

FASD

FINDING HOPE

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Disclaimer

Fetal Alcohol Spectrum Disorders

100% PREVENTABLE and 100% IRREVERSIBLE

1. What are Fetal Alcohol Spectrum Disorders (FASD)?

*“Mothering begins when the child is conceived, not when the child is born”
- Medical doctor*

The term Fetal Alcohol Spectrum Disorders (FASD) is used to describe a range of permanent conditions that can result from alcohol exposure of the fetus during pregnancy with Fetal Alcohol Syndrome (FAS) being the most severe condition. An embryo or fetus does not have liver function to digest alcohol like an adult and so one hour after a pregnant mother drinks alcohol, the level of alcohol in the fetal blood is higher than the mothers. A “drunken” fetus is not getting adequate oxygen and instead of growing and developing it is concentrating on survival instead. Alcohol has more devastating and longer lasting effects on children exposed prenatally than street drugs do (a study carried out in 2010 showed that children with FASD aged 9-10 years had more severe behavioral, social and emotional problems than children of the same age who had prenatal exposure to cocaine).

The condition was first given a name in 1973 by two doctors at the University of Washington, Seattle, USA. FASD is the leading cause of mental retardation in the United States today. Children with FASD are generally smaller than other children their age, have learning and behavioral problems and may look different. They may have smaller heads, may grow and mature slower than other children and may have birth defects. Facial features are mainly associated with FAS and so about 90% of children with FASD have no majorly obvious physical features of the syndrome.

There is no cure for FASD and the child will not “grow out of it”. The brain damage caused is permanent and unchanging and this damage is expressed in the form of inappropriate behavior.

The child who lives with FASD lives with the scars of another person’s poor choices.....

2. The “FASD Brain”

“Your child is more similar to other children than he is dissimilar”

- Mother of FASD child

The left side of the human brain is the side that handles facts, rules, order, thoughts, language and logic. The right side of the brain is the side that handles music, feelings, intuition and impulse. When an impulse hits the right side of the brain, a child with FASD acts first and processes the information later. This is similar to what happens to a “normal” person who drinks alcohol. After a few drinks, alcohol shuts down the left side of the brain so the person is now acting on the right side of the brain only, feeling, acting on impulse and disregarding consequences. A person with FASD can sometimes seem like a drunken person.

The human brain is far more impressionable in early life than it is in later years. This is good and bad. Good because young brains are open to learning and can benefit from good influences. Bad because young brains are more vulnerable to problems in their environment e.g. toxins like alcohol, malnutrition, abuse and abandonment which are factors often present in the life of a FASD child.

It is important to understand that learning impairment and hyperactivity are all linked to brain damage caused by alcohol and are not behavioral problems.

The brain is the organ that is most affected by alcohol before the baby is born. Alcohol damages the parts of the brain that gives us our memory, self-control, coordination and judgment. The brain of a FASD child is typically physically smaller than that of an unaffected child- see photograph below.

A child who was exposed to alcohol during pregnancy may still have brain damage even though he or she may not have the typical facial features or other birth defects that you might see with FAS. Individuals with prenatal alcohol exposure often look like everyone else. The facial differences which are attributed to FAS occur only over specific days in early pregnancy so most of the people affected by alcohol have hidden physical and neurological differences. Some of the parts of the child’s brain that are affected by alcohol include the following:

Frontal lobes – this area controls impulse and judgment

Hippocampus – this area plays an important role in memory and learning

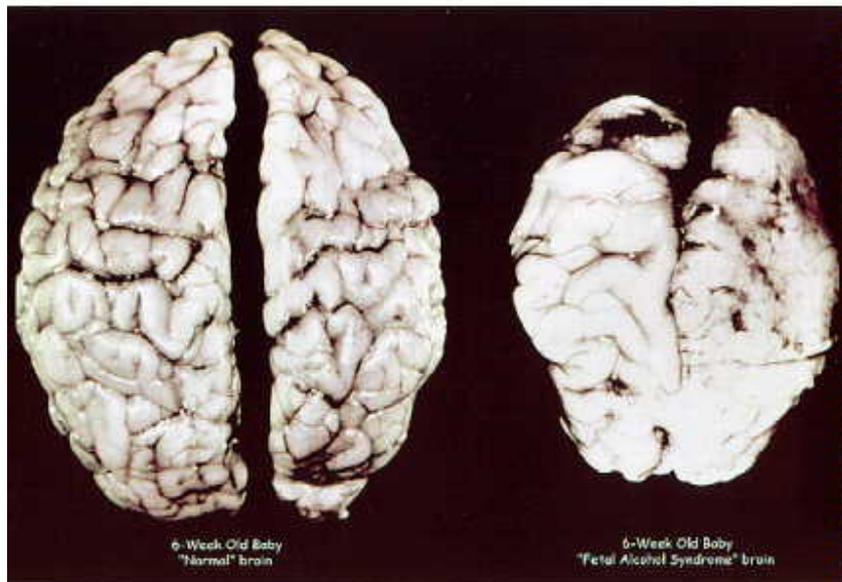
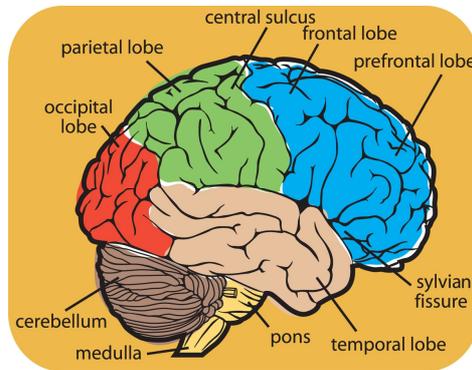
Cerebellum – this area controls movement and memory

Amygdala – this area plays a major role in recognizing faces, social behavior, personal space violations, fear, aggression and learning

Hypothalamus, Amygdala and Hippocampus – together these areas regulate emotional, social & sexual behavior and empathy

Children with FASD can also have additional health issues like kidney problems, heart defects, asthma, autistic traits, ADHD(Attention Deficit and Hyperactivity Disorder), cerebral palsy, rigidity, epilepsy, vision problems, dyslexia, adaptive esotropia (cross eyed), cleft palate, dental abnormalities, sensory integration issues, night terrors, high

pain tolerance, echolalia (repeating words without understanding), skeletal defects, auditory problems and optic nerve issues such as involuntary eye movements. A study carried out in 2010 showed that more than half of children affected by FAS tested in the study had visual impairments.



3. Will all children who are exposed to alcohol during pregnancy have Fetal Alcohol Spectrum Disorders?

The effects of drinking alcohol during pregnancy can vary widely. Some children may have little or no problems. Others may be severely affected. Since the brain is developing throughout the entire pregnancy, the fetus's brain is always vulnerable to

danger from alcohol during pregnancy. The areas that are affected depend on which areas are developing at the time the alcohol is consumed.

4. Why are some children affected more than others?

Lots of factors play a role in how alcohol will affect the fetus in the womb. One of the main factors is the amount of alcohol the mother drank while she was pregnant. As a rule, the more the mother drinks, the greater the chance that the alcohol will harm the fetus.

Another major factor is the time during the pregnancy at which the mother drank. The first trimester (the first 12 weeks) of the pregnancy is a critical period in the fetus's growth and alcohol consumption during this time can lead to problems with the formation of the brain and with the way it works.

Other factors include the mother's nutrition, the fetus itself (how strong it is genetically which can be influenced by the father's sperm) and the order of the pregnancy (first pregnancies have less damage than subsequent pregnancies).

5. What are the conditions that children may have if they are exposed to alcohol during pregnancy?

“Every person behaves differently and we must show these children that we love and care for them and not label them as problem children”

- Mother of FASD child

As discussed above Fetal Alcohol Spectrum Disorders (FASD) is the term used to describe anyone who has been affected by prenatal alcohol exposure.

Fetal Alcohol Syndrome (FAS) is the most serious outcome of the mother drinking alcohol during her pregnancy and is described in greater detail under the heading “Diagnosis”. Reports have shown the Western Cape of South Africa to have some of the highest incidences of FASD in the world. It is estimated that 60,000 to 72,000 children are born each year in South Africa suffering from FASD and 70-80 children per 1000 babies born in the Western Cape suffering from FASD. In total there are about 6 million FASD sufferers in South Africa. The historic “Dop” system (whereby workers on farms and vineyards were partially paid by wine) has now been disbanded in South Africa but it has left a legacy of frequent binge drinking of alcohol (beer, wine and spirits) which workers now purchase. A recent study with results issuing in 2007 showed that binge drinking on weekends is still the pattern that causes most FASD, especially in rural areas, and the rate had risen. There is approximately 37,000 illegal shebeens (pubs) in the Western Province alone. The study, which looked at Grade 1 children in a community in the Western Cape, found that the average number of drinks per week during pregnancy of mothers with children diagnosed with FAS was 13 and the average number of drinks per week during pregnancy of mothers with children diagnosed with Partial Fetal Alcohol Syndrome (described below) was 4.9.

Fetal Alcohol Effects (FAE) is an older term used to describe children who have some degree of brain damage, growth problems and/or other birth defects, but who do not have the distinctive facial features seen in FAS. Children who suffer from FAE are not as

obviously impaired as children diagnosed with FAS and often have normal IQs. FAE is sometimes therefore described as being less serious. Unfortunately the fact that these children look “normal” can actually cause more difficulties as they face unrealistic expectations when they cannot behave “normally” due to their brain damage. In this way FAE can be seen as an “invisible disability” which only manifests itself behaviorally.

Partial FAS is a diagnosis which can be given in cases where the child has facial anomalies and other symptoms but does not have all the signs of FAS.

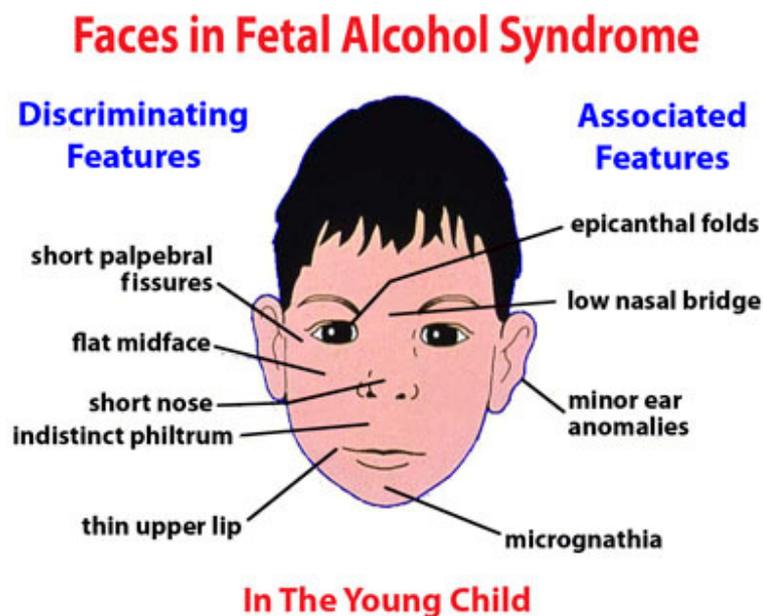
Alcohol Related Neurodevelopmental Disorder (ARND) is a diagnosis which can be given in cases where the child has behavioral problems and cognitive defects (such as speech delay and hyperactivity) caused by pre-natal alcohol exposure.

Alcohol Related Birth Defects (ARBD) is a diagnosis which can be given in cases where the child has damage to his/her organs, bones or muscles caused by pre-natal alcohol exposure.

6. Diagnosis

There is no test to diagnose a child with Fetal Alcohol Syndrome (FAS). It is estimated that in the United States of America approximately 10% of children with FASD receive a diagnosis of FAS. In order for a doctor to give someone a diagnosis of FAS, they must have all three of the following findings in a clinical examination:

- Growth problems (stunted with usually a small head); and
- Certain differences in their face (Children with FAS have small eye openings, a smooth area between the nose and lip and a thin upper lip); and
- Brain damage



Streissguth, 1994

If a person has one or two of these findings, they will not get a diagnosis of FAS. Diagnosis is most easily made between the ages of 3 and 10 years old as the facial and behavioral features are most prominent at this age.

A different combination of findings is necessary to get a diagnosis of one of the conditions under the FASD heading.

A diagnosis of FASD may be a relief for many parents as it helps to explain the academic, social and behavioral difficulties they have been encountering at home and at school. For example when a child is in a wheelchair there is no question that the child has a disability but when people do not recognize what is different about a child with an invisible disability like FASD, they may incorrectly label them as “bad, slow or hyperactive”. A diagnosis may also relieve the parents of self imposed guilt concerning bad parenting. At the same time a diagnosis of FASD may give rise to a lot of emotion. The parent may be worried about future complications and risks and overwhelmed with feelings of helplessness and panic about how they manage and plan for the future. The parent will likely have to grieve the loss of certain life goals for their child and come to terms with necessary changes in living due to the condition. There will be phases of grief, impact, denial, anger, mourning, acceptance and looking forward to the future. Getting support and learning about the condition is vital in developing a strategy to move forward.

