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Alliance

Think Strategies, Not Solutions:  
Approaches for Educators that Work

# Learning Objectives

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1. Understand the impacts prenatal exposure to alcohol may have on the brain and learning in school settings
2. Discuss strategies to support students with an FASD
3. Explore ideas to create effectively learning environment for students with an FASD; and
4. Learn about resources available to educators and administrators that invest in student's success in school.

# Fetal Alcohol Spectrum Disorders (FASD)

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- Medical condition caused by prenatal alcohol exposure with a wide range of characteristics including physical, behavioral, mental and cognitive impairments
  - Permanent disability
  - Each person on the fetal alcohol spectrum is unique
  - Students with an FASD can succeed with the right support
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# FASD 101

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<b>FAS</b>	fetal alcohol syndrome
<b>PFAS</b>	partial fetal alcohol syndrome
<b>ARND</b>	alcohol related neurodevelopmental disorder
<b>ARBD</b>	alcohol related birth defects
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<b>FAE</b>	fetal alcohol effects (outdated term)

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## True or False

- FASD is more common than down syndrome.
- FASD is more common than autism.
- FASD is the leading cause of intellectual disabilities in the US.

# Overcoming the Stigma

Why would  
someone drink  
alcohol during  
pregnancy?



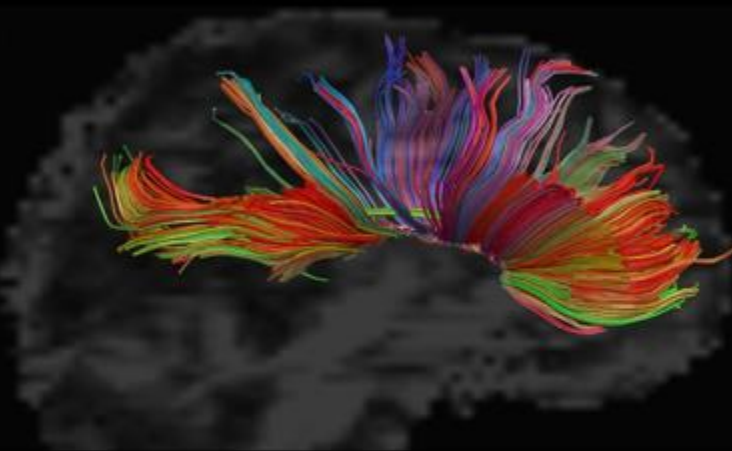
# True or False

Most people with an FASD have facial features impairments caused by prenatal alcohol exposure.

