Saskatchewan Learning

FASD

Fetal Alcohol Spectrum Disorder

Planning for Students with Fetal Alcohol Spectrum Disorder

A Guide for Educators

2004

SUPPORTING student diversity

*Fetal*Alcohol

Spectrum Disorder

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This resource is adapted with permission from Manitoba Education, Training and Youth's resource *Towards Inclusion: Tapping Hidden Strengths: Planning for Students Who Are Alcohol-Affected*, 2001. It has been a joint effort of Saskatchewan Learning and the Saskatchewan Institute on Prevention of Handicaps.

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Lisa (pseudonym)

Jonathon (pseudonym) *and his mom*

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The Meaning of Success

Success has no single definition....

Success does not necessarily mean attending college or finding a full time job.

Success may mean finishing things some of the time.

It means hitting a punching bag instead of a person.

It means remembering you forgot your homework at 4:30, and getting your mom to drive you back to school.

Success means being able to stop, with help, a behaviour when asked rather than never starting it in the first place.

It means paying attention, remembering, and accomplishing tasks for four hours in the workplace instead of eight hours....

It means knowing who you are, accepting yourself,...

For someone with FAS, success means knowing these are the goals worth striving for, not someone else's unreachable line in the sand.

(Lutke in Kleinfeld, 2000, pp. 20-21)

Section I

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1. Introduction

> *... (B)ut they didn't realize I had a disability, they didn't know that. ... (T)hey all just thought, well, (she's) not trying, she's just not trying at all... It's nothing to do with me not trying, it has to do with me, I couldn't do it. I can't do it, and I kept telling people that. But no one would listen.*
>
> (Copeland & Rutman, 1996, p. 16)

Planning for Students with Fetal Alcohol Spectrum Disorder: A Guide for Educators is intended to assist educators in meeting the needs of students who are affected by prenatal alcohol exposure. Across Saskatchewan, school personnel have been working to find the best approaches for meeting the needs of all students. This document is provided to assist them in this process. Although this document was written for educators, it may also be of value to parents and others who are involved with individuals affected by prenatal exposure to alcohol.

There may be students in your classroom affected by prenatal exposure to alcohol and, for many reasons, may never be diagnosed.

When a woman drinks alcohol during pregnancy, there can be damage to the development of the fetus. Fetal Alcohol Spectrum Disorder (FASD) is an umbrella term used to refer to the damage or range of disabilities caused by alcohol consumption during pregnancy. These disabilities are lifelong conditions that affect not only the individual, but also the family and the community. The disabilities caused by prenatal alcohol exposure are often described as hidden or invisible because the physical characteristics can be subtle and may go unrecognized.

Although the initial purpose for providing this resource was for people working with students diagnosed under the umbrella of FASD, it is also provided to assist all teachers in developing a further understanding of FASD. There may be students in your classroom affected by prenatal exposure to alcohol who may never be diagnosed. It is extremely important that educators are aware of this fact and develop an understanding of this often unrecognized disability.

If one out of every one hundred North Americans is living with FASD, I realized, I must know some.
(Buxton, 2004, p. 54)

It is equally important not to make the assumption that a student is experiencing difficulty due to prenatal alcohol exposure. Ultimately, it is the educator's responsibility to assess how each student is functioning, identify the types of difficulties they are encountering and tailor instruction and supports to meet their diverse needs. If a teacher is working with a student who does not understand consequences, has difficulty processing language, cannot follow directions, has learning and memory difficulties, has poor comprehension of social rules and expectations, has behavioural problems or impulsive behaviours, this document will help in understanding the frustrations of that student and assist in improved program planning.

The challenges facing individuals and their families living with the impact of FASD is well recognized. The challenge for teachers is finding a match between how the individual processes information and the learning environment they provide. Although there will be many challenges to face, there will also be many opportunities for students affected by prenatal alcohol exposure and their teachers to walk together and work something out.

This document is intended to provide the reader with hope and respect for individuals and their families dealing with issues of FASD. This document includes:

Teachers have the opportunity to make a difference.

- principles, values and beliefs that form the basis of the resource;
- information that will further the reader's understanding of FASD; and
- strategies and experiences that are important to consider in planning programs and supports.

This resource is not a prescriptive recipe, but rather a guide to be used in collaboration with families and community.

The Knowing Educator

The world is often a confusing place for children and youth with FASD. They rely on teachers to help them sort out that confusion in at least one part of their world - the school. Educators who are working effectively use a variety of strategies and approaches, as

there is no typical student who is affected by prenatal alcohol exposure.

It is not possible to predict with certainty how each student will be affected by the neurological damage caused by prenatal exposure to alcohol. It is important to realize that some individuals who are affected by prenatal alcohol exposure can enjoy independent lifestyles, while for others a realistic plan includes lifelong community supports such as supported employment and supervised living. The challenge and opportunity for educators is to provide students with the appropriate academic program as well as the skills and strategies they need to manage their lives. For many it may be necessary to teach coping strategies.

There is no "typical" student who is affected by prenatal exposure to alcohol.

Parents, educators and peers need to develop the skills and attitudes necessary to understand and correctly interpret the behaviours of individuals who are affected by prenatal alcohol exposure in order to develop appropriate interventions and supports. This development of skills and attitudes will enable them to assist children who are alcohol affected in developing their own skills, attitudes and strategies that will help them to reach their potential. These issues will be addressed in this document.

We start from what is, not from what should be.
(Zander & Zander, 2000, p. 111)

Lisa's Letter

Hi, my name is Lisa. I am 23 years old now and here is my story.

If there was one thing in life that I learned it would be "you must never give up"! The reason I learned this is because of my mom. She looked beyond what other people said the future would hold for me. Some people felt that I would be unable to function normally due to having been born with F.A.S.

Well here I am today. I graduated from high school with all the credits it required, I have a job, live on my own and I am financially independent. But it certainly didn't come easy. School was so hard for me. I never had a friend, so most of the time I would go home crying and asking my mom why no one wanted to be my friend. Then one day in grade 5 I found my best friend and we are still best friends today. I have had tutors work with me in my home, all through school because of my not wanting to have the rest of the class know the problems I was having. I would forget things learned in class and by doing a question over and over again I'd then remember it. Tests were a terrible nightmare! I would study for them and when the test came I would totally blank out. I would forget what I studied, I would guess and most of the time failed my tests. When high school came, I again did not want the teachers to know about my learning disability, so I tried to do it on my own with a lot of nights spent working with tutors at the kitchen table. This was hard but I was determined to graduate. If I would fail a class I would then take it the next semester, until I passed! I got along well with my teachers, I loved school it was just not always remembering the information given to me, aside from that it was actually fun. I made friends in high school and got to know the staff. I wished that one day education and knowledge would come easier for me and make it less embarrassing.

I have succeeded beyond everyone else's wildest dreams! I graduated from high school with the same class I started with in elementary school!!! Through grades 11 and 12 I worked at training to be a dog groomer. I have a dog groomer certificate. I am now attending classes at SIAST to become a professional chef, and someday maybe university.