Likewise some parents may not be able to get an accurate diagnosis of their child which can be extremely frustrating. The child’s difficult behavior continues without an explanation and people may continue to blame the parents for their parenting. An accurate diagnosis may be impossible to obtain for a number of reasons for example limited information about the child’s pre natal history particularly in adoption situations. An assessment of “suspected FAS” by a doctor may open some doors but be careful that an inaccurate diagnosis can be more damaging than no diagnosis!!!

7. Developmental Evaluation

It must be assumed that children with FASD have significant learning disabilities. As children with FASD can have delays in their physical, mental and social development, it is best for them to have professionals check their progress from time to time (“developmental evaluations”). These professionals work together in order to:

- Estimate the child’s present developmental level
- Identify the special abilities and needs of the child
- Recommend educational programs and therapeutic services to help the child learn and develop
- Help families get in touch with community services and other sources of help

It is suggested that perhaps developmental screening be done when the child attends the clinic for immunization.

8. How does alcohol affect a child’s development?

The following give an overview of the developmental problems a child with FASD may face:

Newborn (birth to 9 months)

The difficult task of caring for any newborn is multiplied when caring for an infant with FASD as these babies tend to have a very hard time during their first few months including:

- Irritable or fussy
- Feeding problems, poor suck and poor weight gain – feeding can take hours
- Highly susceptible to illness
- Super sensitive to loud noises, light, strong odors or rough clothing
- Poor bonding with caregivers
- Abnormal sleep cycles and frequent waking at night
- Low muscle tone (floppy)
- Small head size
- Under sensitive to stimulation

Toddler (9 months – 4 years)

- May not want to be held or alternatively craves physical contact
- Head banging
- Poor small muscle (fine motor) and large muscle (gross motor) skills development eg trouble with writing, buttons, zippers, shoe laces etc.
- Language delays
- Poor coordination and balance, clumsiness
- Poor memory
- Hyperactivity (can't sit still) – experienced by approximately 85% of children with FASD
- Problems adapting to new things and new situations
- Developmental delays (new skills are not learned by the expected age)
- Mental retardation (One study in the USA in 1996 found that about 25% of the children it surveyed with FAS were classified as having mental retardation, which is an IQ below 70)
- Poor hand/eye coordination
- Difficulties responding to common parenting practices
- Stubbornness
- Over friendly with strangers
- Easily distracted
- Poor growth
- Inability to understand consequences of their actions. When asked why they did something inappropriate, they often answer “I don't know”

Early School Age (4 to 12 years)

- Inappropriate social behavior
- Memory loss
- Disobedience
- Clumsy with delayed motor skill development e.g. riding a bike at a certain age
- Excessive demands for physical body contact
- Poor understanding of boundaries and personal space
- Interest in sexual exploration and inappropriate sexual acting out
- Easily influenced by others and getting into trouble by following other misbehaving children
- Learning disabilities

- Trouble getting along with others. The child may have difficulty in making and keeping friends and may often prefer to play with younger children or adults rather than with children of their own age
- Short attention span which becomes more apparent as the demands for classroom attention increase
- Impulsivity (acting before thinking)
- Problems talking and listening
- Hearing problems
- Emotional with big mood swings and frequent temper tantrums- roller coaster type emotions
- Finds it hard to explain feelings and emotions
- Longer time to complete tasks
- Poor maths skills (an abstract concept)
- Difficulty with abstract concepts of time and money
- Poor social adaptation skills e.g. unable to share or wait for their turn
- Inability to link words to actions
- Difficulty learning from consequences including an inability to predict the consequences of their behavior, good or bad
- Chatty without substance
- Over friendly and highly social. This friendly social manner often masks the seriousness of the problem
- Unable to comprehend danger
- Does not respond well to verbal warnings
- Does not respond well to changes and prefers routines
- Difficulty distinguishing between fantasy and reality e.g. a question like “what did you do this weekend?” might get an answer like “we flew to Disneyland in my mother’s airplane”.
- Poor personal boundaries
- Poor at perceiving patterns
- Poor handwriting
- Poor verbal self regulation
- Needs to talk to self out loud and needs feedback
- Interrupts when others are speaking – they feel that if they do not say what they want immediately they will forget what it is they want to say, hence the urgency
- Apparent lack of remorse
- Disinterest in food
- Disrupted sleep continues
- More interested in people than objects
- Flits from one thing to another
- Inability to transfer learning from one situation to another and to learn from experience
- Information is learned, retained for a while and then lost – this poor performance of “learned” tasks may appear deliberate
- When their senses are flooded with information they cannot process, they can become overwhelmed and may react with anger, aggression or tantrums

Typical 5 year olds:

- go to school
- follow 3 instructions
- interact
- share
- take turns

Typical 5 year olds with FASD:

- take naps
- follow 1 instruction
- sits still only for 5/10 minutes
- “help Mommy”
- very active

Typical 10 year olds:

- solve problems
- academic and social
- get along with others

Typical 10 year olds with FASD:

- learns only by doing
- easily tired by mental work
- needs supervised play

Adolescent and Adult (12 years and older)

- Poor judgment
- Awareness of being different becomes a problem
- In school the child continues to fall farther and farther behind their classmates
- Memory problems (poor long-term and short-term memory)
- Poor problem-solving abilities
- Trouble with applying knowledge and higher thinking
- Problem understanding why something happened (cause and effect)
- Passive response when asked to do a task
- “Me” centered
- Poor motivation
- Low self esteem
- Cheating
- Lying
- Lack of control over emotions
- Difficulty managing money
- Stealing with no sign of remorse. To them they are just borrowing something that no one is using at that time
- Poor anger management
- Confusion under pressure
- Social isolation
- Lacks concept of time
- High level of frustration
- Inappropriate “showing off”
- Withdrawal and isolation or alternatively wanting to be the centre of attention
- Inability to weigh pros and cons when making decisions
- Math can often be more difficult than reading because of poor memory and difficulty with basic problem solving
- Often misjudged as being lazy, stubborn and unwilling to learn
- Absence of logic
- Difficulty showing remorse or taking responsibility for actions
- Frequently behaves in ways that place him/her or others at risk
- Communication problems eg unable to listen to a story for 5 minutes or longer or to relate to an experience
- Talking too much but having little to say
- Misinterprets social cues e.g. interpret any attention from a peer as “true love”

- No concept of others personal boundaries

Typical 18 year olds:

- on the verge of independence
- maintains a job
- budgets own money
- organised
- has a plan for their life

Typical 18 year olds with FASD:

- need structure and guidance
- little thought for the future
- get an allowance
- needs help of adults to organize
- gets frustrated

Not every child who is exposed to alcohol during pregnancy will have all of the problems listed above. Every child with FASD is different and has his or her own potential for succeeding in life.

9. What problems can individuals with FASD have as they get older?

The effects of prenatal alcohol exposure last throughout life. Individuals with FAS may “outgrow” some of the facial features that go with FAS and may put on weight as they get older, but they will continue to have learning and behavioral/social problems. The price of independence is responsibility which means buying groceries and managing a budget which can often be challenging for FASD sufferers. Caregivers are often worried about how their children will manage when they are no longer able to keep an eye on them.

Approximately 85% of children with FASD are being raised by people other than their birth parents (another interesting related statistic is that about 9 million children in South Africa have absent fathers). A study carried out in 2010 in Finland showed that compared with children taken into custody at birth, children with FASD who had lived with their biological parents had faced more traumatic experiences, had more placements and were placed at an older age into long term foster family care. They were reported to have more social-emotional problems and to be more difficult to foster. Concentration and hyperactivity problems were also more severe. In addition the children who had lived with their biological parents showed multiple and serious behaviors and attachment problems and developmental delays in the beginning and during the placement. In summary, the study shows that traumatic experiences in the first few years of life during the rapid brain development form a major risk of the later development of children with FASD.

Studies show that children with FASD are more likely to have mental health problems and trouble in school and with the law. They are more likely to have poor judgment regarding sexual behaviors and to abuse alcohol and illegal drugs. It is important to note that early intervention and a loving, structured home can lessen the chance of a child with FASD developing some of the secondary disabilities listed below which can come about from failure to properly deal with the primary disability.

Mental Health Issues

Attention Deficit Hyperactivity Disorder (ADHD) is the most common mental health issue for children and adolescents with FASD. Other mental health problems that are often seen include clinical depression (the most prevalent

diagnosis amongst adults with FASD), suicidal thinking, anxiety (panic attacks), eating disorders, hallucinations and schizophrenia. Some sufferers of FASD lash out at themselves instead of others with suicide being the most devastating expression of violence against self – a significant proportion of adults with FASD have attempted suicide. These conditions often require treatment by a doctor or other healthcare worker. It is very important for parents and caregivers to be familiar with the warning signs of these mental health problems. Counseling can be very helpful for young adults with FASD to give them an outlet to discuss their problems.

Leaving School

Children with FASD are often seen as disruptive, disrespectful and disobedient in the school environment. These problems occur more frequently among teens with FASD than among younger children. Younger children with FASD, as well as teens, tend to have problems with behavior and with completing their schoolwork. These problems can cause feelings of failure, low self esteem and lack of drive, which can lead to a desire to drop out of school. Being suspended or expelled from school and dropping out of school are common.

Trouble with the law

Individuals with FASD tend to act before they think, and with poor judgment, they often have trouble obeying the law. One third of South African prisoners are aged 18-25 whereas this age group only accounts for 15% of the total population. FASD sufferers have problems understanding the consequences of their actions and generalizing from one situation to another. People with FASD may be easily led and manipulated by others. Being too trusting of people, including strangers, can make them scapegoats in a group.

To help caregivers manage their way through the juvenile justice system bear in mind the following:

Runaway - If the child runs away call the police immediately. Call everyone the child knows including their social worker, if they have one. Don't leave your phone unattended. Search your teen's room for credit cards and phone records for clues. Take care of yourself as the stress can be overwhelming.

When the teen returns home be welcoming and allow some time for everyone to settle in. Try to avoid confrontation. Talk to your teen and try to prevent a repeat runaway and seek help if needed.

Police- Teach your child how to deal appropriately with security and police officers. This may help them when an experience occurs. The child should be taught to be polite, calm and respectful. They should never run away and keep their hands where they can be seen. They should write down everything they remember like the police officer's name, witnesses etc. They should know never to touch an officer. If they are arrested they are entitled to ask for a lawyer and should not make any statements without a lawyer present.

If as a parent you have to take a trip to a police station remember to be polite and make no attacks on the police or the teen. Get the facts in a calm manner. If the child is in social care call their social worker.

Inappropriate Sexual Behavior

Inappropriate sexual behaviors (behaviors that show poor judgment) shown by individuals with FASD include unwanted sexual touching, sexual advances and having numerous sexual partners. This often results in unwanted pregnancies / STD's / AIDS / rape / sexual molestation/prostitution. A report from the Centre for Public Health in the UK in June 2011 showed that there were much higher alcohol related hospital admissions in areas with higher teen pregnancies and STD rates and so the link between alcohol abuse and inappropriate sexual behaviours is a close one.

50,000 South African school girls got pregnant in 2007 a 15% rise since 2003 !

Alcohol and Drug Problems

Many individuals with FASD can end up themselves abusing alcohol and drugs. To understand this addiction you must look to the 'midbrain' which controls our five basic drives of hunger, thirst, flight or fight response, sex and pain regulation. In the addict it is believed that a sixth function, "addiction", occurs. This sixth function eventually grows so powerful that it eclipses all the other drives and pushes the individual towards getting drunk, engaging in inappropriate behavior etc. Alcohol itself represents a particular problem to the FASD child who comes from a family with a history of alcoholism and so this child has a predisposition to alcoholism.

Prevention Strategies

It is important to remember however that the above problems are of a secondary nature and so can be prevented or lessened with early recognition and appropriate support services.

Some strategies that might help are as follows:

- Offer him/her options to choose to assist in making decisions
- Involve others in his/her life such as a spouse, roommate or friend and ask them to take on duties such as mentoring, life skills, basic hygiene instruction and wake up calls
- Find a surrogate parent/guardian to help him/her feel more comfortable with his/her future as the caregiver ages
- Help him/her to explain FASD to the people in his/her life
- Make a will or trust fund to safeguard him/her financially in the future
- Help him/her manage his/her money and pay bills
- Buy a phone card which he/she can always use to call you if he/she runs out of money
- Explore possible living arrangements with him/her such as assisted living
- Try to get on all housing lists for adults with disabilities
- Enroll him/her in social or sports clubs for people with disabilities
- Avail of counseling

- Avail of medication if your doctor thinks it would improve his/her life
- Connect him/her to employment agencies for people with disabilities
- Continue to attend appointments and even job interviews with him/her
- Help him/her to find a job which has low noise, is accessible, has consistent routines and a small number of people in the immediate work group. The job should also have frequent short breaks

FASD is a lifetime disability which will always surface in the absence of consistent support. Caregivers need to be able to provide the level of supervision that is needed without taking away everything that could be fun in the person's life.

