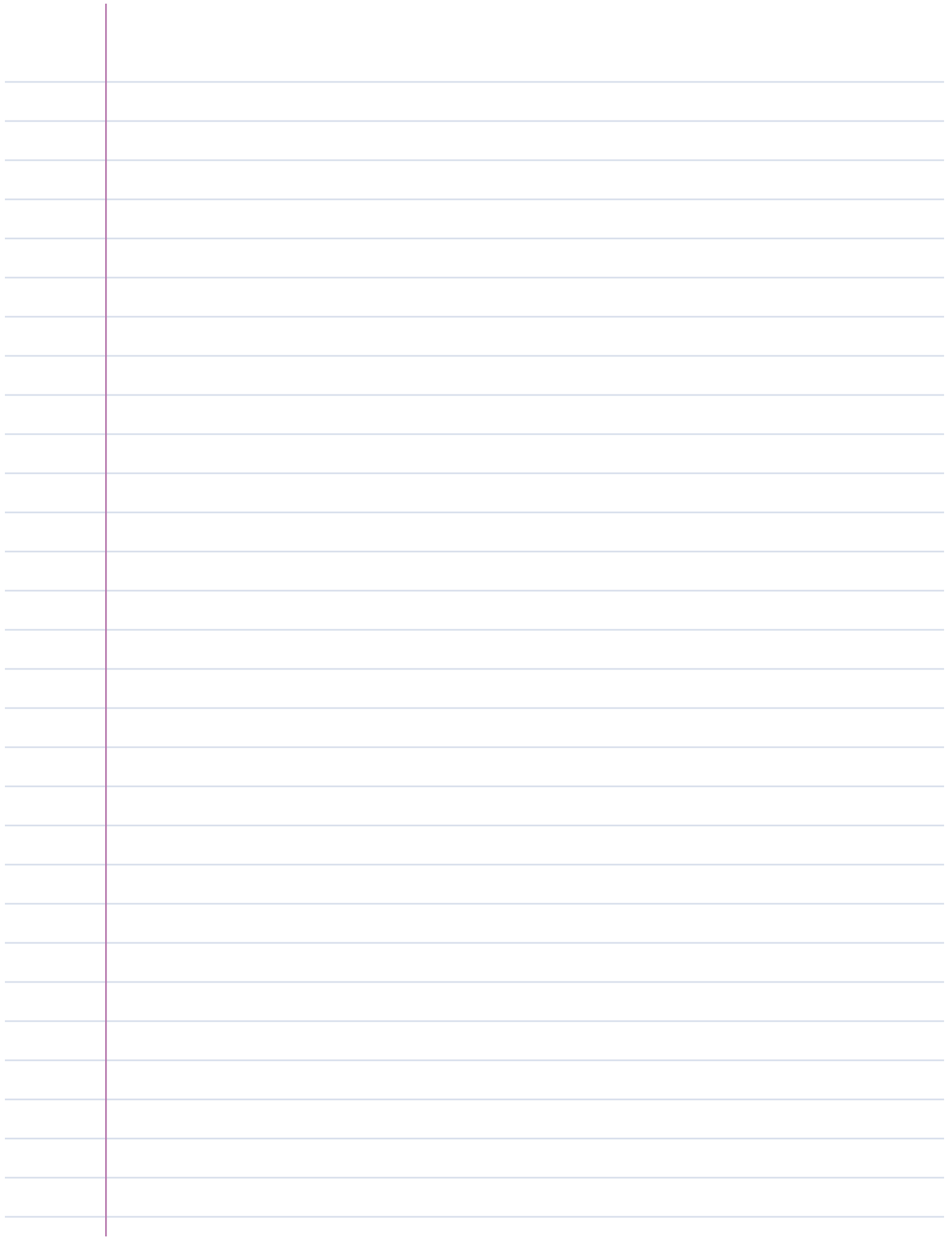
Parents, students, and teachers can use the forms on pages 47 and 49 to create consistent routines for students throughout the day. As the student moves from grade to grade, parents, students, and teachers can use the forms on pages 51 and 53 to communicate strengths, challenges, and successful techniques.

Parents also may want to use the booklet during individual educational plan (IEP) meetings with teachers and child study team meetings. They can provide copies of this booklet to school administrators and others in the school community.

Teachers will find this booklet useful not only in their day-to-day work but also as a tool to share with others at conferences.

We welcome your comments and any additional ideas you may have concerning the content and design of *Reach to Teach*. Please use the reply card on the last page to provide your input.