Basically what I am saying is to "never give up" I've been through so much including several surgeries on my face a couple of very painful bone grafts. I'm not ready to stop. I'm glad my mom never gave up on me! She has so much determination and will never give up. She's an amazing woman and I 'm glad to call her my mom and my friend.

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2. Basic Principles, Values and Beliefs

> *… how often do they say that each child has value and deserves respect and that learning is tied to the student perceptions of the respect they receive and their own sense of worth? How often do they look at children through the lens of dignity?*
>
> (Lucas in Senge, 2000, p. 119)

In the development of this planning resource, a number of guiding principles, underlying values and beliefs have been considered. This chapter will provide an opportunity for self-reflection to examine personal and professional principles, values and beliefs that provide the framework for interacting with children, youth and families on a daily basis.

Guiding Principles

The following principles are offered as a guide in addressing the diverse needs of Saskatchewan's children and youth.

- **Child, Youth and Family-Centred**
  The well-being and educational success of children and youth are the primary considerations in providing programs and services. Their social, emotional, spiritual and physical needs; experiences and strengths; and their individual goals are central to program planning, delivery and evaluation.

- **Equity**
  Equity is about fairness. This principle goes beyond treating everyone the same to an understanding that children, youth, families and communities have different needs, requiring specialized or additional resources to address their unique circumstances.

Equity is about fairness.

- **Collective Responsibility, Leadership and Authority**
  Human service providers, families, community members, schools and school divisions share with children and young people a responsibility for their healthy development and education. By working together, human service partners can develop the capacity to provide the comprehensive array of high quality supports and services they could not provide individually. Working together involves shared identification of needs, planning, resources, responsibility, service delivery and accountability.

- **Unconditional Commitment**
  All children, young people and families should be supported by a comprehensive array of services and supports in developing to their full potential. This includes stretching mandates to fill gaps in the existing network of supports and services to resolve complex cases.

- **Confidentiality**
  While it is recognized that children, young people and families have a right to privacy, there are instances when information must be shared to ensure their well-being. In sharing information, human service providers have knowledge of the legislation and practices that govern their relationships with children, youth and families.

Values

Behaviour is influenced by the values we hold. The following values are reflected in the writing of this document.

Hope …

- by acknowledging supportive intervention is effective for all individuals affected by FASD; and
- by recognizing that each thoughtful action we take toward the prevention of FASD can make a difference.

Respect …

- for the abilities of those individuals affected by FASD;
- for the knowledge of those parenting individuals with FASD;

- for all communities in their efforts to address FASD; and
- for the rights and capabilities of women and their partners to make choices about the education of their children.

Understanding …

- by being open to new information and being aware and reflective of our attitudes and values;
- by informing ourselves about the issues and research;
- by not sensationalizing FASD; and
- by being sensitive to the impact of a diagnosis on an individual, a family and a community.

Compassion …

- by being sensitive to the needs of individuals and families impacted by FASD;
- by being open to hearing of both their strengths and their problems; and
- by being sensitive to the situations of women with alcohol and drug problems, especially by being open to their individual processes of recovery.

Cooperation …

- by recognizing the importance of building partnerships within communities in addressing all aspects of FASD.

(Adapted by the Fetal Alcohol Spectrum Disorder Coordinating Committee, 2001 from *BC FAS Community Action Guide*, 1988)

Beliefs

This document is based on the following beliefs:

- A basic trust needs to be developed among educators, parents and students. There needs to be confidence that adults are reliable.

What we believe and value determines our behaviour.

- Educators and parents* can help children develop a way of thinking and acting that allows all individuals to feel accepted, valued and safe.
- All students have individual strengths as well as individual needs. Teachers and parents need to recognize and build on the strengths.
- Teachers need support in order to support children.
- People perform better when they are in a caring and respectful environment.
- Challenging behaviour can occur for a variety of reasons. Some behaviours are often due to a mismatch between the needs of the learner and those of the instructional environment or the school or home context. Thus, when addressing behaviour, the school must examine the environment.

Students with FASD can learn when they receive the necessary supports and interventions. You will find some of those supports in the following pages.

*The term "parent" is used throughout this document to refer to parents, guardians or others who have responsibility for caring for children and youth.

3. Developing Understanding

Children with FAS have permanent, irreversible brain damage - you do not outgrow it, and you cannot fix it, love it away, punish it away or ignore it away. You can, however, provide the types of long-term intervention, support, structure and supervision that encourage, promote and allow adequate function.

(Lutke in Opening Remarks at Children's Commission of BC "Call for Action", 2000)

Jan Lutke is an adoptive mother of 12 children diagnosed with FASD. She is co-chair of the National Advocacy Committee on FASD to Health Canada; co-chair of the sub-committee on Quality of Life Issues; and founder and former director of the FAS Support Network of BC.

The Effects of Prenatal Exposure to Alcohol

Every year babies are born with lifelong disabilities caused by women drinking alcohol during pregnancy. Alcohol consumed during pregnancy can cause, in those exposed to it, a broad range of lifelong disabilities. Prenatal exposure to alcohol is a known cause of intellectual disabilities.

Many children who are affected by FASD have neurological difficulties, which may be manifested through immature social and reasoning skills and undesirable behaviour. We often blame undesirable behaviour on defiance, attention seeking or irresponsibility rather than on difficulty understanding or following direction. It is important to understand that just as we may misinterpret the motivation behind a child's behaviour, so too may the child misinterpret our direction or response. The neurological damage of individuals who are affected by FASD may result in or elicit in others, behaviours that can be frustrating for both the child and for those who support him or her.

Alcohol is a teratogen. Teratogen is a substance that interferes with normal growth and development of the unborn baby. Specifically, alcohol is called a neurobehavioural teratogen because it can cause damage to the brain and can subsequently change behaviour.

(Saskatchewan Institute on Prevention of Handicaps, 2004, p. 1)

FASD ... *does not discriminate on the basis of race, socio-economic status, or sex*.
(Health Canada, p. 1)

Fetal Alcohol Spectrum Disorder is a disability that can be prevented; however, once the brain has been damaged by prenatal alcohol exposure, the damage is permanent and irreversible. Despite this permanent damage, supportive interventions can be effective for the individual affected by prenatal exposure to alcohol. It is important to be sensitive to the needs of the affected individual as well as to the situations of women with alcohol and drug problems.

Educators who work with students who are affected by FASD need to be aware of the complex nature of the disorder. The disabilities caused by prenatal exposure to alcohol can range from mild to severe. Although this condition is lifelong, early and appropriate interventions at home and at school can have a significant impact on improving the potential for positive outcomes.

Prenatal exposure to alcohol can cause central nervous system damage resulting in behavioural change.

As previously mentioned, some individuals who are affected by prenatal alcohol exposure can enjoy independent lifestyles. For others, a realistic plan includes lifelong community supports. The challenge for educators is to provide students with an appropriate program that incorporates academic and life skills, as well as the strategies and techniques they need to live fulfilling lives. It is the task of the teacher to create for their students, life-enhancing opportunities that consider their gifts as well as their challenges.