10. Common misconceptions about FASD

“Remember that each person we love changes us in some way”

- Parent of FASD child

There are several widespread misconceptions that can be detrimental to understanding FASD. Some statements that are assumed to be true are in fact common misconceptions:

MYTH – PEOPLE WITH FASD ALWAYS HAVE MENTAL RETARDATION

Not all people with FASD have mental retardation. In fact it is common for an individual with FASD to have an IQ score within the normal range.

MYTH – PEOPLE WITH FASD ARE UNCARING, IRRESPONSIBLE OR INAPPROPRIATE

People with FASD want desperately to be accepted but simply have difficulty understanding a complex world. Repeated experience of failing can often make them reluctant to meet new challenges. With new learning strategies and techniques children with FASD can work around these problems.

MYTH – CHILDREN EVENTUALLY OUTGROW FASD

There is no cure for FASD. The effects of prenatal alcohol exposure are life-long and cannot be corrected. However, the effects of prenatal alcohol exposure can be lessened when the symptoms of FASD are recognized early and the child receives the appropriate care.

11. Positive characteristics of people with FASD

It is important to remember that behavior associated with FASD may also serve as the person's strengths. Some positives may include the following:

Creative such as artistic or musical (playing instruments, singing or composing)
 Perseverance in the form of willing, energetic and committed hard workers
 Friendly, trusting and loyal
 Loving, kind and affectionate
 Good at computers, mechanics, woodwork and skilled work e.g. electrician
 Concerned and sensitive
 Loves children and animals
 Highly verbal and sociable
 Spontaneous with lots of energy

Curious and questioning with a sense of wonder
Rich fantasy life which can develop into poetry, writing and being a wonderful story teller
Great sense of humor
Tactile and cuddly
Enjoys gardening
Moral and fair
Determined and committed

12. Can adults with FASD live on their own?

As adults with FASD have trouble understanding the concepts of time and money and have poor judgment, it is more difficult for them to keep a job and live on their own. Approximately 80% of people with FASD are not able to live on their own and are not able to find or keep a job. However, many individuals with FASD are able to learn a skill or trade that will allow them to work with someone watching over them, allowing them to be important and contributing members of the community. Likewise, some adults with FASD can feel a sense of freedom from their families by living in group homes that offer support for individuals with special needs.

13. What types of jobs do some adults with FASD have?

Unfortunately the statistics relating to FASD and employment prospects can be quite daunting :-

About 1 in 3 young people with FASD cannot find a job.

At least one third of 15-24 year olds with FASD are neither in education, employment or training

People with FASD may have more success finding and keeping jobs if they attend a vocational school in which they learn a specific trade. Adults with FASD do best in jobs where there is hands-on training or apprenticeship experience e.g. electrician, carpenter, plumber, mechanic or farmer. Empathy and understanding particularly with young children can make them suited to working with children. Some FASD sufferers have found success in the military where the rules are very clear and the environment is extremely structured.

People with FASD have become responsible parents themselves and many run their own successful businesses.

It is important to remember that individuals with FASD do have special needs that will impact their lives. However, these individuals can have very successful and fulfilling lives if they are given the chance to show the world what they have to offer and are allowed to grow to their fullest potential.

14. How can I help my child reach his/her potential?

“The sad reality is that FASD controls our children’s lives and our lives as parents but we cannot let it ruin our lives. Our children are unpredictable and erratic but we must try to smile more times than we cry”

- Adoptive mother of FASD child

Every child with FASD is unique with different abilities. All children with FASD have the potential to live a fulfilling and meaningful life despite the challenges they face on a daily basis. However, these children will need extra help from you and others involved in their care in order for them to reach their potential. There is no single “right” way to parent a child with FASD. Each child is unique. Parents play an important part because they are their child’s primary supporter in the school system, the healthcare system, the community and the outside world. Other people involved in the care of a child with FASD can also provide support such as teachers, doctors and family friends. There is no doubt that caring for and advocating for an individual with FASD takes a lot of work, but it is well worth the effort.

It can also be extremely helpful to have the child assessed by a Neurodevelopmentalist who is a doctor with expertise in analysing the human brain. The Neurodevelopmentalist can do his/her assessment on many levels such as:

Emotional/Academic – where on the developmental scale is the child?

Visual – can the child look and understand what he/ she sees rather than just being able to see? (Alcohol has a major effect on the development of the child’s visual system)

Auditory – does the child make sense of what he/she hears?

Body integration – can the child move in many directions?

Language – what is the child’s listening level and can the child communicate?

Memory – what is the child’s short term and long term memory like?

Time, sequence, organization- how is the child’s skills in these areas which are needed for classroom work?

Following on from this the Neurodevelopmentalist may then be able to design programs and refer the child on for other helpful therapies.

Caring for children with FASD is not easy but there have been plenty cases of families whose children have flourished and thrived particularly when early intervention has been used. Increased awareness of FASD has led to a better understanding of the brain damage caused by alcohol and this has allowed professionals to change their perception of the children and to see them as individuals in need of help. The treatment approach is therefore changing from one of punishment to one of support and this in turn has led to the development of more effective parenting and teaching techniques and the setting of more realistic goals and expectations for the child.

Individuals with FASD need caregivers that:

- Create a loving, nurturing, ordered and stable setting for them to live in
- Help them to get the medical and support services that they need
- Understand and support their special needs
- Help them to see their own strengths and know their limits
- Teach others about their special needs
- Accept them as they are – encourage them but do not demand growth
- Give them unconditional love and believe in them
- Never allow violence or abuse to be experienced in the home
- Ask the people who interact with them, like family members, teachers etc, to change their behavior thus resulting in the child’s behavior improving
- Put in place a routine and stick to it

FASD children have “good” days and “bad” days so do not expect compliance today because you had it yesterday – always have a fall back plan!!!

15. Self Esteem

Children with FASD often suffer from low self esteem and don't think very highly of themselves. As a caregiver you must try to build their self esteem and make them feel happy and confident about themselves. Some tips to do this are as follows:

- show them that you like them by smiling and hugging them
- help them to learn responsibility by getting them to complete tasks
- set aside some time each day to spend with each of your children individually
- help them to develop organizational skills by providing different spaces for toys, books, schoolwork etc
- encourage their independence
- get to know their teachers
- do not embarrass by yelling at them in public
- allow them to express their feelings
- do not set your expectations so high that the child will not even try as he/she knows he/she will fail
- encourage them to be proud of his/her name, ideas and work
- give recognition for effort even though it does not meet expectations
- answer your child's questions openly and honestly and immediately if possible
- involve the child in decision making
- point out unique qualities in your child that makes him/her special
- do not compare one child to another

16. What can the caregivers of a FASD child do to look after their own well being?

“The social worker handed her to us one sunny morning in the hospital ward. She was wrapped in a soft pink blanket and had soft black curly hair. She said ‘Her mother had some problems, But the baby should be fine...’”

- Adoptive mother of a child with FASD

Statistics show that maybe as many as 85% of children with FASD are being raised by people other than their birth parents. Often children with FASD come from unstable families and may be at greater risk of physical abuse, sexual abuse or neglect.

In cases where the child is being cared for by the birth mother, the birth mother will often feel guilty or feel blame is being put on her by society even when she did not intend to hurt the child.

For foster parents, frustration and unresolved anger can often be directed towards the birth mother for exposing the child to alcohol before birth.

For adoptive parents there is often grief over the loss of dreams a parent had for a healthy typical child.

Common to all caregivers is grief and a deep fear of the future. Outwardly there is a great deal of anger against the child, the birth parents, the system and alcohol itself. If fear and anger are not allowed to surface it can give rise to great sadness and depression. Most caregivers will cycle through all of these feelings over and over and sometimes these result in fallout for all the family. Caregivers often develop serious health problems over the years. It is important for caregivers to take care of themselves also. The better you treat yourself, the more enthusiasm you will have for your child. Often caregivers of FASD children feel alone and isolated. The important thing to remember is that you are not alone and there are tens of thousands of parents who are facing the same challenges so follow some simple guidelines to help look after your own well being:-

- **Food** – maintain a prudent balanced diet
- **Alcohol** – drink in moderation, remembering that alcohol caused your child’s condition
- **Calming** – when you get frustrated try stopping, take deep breaths, relax your face by smiling and take a step away from the source of your anger. Try to identify the hurt feelings underneath the anger and think about what else you can do to take the edge off your anger e.g. have a bath, lie down, yoga, go for a walk. Learn breathing exercises to help you relax
- **Smoking** – try to quit and avoid second hand smoke
- **“Me” Time** – make arrangements to have some time off each week for you. Trade babysitting with other families or use a babysitter who is well versed on what to expect from your child (see “Additional caregivers”). Look into respite care with your social worker and take breaks away from the child. Investigate overnight or weekend camps for children with disabilities. Take at least two 15 minutes breaks during the day whenever you can to be on your own with no phone calls, children or child interruptions. Make sure during this time you make efforts to smile or laugh. Laughing drops your blood pressure and releases tension and has the advantage of being a free therapy that can be done anywhere☺. Spend quality time with your spouse/partner and other children. Get involved in community activities and enjoy time away from your child
- **Faith**- if you are religious, seek comfort in prayer. Ask for the things you need in your daily life such as patience, guidance and peace
- **Hobbies** – take up a hobby that you like even if you can only do it in small blocks of time e.g. play music, gardening, jogging, yoga
- **Stress** – minimize stress through daily exercise, meditation/prayer, laughing, sharing, supporting and sleeping well
- **Sharing** – take turns with the child if you have a partner
- **Sleep** – learn to rest when your child is napping or arrange for someone to take over so you can rest
- **Light**- get some sunshine and on winter days place a seat by a window with sunlight
- **Exercise** – this is important to give you some time to yourself and to help you relax
- **Good memories** – keep a favorite photo of your child on a blank sheet on the wall in your bedroom. Around it write all the things you love about the child. When angry and frustrated, go look at that photo and the words you have written

- to remind yourself that although you don't like the child's behavior at that time, you still love lots of things about him/her
- **Personal space** – personal space and boundaries are hard for FASD children to understand. Make the child aware of his/her body. Letting him/her have his/her own private space helps the child to respect your need for personal space
 - **Positivism** – laugh when you can and let the crisis pass – LET GO!!
 - **Support** – Seek out other families coping with FASD and so have friends to talk to. This has the dual effect of providing you with support and also giving you the chance to learn from others. Ask friends and families for help. Join a local FASD support group or special group of foster parents or make use of internet support groups. If no such group is available in your area, you might consider forming your own group. Limit time with people who are unsympathetic or unsupportive
 - **Information** – Attend conference and workshops on FASD which provide a great opportunity to meet people in similar situations. Keep a list of people who understand FASD and each time you meet a new person add their name to the list. Check out online discussion groups on the internet or get access to FASD related newsletter that can be mailed to your house
 - **Expectations** – make sure these are reasonable. You cannot do everything for your child. You can help them but there are some things you cannot control so HANG IN THERE!! Don't take your child's behavior personally. It is important to see your child's behavior as a symptom of FASD not a reflection of you as a parent. Do your best but don't try to be perfect. The list of parenting tips might seem overwhelming. You don't need to do everything – pick the things that work for you child and family and just do these

You need to be around for years to come to ensure your child receives the love and quality care they deserve. Your child depends on you so building a support structure can help you feel more successful in meeting your child's special needs.

Although easier said than done, try to make your family become strong and united because of FASD rather than divided and falling apart. There are many wonderful people with FASD who are surviving and living fruitful lives despite their disability. These people are parents, business owners, restaurateurs and service people who have been successful in living full lives despite their disability.

You must encourage your child to believe they are not alone and to believe in their abilities and not let their differences hold them back.

REMEMBER YOU ARE A SUPER CAREGIVER - YOU ARE JUST SOMETIMES TOO TIRED TO NOTICE IT!!

17. Surroundings

Sometimes it helps to change the child's environment rather than trying to change the child him/herself. This may mean changing the physical surroundings to minimize chaos.

- Jerking of limbs when withdrawing from alcohol can be eased by stroking and wrapping tightly in a blanket
- Holding a young baby with his/her back against your side and hanging over your arm can soothe a baby
- Create an environment that is calm and soothing, consistent and predictable

- Reduce stimuli (light, sound, toys, noise, color ,crowds)
- Calming music is preferable to loud music. A slow temp of one beat per second can help with memory and learning and studies have shown that high frequency nature sounds have been shown to stimulate electrical brain activity
- Use low and recessed lighting rather than fluorescent lighting
- Calm colored walls, avoid busy patterned wallpaper and limit number of objects and toys in the room
- Safety proof the house
- Avoid clutter and keep things in labeled boxes. Clean up constantly!!
- Fire extinguishers are recommended in the kitchen
- Designate a calm cozy comfortable place for “quiet time” where the child can go when they are overwhelmed. Make it clear that “quiet time” is not a punishment

18. Speech and Language

Learning to communicate with a child with FASD can be challenging and takes plenty of practice and patience.

