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Chapter 29 Supporting a child with FASD in the classroom

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Chapter highlights

- **Strategies to manage FASD in the classroom**
- **Principles of supporting children and families with FASD**
- **Case examples of how to approach classroom management at different ages**

Introduction

FASD has also been described as 'The Hidden Disability', in part, because there may be no physical characteristics to show an individual has FASD (Millar *et al,* 2014). Schools may be the first environment where children with complex learning difficulties and disabilities (CLDD) are identified. CLDD describes children with coexisting conditions that can include but are not limited to attention deficit hyperactivity disorder (ADHD), autism spectrum disorder (ASD) and FASD. Evidence indicates that the population of children with CLDD has been increasing. It is suggested that meeting this need requires 'informed and reflective practitioners who are equipped with a range of observation and intervention tools to support their learning and development'.[1] In 1995, the Winnipeg School Division (WSD) established one of the first classrooms for students with FASD in Canada. This was in response to provincial surveillance data that identified 118 alcohol exposed infants born between 1993 and 1995 and the anticipation of increased identification and enrolment of children with FASD in schools. Based on early experiences in meeting the complex needs of these children within a regular classroom, the decision was made to develop a specialised programme that recognised and addressed the unique needs of children with FASD. What occurred at that time has been referred to as a *paradigm shift* in the understanding of the needs of individuals with FASD.[2] This has been further described by Malbin who said:

> *If FASD includes changes in the structure and function of the brain, then it follows that it is by definition a brain-based physical disability. In most cases, however, it is invisible, and behaviours are typically the only symptoms. Understanding FASD as a primary physical disability with behavioural symptoms redefines problems and solutions in a manner consistent with research'.* [3]

Educators need to–recognise neurobehavioural diversity which results in individual learning characteristics that need to be identified, assessed and incorporated into teaching such as individual strengths, weaknesses, capacities and interests. This can be supported by involving families and caregivers who provide valuable information on the curriculum and how the child is coping.[4] Assessment should be undertaken at regular intervals by interdisciplinary teams that include physical therapists, occupational therapists, speech language pathologists, psychologists, special education and regular teachers and other support staff.[56]

It is also recommended that educators implement strategies to address cognitive, communication, social, emotional and physical developmental delays and preparation for employment among older students.[7] Examples include strategies to improve/support: communication, literacy, abstract thinking, concept and sense of time, use of money, memory, organisation skills, understanding and following rules, sensory processing (e.g., sound, smell, movement, light, coping with over stimulation), supporting relationships and role models, understanding inappropriate behaviours, understanding danger and impulse control and adapting the physical environment to work with FASD and individual differences.

Teaching children with FASD should start with recognising that a student with FASD may not function at the same level as peers at the same age and then appropriately modifying the approach and environment to support the student's needs.[8] In this sense, supporting children with FASD requires a paradigm shift. The objective is to identify how teach and adapt the school environment to meet the child's strengths and interests. This requires recognising that these children process information and learn differently. However, it has been stressed that this is not a 'school only' issue or responsibility.[9] The best approach to addressing FASD in schools requires a community-wide (systems level) response (i.e., that includes: education, healthcare professionals, social services, youth justice, family and community organisations).

It also helps to create a school division-wide FASD support teacher/consultant position to support development and implementation. Initial teacher training programmes need specific and up-to-date training on FASD and FASD education practices. Teachers are key to understanding behaviours and learning. It is important to recognise that the behaviours are brain based. Consequently, this warrants a different approach than those typically used in regular classrooms.

Teaching approaches

The approaches are first based upon recognising that children affected with FASD process information differently and react to the environment differently. Following this, an assessment of the child's strengths from an interdisciplinary team should provide information to personalise learning and plan for the child's interests. This includes adapting the teaching style, curriculum and physical environment based upon that information to develop individual plans for each child. Educators need to recognise that children may be strong in some areas such as visual hands on learner and also more challenged through language-based learning. In addition, because of their brain differences recognise that sometimes children will be unable to do some tasks that they have successfully done many times before. Educators should also make use of technology to support children with FASD. Examples include using: head phones, smart boards, calming spaces, handheld listening helpers and other learning aids.