Terminology

This section introduces the terminology being used today by medical practitioners to describe the spectrum of difficulties that may affect individuals who have been exposed prenatally to alcohol. A variety of terms have been used for this purpose. These terms may appear in medical reports that are sent to the school or used by parents or professionals at team meetings. An understanding of the terms can help educators and parents perceive the complexity of diagnosis.

Fetal Alcohol Spectrum Disorder is used to collectively refer to a range of disabilities caused by alcohol consumed during pregnancy. It is an umbrella term, not a diagnostic term.

There are diagnostic categories within the umbrella term (Stratton, Howe & Battaglia, 1996, pp. 4-5). Each diagnostic category displays a range of associated characteristics.

- Fetal Alcohol Syndrome (FAS)
- Partial Fetal Alcohol Syndrome (pFAS)
- Alcohol Related Birth Defects (ARBD)
- Alcohol Related Neurodevelopmental Disorder (ARND)

A trained medical practitioner must make the diagnosis.

Fetal Alcohol Syndrome

Fetal Alcohol Syndrome describes an individual with the full syndrome of identifying facial features, slow growth and central nervous system damage. **Maternal alcohol consumption may or may not be confirmed.**

The three identifying factors for diagnosis of FAS are detailed as follows:

- **Evidence of central nervous system damage** with at least one of the following characteristics:
  - small head size at birth;
  - structural abnormalities of the brain; and
  - poor fine motor skills, poor eye-hand coordination, poor gait when walking and hearing loss not due to illness or injury.

- **Evidence of growth retardation** in at least one of the following ways:
  - low birth weight;
  - weight loss not due to poor nutrition; and
  - low weight to height ratio.

- **Evidence of** the following **facial abnormalities:**
  - small eye openings;
  - little or no philtrum (groove between upper and lower lip);
  - flat, thin upper lip; and
  - flattened midface.

Partial Fetal Alcohol Syndrome

Partial Fetal Alcohol Syndrome describes an individual who **exhibits some**, but not all, **of the facial features of FAS and one or more of** the following:

- **central nervous system abnormalities;**
- a **pattern of behaviour or cognitive abnormalities** that are not age appropriate and cannot be explained by heredity or environment alone; and
- **growth retardation**.

In addition there **must be knowledge of maternal alcohol consumption**.

It is important to emphasize that pFAS is not a milder form of FAS as the same risk for both primary and secondary disabilities exists.

Alcohol Related Birth Defects

Alcohol Related Birth Defects describes congenital abnormalities related to the heart, skeleton, kidneys, eyes or ears.

In order to attribute these defects to alcohol, there **must be knowledge of maternal alcohol use.**

Alcohol Related Neurodevelopmental Disorder

Alcohol Related Neurodevelopmental Disorder describes an individual who has **one or both of the following:**

- **Central nervous system abnormalities and/or**
- **A pattern of behavioural or cognitive impairments** which may include:
  - poor school performance;
  - abstract thinking;
  - impulse control;
  - social skills;
  - deficits in language and specific math skills; and/or
  - problems with memory, attention, judgement.

There are **no physical signs**. In order to attribute these defects to alcohol, there **must be knowledge of maternal alcohol use**.

Children who are diagnosed with pFAS, ARND, or ARBD may face significant challenges. These conditions may be equally as debilitating as FAS. In fact, individuals with pFAS and ARND may be at greater risk because they do not show the same physical characteristics as individuals diagnosed with FAS. Therefore, they may be less likely to be diagnosed or given the appropriate supports. These individuals may have significant brain differences, yet the only visible symptoms of the disability are difficult behaviours. As a result, well-meaning individuals may inadvertently contribute to the challenges these children face by expecting more than a child can deliver or by being less forgiving of what is perceived to be the child's shortcomings.

Individuals with pFAS and ARND may be at greater risk because they do not show the same physical characteristics as individuals diagnosed with FAS.

Educators who are working effectively with students use a variety of strategies and approaches. They recognize the need to understand how students learn, their strengths and what strategies and supports are required to address their needs.

Brain research, emerging during the 1980s and 1990s, challenged educators to examine the unique learning styles of all children. The neurological damage caused by prenatal exposure to alcohol makes the learning style of students with FASD different. Educators throughout Saskatchewan bring together a unique blend of knowledge, skills and attitudes that enable them to address these differences. Current understanding of children who are affected by FASD emphasizes a need to use a variety of approaches to meet the needs of students affected by prenatal exposure to alcohol.

Prevalence

> *The incidence rates of FAS are estimates. Many children affected by prenatal alcohol exposure are not diagnosed until they reach the school system. The incidence of FAS in Saskatchewan, according to research published in 1996, is 0.585 per 1,000 live births. Research from the United States, published in 1997, estimates that the combined incidence of FAS and ARND (alcohol-related neurodevelopmental disorder) is 9.1 per 1,000 live births. This means that nearly one out of every hundred children born is suffering the effects of prenatal alcohol exposure. In both cases, researchers stress that the estimates are conservative and that the numbers are likely higher.*
>
> (Saskatchewan Institute on Prevention of Handicaps, 2000, p. 7)

Diagnostic Assessment

During any given week in Canada ...

- *10,000 babies are born*
- *3 of these babies are born with Muscular Dystrophy*
- *4 of these babies are born with HIV infection*
- *8 of these babies are born with Spina Bifida*
- *10 of these babies are born with Down Syndrome*
- *20 of these babies are born with Fetal Alcohol Syndrome*
- *100 of these babies are born with Alcohol Related Neurodevelopmental Disorder*

Kellerman, 2003, adapted from http://www.come-over.to/FAS/CanadaBirths.htm

Only a medical doctor can make a diagnosis of FAS, pFAS, ARND or ARBD. Ideally the doctor works with a team of relevant professionals and the family. If the child is of school age, teachers may also be an important part of the team as they can provide information relating to the child's activities in the school environment.

Familiarity with the diagnostic process can lead to a better understanding of the characteristics of the child who is affected by prenatal alcohol exposure, and to the provision of more effective assistance for the child. Although characteristics of the child may suggest the possibility of FASD, under no circumstances should a classroom teacher suggest to parents that their child might be affected by prenatal alcohol exposure. Choosing to have a child assessed is a parental decision. A suggestion that there may be medical reasons for the child's difficulties may encourage the parents to follow up with a visit to their family physician or pediatrician.

Seeking a diagnosis can be a frightening experience for parents. Some parents may be reluctant to seek a diagnosis due to overwhelming feelings of fear of social judgement, shame, guilt or loss. It is important to respect these feelings and allow parents the time needed to reach a decision.

"Early detection empowers parents to plan creatively for their children with FAS … and to obtain the services necessary to allow those children to develop to their best potential" (Streissguth, 1997, p. 189). For individuals who are affected, a diagnosis helps them realize why they are experiencing difficulties and frustration. Realistic goals can be established. Early diagnosis can provide the guidance and support needed to increase the hope for children with FASD to lead happy and productive adult lives. The earlier the diagnosis, the greater the opportunity to affect positive outcomes through early implementation of intervention strategies. Professionals can work with parents as the child grows, supporting them and their child through the developmental stages of life.

Individuals who are not diagnosed with FAS but who have pFAS, ARND or ARBD, also have special needs, which may be as severe as an individual with FAS and will require assistance throughout their lives.