- Use a calm voice
- Begin all conversations with the child’s name and make eye contact
- Be specific in your instructions e.g. “hang your coat on the hanger” rather than “put your coat away”
- Teach through repetition
- Read out loud, sing songs, listen to tapes
- Use more than one form of communication – i.e. words, pictures, signs
- Use “language” toys to teach communication
- Avoid use of idioms such as “save your breath”
- Avoid sarcasm
- Avoid use of names such as wise guy, buddy
- Keep it short and sweet – use short concise sentences, one verb per instruction e.g. “let’s pack away the toys” and not “oh my angel, be a darling and help me pack all the toys in the blue toy chest over there next to the couch”. Try the “6 words or less” rule. Keep it short and sweet (KISS).

FASD children may not have adequate verbal language skills to tell what they know but may be able to draw, role play or gesture information so:

- (i) provide clues such as “do you mean _ or _?”
- (ii) give the first word of an answer as a prompt
- (iii) allow them to explain things in a different way if they cannot recall the word e.g. a child may not recall the word “sharing” but can describe that it is when they give a toy to another child to play with
- (iv) encourage the child to visualize information e.g. close eyes and picture the image

Be warned that even though children with FASD often have high functioning verbal skills, (even better than their peers) don’t be misled into thinking that the child will in time catch up with and be equal to his/her peers.

19. Eating

Eating problems are common for FASD children and babies with FASD can often be fussy eaters with low weight gain.

- An infant may be encouraged to suckling by gently tapping the mouth. Preemie nipples on bottles can also be useful. Try nipples with different shapes until you find the one that works well
- For young babies, hold the baby for all feeds
- Swaddle an infant during feeding
- A dummy might encourage a baby to suck and also helps calm them
- Avoid stimulation during feedings and meal times such as phone, radio, television, loud noises or any activities
- Children with FASD are often hungry and need to eat frequent snacks throughout the day
- Give smaller meals more regularly
- Learn which foods are too smooth or too rough
- Serve the food lukewarm or cool. Avoid very hot or cold foods
- Use a simple table setting
- Allow ample time to eat
- Follow routine schedule for meal times
- Avoid spicy foods for young children if they react to strong flavors
- FASD children may be sloppy eaters and have sensitive gag reflexes
- Using knives and forks may be a problem so allow the child to use fingers or a spoon
- Use the same dishes for the child at every meal; give them a specific seat preferable at the end of the table away from others' elbows and away from a child that he/she fights with. Consider having the same meals on the same days so children learn to know the day of the week
- Serve the FASD child first if they have problems waiting to be served
- Do not put dessert on the table until after dinner
- Work on a table manner one at a time. Introduce a new manner only when the previous one has been learned and used for a time
- Meal time can be difficult for older children given their problems with impulse control and the dinner table with plates, food etc has a lot of temptation. Try allowing the child to serve which gives them an excuse to get up and do something physical 3 or 4 times during the meal and gives them a part to play. A reward can be given for serving well. If the child shows unacceptable behavior during serving, he/she can be "fired" and another child takes his/her place and gets the reward. If the child has to leave the table before dessert because of inappropriate behavior, then they miss dessert
- Avoid fast food places at peak time and instead look for quieter places with minimal noise

20. Diet

Diet can play an important role in the life of a child with FASD and eating the right foods has shown to bring about major improvements in the child's behavior. Teachers will tell you that the worst days for children's behavior are the days after Halloween, Easter and Christmas. The child may go through a few difficult days as part of withdrawal but

improvement in their behavior is usually seen within a few days to a week. It is important to stick to any of the diets 100% to see results.

- Maintain a general healthy diet – avoid food additives, preservatives, fast food and food coloring particularly red coloring agents and increase fluid intake. Processed food should be reduced and increase fresh vegetables and fruit. It might be useful to try an additive-free diet for about a week and then try adding one potential troublesome food at a time to see what does and does not affect the child. Check with your doctor about what nutritional supplements would help your child. Many parents have found a vast improvement in their child’s behavior when they removed the following foods from their diet – wheat, dairy, caffeine, MSG, sugar; preservatives, dyes and corn products
- Give one a day vitamins (without any artificial coloring added) as children with FASD may have nutritional deficiencies even if they have a healthy diet. Some recent studies have shown that supplementation with a B vitamin, choline, may be a promising treatment for some of the neurobehavioral impairments associated with FASD (subject of course to a doctor’s pre-approval)
- Many FASD groups recommend the “Feingold Diet” which eliminates all artificial coloring, flavoring and specific preservatives from the child’s diet
- Remove gluten (a protein found in wheat, rye, oats, barley, wheat starch and food starch) from the child’s diet. Gluten can cause cramps and poor absorption of nutrients from food. Use substitutes like gluten free pasta and breads. Celiac websites are great sources of recipes and information on gluten free foods
- Limit dairy products in the child’s diet (e.g. ice cream, cheese, butter) and in particular milk which contains casein, a protein found in milk, which can cause problems for children with FASD. By removing dairy products you are slowly removing calcium from the child’s diet so you may need to use milk substitutes made from soy, rice or potato. You can also introduce other sources of calcium through orange juice or multivitamins
- Try to remove as much as possible sugar from the child’s diet which can add to hyperactivity. Try to get the child to derive sugar from more natural sources like fruit but even that should be limited
- As well as FASD causing brain damage, it can also cause damage to the child’s digestive tract and this can be seen through reflux, stomach pains, diarrhea etc. It is better therefore to make the food easily digestible. This can be done by reducing fiber and cooking foods rather than eating them raw. Avoid spices like cayenne pepper which can irritate intestines. Spices such as ginger, cumin and turmeric can however improve digestion
- Have the child drink plenty of water through the day (ideally about 6 cups a day e.g. one in morning, one in afternoon, one in the evening and one at each of the 3 meals). If enough fluid is not taken in it can cause irritable behavior. Once the child complains of being thirsty, he/she has already been dehydrated for a period of time
- Eliminate or minimize foods sprayed with pesticides or are highly processed
- Eliminate or minimize the use of chemical household cleaners
- Avoid aluminum foil
- Eat natural foods rather than processed foods. Eat plenty fresh fruit and vegetables which contain vitamin A, C and E. Oranges, red peppers, spinach and bananas are particularly beneficial to the health of the brain and memory as they mop up chemicals known as “free radicals” which can cause cell damage

- Replace bad oils like vegetable oil with more healthy oils like olive oil
- Eliminate caffeine products like coffee, cola and chocolate
- Eliminate trans-fat or hydrogenated fat which is manmade and found mainly in margarine, boxed cakes, salad dressings, potato chips, microwave popcorn, TV dinners, doughnuts, mayonnaise, cookies, certain oils and many processed foods
- Omega 3 helps improve general brain functioning and restore memory. Supplements are available and naturally it can be found in oily fish (salmon, mackerel, tuna, and sardines), flax oil and walnuts

21. Sleeping

Children with FASD often have erratic sleep patterns and tend to sleep for short periods both day and night which can be exhausting for parents.

- Swaddle or use a snug carrier for younger babies/children
- When the baby starts to wake up gently rock the bed or rub the infant's back to ease them back to sleep
- The baby may be soothed by sucking on a dummy or thumb but do not put sugar on it or allow the baby to sleep with any bottles the contents of which can cause tooth decay
- Gentle motion like walking, prams, baby swing or car ride might help to soothe the baby
- Have a consistent bedtime and bedtime routine even during weekends and holidays. Use a calming routine before bedtime e.g. pick up toys, brush teeth, get hugs, read story. Start this an hour before bedtime and use an egg timer so they can see how much time they have left before lights out. Do not argue during this routine which can delay bedtime. If you need to use consequences for problems during this time, do not use "time out" which can prolong bedtime but use an incentive alternative like a points system for behaving which results in a reward next day or at the end of the week
- A quiet dark room for sleeping works best but if the child wishes to leave one light on in the room
- Make sure your child gets enough sleep. You can't force your child to sleep but you can use eye shields, thick curtains etc to create a sleep friendly environment
- If they wish allow the child have on calm music which can be calming and allows them to relax and sleep
- Every time the child gets out of bed repeat the same identical words like a broken record e.g. "this is your bed and this is where you must sleep"
- Snug bedclothes can be helpful
- Encourage the habit of having the child sleep in their own bed – generally parents find that it does get easier as the child gets older!!
- Develop a list of acceptable bedtime activities – activities to do before bedtime and if the child wakes up during the night
- Use a fan or soft music to settle child down and drown out background noises
- Remove stimuli from the bedroom, including busy wallpaper and bright colors. Keep furnishings in the child's bedroom to a minimum
- Avoid naps for older children
- Accept that the child might not require as much sleep as typical children
- Avoid unnecessary visits and visitors near bedtime

- Adding a cup of Epsom salts to a warm bath of water can be calming. Shower off after bathing

22. Dressing

Dressing for a child with FASD can be difficult given their issues with gross/fine motor skills and with their lack of organizational skills.

- If the child can't choose clothing, put entire outfits together on a hanger and teach the child to put clothes on in the same order
- Try Velcro instead of buttons. If you use buttons, button from the bottom to top
- Keep outer clothes in the same place in front hall closet with a hook at the child's level and with their name on
- If your child wears glasses, have two pairs and keep one at school
- Keep all toothbrushes, combs etc together in a container with their name on

23. Toilet Training

It is common for the child with FASD to be still having issues around toilet training at age 6 or even later. The less concern about this the better. Quite often the message does not get from the body to the brain in time to act. Avoid punishment for accidents no matter how old the child is. When the brain development progresses, there will be progress!!

24. Shopping

Parents often find grocery shopping with their FASD children to be a difficult task which they avoid. Some tips that might make a trip to the shops less of a nightmare include:

- Give the child a job to do in the supermarket like match pictures to the items, push the trolley etc
- Ignore inappropriate behavior unless it is dangerous, destructive or a bother to others
- Remove child to a private place to discuss misbehavior
- Play a game with the child e.g. pick out colors in the store
- Discuss rules before entering the store
- Bring a healthy snack for the child to eat during the shopping
- Bring a book for the child to look at
- Don't let the child out of your sight
- Praise good behavior
- Bring favorite toy, blanket etc to help make the child secure
- Don't bring the child if he/she is tired or hungry
- Sing songs with the child
- Give the child something of yours to play with e.g. keys
- Tell your child you will leave him/her at home next time if they misbehave and then do that.
- Don't buy the child a treat from the shop where he/she threw a fit
- Take an older child to help you

25. Sensory and Sensitivity

Most children with FASD are hypersensitive to noises, touch, bright lights, hot and cold and can be easily over stimulated.

- Speak softly and hold FASD babies gently and don't rush when picking them up
- Do not expose a FASD baby to environmental irritants like tobacco smoke
- Choose clothes that are loose, soft and don't over stimulate their sense of touch. Avoid elastic, ties under the chin, stiff labels, jean seams and stiff shoes. To avoid this problem remove tags and wash all clothes two or three times before wearing
- Use sunglasses to reduce glare
- Avoid crowded places
- Use soft play dough so the child can feel and play
- Use routine calming techniques when the child is over stimulated e.g. sitting in rocker or hammock, listening to quiet music through headphones etc.
- Sometimes situations that other children love can be over stimulating for children with FASD e.g. circus, cinema, restaurant. Try using aspects of these things to help the child integrate into every day life for example go to the shopping centre early in the morning when it is less crowded, go to the museum but just to see the dinosaurs, go to the restaurant just for dessert. For the child's birthday have a simple and organized party perhaps picking their favorite dinner. Don't wrap their presents as the energy of the surprise might be too hard for them to handle

A professional skilled in sensory integration can recommend techniques specific to each child. Children with hypersensitivity may have difficulty in concentrating in their environment and may benefit from the following:

Touch

Issues

Clothing – stiff tags, stiff clothes (e.g. jeans), seams, ties under chin, new shoes, wool, synthetic fibers, pants legs rubbing off each other and patterned materials

Sense of touch– cheap paper (e.g. newspaper) people touching them by accident, sweat on their body, entering water, temperatures too hot/or cold

Touch behaviors – doesn't want to go bare foot, avoids certain textured food, nail biting, excessive touching of people or objects, trouble holding items (e.g. cutlery, scissors)

Ideas

Toys – play with lego or blocks, color on rough paper, finger paint with paint

Kitchen play – play with cake dough, eat snacks with different textures

Water play – play with bubbles, wash hands with soap

Outside – play with sand, draw with chalk, walk barefoot, feel natural objects (e.g. sticks, feathers, pine cones)

Visual

Issues

Difficulties with fluorescent lights, car lights, signage, flickering lights, strong contrasting colors, patterns

Behaviors

Problems with puzzles, letter/number spacing, uses finger to track words, problems with steps and curbs, unable to follow moving objects or moving people (e.g. teacher in class), cannot cross midline, problem with sports, issues with reading and writing, difficulty in copying from blackboards/books

Ideas

Play balloon volleyball, dance, do “dot to dot”/maze/hidden picture and puzzles, trace letters/ numbers on skin, blow bubbles, suck through a straw, draw circles on blackboard using both hands, do bead work, play skipping

Sound

Issues

Issues with high pitched sounds, background noise, intercoms, unexpected loud sounds, reading, unable to filter out sounds and always talking

Ideas

Play musical instruments, jump and sing together, dance to music, play musical chairs