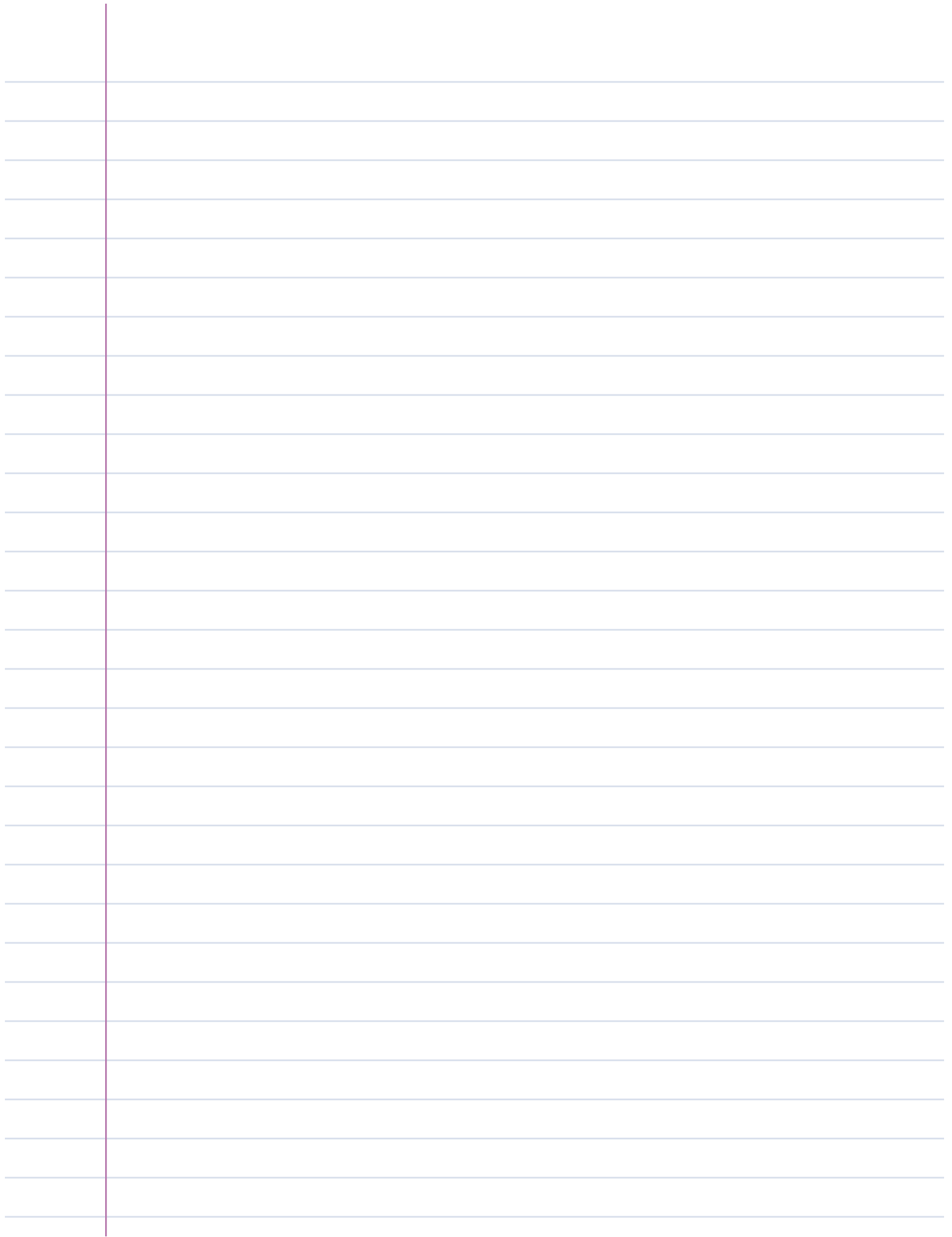


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Introduction

TO FETAL ALCOHOL SPECTRUM DISORDERS

Parents and teachers can join together to nurture the unique talents and skills of children with fetal alcohol spectrum disorders (FASD). This booklet begins the journey by defining FASD, detailing its cause, introducing two students who are affected, and citing the benefits of early identification.

The Definition of FASD

FASD is an umbrella term used to describe the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications. The term FASD is not intended for use as a clinical diagnosis.

While the term FASD is relatively new, it encompasses a number of conditions with which you may be familiar. These include fetal alcohol syndrome (FAS), alcohol-related neurodevelopmental disorder (ARND; formerly called possible fetal alcohol effects or FAE), and alcohol-related birth defects (ARBD).

- ✿ The term fetal alcohol syndrome (FAS) is a medical diagnosis characterized by a combination of distinct facial features, small or slow physical growth, and brain damage that can result in learning difficulties and/or behavioral disorders.

- ✿ The other conditions under the FASD umbrella are cases in which children do not have the distinct facial features associated with FAS, but have significant learning and behavioral problems due to prenatal alcohol exposure. These children are typically identified as having alcohol-related neurodevelopmental disorder (ARND), or fetal alcohol effects (FAE).

The Cause of FASD

FASD can only occur when a woman drinks alcohol during her pregnancy. However, many children prenatally exposed to alcohol are not affected. The following factors help determine whether any given pregnancy will result in a child with an FASD:¹⁻⁵

- ✿ Amount of alcohol consumed during pregnancy,
- ✿ Timing of drinking during pregnancy,
- ✿ Vulnerability of a particular fetus,
- ✿ The mother's genetic background, and
- ✿ Other maternal factors, including the number of previous births.

Meet Shauna

Shauna is an adorable, petite 6-year-old entering first grade. She seems very eager and happy to be in school, if a bit young for her age. Her teacher, Mrs. Watkins, finds her expressive and talkative, although Shauna does not seem able to follow directions. Even the smallest distraction in class, the hall, or outside seems to pull her away from the subject at hand. In writing or drawing exercises, Shauna still uses an immature grasp on her pencil. Things that Mrs. Watkins is sure Shauna knew one day seem to be gone from her memory the next. And Mrs. Watkins is surprised that Shauna still has not grasped classroom routines after six weeks. In a conversation with Shauna's mother, Mrs. Watkins learns that Shauna has been identified as having an FASD.





FASD can only result from a woman's use of alcohol during pregnancy. It does not result from previous use of alcohol, living in an alcoholic home, or from paternal alcohol use. FASD cannot be inherited.

The Benefits of Early Identification

One in every 100 babies born each year is affected by prenatal alcohol exposure.⁶ However, FASD is usually not identified until children reach school.⁷

In Shauna's case, she was identified at an early age. A recent study found that early identification and a good stable environment can improve the odds of avoiding adverse life events by 2- to 4- fold.⁸ Knowing that Shauna has an FASD will allow Mrs. Watkins to learn as much about FASD as she can, enlist the support and expertise of Shauna's parents, and draw upon her existing knowledge of how to help children with various types of learning issues. Using this information, Mrs. Watkins and other teachers and staff will be in the best possible position to get Shauna's school career off to a good start.

Unlike Shauna, Jesse, who is introduced on page 14, was not identified with an FASD until middle school. 

FASD

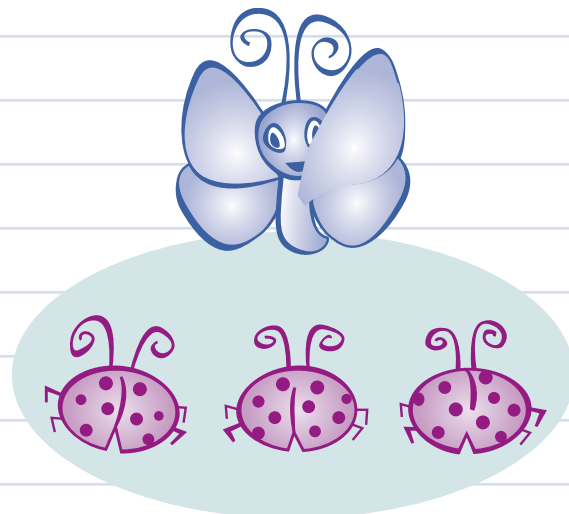
IN THE CLASSROOM

Recognizing the extent of the problem and understanding the challenges to learning and functioning caused by the resulting brain damage is key to being able to accommodate students with FASD.

The Scope of the Problem

It is likely that there are children with FASD in every school system. While it is difficult to give a precise estimate, a school system with 10,000 students might have 80 to 100 students with learning problems related to FASD.

Some of these children will have problems severe enough that they are best served in self-contained special education classes. The majority, however, will be enrolled in regular classrooms. Within this majority, some students with FASD will have resource room support, but many others will be unidentified and may be struggling to learn.





Parents are often aware that there is something different about the way their child behaves and learns but may not know exactly why that is. Early experiences in school are often the first time that specific concerns are raised and a family is encouraged to seek medical or psychological evaluations.

Checking Shauna's Progress

By winter break, Shauna is already far behind her classmates. Despite new information about Shauna's disability, Mrs. Watkins has not been successful in helping her catch up. While Shauna is making progress in reading, her math and writing skills are at the level of a preschool or kindergarten student. She has made only one friend in the classroom because her immature behavior alienates the other children. She has had several temper tantrums, often when the schedule for the day has changed unexpectedly.



FASD and Brain Damage

Brain damage is the most serious aspect of FASD and presents the greatest challenges to learning and functioning in school. FASD affects cognition, behavior, and social skills. This damage is permanent. It can be accommodated, but not cured.

Cognition. Children with FASD can have diminished cognition. While some will have mental retardation, most will have average or low average IQ scores.⁹ Even those with average intelligence scores often seem to function at a lower level than predicted by their scores.

Many aspects of this poor performance will be familiar to teachers from experience with other disorders (such as attention-deficit/hyperactivity disorder or ADHD, autism, and traumatic brain injury), since the brain reacts to damage from a variety of causes in similar ways. For instance, children with FASD may exhibit learning disabilities such as information processing deficits, difficulty with planning and organizing, and short-term memory disorders. In addition, many children with FASD are context-specific learners, meaning they cannot easily transfer information learned in one context to another.

As a result of these disabilities, inconsistent performance is common. For example, material that is learned one day is forgotten the next day, then is remembered two or three days later. This pattern is frustrating for students, who are trying hard, but without consistent success. Inconsistent performance also is frustrating for teachers, who may think the child needs to try harder, is willfully misbehaving, or is simply not paying attention.



