

FETAL ALCOHOL SPECTRUM DISORDERS: TIPS FOR ELEMENTARY SCHOOL TEACHERS



- John, a 5th grader, constantly returns late from recess.
- Susan, a fourth grader, acts out in the lunch line, screaming and kicking.
- Peter, a second grader, cannot do addition problems on worksheets.

Lazy? Uncooperative? Victims of poor parenting? No. These students may have fetal alcohol spectrum disorders (FASD). Some of the most challenging students in schools today have FASD. Many have no formal diagnosis but their grades and behavior indicate a problem.

WHAT ARE FETAL ALCOHOL SPECTRUM DISORDERS?

FASD is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, behavioral, mental, and/or learning disabilities with possible lifelong implications. Children do not grow out of the disorders.

FASD is not a diagnostic term. It includes conditions such as:

- Fetal alcohol syndrome (FAS)—a pattern of neurologic, behavioral, and cognitive deficits, as well as specific facial features (smooth philtrum, small palpebral fissures, thin upper lip)
- Alcohol-related neurodevelopmental disorder (ARND)—neurologic abnormalities such as problems with memory and motor skills
- Alcohol-related birth defects (ARBD)—defects in the skeletal and major organ systems

Imaging studies have shown structural changes in various regions of the brain. These include thinner or absent corpus callosum, reduced basal ganglia, and smaller cerebellum.¹ These changes contribute to a lack of understanding that manifests behaviorally. For example, persons with FASD may have difficulty with executive function and have trouble with problem solving and planning.

HOW ARE STUDENTS AFFECTED BY FASD?

Students with FASD may have many learning challenges, such as:

- Visual and auditory processing problems
- Difficulty with reading comprehension
- Memory problems
- Sensitivity to sensory input
- Attention deficits
- Problems with social behaviors
- Problems following multiple directions or rules
- Difficulty with math and abstract reasoning
- Inability to understand cause and effect
- Difficulty organizing tasks and materials

Due to auditory processing problems, these students may not respond to traditional teaching methods, such as lectures. They may act out in frustration because they do not understand what is going on. They may “melt down” due to sensory overload and may fidget a lot. They may struggle in math class.

Most do not learn from punishment because they cannot generalize rules. In addition, many have impulse control problems. Children with FASD typically lack social skills, such as listening, asking for help, waiting their turn, and sharing.

WHAT YOU NEED TO KNOW



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



SAMHSA
Fetal Alcohol Spectrum Disorders
Center for Excellence

HOW CAN WE RECOGNIZE FASD?

FASD may be difficult to spot. In fact, many students with FASD are undiagnosed or misdiagnosed. Most people with FASD do not have facial anomalies. Some have low IQs but many have normal or above-average IQs.

If a student exhibits behavior or learning problems, you might want to suggest psychoeducational testing. These tests can help identify central nervous system dysfunction. The information also can provide a foundation for a diagnosis by a physician trained in FASD. It is important to provide a supportive, nonjudgmental environment. Encourage parents to talk about possible FASD, seek a diagnosis, and share the results with the school.

HOW CAN WE HELP STUDENTS WITH FASD?

Every child is different, and much of what works with students with FASD may be learned through trial and error. Here are some general tips for working with students with FASD:

1. Use literal terms. Avoid words with double meanings, slang, and idioms (e.g., “school of hard knocks”). Do not use metaphors and similes.
2. Be consistent. Use the same words for key phrases and oral directions.
3. Repeat, repeat, repeat. You may need to reteach information multiple times.
4. Follow a routine. Routines help students with FASD know what to expect and decrease their anxiety.
5. Keep it simple. Students with FASD learn better in a simple environment with few distractions. One-on-one or small groups work best when possible.
6. Be specific. Say exactly what you mean. Give directions step by step. Break large tasks into smaller tasks. Use pictures, charts, or other visual aids. Show the student what to do.

7. Provide structure. Structure helps students with FASD make sense of their world.
8. Supervise. Students with FASD can be naive and gullible and lack social skills. They need constant supervision to develop patterns of appropriate behavior.

In addition, recognizing the underlying reason for challenging behaviors can help in developing strategies. For example:

- John does not process the passage of time. Use daily reminders, such as music, a peer mentor, or a teacher prompt.
- Susan is often overstimulated. Have her stand at the front or back of the lunch line so that she is not stuck between other students. Eating in a quiet room with a small group and an adult would help.
- Peter cannot add numbers in his head. Use manipulatives, such as blocks.

WHERE CAN I LEARN MORE?

For more information, see:

- “8 Magic Keys: Developing Successful Interventions for Students with FAS,” by Deb Evensen and Jan Lutke, fascenter.samhsa.gov/gg/fact_sheets.cfm
- Resources for Educators, depts.washington.edu/fadu
- British Columbia Ministry of Education, www.bced.gov.bc.ca/specialed/fas

REFERENCES

1. Mattson, S.N.; Schoenfeld, A.M.; and Riley, E.P. 2001. Teratogenic effects of alcohol on brain and behavior. *Alcohol Research & Health* 25(3):185–191.

REMINDER FOR TEACHERS AND PARENTS

If you're pregnant, don't drink. If you drink, don't get pregnant.

For more information, visit fascenter.samhsa.gov or call 866-STOPFAS.