Balance

Issues

Afraid of playground equipments, fear of risk, moves slowly, falls frequently, sickness caused by movement (e.g. car sickness), inability to stand still, poor safety awareness, does not get dizzy, bumps into objects, low muscle tone, tired easily by physical movement

Ideas

Swing back/forward/in circles, walk in grass or sand, use a balance board, use seesaw, jump on a trampoline, climb a jungle gym, slide down a slide, use stairs, sled and roll down a hill

Movement

Issues

Cannot stand in line next to people, sits on feet, cannot manage small objects e.g. buttons, does not have smooth movements, bumps against objects and people, invades others space, clumsy, pulls and stretches clothes, breaks pencils and crayons

Ideas

Push and pull a trolley, stand against the wall, hammer nails, rip paper, get in and out of seatbelts, knead dough, roll a big ball, wheelbarrow walk, do an obstacle course, hang from monkey bars, pour things from one container to another, swim, swing on a hammock, do hopscotch, play skipping, play sports, play catch with a ball, pillow fight

26. Transition

Changes in a child's life such as starting school can be traumatic. Children with FASD may also experience difficulty in simple changes that occur every day such as moving from one activity to another. This may even happen when the child is moving from an unpleasant task to a pleasant one. While other children begin to tolerate being able to wait for things, handle frustration or deal with disappointments, FASD children continue to struggle with regulating their emotions. Huge emotional responses can result from anything. Some of the following might help with transition:

- Give ample warning about up coming changes
- Tactile cues work well such as a touch on the shoulder or elbow. Audio cues such as bells and alarms can also be very effective
- Countdown minutes to transition starting at 5 minutes (e.g. 5 minutes to dinner, 3 minutes to dinner) but watch for frustration if a child doesn't want to finish an activity
- If the child is to go into a new setting, allow the child to walk through the buildings or school and meet new people ahead of time
- Let the child experience closure e.g. cross activity off a chart
- Use signals or signs to indicate when it is time to transition, i.e. set a timer, give the child a massage or a warm bath to indicate when it is bedtime
- It may help to develop "hello" and "goodbye" rituals between you and your child
- Use photographs and picture books to prepare a child for things like going to the doctor, going to a new school etc.
- The absence of a family member can be upsetting for the child so use photographs of the person and the place where they will be to explain their absence
- In cases of a move to a new home or even a sleepover, maintain consistency and routine
- Acknowledge the child's fears about abandonment and separation issues and be as reassuring as you can
- Egg timers are a useful way to define the length of an activity
- Allow the child to have limited choices in the change e.g. planning what to wear

27. Time

Children with FASD have great difficulty in telling time as time is an abstract concept. The following may help:

- egg timers work well
- teach time on a clock face or watch with hands rather than a digital watch
- Teach about time using short intervals e.g. break up an activity that takes 30 minutes into six 5 minute segments
- Use same terminology e.g. 9.45 rather than "quarter to ten"
- The child may have a poor sense of time. "Dinner at 5pm" may mean nothing to them so instead maybe say "dinner comes after...". Relate events to other events to create a sense of the order of things. The words "after" and "before" are helpful when referring to time

- To teach about past and future use special events like holidays, birthday etc. Use these as a marker for time “e.g. we are going on holidays two weeks after your birthday”
- For countdown to a particular date like a birthday or Christmas, make a paper chain so the child can rip off a chain per day to count down the number of days Alternatively help the child to make his/her own “countdown calendar” where they can cross off each day as it goes by
- Do not have high expectations about handling time, so give the child plenty of time to complete a task

28. Making friends

“My daughter can be very happy and friendly and then out of nowhere she throws a tantrum. She can get over it quickly but the child she is playing with doesn’t always get over it”
- Mother of FASD child

Making long term friendships is one of the greatest challenges for children with FASD. Quite often these children do not understand the concept of “space” and so when they meet other children they can sometimes stand too close to them making them feel uncomfortable or irritated. They also may not realize when they are acting inappropriately. Children with FASD are often less mature than other children of the same age and so it can be hard for them to relate to their classmates. The good news is that with structure and supervision, the child can enjoy positive social interaction and the following are some useful tips to achieve this:

- Make sure social time is supervised
- Give reminders to the child such as keeping hugging for close friends only and using alternatives like shaking hands for others. Also explain to them about not standing too close, interrupting and talking non-stop. At some point you may be able to replace the need for excessive physical contact with verbal assurances
- Make sure other parents understand your child’s social needs and educate them on FASD
- Involve your child in group activities (sports is a good example) but monitor them closely at the beginning
- Approach your child’s teacher and discuss the possibility of setting up a buddy system between your child and another student
- Teach your child how to share and take turns
- Teach your child how to say “no” and how to deal with rebellious behavior in peers. To do this try to seize “teachable moments” keeping the tone light and the “lesson” brief
- Help your child to get to know the opposite sex using supervised home visits
- Educate your teen about sex and make sure they know the accurate words for all body parts and provide reminders about the importance of privacy
- Know what’s going on in your child’s life and supervise any internet activity bearing in mind that when it comes to TV or computer games, FASD children can’t always understand the difference between reality and fantasy

- Sometimes parents find their church to be a good resource where children there are prompted by their parents to be more tolerant of differences
- Explain to your child about “real” friends and “not real” friends. It is often friends and not enemies that can get a child into the most trouble

29. Medical Appointments

Dental and medical experiences for children with FASD can be very traumatic for the child, caregivers and the professional involved. All medications, vitamins etc given to the child must be relayed to the professional. Alert the professional to any previous reactions by the child and prepare them even if they think you’re exaggerating. Role play your visit before you go.

30. Supervision

Children with FASD can easily get themselves into trouble due to poor impulse control and often tend to be over friendly and trusting even to strangers. It is important to supervise children with FASD so that they do not get themselves into trouble or place themselves in dangerous situations.

- Always keep smaller children in direct line of vision
- It may be useful to use a bungee cord to keep a small child close to you in public
- If hyperactive, shop with the child first thing in the morning in shops where there are fewer people and good service
- Teach your child to protect themselves from danger and explain that meeting a new person on the street does not mean that they are no longer a stranger
- Familiarize your child with their environment by walking in the neighborhood and point out landmarks
- Make a telephone book for the child with addresses and phone numbers, small enough to keep in their pocket.

31. Communication

Communicating with children who have FASD can be difficult both for the caregivers and the child him/herself so here are some suggested tips:

- Find a quiet place to talk, with no TV or radio and the door closed
- Stay on one topic
- Make it easy by starting off with “yes” and “no” questions
- Keep sentences short
- Avoid asking the question “why”. Instead use “who, where, when”
- Allow time for the child to respond
- Give them choices when they need to make decisions
- Listen to them using eye contact
- Avoid behavior that winds them up like tickling and pillow fights
- Sit or squat next to the child, do not stand over them
- In a group make sure the child is placed so conversation can be around them

32. Learning Skills

“It’s not that the child won’t, it’s that he/she can’t”

- Parent of FASD child

There is a difference between giving up on a person v giving up on making a person do things he/she CANNOT do.

Only about 4-8 minutes of factual information can be listened to before the brain of a typical young child starts to look for other stimulation such as daydreaming (internal) or looking out a window (external). The brain of a FASD child can often be closer to 2 minutes.

There will often be times when you feel that your child has learned something one day but is unable to recall it the next day. Also understand that there will be periods when it feels as if the child is not making any progress at all but stick with it!!!

- Use simple, clear language
- The child may not realize that he /she is to follow group directed instructions so always use their name before giving instructions
- Speak slowly and pause between sentences to allow the child to process the information
- Break down daily activities into specific steps and do everything in the same way and in the same order every day e.g. wake child at the same time and in the same way. When you change a piece of the routine for the child, you have created an entirely new routine!! Using pictures of tasks to be done in the morning eg dressing, eating breakfast etc can be useful to provide structure
- Children with FASD often forget when doing a task what the goal is so keep their interest by breaking the task into smaller pieces with star stickers being given when certain parts of the task have been completed. Certain number of stars means a reward when the entire task is completed. Make sure the goal is in full view at all times and use an egg timer to help with time limits
- Post key family rules in simple words in an obvious place e.g. no hitting, gentle hugs, sit when eating
- When the child needs to focus on a task or needs to listen to you, keep the environment free from distractions like TV, radio, other people etc. Body pack hearing aids can often be useful for screening out distracting noise at school
- Encourage the use of positive self talk - “I can do this”
- Sometimes FASD children have difficulty with “why” type questions so try to use other forms of questions such as “what is the reason?” or “what caused this to happen?”
- Encourage the child to “help” as a valued member of the family
- Teach skill in various ways using concrete examples
- Teach skill through a topic that interests the child
- Teach skill in the environment in which the skill is to be used
- Provide rewards for the child for not reacting and encourage them when they manage to control themselves
- Some parents have found that chewing gum can help concentration
- Give positive feedback / praise the child
- Limit stimuli and distractions in the learning environment

- Re-teach skills – repeat, repeat, repeat!
- Use frequent reminders
- Allow for longer periods of time to learn and complete a task
- Allow for additional practice in basic tasks e.g. tying shoe laces
- Choose your battles wisely – sometimes the child is not aware of his/her behavior
- Allow the child to bring a comfort item with them when they go out e.g. blanket, teddy bear
- Provide furniture that allows for movement e.g. rocking chair, beanbag or a ball
- Let the child know you are there to help but that they must learn to manage themselves
- Notice when your child is making an effort and compliment their attempts
- Acknowledge the child's frustration and encourage them to talk to you e.g. "I can see you are frustrated – let's take a break", "I can see you are unhappy. Let's go for a walk and chat"
- If people come to the house allow the child to be the greeter and introduce them if necessary. Also allow the child to say goodbye as people are leaving which gives closure and can avoid an emotional outburst
- Time to respond – repeat instructions and give enough time to process and respond before repeating the instruction
- Show me rather than just tell me – demonstrate what you want them to do. However as FASD children can sometimes have sensory issues, speak without showing (auditory) and then show without speaking (visual) so that the child can concentrate using only one sense at a time
- Encourage the child to fantasize and be creative. FASD children sometimes have difficulty in visualizing things in their heads so using their imagination can help them to think in the abstract and also encourage them to answer dreaded questions like "who, where, what" in the context of fantasy and imagination
- Use the same format and words for the same tasks eg: "today is Friday and you go to school. Tomorrow is Saturday and you don't go to school", "brush your teeth" not "clean your teeth"
- Use songs to help the child remember everyday rules and chores
- Present tasks to the rhythm of clapping or drumming
- Always make sure you have the child's attention before explaining a task to them
- Use gestures and vary your voice
- For learning how to behave in social situations, pair the child with another child who has model behavior
- To learn how to wait to take his/her turn, use something concrete e.g. like having a stone, ball etc to hold when it is his/her turn
- Have the child get ready for the next school day before going to bed
- Sometimes a child says he/she understands something when he/she does not so ask them to repeat things in their own words
- Be specific and only give one command at a time. Remember that understanding multiple instructions may remain a problem throughout the child's life
- Post the child's goals on a list and encourage him/her to recognize his/her accomplishments
- Adjust your expectations – normal milestones for FASD children are walking at age 2 and talking around age 3. Delays in social and emotional development may not be really obvious until around age 10
- Have a place for everything and everything in its place. Allow only one item out a one time if the child is overwhelmed by excessive stimulation

- Place labels on the outside of drawers, cupboards etc and use single words or pictures to indicate contents
- If the child has difficulty understanding boundaries and private spaces such as shared bedrooms, marking off an area with masking tape might be helpful
- Create a homework corner in a quiet place
- Alternate active times with relaxation. Limit the time the child is expected to sit quietly at a desk
- Focus on teaching daily living skills
- If the child approaches strangers, deal with the situation immediately in front of the stranger eg "this is a stranger and someone we do not know. We do not talk to people we do not know." This may be embarrassing but essential to reinforce what you are saying
- FASD children may have a difficulty with the concept of ownership and personal belongings. Teach the child what belongs to them by putting their initial/logo/color on all their possessions. If the child takes something that is not theirs, do not get caught up in an argument but simply state "this belongs to ..." and return the object. Stealing should be dealt with firmly with appropriate consequences but it is best not to allow unsupervised trips to stores
- Handling money and its value is an abstract concept that has a significant impact on any proposed change for independent living. Children cannot make judgments about the sum of money asked for an item eg 100 rand for a car or a chocolate bar might both appear acceptable to the child. FASD children should have limited access to money which should only be given in small amounts. Make sure you always know the source of a child's money and teach them about money whenever you go to the shops
- When teaching your child, acknowledge their frustration. Forewarn them that they might get frustrated and ask them to tell you when they are getting frustrated – it is helpful to get the child to monitor his/her own frustration
- Children learn best from real life experiences. Allow the child to sometimes try things his/her way and when they fail provide support to help him/her learn from their choices
- Remind yourself that FASD should not be a label to limit the child and each child has different potential
- If affordable and available, access the services of a speech therapist, occupational therapist or physical therapist – see also "Alternative Therapies"
- One of the best ways by which children learn is through play where they learn essential skills like teamwork, cooperation, communication, negotiation, compromise, following rules, problem solving and social interaction so try out some of the following:
 - Basics** – Blocks, beads, lego, puzzles, puppets, sandbox
 - Street games** – Hopscotch, skipping ropes
 - Card games** – Memory game, snap and all other card games
 - In the car** – counting car colours, "I spy"
 - Board games** – Checkers, Jenga, Pictionary, Twister, Dominoes
 - Fun stuff** – bubbles, balls
 - Activity** – bikes, hula hoop, trampoline, rollerblades
 - Out and about** - hammocks, swings, play house, climbing frames, slide, basketball hoop
 - Crafts** – clay, paints, drawing, stencils, rubber stamps, crafts, jewellery
 - Make believe**- dress up, hospital, shop, camping, farm