Common Learning Challenges:

- ✿ *Lower than average IQ*
- ✿ *Difficulties with planning and organizing (deficits in executive functioning)*
- ✿ *Short-term memory problems*
- ✿ *Context-specific learning and difficulty accessing information on demand*
- ✿ *Poor grasp of abstract concepts (such as time or money)*
- ✿ *Developmental delays in language, motor, and social skills*
- ✿ *Difficulty reading social cues for appropriate behavior*
- ✿ *Poor sensory integration*
- ✿ *Math deficits (dyscalculia) causing difficulties in counting money, making change, maintaining budgets, and reading analog clocks*

Many children with FASD are concrete learners. Hands-on activities often are strengths for these students. In contrast, math and other subjects that rely on abstract concepts often are difficult for these children to understand. Children may perform unevenly in language skills. Most children with FASD have good expressive language skills. However, they often have difficulty understanding and acting on what is said.

How I Learn Best

By Sidney Guimont

When I first found out that I had the symptoms of fetal alcohol syndrome, I was confused and angry. I thought that I was different from everyone else and that I would be known for what I have.

Since then, I have learned that the symptoms of fetal alcohol syndrome vary from individual to individual, due to what stage of the pregnancy the mother drank and the amount of alcohol she consumed. My symptoms are very small compared to some of the other symptoms I've heard of.

Some people find it impossible to believe my problems when I explain them, since I don't show the [physical] signs of fetal alcohol syndrome.

Following verbal instructions sometimes confuses me. When I'm asked to do something like take out the garbage, I won't understand or the words get all mixed up in my mind. For example, my stepfather gives me a command to do something, and it's like I don't hear him clearly, even if he is in the same room. It's like I block out words and phrases.

Visual contact is a very important way of learning for me. When a teacher shows a topic, I can understand it.

I am not able to focus on reality if disaster strikes. I am acting on excitement. Most of the time I worry a lot and make problems seem impossible to handle. When I worry, I make myself sick.

This letter is to help me guide myself and others.

-When Sidney was 15 and finishing ninth grade, her school counselor suggested she write to her high school teachers to help them understand ways to help her learn.

Behavior. Children with FASD often are described as friendly, chatty, and helpful. However, they often have behavior problems.

- ✿ Difficulty with learning, attention, and memory can cause frustration that these children may be unable to express through words.
- ✿ Hypersensitive sensory systems may cause students to overreact to light, sound, or touch. When their senses are flooded with information they cannot process, students can become overwhelmed and may react with anger, aggression, or tantrums.
- ✿ Problems with transitions can cause these children to become upset when the usual order of the day is changed.
- ✿ Children may be impulsive, act before thinking, and seem confused by the consequences of their actions. Sometimes this confusion is described as a lack of judgment or a failure to learn from their mistakes.



These behavioral characteristics can make students with FASD more vulnerable to the negative influences of others. When asked why they did something inappropriate, they often answer, "I don't know."


“For the most part, he’s very mellow, very friendly. But it doesn’t take much. It’s out of the blue. All of a sudden he could be having a rage. Then he’s over it, and has a hard time understanding why the kid he was fighting with isn’t over it.”

—A mother talking about her young son’s FASD-related behavior

Social Skills. Children with FASD can experience lifelong social skill problems. These problems can become apparent in early childhood, and often become particularly difficult in adolescence. Students who may have coped reasonably well through elementary school may encounter different challenges once they reach their teens.

Poor social skills can lead to interpersonal problems. The ways in which people react and relate to others are critical for successful functioning both in and out of school. Poor social skills in elementary age students, such as standing too close and using bad language, may be perceived as simply “acting young for their age.” By middle or high school age, students with FASD may engage in inappropriate behavior such as touching and stroking others’ hair or clothing. They may be unable to recognize appropriate sexual boundaries, interpreting any attention from a peer as “true love.” They may conduct personal or private activities, such as adjusting their underwear, in public.

Students with FASD are often described as having trouble reading social cues. They may misinterpret (or simply miss) the meaning of gestures, tone of voice, or facial expressions. Most children pick up these skills on their own. However, the child with an FASD may need to be reminded continually about how to interpret cues and emotions, how to use them appropriately, and about the difference between appropriate public and private behavior.

In the context of these social skill challenges, the desire for friends and the need for some measure of social success may lead older students to fall in with the wrong crowd. They may be eager to do whatever is asked of them, and be unaware of signals that the behavior is wrong. 

“I was pretty insecure about myself in the dating scene. So when I did find somebody who really cared for me and that I cared for, he turned out to be very controlling. Pretty abusive emotionally.”

-A young woman with an FASD recalling how she felt socially during her teen years

Meet Jesse

Jesse is a 14-year-old in the seventh grade. Although he was diagnosed with ADHD in elementary school, new information about his prenatal alcohol exposure suggests that he has an FASD. Because his teachers have thought his poor school performance was due to his attention problems rather than to FASD, it will be necessary to help them understand his struggles from a different perspective.

Until this year, Jesse has managed with some resource room help, where he did well on a one-to-one basis. On some days he is able to function very well, but on other days he cannot get through even two classes without causing a scene. Lunch and recess are particularly difficult times of the day. He has gotten into fights several times in the hallway after striking another student, whom he said hit him first. He has no real friends. He has been in trouble at school for some minor vandalism and for following a girl into the bathroom on a dare from some other boys. When he was asked why he did these things, Jesse had no explanation. The principal suspended him from school for a week, but that did not seem to have any obvious impact on his behavior.

Now that Jesse's teachers understand that his cognition, behavior, and social skills may be impaired due to FASD, they can gain insight into his problems. By applying the strategies for school success in the following section, they can help him to progress.

Strategies

FOR IMPROVING SCHOOL SUCCESS

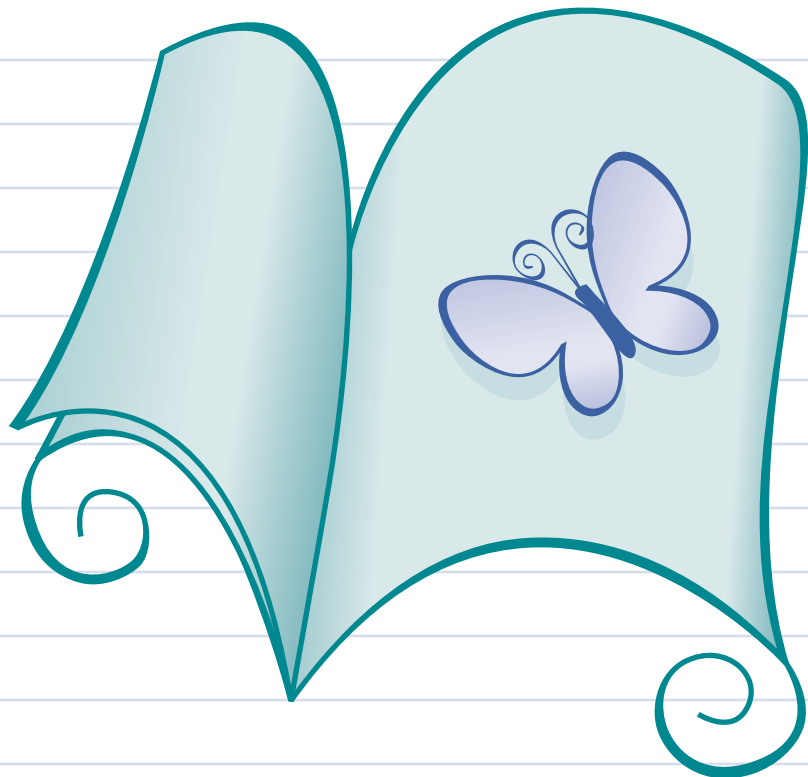
It is important to remember that FASD is a lifelong condition with effects that differ from age to age throughout the lifespan. These effects cannot be changed, but they can be accommodated. In turn, accommodations may lead to some degree of amelioration, although there is no cure for FASD and the need for accommodations may continue throughout an individual's life.