Classroom management strategies

The following classroom management strategies are recommended [10]

- Keep teaching and instruction simple and specific;
- Employ adaptive teaching techniques which focus upon the child's interests, strengths and developmental stage;
- Use consistent and predictable language to support understanding;

- Use visual cues and aids to accompany verbal instructions. (for example visual timetables);
- Provide concrete learning resources and opportunities to support learning;
- Use pre-learning, rehearsing and practising of desirable skills and behaviours;
- Plan opportunities to repeat lessons / instructions / messages;
- Note strategies used by the student and build on these and/or teach more effective alternatives;
- Give instructions and tasks in small steps to support understanding and executive function and provide opportunities for oral or alternative methods of testing progress and competence;
- Give warning and instructions well ahead of transitions, and give support;
- Provide a structured learning environment (for example classroom spaces, time, work, etc.);
- Have consistent and predictable routines (for example providing visual schedules of activities);
- Make cause and effect explicit (for example outcomes of decisions);
- Identify triggers for increased hyperactivity and inattention such as noise and smells and reduce them;
- Reward effort rather than achievement and allow extra time for tasks and tests;
- Make use of fidget balls or stress balls to increase attention and reduce hyperactivity;
- Provide consistent language and behaviour management strategies between home and school;
- Say the student's name at the beginning of an instruction or sentence. Make sure you have the student's attention before you speak to them;

- Make sure you are facing the student so that they can see your facial expressions and gestures;
- Use simple concrete language and use consistent language across the curriculum and throughout the school. Share language for educational concepts with parents/carers;
- Think about the language used in tests/exams and whether it matches what the student is familiar with;
- Give only one instruction at a time;
- Keep instructions short; use the minimum number of words;
- Say exactly what you want the student to do (e.g. instead of saying “Tidy up”, say “Put the scissors in the blue box”), and reinforce with pictures if necessary;
- If you are interrupted whilst giving an instruction, go back to the beginning of your sentence;
- Ensure that the student has understood by asking them to repeat an instruction back to you in their own words;
- Give the student time to think about what you have asked of them;
- Use positive communication; instead of saying “Don’t run”, say “Walk”;
- Use exaggerated facial expressions and gestures to give the student clues as to your meaning;
- Reinforce auditory input with visual aids and provide students with a visual timetable;

- Plan multi-sensory experiences based around the students sensory strengths and needs including activities involving movement;
- Break tasks into small steps and be realistic about expectations;
- Use visual prompts and concrete objects such as puppets for story telling for young students and number lines for mathematics;
- Show rather than tell; demonstrate concepts so that students know exactly what is expected;
- Provide opportunities for discussion of new concepts before they introduced in the classroom and check understanding afterwards;
- Provide opportunities for new learning to be connected to existing knowledge;
- Communicate with parents/carers regularly by email/phone/home-school diary;
- Provide worksheets which have plenty of white space and do not mix mathematical concepts and operations;
- Plan around the student's strengths and interests and provide immediate, frequent praise for each achievement;
- Be flexible about how achievement is recorded, consider video, photographic evidence and provide a scriber where necessary for technical lessons such as science where the student may be overwhelmed by sensory stimulation.
- Remove as many distractions from the environment as possible to enable the student to concentrate on the teacher/task.

Busy, noisy classroom environments may be overstimulating for children with FASD. Busy walls, pictures or interactive whiteboards with writing on them, open windows, noise from the hallways, flickering from fluorescent lights and even articles on a desk may distract and subsequently cause anxiety. In general, classroom environments need to be restructured to decrease visual, auditory and physical stimulation that can distract or overload students with FASD whenever possible. (Examples include using natural light versus fluorescent light, using room dividers, covering windows and walls with pictures or signs not being used with curtains, using head phones so the student only hears the teacher, modified desks and chairs that reduce stimulation/ distractions or a special calming space/place in the room (for example, tent or enclosed space) for a sensory overload break. Other examples that sound counter intuitive include letting children chew gum or use a 'squishy ball or fidget toy' to help them relax. Children with FASD need more frequent movement breaks and might need to be able to move, wiggle, fidget, chew gum, use toys or do other physical movements in order to listen.