Programs- youth groups, choir, scouts, sports, Suzuki music

Balance beam – this is very good for improving co-ordination. Start the child off on solid ground, then on a line of tape and next on a wooden plank 4 inches off the ground. Have the child try balancing on one foot, balance with eyes closed, walking heel to toe, walking sideways and backwards, stepping over a stick, picking something up walking and tossing a ball

Vision – dot to dot, mazes, hidden pictures, word search, puzzles, and pattern blocks

33. Discipline

Normal disciplining techniques don't always work for children with FASD, so consider using the following:

- Discipline techniques that have been known to backfire include: humiliating the child, nagging, begging, saying what you don't mean, being vague, being inconsistent, losing your temper and not following through on threats
- Establish realistic expectations and goals
- Learn ways to reinforce good behavior and minimize bad behavior
- Calmly and firmly give short and clear corrections
- Go over to the child and look them in the eye. With young children touch them to get their attention. Talking from across the room or from another room rarely works
- Tell the child what to do rather than what not to do. Change “don't” into “do” e.g. “walk not run”
- Remove or redirect the child from the situation causing the misbehavior
- Be firm yet fair
- Don't shout – the louder you shout the less effective you will be
- Do not debate or argue over rules already established – “just do it”. Don't get trapped in arguments. Just repeat your calm and firm instructions
- Tell them how you feel about their behavior and why you feel that way
- Give them a choice of behavior but only a choice that you can live with
- Always follow through on what you have said/threatened
- Taking away a privilege for a period and allowing the child to earn their privileges back sooner through chores and making amends is often effective
- Adjust your attitude – be positive rather than punitive. Remember that most of the time the child cannot control his/her behavior
- Be supportive and respectful to your child. Remember your role is not to watch for misbehavior or to punish, but to encourage healthy, and positive behaviors
- Avoid physical punishment. Don't hit or slap the child. The child learns by imitating others and if others are physically aggressive with the child, he/she will most likely become physically aggressive with others. It is better to use other non-punitive means of discipline to avoid the child learning physical aggression at a young age
- Use consequences with care – consequences don't always work effectively. Consequences must be clear, concrete and simple and must be applied immediately and consistently. Even then, the child may not learn or forget and make the same mistake again. A child with FASD can make the same mistake over and over even when strict consequences are applied consistently. The child's ability to make a wise choice depends on how well his/her brain is

functioning at that moment. Adapt consequences to the child’s “functional” age rather than actual age. Once the child knows the rules and what is expected, punishment is then predictable and avoidable

- “Time Out” – don’t use time out as a punishment. Quiet time should be used as a coping strategy to help regain control for the child
- Give the child frequent reminders of rules
- Treat the child as an individual. Each child is affected differently and not all these rules apply to all children with FASD

Behavior	Misinterpretation	Accurate Interpretation
Non Compliance	Willful misconduct, attention seeking, stubborn	Difficulty translating verbal directions into action, does not understand
Repeatedly making the same mistakes	Willful misconduct	Can’t link cause to effect, can’t see similarities, difficulty generalizing
Often late	Lazy, slow	Can’t understand concept of time, needs help organizing and transitioning
Not sitting still	Seeking attention, willful misconduct	Sensory overload, needs to move when learning
Overly physical	Deviant, aggressive	Hypersensitive to touch, does not understand social boundaries
Doesn’t work independently	Willful misconduct, poor parenting	Bad memory problems, can’t translate verbal directions into action

34. Management of behavior

“When my son’s behavior was at its worst, I kept a list of anything he did well that day and gave it to him. It was a way to keep him motivated and understand that he could do things well”

- Foster mother of child with FASD

In managing behavior of children with FASD it is important to focus on addressing things that you can actually change. For example if you notice that your child is uncomfortable around lots of people and throws tantrums in a crowded grocery store, rather than scolding him/her for throwing the tantrum go to the grocery store early in the morning when the store is less crowded. The most successful techniques for FASD are to learn to accommodate your child’s behavior instead of trying to change it. Techniques that work on one child with FASD may not work well on another child with FASD so the trick is to keep trying and experiment with different strategies until you find one that works well for you and your child.

- Supervision – Most children with FASD need close monitoring. They often make unwise decisions that may put them at serious risk. Once freedom is given to the child it is more difficult to take that freedom away later. That said try not to let the

child know that you are supervising them all the time so the child can feel as independent as other children

- Escort the child to and from activities
- Try changing the environment not the child e.g. if you are at a noisy skating rink bring along earplugs for the child or sit in a quieter spot
- Be attentive to nonverbal communication
- Have a “safe place” or “safe person” for the child to go to
- If you can get the child to calm down sufficiently get the child to sit on the floor (straight, still and quiet) with their legs crossed and breathe deeply through the nose. This exercise shifts the brain from the emotional side to the logical side and increases focus. It might help to do this exercise with the child and remember no muscle movement!
- Remove trigger source or remove child to a quiet room
- Don't joke tease or put them down
- Do not compare them to others in a negative way
- Accept that the child may not be able to do two things at once
- Change activities to avoid boredom which often leads to bad behavior
- Limit exposure to situations where the child will become over stimulated e.g. long parties, crowded shops
- Help the child to communicate his/her needs
- Ask your child how you can help when they misbehave
- Prevent meltdowns from happening so never go out with a child who is hungry or over stimulated
- Praise good behavior
- Teach self talk to help your child develop self control using a specific short phrase such as “stop and think”
- Don't do everything for them – just give them support and help them to do things for themselves
- Be patient and preempt emotional outbursts
- Give immediate rewards or consequences and remind the child what the consequence is for. Consequences ideally should be established in advance of the bad behavior
- Use a rewards/punishment system (may work in the short term but research has shown that it probably doesn't in the long term as the child is not choosing but just following instructions). If you use rewards change them regularly to keep interest
- Try and keep “rewards” on hand when you travel to reward good behavior
- Provide a structure to their day keep a detailed schedule on the wall using picture cards. Break down every day tasks into simple easy to follow steps
- Do not send the child to do errands or leave them alone in a new environment
- Follow a routine and have consistency. Most minor changes can create major confusion for a child such as changing where you put the child's clothes. Imagine that it's like someone rearranging the contents of your cupboards every day!!! It has to be “A,B and C “everyday and any changes must be prepared for
- Limit the number of visitors as this can lead to the child becoming hyperactive
- Never leave a child to someone you don't know well
- Adjust your expectations. The child will generally not be able to consistently function at age level and will typically function at half their actual age, e.g. a 4 year old will act like a 2 year old most of the time and a 10 year old will act like a 5 year old

- Give your child choices (limit them though to 2 or 3 as too many options can cause frustration) and encourage decision making
- Waiting for a turn, getting in line, sitting quietly etc may be difficult concepts for the child who might react by withdrawing or showing aggression. Use calming time (not “time out”) in an area the child feels comfortable such as in a closet, under a desk, in a sleeping bag etc for what ever time the child needs. Prevention is always better than punishment!!
- The need for bodily contact shows a desire to be loved and needed. Physical contact should not be for prolonged periods of time and try to replace it with hugs and verbal praise. You can also instigate the hug and assurance when the child is behaving well and in that way you meet the child’s need first
- Be firm and do not debate or argue over established rules
- Separate the child from the behaviors. The action may be “bad” but the child must not feel that he/she is a “bad” person. For example tell the child that “your behavior tells me you need some time out”. Always return to the child when calm and reinforce that he/she is a good person
- Do not make threats that you cannot carry out as the child will take you literally
- Be specific with your praise and criticism e.g.” John is very good at sitting quietly today” rather than “good boy”
- Avoid activities such as pillow fighting or wrestling which can cause over stimulation
- Limit TV time and avoid video games if the child becomes over stimulated
- Give the child tasks such as setting the table or handing out snacks to give them a sense of belonging and independence
- Fear – sometimes children with FASD are afraid that bad things that happened to other people will happen to them. Ask the child where did it happen, what were those other people doing and who were they with? Then ask the child the same questions about themselves and point out the differences
- If your child chatters constantly give him firm verbal reminders and maybe develop a private signal to use when your child is talking too much in public
- Teach your child rules about “Stranger Danger” including 1. always telling parents where you are going, with whom and what time you’ll be back 2. Check with parents first before getting into a car or accepting things without your parents’ knowing 3. Take a friend with you when you go somewhere 4. Say “NO” when someone tries to touch you in a bad way and also tell your parents 5. know your home phone number and call your parents if you are worried about something 6. talk to your parents about problems that are too big to manage on your own
- Sit down and with your child prepare a list of things that might help with their frustration e.g. make a “frustration ball”, cuddle in a blanket, go for a walk, dance, crush cans, listen to music on headphones, punch a bag. Do this in conjunction with your child so they have an input in deciding what works best for them. Also agree that the parent/caregiver can have their list also e.g. take a hot bath, go to their bedroom with the door closed, go for a walk. Award “brownie points” to the child who asks for help before he/she explodes. Ask your child to tell you what they are feeling and ask what to do about these negative feelings

Sometimes when children are frustrated and angry it is easy to say the wrong thing so here are some statements you can use to speak to your child when they are angry:

- “it’s ok for you to be angry”
- “You can be strong and still ask for help”
- “I will help you get control of the feelings you have”
- “You can think and feel at the same time”
- “It’s ok to cry”
- “Let’s find a safe place to talk”

Physical actions that have also been found to help anger management are as follows:

- Work: Pull weeds, stack wood, rake leaves, pound nails, throw laundry into washer or dryer
- Recycle : crumple newspapers for a fire, stomp on cans
- Relax : take a shower, breathing exercises, read, lie down, listen to soothing music
- Communicate – write angry word on paper or with chalk, keep a journal.

To fully understand a child with FASD, parents and caregivers need to undergo a personal shift in how they understand and feel a child with FASD. The shift includes moving from:

FROM SEEING CHILD AS:

Won’t
Bad
Lazy
Doesn’t care
Refuses to sit still
Fussy and demanding
Resisting
Trying to get attention
Acting younger
Thief
Doesn’t try

TO UNDERSTANDING CHILD AS:

can’t
frustrated
tries his/her best
can’t show feelings
over stimulated
oversensitive
doesn’t understand
needing contact and support
being younger
doesn’t understand ownership
tired of failing

35. Family Management

“I think it might have been comforting to know that other parents were going through the same things as we were. If you don’t have a child with FASD you can’t begin to understand what it’s like. It’s impossible as a parent to try to deal with this on your own”

- Adoptive mother of FASD child

For other children in the family, having a sibling with FASD can often make their life more difficult. They might be annoyed by that sibling, feel that they have to take care of them, feel they have to fix FASD, feel guilty that they don’t have FASD, feel they have to do everything perfectly to make up for their sibling’s behavior, feel embarrassed by their sibling, feel jealous of the attention their sibling gets and sometimes are not sure exactly what it is they are feeling.

- It can help for a child to understand that they can learn a lot from their sibling's condition such as getting to be more mature, appreciating their own good health and feeling more able to handle and deal with problems and other people
- For parents they should keep the child informed about what is happening with their sibling and maybe join a sibling support group
- Make sure that the other children do fun healthy things with their friends
- Make sure that the parents are always available to listen to their other children and hear about their feelings
- Try to spend one on one time with each of your children, not just those with FASD
- Give your other children a break as they are often affected so arrange for them to go to a friend or other family member overnight

36. Adolescent Management

“We have come this far together as a team Now she wants to live her own life”
 - Parent of FASD child

The average 18 year old suffering from FASD has:

- the expressive language of a 20 year old
- the reading ability of a 16 year old
- the typical living skills of an 11 year old
- the money and time concepts of an 8 year old
- the social skills of a 7 year old
- the comprehension and emotional maturity of a 6 year old

Adolescence is a transitional period from childhood to adulthood and like any major life transition, it's usually accompanied by crisis. People with FASD often experience many of the same crises as other teens and it is often difficult to separate these “typical” teen issues (ie independence, sexual maturity etc) from the disability issues caused by FASD. Your teen is unique so adapt your strategy to suit their individual needs.