Nevertheless, there is hope for improving students' long-term achievement and success. Teachers are skilled at adapting their classrooms and teaching styles for students with disabilities, such as autism, hearing disorders, nonverbal learning disabilities, and ADHD. Many of the same strategies will be helpful for the student with FASD, whether or not that child has been identified as having an FASD. As with other disabilities, these changes not only will help the student with an FASD but also will benefit all the children in the classroom.

Drawing on the skills that teachers already have, this section presents simple strategies that are easy to implement:

- ✿ Structure a Caring and Consistent Environment,
- ✿ Shift Attitudes and Improve Understanding,
- ✿ Learn to Translate Misbehavior,
- ✿ Change Classroom Teaching Style,
- ✿ Restructure the Physical Space in the Classroom, and
- ✿ Engage the Whole School Community.

Please note that few of these strategies require extra resources or materials. While some target the elementary age child, they also can be adapted for older students. Of course, some students may require the care of other experts such as doctors and/or speech/language therapists, and teachers may need to make referrals to these professionals.



Structure a Caring and Consistent Environment

In general, students with FASD benefit from consistent, unwavering structure. A typical student will adapt to the school environment and understand what is expected in different situations. Students with FASD will not adapt as easily and are less able to generate their own structure. It will be easier for students with FASD to learn when the guidelines for learning and behavior are made clear and visible. When the structure changes or is withdrawn, the student's learning and behavior will suffer.



External structure is like a handrail on a steep ramp. Using the handrail, you can walk up the ramp easily. Without the handrail, you might eventually get up, but it will take much longer and be much more difficult. You might have to stop along the way to get your bearings. You might even get frustrated and give up.

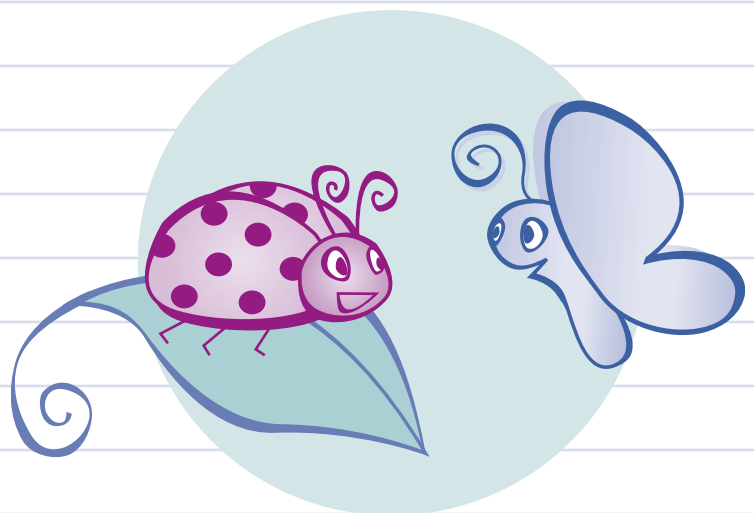


Parents often find that simply convincing schools that their child has a disability is both the most frustrating and the most important activity they undertake. They often have to do it over and over again.

(Note: See form on page 51.)

Shift Attitudes and Improve Understanding

As physical features are present only in a small percentage of children with FASD, they are not a reliable indicator. Children with FASD often test well on standardized tests and may have IQ scores in the average range. These results often lead teachers and parents to believe the student could do better if only he or she tried harder. But children with FASD may not be able to do better, regardless of their scores, without classroom modification and accommodation.



Simply recognizing that a child is trying hard, but is nevertheless struggling, goes a long way toward facilitating learning. Strategies to bolster this attitudinal shift include the following ideas.

- ✿ Think “this child can’t” rather than “this child won’t.”
- ✿ Recognize that some disabilities are invisible.
- ✿ Think “strengths,” not “problems.”
- ✿ Use bridges to help a student reach the real goal (for example, Velcro sneakers allow children to dress themselves even if they cannot tie a shoe). Try not to get stuck on the idea that the bridge may become a crutch.
- ✿ Enlist parents as members of your team; they understand your student better than anyone.
- ✿ Use testing to identify learning styles and abilities; use the findings to guide your teaching.
- ✿ Remind yourself frequently that you have the skills to help this child.

Learn to Translate Misbehavior

The strategic ability to translate misbehavior will help both you and your students. Here are some examples.

- ✿ Getting fidgety during an assignment may mean, *"I don't understand what to do."* Try restating your request differently and have the child demonstrate what you asked to check for understanding. Do not simply ask if the child understands, as you will likely get a **"yes"** answer meant to please you.
- ✿ Hitting another child while standing in line or walking in the hall may mean, *"That kid bumped into me and startled me."* Make sure that the child has space at the head of a line, or has a buddy to help walk him or her from one class to another. Get an occupational therapy consult to check for sensory integration disorders.
- ✿ Being able to repeat instructions back to you, but still not being able to do what is asked may mean, *"I know what you said, but I don't know the steps for how to put that into action."* Being able to repeat what was said and being able to do it are very different tasks for the brain. Do not assume defiance. Instead, make sure your instructions are concrete and literal. Break down the work into specific steps and discuss how to approach each step.
- ✿ Having trouble with anything that requires sequencing, ordering, or taking turns may mean, *"I lost track of the order and I don't know where to start."* Try restating your request one step at a time, or put the steps for routine activities on a small chart.



Make sure that parents know when a transition at school is going to take place so they can help prepare their child.

- ❁ Becoming upset or unfocused when a schedule change occurs may mean, *"My usual understanding of how and when things are going to happen has changed, and it upsets my whole being. It will take some time for me to adjust."* Give as much advance warning about schedule changes as possible and preview the transition with a brief, concrete description. Have a plan in place for when changes do occur—10 minutes in a calm corner, a buddy to review the change, or the patience to wait for the student to readjust.





When teachers and parents share effective strategies and routines, consistency improves, and the child will benefit.

Change Classroom Teaching Style

Most children with FASD are educated in the regular classroom.

While these students may receive special education services to supplement regular classroom time, small adaptations to the classroom can ensure that all instructional time is productive for both teacher and child.

Emphasize consistency

- ✿ Develop a consistent routine in the classroom and stick to it all year.
- ✿ Minimize transitions and provide clear and specific warnings in advance.
- ✿ Use a consistent signal (such as, a soft bell, a pencil tap) as a warning that a transition is occurring.
- ✿ Show related visuals to reinforce transitions (such as, a book for reading time).
- ✿ Provide a transition buddy for students who must change classes.
- ✿ Share the schedule so that parents can be equally consistent at home (see the schedules on pages 47 and 49).