Patricia M. Blakley, MD, PhD, Alvin Buckwold Child Development Centre, Saskatoon SK

The Process for Obtaining a Diagnostic Assessment

In Saskatchewan, families are encouraged to discuss concerns with their family doctor. Typically a physical examination is conducted and a thorough history is taken. The history includes the child's development after birth as well as the prenatal history. Information regarding the child's physical, social, academic and adaptive skill history will be collected. The doctor will then determine if a diagnosis can be made or if further assessment is required. At this point the child may be referred to a specialist. If possible, a psychologist and physician will collaborate in the assessment process in order to reach a diagnosis. When a diagnosis is made, the child and family needs to be provided with information and put in contact with existing support services within the community.

Primary and Secondary Disabilities

It is important to remember that each child is a unique individual with his or her own personality and characteristics. However, at times it is useful to describe the common characteristics associated with FASD in order to understand individual problems and assist in developing appropriate interventions. Children who are affected by prenatal alcohol exposure have characteristics that are described as primary and secondary disabilities.

Primary Disabilities

Primary disabilities are those that are present at birth. They are a result of the damage done to the brain and body by prenatal exposure to alcohol. They reflect differences in brain structure and function. This damage cannot be undone once it has occurred.

Children who are affected by FASD may have:

- delay in reaching developmental milestones;
- physical and health conditions such as hearing and visual impairments, cardiac and/or respiratory problems and weakened immune systems;
- difficulty controlling impulses;
- memory problems;
- inconsistent performance;
- difficulty generalizing information from one situation to another;

- difficulties processing abstract information;
- over- and under-sensitivity to stimuli; and
- an inability to understand a consequence.

All primary disabilities affect an individual's potential for learning.

Secondary Disabilities

Secondary disabilities are disabilities that occur after birth. Some examples of secondary disabilities may include:

- mental health problems;
- disrupted school experience;
- trouble with the law;
- confinement;
- inappropriate sexual behaviour; and
- alcohol and drug problems.

(Streissguth, 1997, p. 105)

Streissguth's four-year study on secondary disabilities (Streissguth, 1997, p. 109) indicated the extent to which these secondary disabilities affect individuals. Over 90% had mental health problems; more than 60% had disrupted school experiences; 60% of adults and adolescents had trouble with the law; 50% of adults and adolescents had been confined; and 39% of children had displayed inappropriate sexual behaviour. Alcohol and drugs did not appear to be a problem for children; however, they were reported as a problem for 35% of the adults.

As with all children, some students who are affected by FASD may come from homes where alcohol continues to be a problem. In homes where alcohol use is high, abuse may be a related problem. Educators need to consider these issues as they plan for the student and consider the need for outside professional assistance.

Early diagnosis is one of the strongest factors associated with fewer secondary disabilities.

Secondary disabilities develop over time when there is a mismatch between the person and his or her environment. These secondary disabilities may be ameliorated through better understanding and appropriate early interventions. According to Streissguth (1997) "early diagnosis is one of the strongest factors associated with fewer secondary disabilities" (p. 189).

The challenge for educators is to foster the skills, strategies and techniques the student needs to live as independent a life as possible.

Protective Factors

Protective factors are those associated with lower rates of secondary disabilities. It is important to note that many secondary disabilities may be prevented or lessened when protective factors are in place. Streissguth (1997, p. 111) identified five universal environmental protective factors relating to secondary disabilities:

- living in a stable and nurturing home of good quality;
- not having frequent changes of household;
- not being a victim of violence;
- having received developmental disabilities services; and
- having been diagnosed before the age of six.

People with FASD will always have FASD but with understanding and early intervention, secondary disabilities can be ameliorated.

Although educators do not have direct control over all of these factors, one of the primary functions of schools is to support service delivery. Partnering with community to create a caring and respectful school environment based on the principles, values and beliefs as outlined in this document will greatly enhance the likelihood of fewer secondary disabilities. People with FASD will always have FASD but with understanding and early intervention, secondary disabilities can be ameliorated.

4. Designing a Process

In a school that learns, people inside and outside the school walls, students and adults - recognize their common stake in the future of the school system and the things they can learn from each other.

(Senge, 2000, p. 5)

Creating a Caring and Respectful School Community

A caring and respectful school is an open, inclusive and culturally affirming learning community. It nurtures understanding and respect among diverse groups and sees learning as a continual life-long process. A caring and respectful school ensures that all students have access to a barrier-free learning environment and benefit equally from a variety of learning experiences and needed supports and services in the classroom, the school and the community. The school staff works collaboratively with students, families, community members and human service providers to create the climate necessary to ensure the well-being and educational success of all students.

A school's climate underlies the day-to-day operation of a school. It provides a place where everyone can interact with people they trust. The Common Essential Learning of Personal and Social Values and Skills, which is incorporated in all provincial curricula, supports the creation of this climate by planning for the development of persons who recognize the intrinsic value of caring, inclusive, democratic and sustainable communities and act out of this recognition.

Inclusive Schools

The need for community, to belong, to be connected with others is universal. Inclusive schools reflect the belief that all children belong

and are valued members of the community. For children with Fetal Alcohol Spectrum Disorder an open, inclusive school environment is critical for their well-being and educational success.

It is important to understand that inclusion is not an action or set of procedures. It is an attitude or belief system. Once adopted, the practice of inclusion drives all decisions and actions with respect to providing programs and services for children with Fetal Alcohol Spectrum Disorder. Strong leadership at all levels is needed to ensure that all schools in Saskatchewan are inclusive schools with an unconditional commitment to help every child and young person succeed.

Diversity, within the context of an inclusive school is not perceived as an obstacle, but rather as an opportunity.

Because diversity presents an opportunity to enrich school culture and provide students and adults with experiences to increase their knowledge, understanding and appreciation of differences, we teach children and youth how to respect and care for each other and instill in them the belief that we can all contribute. Through this teaching and modelling, they may come to understand that when we work together we are all strengthened by what we learn about our differences.

All students need to feel they belong to:
- classroom
- school
- community

This chapter will review the importance of planning together and will serve as a guide for teachers as they plan with parents, students and community to design a process that both educates and supports service delivery for children and youth.

Planning Together … With Parents

Everyone has a role to play in raising and educating a child. Family, teachers and the community influence children and youth's perceptions and responses. Our interactions play a part in shaping the story of each individual life. By planning together with parents we can provide the necessary supports and positively influence their children's lives.

Families of children who are affected by prenatal alcohol exposure face unique and daily challenges. These families need reassurance they are not alone in their struggle. The school can assist by ensuring that parents are welcomed partners in planning and are aware of community and school supports.

Benefits of School-Parent Partnerships

There are many benefits in planning together with parents. Through the process of working together, students, parents, teachers, schools and communities become supported and strengthened. *Parents and Community Partnerships in Education Policy Framework* (1999) lists the many benefits of parent and community partnership in education and includes research-based evidence. www.sask.gov.sk.ca/publications.

