

# Teaching children with FASD

By David Gerry

What your life would be like if it took three painful falls from the same tree branch—for you to learn not to climb on that branch 12 feet from the ground?

We take for granted our ability to learn from mistakes, to create better outcomes tomorrow. Psychologists call this ability Adaptive Functioning (AF). When my wife and I became foster parents, we knew nothing about prenatal alcohol exposure, nor its effects. Our child falling repeatedly from the tree was an early indicator that despite normal appearance, she was different. We subsequently learned that the inability to apply the lessons of today to leverage better outcomes tomorrow is symptomatic of FASD.

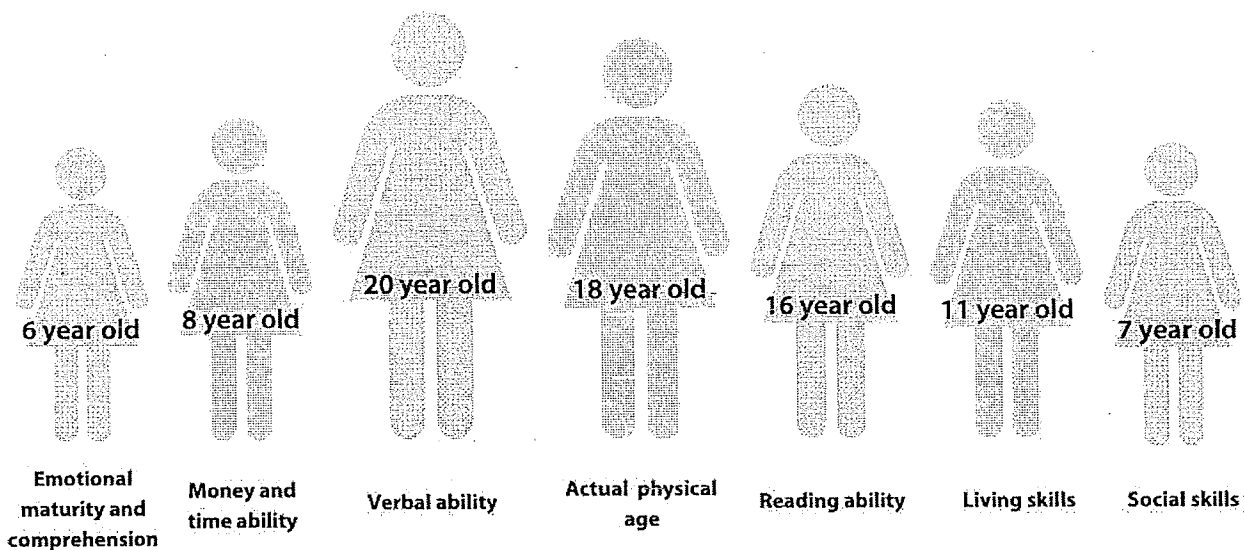
If we won the lottery and didn't

pay the rent or mortgage consistently, we would be evicted—having lots of money but not knowing how to use it effectively does not improve the quality of life. Having normal IQ but low AF is like having lots of money, but frequently facing homelessness.

Many people with FASD have IQs in the normal range but struggle to organize and achieve things that would be expected of people with their IQs. Within the general population, the difference between an individual's IQ score and their AF score is two points. The average for those with FASD is twenty-five points. This huge discrepancy has major significance in school and across the life span. An AF assessment can make distinctions between the various

aspects of a child's development (e.g. social and living skills, comprehension of abstractions like time and money). When the results of the AF assessment are used to inform the pictograph shown below, we see a very powerful demonstration of the complex and contradictory range of abilities and challenges typical of someone with FASD.

Increasingly, schools are finding they have to deal with children who seem unable to learn normally and who display challenging behaviour. Being aware of how prenatal alcohol exposure affects children can help a teacher understand their difficulties and look for relevant support. The pictograph makes it easier to see those discrepancies in development.



90% of students with FASD will often have a bewildering array of sensory sensitivities:

- For many, their sensory inputs are scrambled and they become overwhelmed with sights, sounds or smells;
- Ordinary ambient noises, (computers, heating systems etc.) can prove extremely distracting;
- Visually cluttered teaching environments can be overwhelming—the student does not know what they should pay attention to.

The discrepancy between calendar age and emotional capacity is likely to cause significant problems for the child with FASD:

- Such children may be unable to self-regulate;
- To cope with travel on school transport and a field trip may well be impossible without alternative, supported transport;
- Unstructured times like lunch break or play break can be

overstimulating and result in unacceptable behaviour.

Identifying, then eliminating or managing environmental triggers is a simple way of making your school environment more FASD inclusive/supportive. An Occupational Therapist (OT) or Physical Therapist (PT) can provide guidance and practical tips. They can suggest different types of seating options, personal space modifiers, weighted vests etc.

If it proves difficult to access the services of an OT or PT, then try to identify and avoid some of the common or hidden triggers that cause agitation or shut-down in these environmentally-sensitive students.

Once you have identified a problem, it becomes possible to look for help in resolving it. The key to success with this population is trying differently rather than harder.

*David Gerry began his applied learning in FASD as a direct result*

*of becoming a foster parent to two children with FASD. In 2000, he co-founded The FASD Community Circle – Victoria, a charity that develops programs and services for those with FASD.*

*The Circle set up the first children's multidisciplinary FASD clinic on Vancouver Island, Canada and also the first multidisciplinary FASD clinic for at-risk women.*

*He was co-chair of a comprehensive support program for pregnant and early parenting women who struggle with substance use and co-founded the international Living with FASD Summit.*