Manage social skill challenges that impact learning

- ❁ Give directions by telling students what they should do, rather than what they should not do.
- ❁ Reinforce appropriate behavior. Redirect most poor behavior.
- ❁ Use immediate short-term consequences clearly related to the inappropriate behavior.
- ❁ Place a student at the head of a line to minimize bumping.
- ❁ For a child who cannot stop interrupting other students while they are working, give a routine task that involves getting up and moving around (for example, sharpening pencils, going to the office, feeding fish).
- ❁ Provide one-on-one supervision during recess and lunch.
- ❁ Ask parents what strategies they use for appropriate behavior at home.
- ❁ Teach personal space (for example, stand no closer to someone else than an arm's length).
- ❁ Teach self-talk for self control. Use very specific short phrases, such as, "Count to 10 first."
- ❁ Use role-playing or videotaping to help a child see and learn appropriate skills for specific situations.

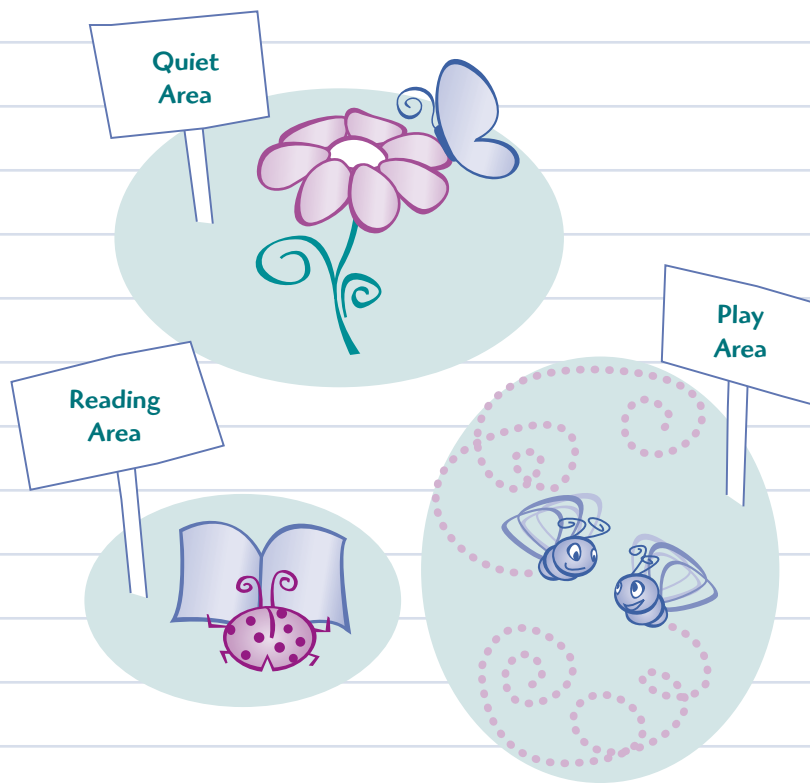
Use learning accommodations

- ✿ Post a copy of the schedule in an obvious place. This is useful even for older students.
- ✿ Tape the alphabet or other frequently needed materials (for example, class schedule) to the student's desk.
- ✿ Encourage students to use low-tech assistance like calculators, upright manila folders placed on a desk to create a private workspace, rulers to keep their place on a page, etc.
- ✿ Use computers to reinforce the curriculum. Computers give immediate and consistent feedback and can compensate for slow or poor fine motor skills.
- ✿ Build in frequent breaks for students and gradually increase time on a task (for example, 15 minutes of work followed by a 5-minute break).
- ✿ Tape-record classroom lessons for review at home.
- ✿ Provide a duplicate set of textbooks to be kept at home.
- ✿ Work with the student to provide a written checklist of daily homework assignments. If possible, send the homework list home by email or, phone home to leave the list on the answering machine or voice mail.

Rethink presentation style

- ✿ Be concrete and literal at all times.
- ✿ Use materials and approaches that might be appropriate for a student two or three years younger.
- ✿ Teach in multiple modalities (for example, keep lectures short and include activities and audiovisual materials).
- ✿ Use concrete representations of time (for example, kitchen timer, stop watch) and other math concepts.
- ✿ Let students choose reading books that are available on tape.
- ✿ Repeat everything you say and provide ample time for practice. Be patient.
- ✿ Give the student extra time to complete work. Mastery is the goal, not speed.
- ✿ Design worksheets with fewer problems and lots of white space. Use large-scale graph paper for arithmetic.
- ✿ Modify homework assignments so students can complete work within the grade-appropriate amount of time.
- ✿ Get the student's attention before giving directions. Give directions one step at a time, and wait until that step is completed before giving the next step. To check for understanding, have the student re-explain or show you what he or she is supposed to do. If the student simply repeats what you said, try explaining it a different way.
- ✿ Allow the student to stand at the back of the room to work if that is more productive. For young children, let them lie on the floor.

- ✿ Enlist parents for ideas about what they use to get tasks done at home.
- ✿ Remember, there are at least 20 ways to teach everything. The teacher may need to try all 20 to reach the student with an FASD.



Restructure the Physical Space in the Classroom

Children with FASD often are particularly sensitive to their environments and may be distracted from learning by common features of classrooms. Simple changes to a classroom can make the environment calmer and less distracting, enabling all students to function better.

- ✿ Make seating assignments at the beginning of the year and keep them.
- ✿ Make sure the desk and chair fit the child (for example, feet touching the floor to improve focus).
- ✿ Keep bulletin boards tidy and uncluttered. Keep papers flush against the wall. Avoid suspending materials from the ceiling.

- ✿ For maximum attention, stand in front of a blank space when speaking (for example, a clean black or whiteboard, a movie screen, or a hanging sheet).
- ✿ If posters are used to designate areas of the room, make sure the poster content reinforces the area's intended use.
- ✿ Cover up materials that are not currently being used.
- ✿ Provide a calm or quiet corner (for example, a bean bag or rocking chair, large pillows on the floor, a large appliance carton with pillows inside, a quiet room) to allow students to refocus. Do not use this same area for "time-out" discipline.
- ✿ Define students' physical boundaries (for example, desk and chair space, where to stand in line) with masking tape on the floor or rug squares for seats.
- ✿ Keep the door closed to minimize noise from the hall.

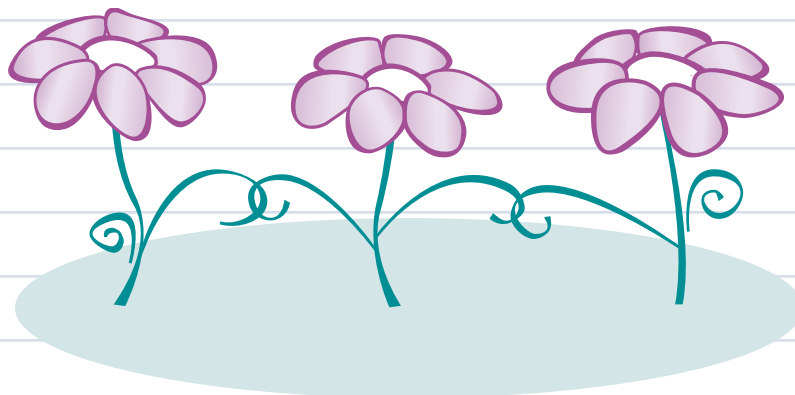


*Techniques and modifications
that can help a child with an FASD
can help all children.*

Engage the Whole School Community

While students with FASD will benefit from any accommodations teachers can make, they are best served when the entire school is involved. The first step for engaging the whole school community is to get information out about these disorders to as many staff as possible, from custodians to superintendents, and build support from there. Fortunately, there are many simple ways that schools can come together to better understand FASD and improve the educational experience for affected students and their families.