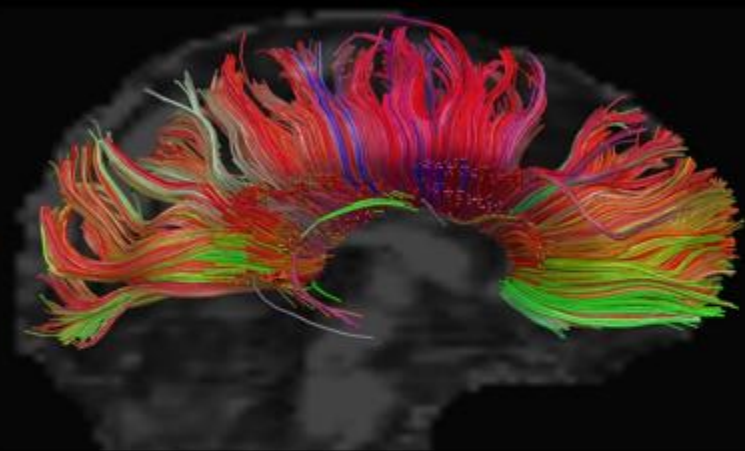


# Inter-hemispheric Fiber Tractography through Corpus Callosum

Fractional anisotropy maps

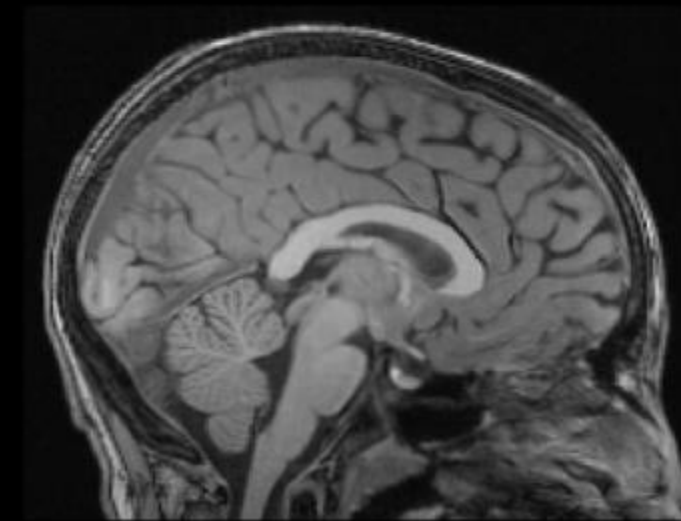
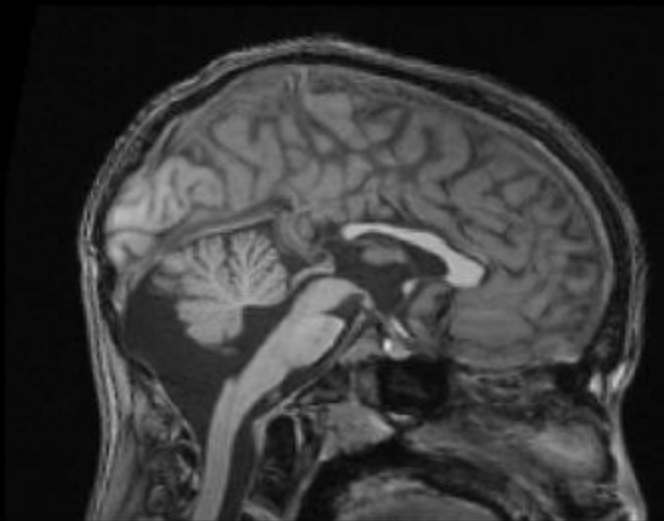


FASD



Control

Anatomical images





# Say the Color, Not the Word

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YELLOW BLUE ORANGE BLACK  
RED GREEN PURPLE YELLOW RED  
ORANGE GREEN BLACK BLUE  
RED PURPLE Black RED

## LEFT-RIGHT CONFLICT

Your right brain tried to say the color but  
your left brain insists on reading the word.

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# Common Cognitive & Behavioral Characteristics

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- Ongoing sleeping difficulties
  - Poor social skills/lack of boundaries
  - Slower information processing
  - Difficulty regulating emotions & may take longer to calm
  - Extreme under or over-sensitivity to sensory input
  - Difficulty following directions or connecting steps
  - May be prone to confabulation
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# Common Cognitive & Behavioral Characteristics