It is important for parents and school personnel to develop a working relationship based on mutual respect. Respect takes time to develop. Schools gain respect from parents and community when they:

- provide meaningful opportunities for the involvement of the parents and community in the school;
- ensure that meetings occur in a respectful, collaborative manner;
- encourage parental involvement in school activities and events;
- involve the parents and community in developing a vision for their school;
- expect that staff members work effectively with parents;
- ensure that parents and students are involved in the development of Personal Program/Individual Education Plans;
- develop relationships with parents based on trust and integrity; and
- involve parents as soon as a problem with their child's performance or behaviour is anticipated. This provides opportunity for the teacher and parents to initiate problem solving together - a great way to begin a partnership.

Parental partnerships and supports can be established in a variety of ways. The following are more specific examples.

Ideas for Engaging Parents in Meaningful Ways

On occasion, teachers may conclude that parents who do not respond are not interested in partnering with the school.

- There may be a number of reasons why parents have not responded. For example, they may be uncertain of the expectations or they may have significant time constraints or

stressors. It is important for school personnel to understand that this is not personal.

There are a number of things teachers might consider:

- Continue to invite parents to come to the school, or offer to meet the parents at a site of their choice outside of the school.
- Utilize other involved individuals to engage the parents (e.g., an elder, a community liaison worker).
- Involve external agencies who may be active with the parents already (e.g., a local friendship centre, health agency, Child and Family Services).
- Work with a parent advocate.
- Offer parent information evening sessions on school activities, curriculum and other topics of interest to parents. The suggestions listed below comprise a sample of the types of workshops/parent information evenings that could be useful for families with children who are affected by prenatal alcohol exposure:
  - overview of FASD;
  - stress management/self-care;
  - sleep disorders;
  - conflict resolution;
  - assertiveness training;
  - accessing respite services;
  - accessing or forming parent support/advocacy groups;
  - sensory integration;
  - transition planning;
  - behavioural issues for parents;
  - parent-school partnerships; and
  - effective parenting.

Saskatchewan Learning's Special Education Unit provides professional development workshops on the topic of Fetal Alcohol Spectrum Disorder through the ACCESS (Assistance, Collaboration, Consultation, Evaluation and Support Services) Program. **Consultative support for individual students is also available upon request.** Further information is available on the Special Education web site at http://www.sasked.gov.sk.ca/k/pecs/se/access.html

As school personnel work to establish relationships with parents, it is important to keep in mind that parents of children who are affected by prenatal alcohol exposure may:

- find it difficult to accept the impact of the disabling condition on their future hopes and dreams for their child. Talking with other parents who have experienced the same difficulties can be helpful.
- be experiencing denial, guilt, anger, grief and the feeling of loss (the grief process). It will take time, information and support to work through these stages. A trained counsellor or clinician can assist parents in working through this process.
- be experiencing the stigma of having given birth to a child who is affected by prenatal alcohol exposure. This stigma may result in the parents being isolated in the community because of their history of alcohol abuse or because of their child's behaviour. Efforts need to be made to assist parents in making community connections. Community workers or child/family, youth services staff may want to become involved.
- find it difficult to engage with the school due to their own personal experience and history with schools. Initial contact with these parents may need to occur at a neutral site removed from the school. Parents can be encouraged to bring a friend or advocate to school activities or meetings.
- perceive that the school personnel are not open to their ideas or suggestions.
- experience a concern with how the school system will manage their child. The school staff should welcome the parents and explain the services and supports that are available to the child. A staff member should take the time to explain how a parent will be involved if a Personal Program/Individual Education Plan needs to be developed.

Whether the child resides with a birth, adoptive or foster family, supports for the family will be necessary during various stages of the child's life. The knowing educator will take this into consideration throughout the planning process.

Parents and Personal Program Plan (PPP) or Individual Education Planning (IEP)

It is very important that parents and student, if age appropriate, be involved in the individual educational planning process. Parents need to understand what a PPP/IEP meeting is about, what will be expected of them and how they might prepare for it.

For additional information on working effectively with parents, please refer to the following document: *Creating Opportunities for Individuals with Intellectual or Multiple Disabilities*, Saskatchewan Learning, 2001

Once the initial PPP/IEP meeting has occurred, team meetings to review and update the PPP/IEP usually occur two to three times per year.

Ongoing communication among classroom teacher, special education teacher and parents is important throughout the year. This can be facilitated through contact at school, phone or written notes. In some situations, a home-school communication book can help the school and home stay informed on developments and progress.

During the development, implementation and evaluation of the program plan, it is important to reflect on whose success we are defining and how we are defining it. This requires continuing reflection on the quality and relevance of the programs and supports that have been put in place. For example, does the program continue to meet the needs of the individual? Does the PPP/IEP reflect the primary and secondary *abilities* as well as the dis*abilities*?

... it is important to reflect on whose success we are defining ...

Planning Together ... For and With Students

> *FAS is part of me, like an extra arm or something. But it's not all of me. People need to know that.*
>
> (young man in Copeland & Rutland, 1996, p. 7)

Providing Appropriate Supports and Services

Determining appropriate supports and services requires collaborating not only with parents but also with the person who will be receiving those supports and services. Teachers' knowledge of Core Curriculum components such as the Required Areas of Study and the Common Essential Learnings will provide the basic framework for meeting many needs in the classroom. The Adaptive

Dimension allows teachers to adapt environment, curriculum topics and themes, and instructional materials and methods to meet some of the learning and diverse needs in the classroom. The informal relationship building with the student and the mutual understanding of the need and type of supports are great determinants of success.

... to discover where a child is and, hence, how we can most helpfully contribute ... it is necessary to listen to what he or she has to say -- to try to understand the world as he or she sees it.
(Wells, 1986, p. 118)

Before a formal team becomes involved, the procedures and processes used to learn about students and develop appropriate interventions may be guided by a series of questions such as the following:

What Information is Needed?

As much information as possible is needed. If a student has been diagnosed with a disability, it is extremely important to understand that disability in as much detail as possible but not to forget that along with that disability, there is a personality and life experiences that have contributed to that student's strengths and needs. How do we adapt environment, materials and instruction to create meaning for each particular individual? The more information that can be gathered, the less difficult the puzzle.

- Are there any health concerns?
- How is the student's vision, hearing, etc.?
- What are the student's strengths, challenges, interests?
- Does the student have any sensory needs?
- Are there any behavioural issues?
- What are the family dynamics?
- What else do I need to know?

What Information is Available?

Building a trusting relationship and continued planning with the student is key throughout all information-gathering processes, planning and evaluation. It is through this relationship that educators come to better understand the person and how he or she makes meaning of his/her world.

In the case of Fetal Alcohol Spectrum Disorder, it is important to remember the impact of primary and secondary disabilities (see page 3.17) of FASD on learning and the complexity this adds to the planning process.

The teacher begins to collect information about the student through:

- observing, interacting and establishing rapport with the student;
- talking with the student;
- talking with the parent(s);
- exploring what strategies are working (and not working) at home and school;
- examining existing files (cumulative files, resource files, report cards, screening reports, medical reports);
- discussing the student with the previous years' teachers or daycare staff;
- collecting information through informal testing, criterion-referenced testing or functional assessment tools;
- asking other teachers or in-school support team for ideas and suggestions;
- determining if other agencies, medical practitioners or support workers are or have been involved; and
- seeking professional development opportunities to become more informed of the impact of the disability if a disability has been determined or is suspected.