- Focus education on job training and daily living skills
- Moderately increase responsibilities to foster a sense of independence
- Closely monitor and supervise peers and peer activities. Don't forget the teen's distinction between their actual age and their functional age
- Provide clear guidance and rules for appropriate behavior
- Educate them about sexual development, birth control, and protection from STDs. Teens with FASD have a normal sex drive which causes problems when coupled with their poor judgment and impulsivity. Supervision is the key!
- Provide appropriate and safe recreational activities and do not leave them alone for extended periods of time as teens with FASD are easily influenced and vulnerable to peer manipulation. Encourage the teen's talents eg music, art and identify their strengths and interests. Allow them to have plenty social fun without drugs or alcohol e.g. scouts, choir, biking, swimming
- Involve your teen in caring for animals

- Designate a mutually agreed upon friend or family member who will provide a safe house for the teen
- Even with teens, continue to provide a safe structured environment with clear predictable routines - resist pressure from family members and others to lessen control and let the teen learn from their mistakes – the risks are too great
- Be vigilant in the area of chemical dependence because of family history of alcoholism. Studies show that alcoholism is a disease that can be passed on from generation to generation whether the child lives with the alcoholic parent or not. Show the child alternate ways to have fun and deal with their feelings
- Volunteer placements can help a teen with FASD to contribute to the community and accept responsibility and accomplishment
- Physiological counseling may be an option to deal with depression and other issues relating to loneliness and low self esteem
- Let go of high expectations – relax about your child's achievements and focus on their feelings of self worth
- Use wake up calls, phone reminder and daily schedules to help them make appointments (try to keep appointments times the same)
- Ask a friend to help with transport issues
- Plan the morning routine the night before e.g. have clothes ready
- Get to know your teen's friends

37. Adult Management

Supervision and support of people with FASD can continue into their adult lives so consider the following:

- Establish guardianship funds to help manage money. You may always have to remind the individual with FASD when things must be paid. Try using direct debits payments for regular bills and keep a bill payment chart
- You may need to accompany the FASD sufferer to and from work or designate someone to do this
- Help adults attain sheltered employment, where the employer understands the individual's abilities and limitations related to FASD. The work place should be one where there is structure, order and routine and where the adult will be supervised by adults who are patient and understanding of their limitations. The adult will need both your help to find a job and also to keep it
- Enroll in FASD residential programs or attain subsidized living
- Ask the individual with FASD to carry a laminated medical alert card with them at all times that says” *MEDICAL ALERT CARD – FETAL ALCOHOL SPECTRUM DISORDER IS EASILY MISUNDERSTOOD. WHEN THE PERSON IS OVERWHELMED DUE TO CENTRAL NERVOUS SYSTEM DAMAGE, THE FOLLOWING REACTIONS MAY OCCUR: EXPLOSIVE, IMPULSIVE, OPPOSITIONAL, AND VIOLENT. PLEASE IMMEDIATELY CALL _____ AT _____*”

38. Additional caregivers

If you need to hire someone to care for your FASD child, then consider the following:

- Make sure the sitter has experience with FASD
- Make sure the sitter maintains your child's routine
- Make sure your child is comfortable with the sitter (look for verbal and non verbal cues)
- Help ease the transition by leaving your child for short periods of time (up to 2 hours) over a month
- There may be a honeymoon period when your child is on their best behavior so make sure you educate the sitter on how to handle your child's more troublesome behavior
- Sometimes childcare is easier for children than parents and the child might look forward to being with the sitter

Start childcare early. When your child is young leave him/her with a caregiver for short periods of time and this will help you and the child spend time away from each other.

39. Being a friend to a family with a FASD child

Being a friend to a family member of a family who has a FASD child can often be difficult. However even though you are not the caregiver of the child you can help and support the family, and indirectly the child, in many ways:

Friendship – call or visit and offer help even if it is just a shoulder to cry on or an ear to listen. It may be the same crisis over and over but bring laughter and love. A hug from someone who really cares is priceless

Acceptance – Realize that the child will not grow out of FASD and don't say things like "all kids are like that". They are not so learn to see the child's limitations but also his/her gift and talents

Listen – The child's parents are the ones who know FASD and the child best so listen to them

Learn – Learn about FASD and read the material the parents give you. Learn to think differently with an open mind

Organize – help your friend to take action and offer to help a support group. Alternatively source relevant information on the internet for the parents who often don't have time or energy to drag themselves away from the chaos in their lives and homes

Understand – understand that the behavior problems are due primarily to brain damage not poor parenting. All children with FASD need restrictions that would be considered unfair if imposed on typical children but refrain from judgment until you get to know them well and learn the details behind the issue

Talk – talk to everyone you know about FASD disorders and let them know about the family's experiences (maintaining confidentiality of course). Raising awareness in the

world begins with one person. The greater the awareness the better the chance to find solutions

40. Medication

It has been found that medical intervention can often be helpful for FASD children particularly for children who have attention difficulties similar to ADHD (Attention Deficit Hyperactivity Disorder). Sometimes however, there are side effects that need to be considered and a doctor should always be consulted. Parents of children who are too young for medication report that soft drink “Mountain Dew” can have a calming effect (this is based on information from parents and not doctors).

Research has also shown that Choline can have a positive impact on the brain and support proper functioning of the nervous system. One source of Choline is Lecithin, a member of the B Vitamin family. It is often excluded from most of the popular multivitamin supplements but Lecithin is available as a supplement in tablets or granules. It is also found naturally in vegetables, (particularly cauliflower and cabbage), egg yolks, peanuts, wheat germ, liver, meat and fish.

Remember never give medication to a child with FASD without first consulting the child’s doctor.

41. Additional Therapies

Neurofeedback

Neurofeedback is a therapy first introduced in the 1950s. Neurotherapy is a method of exercising the brain’s ability to modify its own brainwaves. The basic goal is to strengthen weak brainwaves and relax too tense brainwaves. The goal of neurotherapy is to bring order to a disordered brain through conditioning. Simple computerized games are played using the person’s own ability to modify brain wave production. It is believed that neurofeedback may help children with FASD and a neurofeedback consultant can give more information as to whether a course of neurofeedback could benefit your child.

Hyperbaric Oxygen Therapy

This is the use of 100% oxygen under pressure and is being researched for use for a wide range of conditions including neurological issues. There are promising results for children with cerebral palsy and perhaps in time children with FASD might be able to benefit too.

Aromatherapy

Smells connect directly to the memory part of our brain. They can be used to scent a room, added to bath water or in laundry. Rose, lavender and chamomile are good for calming; orange, lemon and lime for uplifting; eucalyptus for concentration. If your child suffers from nighttime monsters, fill a spray bottle with water and lavender to “spray them away”. Lavender, jasmine or chamomile can also be used in a humidifier making it easier for the child to breathe at night and also providing soft white noise.

Sensory, audio and visual integration therapy

In addition to the more commonly know therapies such as speech therapy and occupational therapy, children with FASD may also benefit from sensory, audio and/or

visual therapy. Children with FASD often get over stimulated through their senses and because of their brain damage, their brains can often have difficulty in processing information that they hear, see, smell and touch. They may feel the need to touch people and things too much and can often see and hear but not understand and process what they see and hear. These therapies can be useful to help the child with these issues and you can find out more information about them from your medical professional such as a doctor or a physio/occupational therapist.

42. Talking to your child about FASD

“When you decide to” tell”, make sure your child understands that FASD is not their fault”

-Adoptive mother of FASD child

It is important to discuss FASD with your child in order to help them better understand and face the challenges of their condition. Children with disabilities often know they are different from their peers which can cause feelings of anger and frustration. Self esteem increases when truths about themselves are talked about, listened to and taken into consideration. Most people agree that the earlier you start the easier it is. It might also stop your child from getting into trouble in later life.

If the birth mother is raising her child it might be an idea for her to get counseling before she talks to the child so she can work through her own guilt first. Non birth parents must also resolve their own fears and anger before they speak to the child about FASD or else this can be an obstacle to the child’s future acceptance of their condition.

Depending on the age of the child when FASD is being discussed, bear in mind the following:

Young children

Young children need constant reassurance and support from parents and family

- Use concrete language talking about the differences between animals or plants to show and appreciate differences in the world
- Explain in simple terms how the alcohol “messed up” his/her brain when he/she was a little baby still inside his birth mum. Speak about the child’s birth mother and perhaps her inability to control her drinking but do so without judgment. If it is the case, explain her wish for the child to be adopted or cared for by family who could care for him/her
- Younger children need to know they are safe and must learn to love and accept themselves – encourage this way of thinking
- Take advantage of the many teaching moments that happen on a daily basis e.g. forgetting, bad judgment. There are always opportunities to explain to the child why they are having a hard time

School children

Children at this stage might want to know why they are different and what caused this difference.

- Talk about struggles and successes. Visual examples might help them to describe their experiences eg: “it’s like snow on a TV screen in my head – hard to tune into one thing”
- It might be helpful for the child to know someone with FASD who feels the same way as them and learn how that person copes with their feelings and condition
- Be honest with your child. Don’t pretend that FASD will go away but rather explain that they might do things differently to others
- If the child keeps asking why their birth mother drank during pregnancy, this might in fact be more to their sadness and frustration. The child was hurt by someone they depended on and so needs encouragement and reassurance rather than medical explanations
- Encourage the child to take a role in their own care e.g. learning soothing methods when agitated so they can feel more powerful about coping
- Respect their fears and the issues they face from being “different”. Talk to them as a person and listen to their concerns

Adolescents

“How can she be pregnant? I never fell asleep. You said she could only get pregnant if I slept with her”

- Teen boy with FASD

Teenagers want their questions answered honestly and respectfully so don’t patronize them

- Discuss with your teen what to tell their friends. Encourage explanations that show that some people are different
- Help set boundaries and respect their choices about who they tell about their condition
- Encourage them to talk to other teens or adults who are living successfully with FASD who might be positive role models
- Let the child be angry about FASD. Talk to them about hidden disabilities that other people might have that the child may not be aware of e.g. diabetes, migraines etc that affect their life and that we don’t even notice
- When the child says he/she feels different from others tell him/her there are tens of thousand of other people with FASD who experience the same frustrations. Belonging to a local support group not only helps parents to cope but can also give the children a chance to learn that they are not alone and that others have similar struggles and successes
- Talk and encourage the teen’s natural talents

43. Individuals with FASD and School

“The child with FASD should not be “written off”. With changes to our classrooms and our attitudes we can help these children to learn and develop at their own pace”

- Special needs teacher

I. Do I have a FASD child in my class?

Parents are often aware that there is something different about the way their child behaves and learns but may not know exactly why that is. Early experiences in school are often the first time that specific concerns about the child are raised. FASD children can be found both in special needs schools and in regular classrooms and so are a concern to all teachers.

Studies have shown that children with FASD have a wide range of IQs from below 30 to over 100, with the average for FAS (Fetal Alcohol Syndrome) being around 70 and for FAE (Fetal Alcohol Effect) being around 90. There is however a large gap between their tested abilities and the child's true functioning age which is usually less than would be expected for a child of their IQ. Teachers should not be fooled by the child's normal language skills which often mask their inability to properly communicate and understand things.

Children with FASD start school burdened by a lot of excess baggage such as poor academic records, poor social skills and behavioral issues. They may do well in the first few years but as the subject matters become more and more abstract, the child has an ever increasing problem keeping up and not disrupting the classroom. It is therefore important that teachers concentrate on adapting the classroom environment and teaching styles rather than the child him/herself. Although children with FASD may have the same diagnosis, the individual learning profile of each child is unique.

Sometimes a teacher will not be aware that a child with FASD is in their class. Some signs to look out for include:

External signs

Daydreaming for more than 50% of class time

Bitten finger nails and/or lips

Silence

Forgetfulness

Anger

Internal signs

Confusion with time, assignments etc

Emotional like tears, anxiety and staring

Increased sexual activity

An unidentified child may seem lazy, fall asleep in class, be late for class, have poor eyesight, complain of headaches and other physical ailments.

Some children may be actually diagnosed under the FASD heading and so can benefit from intervention. Bear in mind though that even those who have not been diagnosed but

who can be identified as appearing to suffer from FASD, can still benefit from, and should receive, the same types of programs as those who are diagnosed, Remember that techniques and modifications that can help a child with FASD can help all children.

II. What happens when a child with FASD starts school?

School is hard for many children but it can be especially so for children with FASD. Their learning differences and behavioral problems make it difficult for these children to succeed in school. Often their behavioral problems are not understood and the children are seen as trouble makers as they are highly distractible. The children may often appear inconsistent. For example material that is learned one day is forgotten the next day and might then be remembered two or three days later. Inconsistent performance can be frustrating for the children and the teachers who often misinterpret this as the child willfully misbehaving, not paying attention or needing to try harder. Without special help, these children often get frustrated with their school work and develop poor self esteem.

III. What are some specific things that parents/caregivers can do to become advocates for their child with FASD in the school setting?

It is good for parents/caregivers to work closely with their child's teachers and other school staff. This will allow the parents/caregivers and teachers to work as a team, gathering the resources that will best help the child.