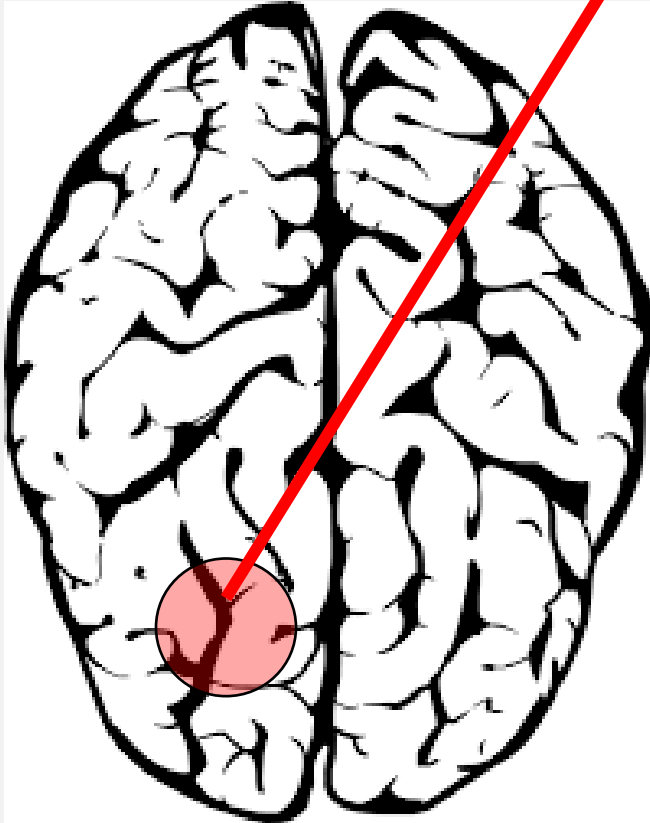
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- Impairment in memory & attention span
  - Poor judgment & impulsive
  - Easily influenced by others
  - Difficulty generalizing knowledge
  - Difficulty understanding abstract concepts
  - Difficulty understanding cause-and-effect relationships
  - May struggle with transitions
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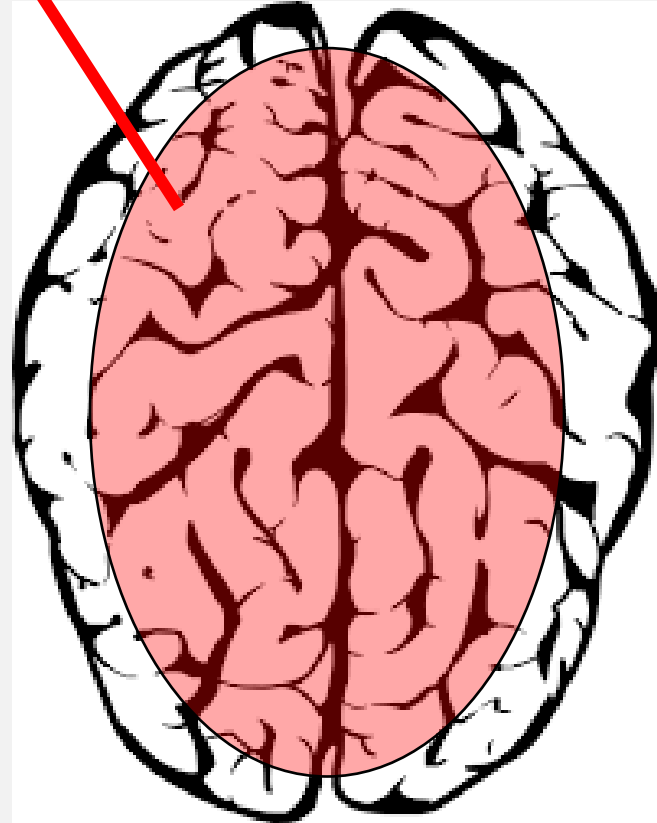
# 1+1 vs. Calculus

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**Working Area**



**"Normal" Brain**










**Brain impacted by PAE**

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# Developmental Skills

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Physical maturity		18 years old
Comprehension		6 years
Emotional maturity		6 years
Social Skills		7 years
Concept of money, time		8 years
Reading level		16 years
Expressive language		20 years

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# Dittygooben & Greppy

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Last fernan, Dittygooben and Greppy were in the pa-coo slatching boongles & treppering cleaming burlys.

Suddently, an oinkerly boozel ca-panked into Dittygooben's worf.

Greppy chifed and chifed. "Oh Dittygooben!" he panked, "that oinkerly boozel is wenning in your burly!"

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# Whole Profile

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FASD is just one part of who this child is. There are other factors at play and because of the impacts of PAE these factors may impact their behavior more significantly:

- Mental illness
  - Social determinants
  - Hunger and dehydration
  - Fatigue
  - Medications
  - Additives in diet
  - Emotional Stress
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# Overlapping Characteristics

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- FASD is commonly misdiagnosed or under-diagnosed
  - Many of the characteristics of FASD look similar to those associated with mental health disorders
  - People with an FASD have an increased risk of having co-occurring mental health disorders
  - Nearly 90% of people with an FASD have at least one co-occurring condition, such as depression, attention-deficit/hyperactivity disorder (ADHD), or reactive attachment disorder (RAD)
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# Patience, Understanding & Thinking outside the Box