The teacher and a team of other professionals assist in planning when relationship building and classroom strategies appear to be ineffective in addressing the student's learning needs. These responses should be implemented only after the parents and the student have agreed that this intervention is necessary. The process of initiating formal intervention will be outlined in local school policy. As formal responses come into effect, other professionals join with the teacher to provide an appropriate program.

Who Can Best Provide the Information about the Student?

In many schools today, support teams are in place to coordinate the services that are being offered to students with diverse needs. The actual members of the support team(s) will vary depending on need and resources available within the division/district/tribal council. The members may include:

- student(s);
- parent(s);
- teachers;

- other school, division or tribal council personnel such as resource teacher, school counsellor, school clinicians, school administrators;
- speech language pathologist;
- school psychologist;
- social worker;
- behaviour consultant; or
- others who work with the individual.

Names of the team(s) vary from division to division and the number and types of support teams may increase with student population but will be found in the local school policy and guidelines. The profile of the team will determine which duties they are able to perform; however, the range of duties of school support teams often include:

- maintaining contact with the parent(s);
- ensuring that the necessary paperwork and reports are completed;
- determining the members of the PPP/IEP team;
- determining which members of the team are needed at a meeting;
- arranging meeting locations and times;
- providing one-on-one or small group interventions;
- developing school supports and procedures for use with students experiencing difficulties (e.g., peer tutors);
- coordinating the assignment of paraprofessionals;
- collaborating with external agencies;
- assigning in-school classroom teachers and team members for the PPP/IEP teams;
- receiving and considering formal referrals for resource, guidance or clinical assistance;
- conducting assessments as required;
- recording the outcomes and action plans from the meeting;
- conducting individual student assessments;
- participating in program planning on Individual Education Plan teams;
- providing individual or small group interventions;
- collaborating with external agencies;
- consulting with parents;
- providing workshops and training on a variety of topics; and
- completing reports on individual students.

Support teams are a great asset to the classroom teacher and the students who require additional supports and services. For effective planning, the support team will be aware of the community supports that are available and those that need to be coordinated into the planning process.

Planning Together … With Community

Children who are affected by prenatal alcohol exposure also require the support of the local community. Some communities have formed networks composed of representatives of organizations and agencies operating in a local area who are interested in working together to address the issues relating to FASD. Parents and school representatives are important participants in these committees.

It is important that school division personnel become aware of and communicate with community agencies regarding the type of services that are available. Community agencies such as the Saskatchewan Institute on Prevention of Handicaps, the Saskatchewan Fetal Alcohol Support Network and the Saskatchewan Association for Community Living are examples of provincial organizations that provide information and supports to individuals with FASD and their families. For contact information, please refer to Appendix A.

- The key to a healthy community is the willingness of members to work together. Collaborative efforts take time and commitment to develop successfully. Activities of such committees could include:
    - prevention and public education initiatives;
    - informal sharing among agencies;
    - identifying gaps/overlaps in service;
    - communication with external agencies;
    - facilitating the development of parent support groups;
    - creating professional development opportunities; and
    - sharing resources with members and other service providers.

Planning for Personal Professional Growth Reflection

The teacher begins to collect information about herself/himself through professional development and self-reflection. The teacher may reflect on:

- personal principles, values and beliefs;
- understanding effective practices; and
- knowledge and understanding of FASD and other disabilities.

Several processes for teachers to reflect upon their understanding of teaching and learning situations, expand their repertoire of techniques and strengthen their support systems is outlined in *Classroom Curriculum Connections: A Teacher's Handbook for Personal-Professional Growth*, Saskatchewan Education 2001a. The goal of the handbook is to strengthen teaching and student learning. http://www.sasked.gov.sk.ca/docs/policy/curr_connections/index.html

Next Steps

This chapter described a process of creating a positive school climate and relationships with students, parents and community. Once relationships are established, we are able to work together to enhance learning. The following chapter will outline those effective practices that enhance learning.

Those that do not understand, fear our differences.
(McKean, 1994, p. 64)

Section II

Effective Practices

The Challenge

Communication Issues

The Importance of Teaching Social Skills

Meeting Behavioural Needs

Academic Learning and Life Skills

Easing Transitions

Spider Webs, External Brains and Linear Clocks

5. The Challenge

> *... depending on how severely the mother's use of alcohol had affected the fetus, their child would always need an external brain - beyond childhood, through adolescence, and into adulthood. The external brain is another way of saying that individuals with FAS need more guidance and direction than they can provide for themselves.*
>
> (Doctor in Kleinfeld, 2000, p. 115)

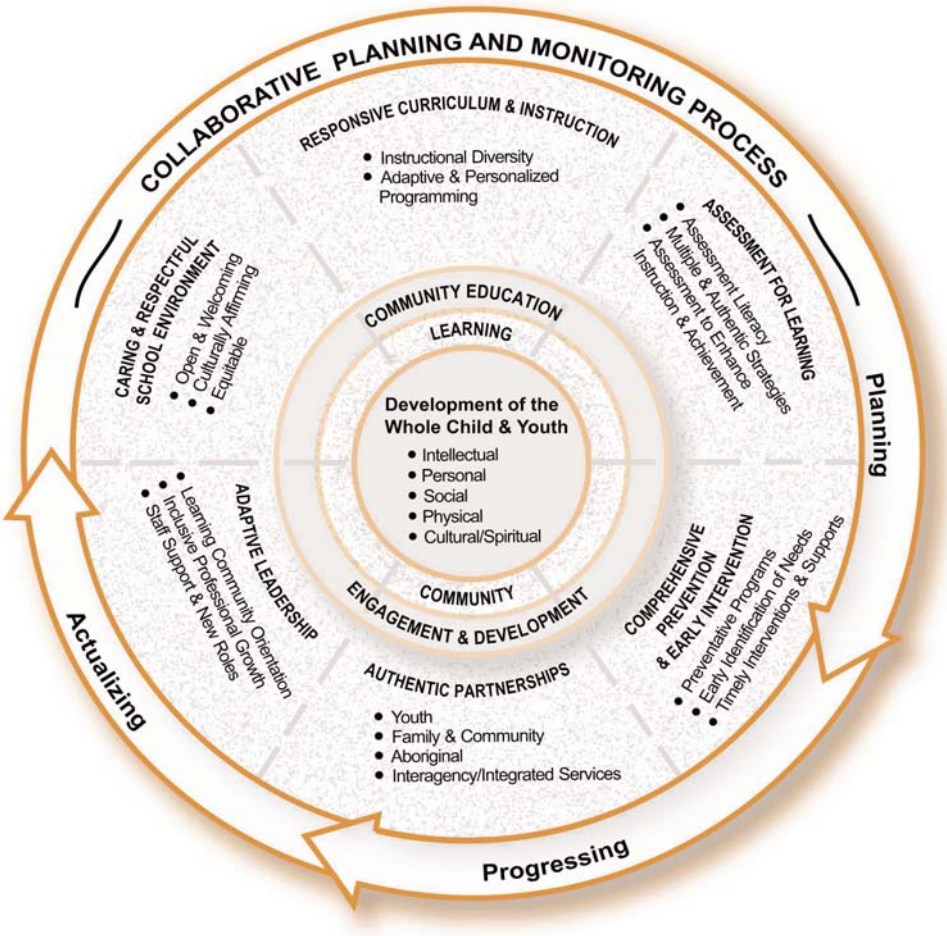
An effective practices framework (see Figure 5.1) has been developed by Saskatchewan Learning to provide schools and communities with key practices and resources that will promote:

- learning excellence for all children and youth; and
- the delivery of appropriate services and supports that ensure the well-being of all children and youth.