- ✿ Investigate school-wide training on FASD or make videos available (see resource list on page 43).
- ✿ Ask parents to come in and share what they know with the entire school staff.
- ✿ Encourage teachers to share tips for structuring classrooms in ways that benefit students.





Parents often have the best strategies for managing a child's difficult behaviors. Solicit their advice often and use it.

- ❁ Seek testing and assessment for the child.
- ❁ Ask that another adult in the school be assigned as an advocate for your student with an FASD. Anyone who relates well to the student, from principal to custodian, can serve in this role.
- ❁ Include parents as active team members.
- ❁ Ask for classroom support whenever possible, using volunteers if necessary.
- ❁ Advocate for teaching and classroom styles you think will help even though they may be contrary to current educational theory (for example, keep seating assignments consistent all year; put up fewer, calmer classroom displays; cover up materials not in use).
- ❁ If you are teaching a student with an FASD, seek out other staff members for support to reduce the sense of being overwhelmed.
- ❁ Stay involved with your student for a year after they leave your class, offering assistance to the next teacher. You may be able to help with classroom assignments (Note: Use the form on page 53 of this booklet).

Strategies I can try in my classroom...

Structure a Caring and Consistent Environment

Shift Attitudes and Improve Understanding

Strategies I can try in my classroom...

Learn to Translate Misbehavior

Change Classroom Teaching Style

Strategies I can try in my classroom...

Restructure the Physical Space in the Classroom

Engage the Whole School Community

Strategies I can try in my classroom...

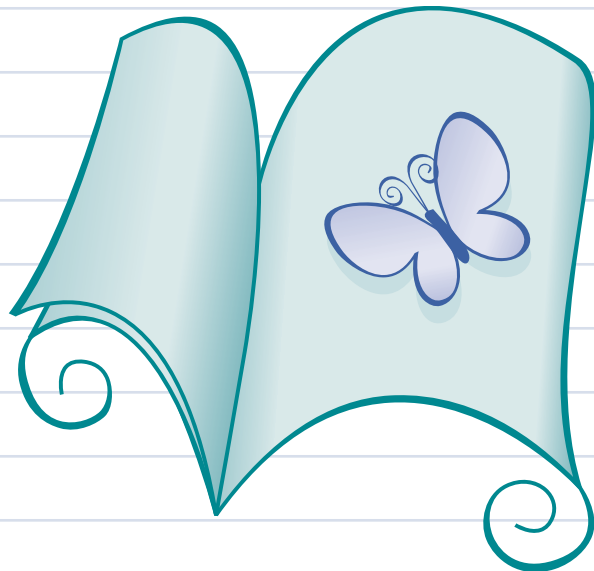
Additional Thoughts

Reach to Teach:

APPLYING SUCCESSFUL STRATEGIES

Parents and teachers will find some strategies relevant to Shauna at age 6 and others applicable to Jesse at age 14. Not only are these students distinct in their disabilities and age, but also the stage at which they were identified with FASD.

In addition, each has unique talents and skills which also will be identified and encouraged.



Working with Shauna and Jesse

Both Shauna and Jesse would benefit from a number of the strategies suggested to improve school success. Shauna's elementary school teacher could immediately rearrange the desks in her class so that Shauna was seated in the front, where the distractions would be minimized. She could make sure that the hall door remained closed, and if necessary, could close the shades on the outside windows. Mrs. Watkins could tape the day's schedule to Shauna's desk, using pictographs, along with the alphabet. She could get reading and writing materials from the kindergarten teacher to use with Shauna. A line of tape along the floor could be a visual reminder to let Shauna know where to stand. Mrs. Watkins could start singing a simple tune or clap her hands to alert all the children that it was almost time to move from one activity to another.

If Shauna has fallen too far behind her classmates, a resource room placement may allow her to catch up and to feel less frustrated. Mrs. Watkins also could request a sensory integration consultation (usually conducted by an occupational therapist). Shauna's mother could come in and meet with Mrs. Watkins and any of Shauna's other teachers to help describe the techniques that she has found to be most helpful with Shauna at home. Shauna's mother might be willing to help design a "calm corner" for the classroom, for Shauna's benefit as well as for any other student who might like to use it.

Interventions for Jesse may be more challenging because his disability has been identified only recently. But that does not mean that shifting perspective and getting help for him now will not make a difference. The first step would be to get information about FASD to all of Jesse's middle school teachers. This could begin with some simple printed literature or one of many available videos that could be shared with the entire school staff. Shifting their attitude about why Jesse has difficulties in school and easily gets himself into trouble will go a long way toward improving his educational experience.

Jesse also needs help with transitions to minimize his fighting in the halls. Assigning him a hall buddy, a mature student who will walk with and talk to Jesse, may accomplish this. This student, who would need special training from school staff, also might help model better social behavior and give Jesse a much needed social boost. Jesse's difficulties after lunch and recess are probably due to trouble regrouping after unstructured activities. Bringing him in 5 to 10 minutes before the other students may allow him time to get refocused. Also, providing one-on-one supervision during lunch and recess should prove helpful.



An in-school advocate would be a real boon for Jesse.


This person should be someone who likes Jesse and who is willing to serve this role for him. He or she would function as someone Jesse could go to when things were not going well and when there is something to celebrate. This advocate also could help explain Jesse's behavioral and learning problems to the many different teachers with whom he has to interact.

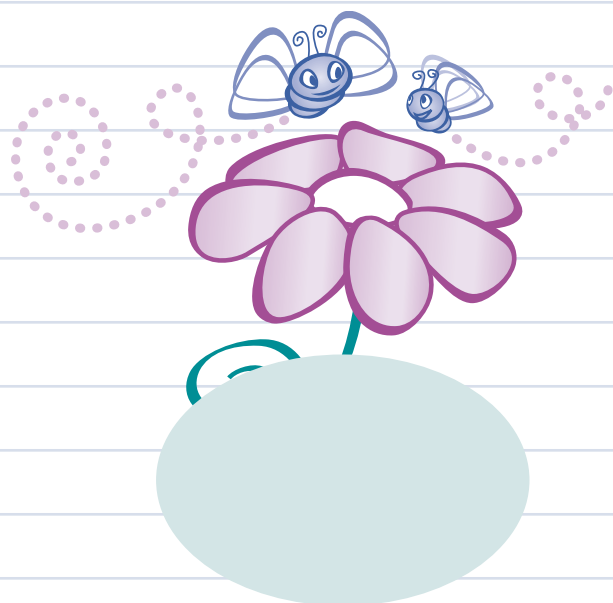
Jesse also may benefit from a restructured academic program that emphasizes classes with practical, hands-on approaches. He may learn best when his more traditional academic classes are held in the morning, with more hands-on classes in the afternoon (for example, physical education, art, music). In preparation for his next year at school, Jesse would benefit from being able to visit the school for a couple of hours per day in the week prior to the formal opening of school. The visit will give him familiarity with the building and his schedule and lessen his transition time.

As Jesse and other children with FASD get older, they may be more vulnerable to daily stresses. Their teachers need to be alert to depression and anxiety disorders and be prepared to make referrals to medical professionals.