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First step is being in the right mind frame

Instead of seeing child as:	To understanding the child as:
Having behaviors	Experiencing symptoms
Won't/defiant	Can't
Refuses to sit still	Under/Over-stimulated
Resisting/doesn't care	Doesn't get it
Lying (Confabulation)	Memory deficits
Doesn't try	Tired of failing

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# General Strategies for Educators

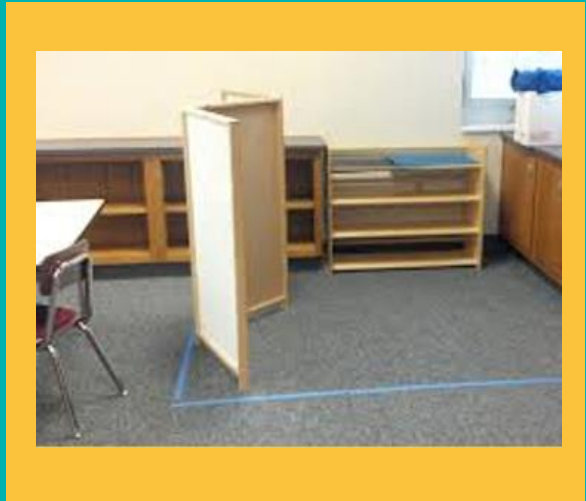
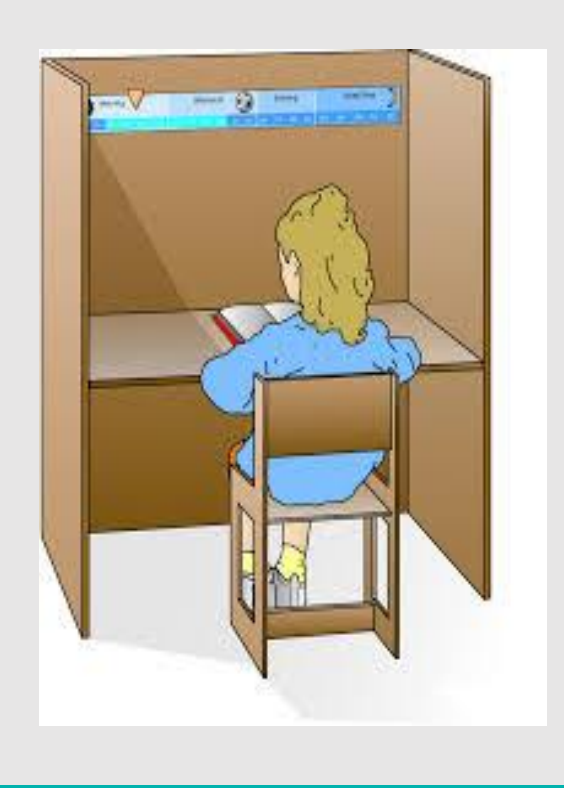
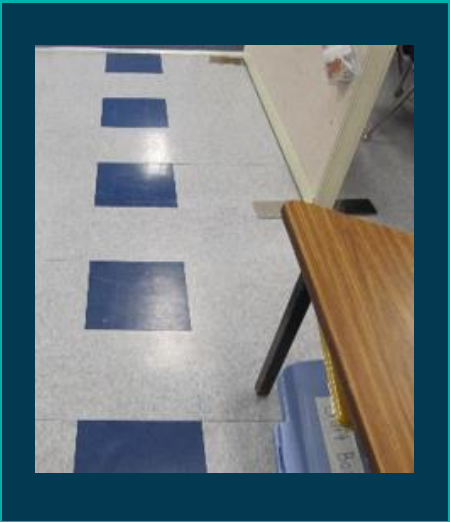
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- Get informed
  - Strategies may not be transferable from one student to another; trial and error process
  - Collaborative approach with lots of tools
  - Caregiver & family compassion
  - What not to do:
    - Tough love
    - Power struggle
    - Assume
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## Strategies: Environment