Six effective practices have been identified through an extensive literature review and provincial consultation process. The practices include:

- Caring and Respectful School Environment;
- Responsive Curriculum and Instruction;
- Assessment for Learning;
- Adaptive Leadership;
- Authentic Partnerships; and
- Comprehensive Prevention and Early Intervention.

Figure 5.1: School[PLUS]: Effective Practices Framework



http://www.sasked.gov.sk.ca/k/pecs/splus/Default.htm

While most of these supports provide learning excellence for all children and youth, there are also challenges that must be taken into consideration.

Executive Functioning Skills

Many children affected by prenatal alcohol exposure lack or have compromised 'executive functioning skills.' Executive functioning skills are those skills which enable us to decide that we want something, consider different choices about how to obtain the desired object, initiate and sustain a complex sequence of actions to obtain the object, and self-monitor and self-correct if the chosen plan of action is not working. (Streissguth & Kanter, 1997, p. 82).

A neurological profile of someone diagnosed or suspected of being under the umbrella of FASD is described below. In varying degrees, he/she will have difficulty with:

- focused attention not necessarily sustained attention;
- moving information from short-term to long-term memory;
- retrieval of information;
- response inhibition which leads to inappropriate response in a given situation;
- ability to analyze a problem, devise a strategy, monitor one's performance and modify strategy as performance proceeds;
- inferential reasoning; and
- encoding information.

The challenge for parents, teachers and other community members working with children and youth affected by prenatal alcohol exposure is to understand the extent to which the individual's functioning skills have been compromised. It is not enough to have a repertoire of effective practices but one must know how to transform those practices into relevant and meaningful experiences for those with compromised executive and social-emotional functioning skills. Once again we need to re-examine our definition of success.

For further information about parenting and support to the caregiver, contact the Saskatchewan Fetal Alcohol Support Network toll free at 1-866-673-3276

Many children and youth affected by prenatal alcohol exposure will need to be taught appropriate routines that become impulse-response, without the critical thinking in between that is sometimes outlined in the effective practices.

Impaired socio-emotional functioning further compounds the difficulties and frustrations people affected with prenatal exposure to alcohol experience. A typical profile in the area of socio-emotional functioning will include:

- deficits in the area of socialization, interpersonal skills and ability to conform to social conventions; and
- social judgement problems which are not just a consequence of intellectual limitations.

It is important to note that discrepancies in socio-emotional functioning between children and youth affected by prenatal exposure to alcohol and those children who have not been affected increase with age. Adolescence can be difficult under the best of

circumstances. As responsible members of a community it is important we do everything possible to create an environment that matches how someone affected by prenatal exposure functions in his or her world. This is our challenge.

As we work toward assessing the student's functioning skills, re-evaluating our effective practices and redefining success for a particular student, we must also consider to what extent we need to provide additional guidance and direction, sometimes referred to as the "external brain". All of this takes time and it is not an easy decision knowing where to draw that fine line and when that line needs to be redrawn.

Providing an External Brain

"External Brain"
Some students who are affected by prenatal alcohol exposure will require the assistance of an "external brain" to help them make decisions, remember rules and routines, and problem solve. A classroom peer, senior student, volunteer or paraprofessional, may fill the role of the external brain.

The phrase external brain, coined by Dr. Sterling Clarren, was used to describe supports that may be necessary for someone who has been exposed to prenatal alcohol. The external brain can refer to something as extensive as a personal care assistant to a timer that goes off to remind the person it is time for lunch. "The external brain is another way of saying that individuals with FAS need more guidance and direction than they can provide for themselves" (Doctor in Kleinfeld, 2000, p. 115).

Physical Difficulties

Children with FASD, or suspected of having difficulties as a result of prenatal alcohol exposure, may present in a variety of ways. The physical abnormalities are usually the most easily identified and accommodated. The accommodations provided below are well known to teachers; however, they are worthy of review, as sometimes we tend to overlook the obvious.

Hearing

Student:

- should look at the teacher; pre-arrange a physical cue (i.e., raise the finger) to denote "I am listening";
- may require extra time to process verbal information and may need repetitions(s);
- may miss school or have frequent ear infections; may fatigue easily;

- may have articulation difficulties and/or auditory discrimination difficulties; and
- may require hearing aid(s) or other technology and support (i.e., interpreter).

Effective Practices:
- involve parents;
- determine most appropriate physical placement;
- wait for eye contact before speaking;
- give clear, short instructions and repeat if necessary;
- note frequency of ear infections;
- use adaptive techniques to individualize and access curriculum;
- closely monitor progress and daily activities; and
- communicate with other agencies involved with the student.

Vision

Student may:
- have vision problems due to optic nerve damage and corrective lens may not be helpful;
- require more time to read;
- be sensitive to bright or fluorescent lights;
- have eyes tiring easily; and
- require visual aid(s).

Effective Practices:
- communicate with parents;
- locate student in appropriate place in classroom;
- adjust expectations of reading and writing tasks;
- watch for sensitivity to lighting;
- choose tasks carefully according to child's ability and vision;
- monitor closely, providing support but allowing for independence;
- provide any necessary resources such as large print books or adapted materials;
- consult with parents, specialists and the student to determine needs; and
- communicate with other agencies involved with the student.

Speech and Language

Student may:
- have articulation or speech clarity difficulties (perhaps due to cleft or soft palate or hearing impairment).

Effective Practices:
- communicate with parents;
- allow increased response time while being sensitive to making the student uncomfortable; and
- involve parents and speech-language pathologists.

Immune System Deficits

Student may:
- be frequently ill or absent;
- have allergies;
- be on medications; and
- exhibit a lack of energy, inattentiveness, irritability or hyperactivity.

Effective Practices:
- communicate with parents;
- consider extra time and/or assistance to complete work;
- be aware of seasonal or allergic reactions for the child; avoid situations which may aggravate these allergies;
- be aware of medications and their effects; and
- break tasks into manageable units.

Sensory Issues

Student may:
- have difficulty regulating emotions;
- display hypersensitivity or hyposensitivity (to light, sound, touch, taste, smell);
- display irritability, frustration, loss of temper, hyperactivity, inattentiveness when senses overloaded; and
- participate in risk-taking behaviours (may be hyposensitive to cold and go outside inappropriately dressed).

Effective Practices:
- monitor environment and student's response/reactions to environment and adapt environment as necessary;
- arrange for opportunities and spaces for student to use for down times (i.e., regroup and calming);

- provide flexibility of movement and break time within a structured environment;
- monitor closely during unstructured and transition times; and
- be clear and specific in expectations.