To support children's socio-emotional and relational skills, some specific approaches have also been recommended as discussed below.

Emotion coaching

Another emerging approach to supporting children's socio-emotional development and self-regulation is Emotion Coaching. Emotion coaching is a relational and skills-based approach to supporting children's emotional competency and self-regulation and is more likely to result in decreased frustration and increased emotional well-being for children. This approach recognises that socially competent children who are able to understand and regulate their emotions are better equipped to go on to achieve higher academic success than those who lack impulse control or have poor social skills. [11] [12] [13]

Emotion coaching is based on the work of Gottman and Katz and colleagues and is essentially comprised of two key elements - empathy and guidance.[14] These two elements express themselves through various processes which adults undertake whenever 'emotional moments' occur. Emotional empathy involves recognizing, labelling and validating a child's emotions, regardless of the behaviour, in order to promote self-awareness and understanding of emotions. Such acceptance by the adult of the child's internal emotional state creates a context of responsiveness and security, and helps the child to engage with more reasonable solutions. The circumstances might also require setting limits on appropriate behaviour (such as stating clearly what is acceptable behavior) and possible consequential action (such as implementing behaviour management procedures) - but key to this process is guidance: engagement with the child in problem-solving in order to support the child's ability to learn to self-regulate - the child and adult work together to seek alternative courses of action to help manage emotions and prevent future transgressions. This process is adaptable and responsive to the developmental capabilities of the child, with the adult scaffolding pro-social solutions and differentiating where necessary. By enabling children to tune in more explicitly to their emotions and problem-solve solutions that will help them to manage such feelings, and the behavioural consequences of those feelings, the child is the child is engaged in pro-actively enhancing social and emotional competences. It also supports the child's development of 'meta-emotion', which refers to the organised set of feelings and cognitions about one's own emotions and the emotions of others.[15] Thus, emotion coaching helps to instil the tools that will aid children's ability to self-regulate their emotions and behaviour.[16]

This approach is supported by evidence that shows how thinking and reasoning and emotional processing are fundamentally integrated in the brain at multiple levels. [17] [18] More

information is available from http://www.emotioncoaching.co.uk/ and http://www.emotioncoachinguk.com/.

Social stories

Social stories are used to help teach social skills to people with social communication difficulties. They involve short descriptions of a particular situation, event or activity, which include specific information about what to expect in that situation and why.

They are simple visual representations of the different levels of communication in a conversation. For example, they could show:

- the things that are actually said in a conversation;
- how people might be feeling;
- what people's intentions might be.

Comic strip conversations use symbols, stick figure drawings and colour. By seeing the different elements of a conversation presented visually, some of the more abstract aspects of social communication (such as recognising the feelings of others) are made more 'concrete' and are therefore easier to understand. Stories such as this, when designed with the child and rehearsed often, can help children with FASD understand complex social relationships.

Working with families

Parents and carers are a child's first and most enduring educators and their role in a student's educational journey should be valued. For children with FASD the family structure may consist of Foster or Adoptive parents as well as, or instead of biological parents and sensitivity about possible attachment difficulties is required. If the child is living with

biological parents, sensitivity and understanding about how parents may be feeling about their child's disability is paramount.

Children with FASD will often present with a different set of needs in school than at home and parents/carers may have many concerns about how their child will manage through the school day. These concerns should always be taken seriously as it is important that parents/carers feel that they have been listened to and their concerns addressed. It is important that children with FASD receive consistency of approach and language in both home and school setting as this will help them to make sense of the world and simplify the number of things they need to remember.

Working closely with families is essential and the following guide has been produced to facilitate a discussion with families about having a clear plan in place that is shared between educators and families:

Table 29.1: General guidelines to supporting children and families with FASD:

Approach	• Adopt a holistic approach which builds on the student's sensory strengths. • Provide sequential sensory experiences (visual, kinaesthetic or auditory) and ensure a range of sensory opportunities throughout the lesson so that the student receives a multi-sensory experience. • Demonstrate rather than describe new techniques and be prepared to repeat demonstrations, instructions, rules and concepts often. • Prepare students for new concepts by providing them with any new vocabulary beforehand to practise and learn. • Provide opportunities for small group and 1:1 work where possible and construct a personalised learning plan based on the student's strengths and interests (usually in the areas of practical and artistic ability).
Communication **With Families**	• Ensure effective communication with parents and carers to reduce anxiety and develop an ethos of partnership. • Consistent language and approaches used and at home school will provide security and predictability for students who are easily overwhelmed by change and disruption.