The Unique Talents and Skills of Children with FASD

With so many problems confronting students with FASD, it is easy to forget that these children have many wonderful talents and skills. For instance, parents and teachers have noted that students who have great difficulty with traditional academics often are skilled with their hands. Adults with FASD have found success as artists, art teachers, chefs, and plumbers. Empathy and understanding, especially with young children, are other strengths shared by many individuals with FASD. Thus, students may find success volunteering in child care facilities or working with young children. After graduation, some students have found success in the military, where the rules are very clear and the environment is extremely structured.

Success is important for every student and for the school communities that nurture them. Even the most academically and behaviorally challenged student needs to feel that he or she is good at something. We hope that the strategies we have presented will help you uncover the secrets of success for you and your students with FASD as you Reach to Teach. 



“My dream is to be a mother with a healthy child—to be a good mom. That’s my dream.”

–Young woman with an FASD who graduated from high school, worked as a veterinary assistant, got married, started her own cat-sitting business, and is looking forward to starting her own family

References

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- ² Savage, D.D., Becher, M., de la Torea, A.J., & Sutherland, R.J. (2002). Dose-dependent effects of ethanol exposure on synaptic plasticity and learning in mature offspring. *Alcoholism, Clinical and Experimental Research*, 26, 1752-1757.
- ³ Stratton, K., Howe, C., & Battaglia, F. (Eds.). (1996). *Fetal alcohol syndrome: Diagnosis, epidemiology, prevention, and treatment*. Washington, DC: The National Academy Press.
- ⁴ Rosett, H., & Weiner, L. (1984). *Alcohol and the fetus: A clinical perspective*. New York: Oxford University Press.
- ⁵ Plant, M. (1985). *Women, drinking and pregnancy*. London: Tavistock Publications.
- ⁶ May, P.A., & Gossage, J.P. (2001). Estimating the prevalence of fetal alcohol syndrome: A summary. *Alcohol Research & Health*, 25(3), 159-167.
- ⁷ Stratton, K., Howe, C., & Battaglia, F. (Eds.). (1996). *Fetal alcohol syndrome: Diagnosis, epidemiology, prevention, and treatment*. Washington, DC: The National Academy Press.

⁸ Streissguth, A.P., Bookstein, F.L., Bart, H.M., Sampson, P.D., O'Malley, K., & Young, J.K. (2004). Risk factors for adverse life outcomes in fetal alcohol syndrome and fetal alcohol effects. *Journal of Developmental and Behavioral Pediatrics*, 25 (4), 228-238.

⁹ Streissguth, A.P. (1997). *Fetal alcohol syndrome: A guide for families and communities*. Baltimore, MD: Brookes Publishing.

Resources

Web sites

- ❁ <http://www.fasdcenter.samhsa.gov/> (FASD Center for Excellence Resource Database: a resources, journals, and information database)
- ❁ <http://www.ncadi.samhsa.gov> (SAMHSA's National Clearinghouse for Alcohol and Drug Information [NCADI], P.O.Box 2345, Rockville, MD 20847-2345, 800-729-6686)
- ❁ <http://www.stopalcoholabuse.gov/> (A comprehensive portal for Federal resources on underage drinking prevention)
- ❁ <http://arbi.org/education/educatio.html> (Alcohol Related Birth Injury [FAS/FAE] Resource Site, a web site from Alberta, Canada that includes an educator's consortium)
- ❁ <http://www.bced.gov.bc.ca/specialed/fas/> (Teaching Students with Fetal Alcohol Syndrome/Effects: A Resource Guide for Teachers, maintained by the British Columbia Ministry of Education)
- ❁ www.psychiatry.emory.edu/PROGRAMS/GADrug/facts (FAS research and treatment program at Emory University, including frequently asked questions and educational strategies)
- ❁ <http://depts.washington.edu/fasdpn> (FAS Diagnostic & Prevention Network, a resources web site from the University of Washington, including screening, diagnosis, and intervention information)
- ❁ <http://education.gov.ab.ca/fasd/> (Teaching Students with Fetal Alcohol Spectrum Disorder, and other resources covering kindergarten to grade 12, from the Alberta, Canada Government Learning Resources Center)

Videos

Vida Health Communications. (Producer). (1996). Students Like Me

[Videotape] (Available from Vida Health Communications,
6 Bigelow Street, Cambridge, MA 02139, 617-864-7862)

This video includes the following:

- ✿ How to recognize a child with FAS in the classroom,
- ✿ How to modify the class environment and adjust teaching methods, and
- ✿ How to communicate clearly and plan transitions and unstructured time.

Vida Health Communications. (Producer). (1996). Worth the Trip

[Videotape] (Available from Vida Health Communications,
6 Bigelow Street, Cambridge, MA 02139, 617-864-7862)

- ✿ The film presents strategies for meeting the developmental and behavioral challenges faced by children with FAS and the parents and professionals who care for them.

SAMHSA's FASD Center for Excellence. (Producer). (2005).

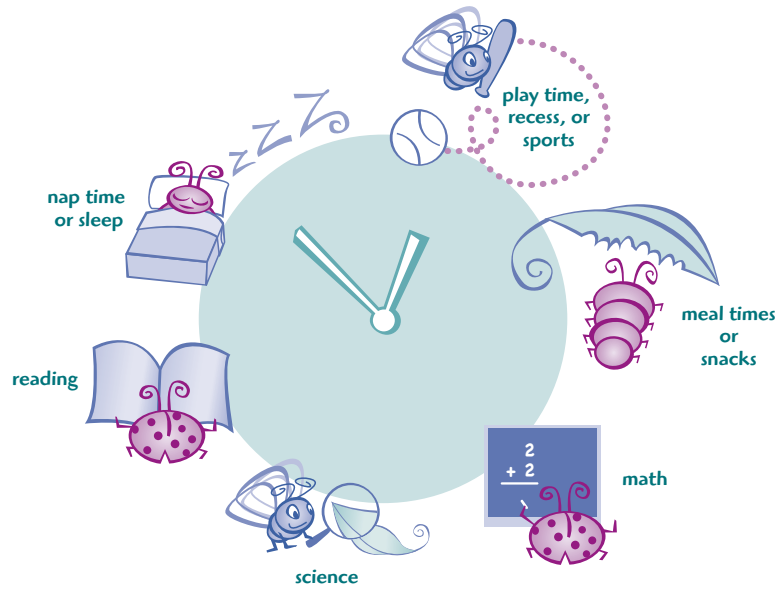
Recovering Hope [Videotape] (Available from National Clearinghouse
for Alcohol and Drug Information [NCADI], 800-729-6686 or
<http://www.ncadi.samhsa.gov>)

- ✿ *Recovering Hope: Mothers Speak Out About Fetal Alcohol Spectrum Disorders* is an intimate and evocative picture of families whose children are affected by FASD, created for viewing by women in recovery and their counselors.

