

Fetal Alcohol Spectrum Disorder

Educator Page

A Common but Misunderstood Developmental Disability with a Large Impact on California's Educational System

Approximately 6 million children are enrolled in public education in California.

It is estimated that between 240,000 to 300,000 of those children will have an FASD.

FAST FACTS:

- FASD is more common than Autism. Between 2 to 5% of every 1st-grade child in the United States has this complex, neurodevelopmental disorder. In California, the prevalence was close to 5%.¹
- Alcohol is a poison to the developing brain in utero.
- FASD is the most common known cause of intellectual disability in the United States, however, 75% of affected people have typical IQ.
- Most affected children have an invisible disability with no outward sign of a disorder.
- Fetal Alcohol Spectrum Disorder is a physical disability - brain damage. It is lifelong.
- Most children and youth with FASD have complex learning, behavior and social difficulties affecting all aspects of the school experience.

What a teacher might see in a classroom:

- Executive function deficits that can be severe: poor impulse control, planning, organization, judgment, and ability to learn from consequences.
- Slow processing speed
- Significant memory deficits
- Language deficits, especially for language understanding. Expressive language may be their highest skill making the child look good
- Concrete thinkers
- Fine motor deficits
- Visual-spatial deficits
- Sensory overwhelm
- Meltdowns
- Adaptive functioning lower than what is expected by IQ
- Poor peer relationships - social communication deficit
- Superficial engagement with work

FASD and Special Education:

Many children with FASD should qualify for special education. However, the disorder is not named as a category for special education eligibility. In California, FASD is not even named as a medical problem that would qualify a child under the category of Other Health Impaired.

The prevalence of FASD is higher in Special Education. In Canada, research indicated that the prevalence is nine times higher than the general population. Children in foster care, adoption and in the criminal justice system also show a much higher occurrence of FASD.

Early identification and intervention are critical to a better outcome in adulthood, yet most children with FASD are misdiagnosed or undiagnosed. Special education is also a protective factor for this population. We can and should do better.

Assessing a Child for an IEP when FASD is suspected:

FASD is said to be an invisible disability, and as such, standard evaluations may not catch the full struggle. Below are some typical assessments that are important to consider when making an assessment plan.

- Adaptive Functioning
- Executive Functioning
- Processing Speed
- Memory
- Sensory Integration
- Social Communication
- Visual-Spatial
- Motor Skills

Common with FASD:

Many children with FASD show complex learning disabilities that go beyond the language arts. Math is often the most difficult subject. Performance is often inconsistent, as is true with brain damage.

Due to poor understanding of cause and effect, children with FASD often do not respond typically. A rule-based program for such children is generally a poor fit.

With trauma endemic in this population, social challenges affect the school experience. Poor social thinking, as seen in Autism, can affect relationships with others, especially peers. Children

with FASD are often quite social but they struggle to understand social communication, the rules of play, the intent of others and what is expected.

Marked difficulty in behavior control is also a key part of the brain damage. For youth with FASD, teaching life skills is vital.

Not all students will have outward-facing behaviors and unengaged children often fail to get noticed. Lack of or superficial work production, avoidant behaviors, and school refusal are also clear signs the environment is not working

The brain of a child with FASD is inefficient. It has to work harder and therefore tires more easily. A simple assignment might be a walk in the park to a typical student but may have the effect of running a marathon for a child with FASD. Breaks and work reduction must be considered.

Brain not Blame:

Fetal Alcohol Spectrum Disorder is permanent brain damage. However, affected children can and do succeed, based on the response of the adults around them.

A paradigm shift is needed

The shift in thinking begins with focusing on the brain of a child with FASD and not the behavior. Understanding that the child may not be able to do what is asked, which is different than won't even though it may appear as a refusal. Children with this disorder are often blamed for what they cannot do because the brain damage is not recognized. Affected children have a physical disability. Teaching children with FASD requires first recognizing the brain basis, much of which looks like behavior, and then changing the environment and teaching techniques to match the learning/behavior profile of the child.

8 Magic Keys - A strategy for working with kids with FASD:

1. Supervision: Especially during unstructured times such as recess and lunch
2. Routine
3. Structure
4. Repetition (in teaching)
5. Concrete: Recognize difficulty in abstract thinking
6. Consistency
7. Specificity: Say exactly what you mean and what you want the child to do
8. Simplicity: Keep it short and sweet

Additional Strategies for the Classroom:

- Use visual cues
- Allow for hands-on learning
- Reduce workload
- Allow movement breaks
- Create an area and/or routine for calm down
- Teach life skills
- Limit decorations in the classroom - less is more