Environment	• Ensure that the environment is free from distractions as far as possible. This includes distraction from noise, smell, tactile and visual distractions. • Constant supervision may be necessary to keep students who are developmentally younger safe from harm.
Routine and Structure	• Ensure routine is communicated to the student to reduce anxiety and enable them to organise themselves as independently as possible. • Changes to routine should be communicated to the student soon as possible and the student supported through them. • Structure will help the student with FASD make sense of their environment. Provide frequent breaks throughout a lesson to give the student time to refocus. It may help if they can do something physical for a few minutes between activities.
Simplicity	• Ensure that instructions, directions and tasks are broken down into short achievable, easily understood steps and delivered at a level which is developmentally appropriate to the student. • Be realistic about expectations.
Understanding	• Ensure that the student has understood instructions and directions. Say their name before giving instructions and directions. • Ask them to repeat what you've said them back to you in their own words. • Ensure that language used is simple, positive, concrete and free from jargon, sarcasm or idioms. • Provide visual aids if necessary as students may not always respond to auditory input alone. • Be specific when giving directions and provide step by step instruction.

Source: Blackburn, C. (2010) Facing the challenge and shaping the future for primary and secondary aged students with Foetal Alcohol Spectrum Disorders (FAS-eD Project) Primary Framework – teaching and learning strategies to support primary aged students with FASD. London: NOFAS-UK

Transitions

Transition from Primary to Secondary education can be particularly difficult for children with FASD and needs to be carefully managed, to ensure that communication is efficient and services to families do not become disrupted. A full assessment of the child's needs should be

undertaken at this time. For teenagers, issues around emotions, friendships and sexual behaviour, independence and achievement can compound their difficulties. A lack of understanding of the students particular learning needs can lead to unrealistic expectations. Without sensitive support and communication between primary and secondary teachers and families, children may experience behavioural, cognitive, and psychological secondary disabilities, for example, depression, self harm, loneliness and low self esteem, leading to disrupted schooling and trouble with the law. In addition, this is a particularly worrying time for families and they will need additional support from schools and supporting services to ensure a smooth transition.[19]

Case studies (source Blackburn, 2010)

Case study 1: Primary Education

Background

Child 1 attends a mainstream nursery and primary school where she is placed in a class of 30 children and accesses the National Curriculum. She is supported by an Inclusion Assistant for all activities, some of which take place in the classroom alongside her peers, whilst others are delivered on a 1:1 basis according to the subject and topic. All work for this student is personalised according to her needs, including the delivery of curriculum and recording of progress.

The Child as a Learner – Strengths and Challenges

Child 1 listens well in the classroom and enjoys school. She wants to do well and be included and is willing to learn.

Her enthusiasm is coupled with a visual impairment, small stature, immaturity and inattention as well as learning difficulties. This has implications for where she is able to sit in the classroom in order to see the teacher and whiteboard, how her peers treat her in equality terms, her ability to stay on task and retain information and the length of time she is able to focus for.

For example, there is a temptation for peers to 'baby' her as it is not always easy for her to follow the rules of playground games or play them on an equal basis. Her lack of focus and attention imply that tasks must necessarily be broken down into small steps and highly personalised to her individual needs in order to engage her in learning. Her visual impairment means that she must sit near the front of the classroom so that she is able to see the teacher and whiteboard and also has implications for the use of computers and visual equipment in ICT.

<u>The Child as a Learner – Opportunities for Inclusion</u>

Including this child in a mainstream secondary setting and providing access to the national curriculum have been possible through a combination of adult support and scaffolding, personalised teaching and learning and partnership with parents. For example:

- Abstract concepts such as money are taught using a range of concrete examples such as oversized laminated pictures of coins, plastic coins and games. The equipment is then sent home so that the student can practice with parents. This is then reinforced with a trip to the shop with peers to use real money and facilitate the transfer of knowledge from the classroom situation to a practical application and embed the practice of buying items in real life with peer and adult support.