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- **Adapt the environment & ensure that the physical environment is welcoming**
  - Decrease distractions (sight, sound, smells)
    - Classroom, hallways/lunch room, learning materials
  - Create calming learning space
  - Use concrete approaches to help organize and concentrate
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# Strategies: Regulation

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- Be proactive versus reactive
  - Monitor emotional state
  - Sensory integration tools
    - Fidgets
    - Sensory safe space/hallway
  - Planned breaks
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## Strategies: Transition

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- Proactive transition plans are important & can help avoid meltdowns.
  - Pick your battles
  - Visual timers or personalized countdown may be helpful
  - Redirect when student is having difficulty
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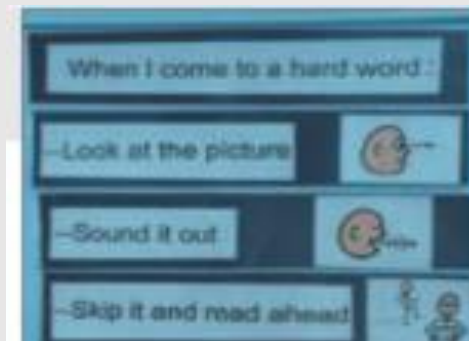
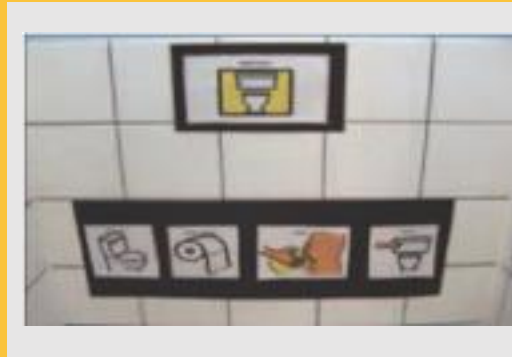
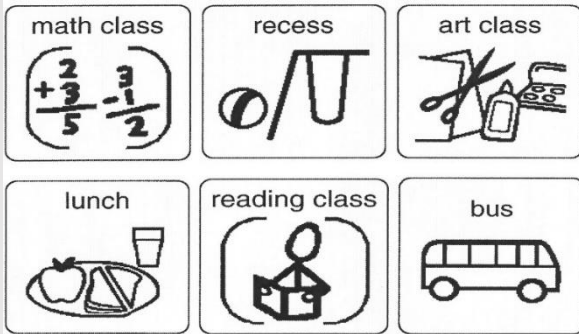




# Strategies: Structure, Routine, Consistency

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- Sense of calm
  - Flexible structure
  - Changes to routine should be communicated as soon as possible
  - Schedules, reminders, picture prompts
  - Provide opportunities for small group or 1:1 when possible
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Sun	Mon	Tues	Wed	Thurs	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Test Today

Ride Bus Home

Track Meet

# Strategies: Communication

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- Provide a range of learning opportunities
    - Visual, kinesthetic, or auditory
  - Demonstrate instructions multiple times
  - Allow extra time for processing & responding
  - Use positive language
  - Give alternative options to what is not allowed
  - Repeat, repeat, repeat
  - Role playing
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## Strategies: Communication

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- Consistency in language
  - Avoid sarcasm or idioms
  - Simple, short directives & manageable tasks; break tasks down step by step
  - Concrete & specific
  - Use the same verbiage when reteaching
  - Be consistent with rules & try to limit number
  - Check for understanding
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# Strategies: Safety, Social & Health

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- Voluntary physical exercise
  - Clubs, sports, activities
  - Supervision
  - Boundaries and personal space
  - Safe use of technology
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# Common Accommodations

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- No/reduced homework
  - Re-dos/late for full credit (as long as a parent/caregiver signs it)
  - Sensory breaks
  - Student can stand up in class
  - Student gets copy of teachers notes before content is taught
  - Teacher communicates with parent on assignments, homework, and receives general check-ins
  - Advocate for yourself and family for a para or 1 on 1 support
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## Students with an FASD say...

- Rapport is key!
- Having a paraprofessional or one-on-one support
- Having teachers and staff who really understand
- Allowed space when upset and time to calm down
- Help me make connections with my peers
- Get to know me!