Books

- Kleinfeld, J., & Wescott, S. (Eds.). (1993). *Fantastic Antone succeeds: Experiences in educating children with fetal alcohol syndrome*. Fairbanks, AK: University of Alaska Press.
- Kleinfeld, J., Morse B., & Wescott, S. (Eds.). (2000). *Fantastic Antone grows up*. Fairbanks, AK: University of Alaska Press.
- Kranowitz, C.S. (1998). *The out-of-sync child: Recognizing and coping with sensory integration dysfunction*. New York: Perigree Book.
- Kulp, L. & Kulp, J. (2000). *The best I can be—Living with fetal alcohol syndrome or effects*. Brooklyn Park, MN: Better Endings New Beginnings. (Available from Better Endings New Beginnings, <http://www.betterendings.org>.)
- Morse, B.A., & Weiner, L. (2004). *FAS: Parent and child*. (Rev. ed.). Boston, MA: Boston University School of Medicine. (Available from the Fetal Alcohol Education Program, 1975 Main Street, Concord, MA 01742.)
- Plant, M. (1985). *Women, drinking and pregnancy*. London: Tavistock Publications.
- Substance Abuse and Mental Health Services Administration. (2006). *What do I do? Helping your kids understand their sibling's fetal alcohol spectrum disorder*. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration.
- Villarreal, S.F., McKinney, L.E., & Quackenbush, M. (1991). *Handle with care: Helping children prenatally exposed to drugs and alcohol*. Santa Cruz, CA: ETR Associates.

Teachers: Share the student's classroom schedule with parents.*

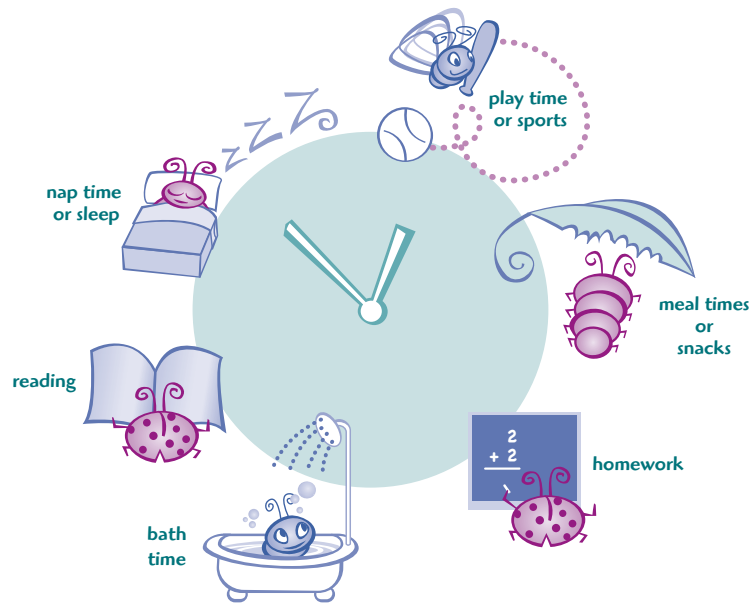


Classroom Schedule

Time	Activity

***Remove this form and share the classroom schedule with parents and students to improve continuity between school and home. For additional copies, you may photocopy this form or request additional printed copies of *Reach to Teach* through the Substance Abuse and Mental Health Services Administration's (SAMHSA's) National Clearinghouse for Alcohol and Drug Information (NCADI). To order publications, call 800-729-6686 or access the web site: <http://www.ncadi.samhsa.gov>**

Parents: Plan a structured environment at home.*



Home Schedule

Time

Activity




Time	Activity

*Remove this form and share the home schedule with teachers to improve continuity between school and home. For additional copies, you may photocopy this form or request additional printed copies of *Reach to Teach* through the Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) National Clearinghouse for Alcohol and Drug Information (NCADI). To order publications, call 800-729-6686 or access the web site: <http://www.ncadi.samhsa.gov>



_____ is _____ (age) and in the _____ grade.

His/her unique talents and strengths are:

-  _____
- _____
-  _____
- _____
-  _____
- _____

He/she has particular challenges in the following areas:

- 1 _____
- _____
- _____
- 2 _____
- _____
- _____
- 3 _____
- _____
- _____

Applying helpful strategies

You know your child best. Please list three helpful techniques, such as organizing the home environment, making checklists for daily tasks, and creating a routine for after school/weekend time, and provide details.

- 1 _____
- _____
- _____
- _____
- _____
- 2 _____
- _____
- _____
- _____
- _____
- 3 _____
- _____
- _____
- _____
- _____

Additional comments from the parents: (Please let us know if you have any diagnostic or assessment results you'd like to share.)

Comments from the student:

Please feel free to contact us if you have any questions.

Parent _____
Phone/email _____

Student _____
Phone/email _____

***Remove this form and use it to share useful information about the student with teachers. For additional copies, you may photocopy this form or request additional printed copies of *Reach to Teach* through the Substance Abuse and Mental Health Services Administration's (SAMHSA's) National Clearinghouse for Alcohol and Drug Information (NCADI). To order publications, call 800-729-6686 or access the web site: <http://www.ncadi.samhsa.gov>**



_____ was a student in my class this past year.

His/her unique talents and strengths are:

- ✿ _____
- _____
- ✿ _____
- _____
- ✿ _____
- _____

He/she has particular challenges in the following areas:

- 1 _____
- _____
- _____
- 2 _____
- _____
- _____
- 3 _____
- _____
- _____

Applying helpful strategies

Please list and provide details for successful strategies you have learned, such as structuring a caring and consistent environment, shifting attitudes and improving understanding, learning to translate misbehavior, changing teaching style, restructuring physical space, and engaging the whole community.

- 1 _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
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 - _____
 - _____
- 2 _____
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 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
- 3 _____
 - _____
 - _____
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 - _____
 - _____
 - _____
 - _____
 - _____

Additional comments:

Please feel free to contact me if you have any questions.

Teacher _____

Phone/email _____

***Remove this form and use it to share useful information about the student with teachers. For additional copies, you may photocopy this form or request additional printed copies of *Reach to Teach* through the Substance Abuse and Mental Health Services Administration's (SAMHSA's) National Clearinghouse for Alcohol and Drug Information (NCADI). To order publications, call 800-729-6686 or access the web site: <http://www.ncadi.samhsa.gov>**

Please Comment



SAMHSA's FASD Center for Excellence would like to hear your comments about *Reach to Teach: Educating Elementary and Middle School Children with Fetal Alcohol Spectrum Disorders*

To share your opinions, complete this tear-out card to the side, affix postage, and drop it in the mail.

Your answers will be useful in developing future editions of this booklet.

Thank you.



___ Very aware ___ Somewhat aware ___ Not at all aware

2. Overall, how useful did you find this booklet?

___ Very useful ___ Somewhat useful ___ Not at all useful

3. What information did you find most useful? Why?

4. Is this booklet:

a. Well organized? ___ Yes ___ No

b. Easy to read? ___ Yes ___ No

c. Easy to apply? ___ Yes ___ No

5. Would you recommend this booklet to other parents, teachers, and school personnel?

___ Yes ___ No

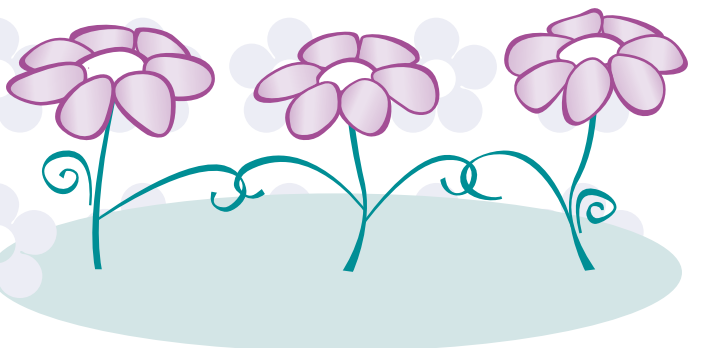
6. What is your occupation? _____

7. How are you planning to use what you have learned from this booklet?

8. How could we improve this booklet?



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Rockville, MD 20857



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