- Life skills such as cooking, hygiene, peer relations, emotions, safety, life cycle issues are taught through attendance at a weekly life skills class with peers.

- Recording of achievement is appropriate to the situation and the child. For example, photographs of the child taken at various stages of the learning process demonstrate progress, without the need for her to undertake lengthy writing activities, which tire and frustrate her, leading to a sense of failure and low self esteem.

- Pictures and symbols are displayed below the whiteboard so the student and other children with additional needs have a visible timetable of the day/lesson. The teacher/inclusion support assistant will talk through the timetable so that the student knows what's happening now and next.

- A buddy system is provided at break and lunch times to ensure that the student has peer companionship and support throughout the day.

- A home-link diary is used to keep parents informed and parents are able to use this to ensure that school are aware of issues at home that may impact on learning or emotional well being throughout the school day.

These measures ensure that this child is able to access the national curriculum in a mainstream educational setting alongside her peers.

Case study 2: Secondary Education[20]

Background

Child 2 attends an Autistic Spectrum Condition Unit attached to a mainstream secondary school. Most lessons and learning take place supported in the mainstream, with individual

programmes in the Unit where necessary. She also has access to music therapy and occupational therapy through her place in the unit.

Child 2 is supported in all lessons by at least one TA, although for some practical lessons, it is necessary to provide 2:1 adult support.

The Child as a Learner – Strengths and Challenges

Child 2 is a keen learner, when she is confident she will be able to complete tasks. She enjoys school, in particular she likes public speaking, drama, French, history, literacy, dance and gymnastics. She takes pride in her artistic talent and her ability to write stories. She is noted for her general knowledge and politeness.

This enthusiasm is coupled with extreme impulsivity, hyperactivity, and a propensity to become over stimulated by busy, noisy, tactile environments (due to a sensory processing disorder). This has particular implications for practical lessons such as science, food technology, and physical education, where close supervision is required to ensure her safety and the safety of other students and staff. For example, in science lessons, she can easily become overwhelmed by equipment such as Bunsen burners, bright liquids and noisy experiments. When she is over stimulated, she may pick up or touch equipment (Bunsen burners, ovens, chemicals) and move around the room with them before a member of staff can react. When in noisy changing rooms, over stimulation can lead to her climbing on top of equipment such as lockers. This can be interpreted by uninformed staff as a behavioural issue and result in sanctions rather than understanding.

The Child as a Learner – Opportunities for Inclusion

Including this child in a mainstream secondary setting and providing access to the national curriculum have been possible through a combination of careful and thorough risk

assessments, adult support and scaffolding, personalised teaching and learning and partnership with parents. For example:

- Before practical sessions such as food technology or science take place, the science teacher or ASC unit teacher (accompanied by a TA) will walk and talk the student through the equipment, providing her with clear demonstrations and explanations of the safe use of equipment. She is then in a position to attend a lesson alongside her peers armed with a basic understanding of the principles and expectations. This will always be supported by at least 1:1 and sometimes 2:1 adult supervision.

- The student has a visual timetable located in the ASC which she looks at each morning on arrival at the unit.

- A smaller version of the timetable is copied into her individual planner so that she can view it during lessons as necessary.

- TAs monitor her anxiety and arousal level throughout the day through discussions with her and liaise with her and each other, as well as the ASC unit teacher about those lessons where more support may be necessary. They can then discuss the nature of support necessary to ameliorate the effects of her Sensory Processing difficulties as far as possible.

- The ASC unit teacher (and school SENCo when appropriate) corresponds daily with parents by email regarding issues arising.

In addition the student is provided with access to occupational therapy and music therapy to address sensory processing and social and emotional difficulties, combining a therapeutic approach with a differentiated national curriculum.

These measures ensure that this student is able to access the national curriculum in a mainstream educational setting alongside her peers.

Conclusion

This chapter has discussed the need to adapt the teaching environment for children with FASD and ways to do this as well as specific pedagogical approaches. The need to work closely with families has been stressed in order to increase consistency and predictability and reduce anxiety for children with FASD.

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