There are many ways that parents/caregivers can advocate for their child with FASD in the school system:

- Collect information about your child and his/her academic and behavior problems. One way to gather this information is to keep a journal. Take notes on any situations you observe that might have a negative effect on the child's ability to learn in school
- Keep a detailed log of all the meetings that you have with your child's teacher or school staff
- Make a list of all of your concerns regarding your child and his/her learning and/or behavior problems
- Have information about FASD and related disorders, such as brochures or books, to give to your child's teachers and other school staff. This will help them learn about your child's condition and his/her special needs. It is very important that everyone involved in your child's life understands that each child with FASD is unique and should be treated as an individual
- Ask the teacher to avoid excessive homework to give the child more time to learn the concepts

It is important to realize that schools are in a good position to offer intervention services for individuals with FASD so make them aware of what they can do to help your child reach his/her potential. Children with FASD are prone to anger and frustration resulting from unrealistic expectations of parents/caregivers and teachers who do not understand their problem and the key is to avoid this frustration leading to depression and/or aggressive behavior.

IV. Strategies for teachers

Expecting children with FASD to change the way they think can sometimes be like expecting a child who is blind to read the blackboard. Changing the environment in which the child learns is much easier than trying to change the child him/herself. Change is not always easy but as you get positive results from the changes they will hopefully encourage you to find creative ways to help these children who learn differently.

(a) Physical environment

The child with FASD has Sensory Integration Disorders so the typical school room with its bright flickering lights, brightly colored decorations, busy, noisy and crowded atmosphere is like hell for a child with FASD. They can't think, they can't concentrate and they can't learn. A quiet simple decorated corner for them to work in can help when it all gets too much for them – keep the school environment as simple as possible.

- Make sure the desk and chair fits the child e.g. feet touching the floor
- Keep bulletin boards tidy and uncluttered and avoid suspending things from the ceiling. All décor must serve a purpose so take down decorations
- If posters are used to designate certain areas of the room, make sure the poster reinforces the area's intended use e.g. math, language, computers
- Cover up materials not currently being used e.g. curtains over shelves to hide things
- Only put out materials when in use. Only put up the work of the week on the wall
- Have a well defined place for the children to put their completed work
- Provide a calm or quiet corner e.g. bean bag, pillows on the floor or a quiet room to allow the child to refocus. Do not use the same area for "time out" discipline
- Define the child's physical boundaries e.g. where to stand, desk and chair, with masking tape on the floor. Use hula hoops as space boundaries on the floor
- Keep the door closed to minimize noise from the hall. Eliminate background music and noise even intercoms
- Allow the child to use rulers to keep their place on a page and use folders on a desk to create a private workspace
- Use trays on tables to confine each child's working area for an activity
- Don't use group tables but individual desks instead
- Give each child their own flat seat cushion that they can carry with them for different activities
- Use cardboard "stop" signs as a visual reminder
- Use a thick rope with knots on it and each child can hang onto it in line with going places as a group
- Allow a physical outlet for excess energy e.g. trampoline
- Have quiet times using soft background music
- Tape a copy of the class schedule to the child's desk
- As their handwriting is often poor, a computer may be a better way for them to complete their assignments
- Place the FASD child at the head of the line to minimize bumping
- Display completed samples of projects so the child understands what he/she is expected to do
- Provide a duplicate set of books to be kept at home

(b) Communication

A child with FASD cannot process everything you say especially if there is background noise, so take them aside and make sure they understand what the directions or assignments are. They will try hard to complete it if they understand what it is you want.

- For maximum attention, stand in front of a blank space like a whiteboard when speaking
- Maintain eye contact when speaking to the child
- Use the same simple words and phrases and coordinate this between teachers and caregivers. Avoid using words with double meanings
- The children are easily over stimulated so keep instructions short and sweet
- Vary the tempo and volume of your voice
- Give the child individual instruction using eye contact and give them only one instruction at a time. They struggle with multi-step directions. Make sure you get the child's attention before you give instructions. To make sure they understand, have them re-explain what he/she must do. Walk them through a new activity first
- Learn and recognize the child's attempts at communication because without effective verbal language, the child finds other ways to communicate their needs e.g. hitting out, tearing up their paper
- When giving directions to the child tell them what they should do rather than what they shouldn't do e.g. "walk not run"
- Avoid physical touch as the first way of reaching the child and instead talk quietly in a steady tone of voice

(c) Consistency and routine

Teaching in an environment with few changes and maintaining a routine and a structured environment is crucial to decrease the child's anxiety and enable them to learn.

- Place the child near the front of the room to help him/her to focus
- Make seating assignments at the start of the year and stick to them
- Develop a consistent routine in the classroom and stick to it all year. Use laminated picture cards to show activities in sequence
- Color code workbooks for different subjects
- Structure the class schedule to do more academic classes in the morning and more hands-on classes in the afternoon
- Use consistent greeting and parting rituals
- For group work, use a maximum of 4 in a group with consistent teams

(d) Life skills

Educational goals must go beyond the classroom and target functional and social skills to be used not only at school but in homes and society e.g. making friends, communication skills, distinguishing between friends and strangers, how to greet people in social situations etc. "Circle of Friends" is a program developed for children with Asperger Syndrome but can be adapted for children with FASD. Look out for opportunities to

teach these skills such as the hall, lunchroom and playground. Social skills are not extras but essentials!!

- Use role play or videos to help a child see and learn appropriate skills for specific situations
- Teach them how to take turns
- Teach the child ways to be independent
- Assign him/her a mature buddy to allow him to model better social behavior
- The child must be taught how to make choices
- Ask the child to pick their favorite color/logo/animal and then mark all their belongings in that color/logo/animal. This helps them to understand the concept of ownership
- Acknowledge the child's right to their feelings and show them appropriate ways to express their feelings
- Children with FASD have problems with boundaries and personal space (another abstract concept). One way to teach this is to set up an obstacle course that requires the child to move through it by going under, over or around obstacles without knocking into anything. As the child improves move the obstacles closer together. Get the child to do it with their arms out so they get an idea of space around their bodies. Use this to build on the idea of their personal space and then move on to teach about others personal space
- Teach and use a system whereby the child can evaluate an act before they do it (STAR – stop, think, act appropriately, reward yourself)
- Create leadership opportunities through sport, music or tasks like collecting books, giving out equipment etc.
- Teach the child to be aware of danger signs and situations

(e) Discipline

Normal discipline techniques may not always work on children with FASD who often don't understand what they have done and don't readily learn from consequences or past punishments.

- "Self time out" can work well were the child's behavior is escalating but not reached a point where you have to impose "time out". Tell the child that their behavior is becoming unacceptable and they need to take a "time out" to get the behavior under control before they get into trouble. The choice of taking the "time out" is up to the child so remind them about making good choices
- "Progressive time out" can be useful as follows: A. Tell the child that his/her behavior is not acceptable and that there will be time out unless he/she changes his/her behavior. The child is given a preset time to comply with the request. If they do not do so, the child moves to Step 1. B. Step 1 means the child has to sit in a special area set aside for "times outs". They can observe the group but can not take part in the activities. The child must remain there for a preset time e.g. 5 minutes and if the child refuses to comply they go to Step 2. C. Step 2 means that the child must go to the same place but is not allowed to watch the group's activities. Step 2 lasts for a longer preset time than Step 1 (e.g. 10 minutes). If the child refuses to comply, they go to Step 3. D Step 3 the child must remove him/herself from the room and stay there for a longer time than Step 2 e.g. 15 minutes. If the child does not comply he must go to step 4. E. Step 4 means that the child is physically removed from the area

and remains there with a staff member until they are ready to comply (no time limit). If at any time the child becomes verbally abusive, the child goes to the next step. If the child becomes physically abusive, the child goes immediately to Step 4. For pre set times use an egg timer which becomes the control. Make sure the person who starts the “time out” sees it through. At each step remind the child about making good choices and ask them to think about why they are there. Do not argue with the child and have little interaction with the child. If the child completes the steps he/she returns to the group. If he/she starts the behavior again start back at Step 1.

- Post the classroom rules with their consequences in an obvious place. Do not get into a debate about these rules or consequences
- Punishment is not always the best answer since FASD children may not understand why they are being punished. Try to intervene and defuse the situation as calmly as possible and move into a new activity before the behavior escalates. If you want to deal with inappropriate behavior, use immediate short term consequences. Apply the same consequences for negative behavior consistently and have the same for everyone

(f) Teaching methods

Teaching children with FASD may require using new teaching methods and strategies to best help the child to learn and retain what he/she has learned. Remember there are at least 20 ways to teach everything and you may have to try them all to reach the student with FASD

- Math skills are difficult. Using manipulative like blocks makes learning easier particularly for children who cannot do math in their head
- Always remember to look at the child’s functional age which is about half their physical age e.g. child of 6 operates like a 3 year old. Think younger when providing assistance, giving instructions etc
- Complete one task before you move onto another
- Give the child extra time. Allow them enough time to prepare for the next activity, they do not do well when rushed
- Using visuals, concrete examples and hands-on learning makes school easier
- Break tasks into smaller manageable steps
- Use a teaching style that emphasizes manual and physical expression
- Teach matching and sorting skills and spend time describing and comparing objects, events and details
- Monitor duration of activities and balance quiet/active, free/structured activities
- The child can learn but he/she needs repetition, repetition, repetition
- Plan ahead – a crisis is not the time to decide how you react to a certain situation or what the consequences for the behavior will be- in order to keep control, you must be in control!!!
- When you need to pair students together, pair a higher tolerant student with a less tolerant one
- Give short assignments and use a homework book. Break any such assignments, as with other tasks, into small pieces
- Worksheets should have few words and numbers and plenty of white space between questions or math problems
- Modify homework assignments to fit the child’s skills
- Allow the child to stand or lie on the floor if that is more productive for learning

- Model coping with mistakes and not expect success each time

(g) Involving other people

Teachers must remember that they are not alone when it comes to teaching a child with FASD. Parents, caregivers, colleagues and others involved in the child's life can be an invaluable source of information and support.

- Get as much information about FASD to as many staff as possible and build support from there. This can be done by school wide training on FASD, inviting parents to share their experiences with the school staff and encourage other teachers to share tips that can benefit the children
- Ask another adult in the school who relates well to the child to act as an advocate for the child
- Ask for classroom support whenever possible
- Advocate for teaching and classroom styles you think will help even though they may be contrary to current practices e.g. seating assignments, less classroom displays
- Share effective strategies and routines with parents and ask them about their effective strategies

(h) Transition

Children with FASD learn best in an environment with routine and consistency. They often have difficulty with change and change must be managed effectively.

- Minimize transitions and provide clear and specific warnings in advance using a consistent signal such as a soft bell or clapping as a warning that a transition is occurring.
- Bring the child in 10 minutes before the other students after breaks to allow him/her time to get refocused
- Make sure parents know when a transition at school is going to take place so they can help prepare their child
- Allow the child time to adjust to a change/transition and have a plan in place for when changes to occur e.g. 10 minutes in a clam corner
- Allow the child to visit the school and his classroom for a few hours a day in the week before term starts to make him/her more familiar and lessen transition time

(i) Positivism

Teaching children with FASD isn't always easy so try to stay positive and also keep the child in success mode.

- Use positive self talk and encourage the child to do the same particularly in relation to body and self image
- Encourage success and reward positive behavior with praise or incentives. Positive reinforcement and rewards should be immediate to help with understanding. Instead of using praise all the time, try alternating it with encouragement
- Work with solutions not problems

(j) Miscellaneous

Some other things that may help a child with FASD to learn in the classroom setting.

- Provide support and supervision particularly during break times
- Have fun/exercise before lessons e.g. action lessons
- Be alert for daily stresses which may lead to depression and anxiety disorders and keep the parents updated
- Let the child choose reading books that are available on tape
- Allow the child to help in the group so they feel like a valued group member
- Allow the child to take short breaks when necessary
- Provide a written checklist of daily homework
- Behavior problems may become more apparent as the child enters high school. Be aware that this may result in an outburst or fight
- Keep behavioral logs documenting behaviors and their triggers
- Get on your knees and look at your classroom from child's point of view
- Children with FASD often try to cover up their ability to understand the work by pretending not to care. It's often more desirable in their eyes to be seen as lazy than to be thought of as stupid
- Children with FASD cannot control their behavior without outside help so always be on hand to provide support if needed
- Stay involved with the child for a year after they leave your class offering assistance to the next teacher

V. Additional information

Children with FASD can learn, they just need to use different paths to get there. There are a lot of DVD's available for teachers teaching children with FASD. One of these called "Students Like Me" is available on <http://more.take2.co.za> . This explains to teachers how to modify the class environment, adjust teaching methods and communicate clearly with these children.

Other books and methods found to be useful for children with FASD include Patterson's "Reading Works" , Romalda Spalding's "The Writing Road to Reading", "Brain Gym" (targeted brain activities through movement) designed by Paul and Gail Dennison and "Reach to Teach" available on www.samhsa.gov. Advanced Brain Technologies has also designed computer software, music programs and CDs with background music to enhance learning, concentration and productivity. There is also a large range of books with teaching strategies for FASD students available on various websites which can be accessed by searching under "Teaching children with FAS".

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Disclaimer

The information in this booklet should not be construed as medical opinion, consultation or recommendations for course of treatment. The neurological problems of a child or adult with FASD are complex and require a full evaluation by a medical professional. Inclusion of books or material in this booklet does not constitute an endorsement.

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