Motor Skills/Coordination

Student may:

- need more time to complete tasks requiring fine motor skills;
- need more space for work;
- appear uncoordinated and have lack of confidence; and
- experience difficulty in group game activities.

Effective Practices:

- allow extra time for activities and transition time;
- adapt materials to accommodate student's needs (i.e., larger work area, special scissors); and
- adapt instruction in physical education and instruct entire class in these adaptations when possible.

Chapters 6, 7 and 8 provide more in-depth information on addressing communication issues, teaching social skills and meeting behavioural needs. Chapter 9 deals more specifically with academic learning and life skills.

6. Communication Issues

> *When he asked me what a detective is, I explained that it is someone who solves problems. John said "Mom could you hire a detective for me? I've got lots of problems."*
>
> (Michael in Kleinfeld, 2000, p. 280)

A student who is affected by prenatal alcohol exposure has neurological damage that often affects his or her ability to communicate and therefore to learn. The complexity of the language we use when communicating can further complicate the issue. The communication difficulties can manifest themselves in several ways, including difficulty with:

- processing language;
- listening;
- acquiring basic concepts;
- remembering vocabulary; and
- expressing thoughts clearly.

Students who are affected by prenatal exposure are often very verbal, yet may still have language and communication difficulties. These communication difficulties impact on learning and can be manifested through the student's inability to:

- solve problems;
- follow directions;
- be safe;
- express his or her feelings;
- respond with appropriate actions; and/or
- make his or her needs and wants known.

Frustration that results from communication and learning problems can lead to behaviour problems such as temper tantrums, violence and anger. There are many strategies that can be used to help students who are affected by prenatal alcohol exposure improve their communication.

A speech language pathologist can assist the classroom teacher to develop specific strategies for individual students. Some of the generic interventions that may assist are listed below. It is important to remember that there are often significant differences between the student's receptive and expressive language skills.

Receptive Language

"A mother says, 'Don't ride your bike in the street,' and points to the street in front of the house. The child says, 'OK Mom!' and then rides his bike in another street. If the child is unable to generalize, the second street is different and therefore requires a new rule" (Malbin, 1993, p. 15).

Do not rely on "talk" to teach.

How does one best receive language? There are a variety of potential factors that may contribute to difficulties with understanding language. These may include :

- getting an individual's attention before beginning;
- relating the information to familiar context;
- speaking slower and simplifying the language;
- using language that is uncluttered;
- reviewing, reteaching and reminding; and
- being patient and cognizant of how much information is overload.

The above reminders are common and easily remembered because one can relate them to our own situations. Other strategies may accommodate individual differences.

- Because many students with FASD have difficulty with memory, they will require rehearsal, practice, teaching and reteaching in a variety of contexts.
- Remove room distractions and background noise for those who are easily distracted.
- Because many students are visual and tactile, provide visual and tactile cues.
- For many there will be a need to use task analysis when providing instruction. Task analysis is explained in more detail in the section on academic skills.

While teachers have access to a wide range of strategies, choice of appropriate strategies is determined through reflective consideration of questions such as:

- Does my teaching style match my student's learning style?
- Is there a match between how the student processes and how we create the environment?
- How are my listening skills?
- Do I know the emotional needs of this student?
- Am I cognizant of his/her other needs?
- How have I defined success?
- Is this the student's first language or dialect?
- What supports will this student need?
- What else do I need to know?

There is an increasing amount of literature on reflective practice. Please see *Classroom Curriculum Connections: A Teacher's Handbook for Personal-Professional Growth*, Saskatchewan Education 2001a. http://www.sasked.gov.sk.ca/docs/policy/curr_connections/index.html

The Importance of Visual Supports

For many students with FASD, auditory information alone is insufficient. Simple graphic drawings can provide cues to meaning and remain constant long enough for the student to process, store and act on the information provided. Visuals can be used as task organizers, schedules or reminders. They may be as simple as colour-coding or as complex as a graphic student timetable. Hodgdon (1995) provides a wide variety of suggestions and strategies on visual supports.

Help them to think in pictures. Translating thinking into pictures helps facilitate memory and retention.

Addressing Communication and Learning Issues with Technology

Technical aids such as computers provide new avenues of learning. The student with FASD may benefit from computer-assisted learning programs because they are repetitive, visual and provide immediate feedback and a hands-on learning experience.

Computer-assisted learning programs, such as those that are voice activated are able to translate text to speech or speech to written

text or scan text and pictures from resource materials. The benefits of these programs for students are endless when they are used to meet the learning objectives.

Computers are only one of the aspects of technology that may assist the student in communication and in accessing curriculum. There are a variety of devices that address communication issues. Expertise is available in determining actual need and appropriate use of the technology.

Expressive Language: Spoken and Written

Students who are affected by prenatal alcohol exposure may appear to be very fluent, yet their spoken language is often described as "cocktail party" conversation. It often lacks content. One of the challenges the teacher, parents and community will have is to assist the student in distinguishing between talking and effective communication. While some students may appear fluent, others may have difficulty with phonology, semantics and syntax.

Students may have difficulty with word retrieval and substitute words, reverse order of words, omit words or fail to communicate in a meaningful way because they have lost their train of thought. They often have difficulty expressing their feelings or making their needs and wants known. They may encounter problems initiating, sustaining or ending conversation; and listening and/or commenting appropriately. They may also experience difficulty because of underlying cognitive difficulty with sequencing and time referencing. Bringing closure may be difficult and being tactful is usually not one of their social graces.

If these students have difficulty verbally explaining things in a logical or sequential manner, it follows that they will have difficulty putting their thoughts into written language. They may have difficulties with spelling, punctuation and capitalization, organizing thoughts or even remembering how letters are formed.

The complexity of communication explains why students experiencing difficulty in this area run into difficulties in most areas of their life. There are many strategies that can be tried to determine which ones are suited to the individual student's needs.

Evenson and Lutke (1997) describe "8 Magic Keys" that are necessary guidelines in developing successful interventions:

1. Concrete
2. Consistency
3. Repetition
4. Routine
5. Simplicity
6. Specific
7. Structure
8. Supervision

Saskatchewan Learning's curriculum documents include many strategies that can be used within the framework of these eight key guidelines. It is strongly suggested that these resources be re-examined with these eight guidelines in mind.

7. The Importance of Teaching Social Skills

> *Usually we teach critical interaction skills to youths with emotional/behavioural disturbances. We expect these same participants to react similarly to a comparable situation in real life. For students with FAS, this may be an impossible task. The nature of the disability means they have difficulty making connections and generalizing information from one situation to another.*
>
> (Evanson in Kleinfeld, 2000, p. 152)

Saskatchewan's Core Curriculum is designed to meet the needs of all students in order that they achieve the knowledge, skills and attitudes necessary to succeed in school and in life. Educators will come to know that some students affected by prenatal alcohol exposure will require intensive programming and supports throughout their life. Educators will need to constantly reflect on the extent to which the disability impacts on the life of each individual, and more specifically, on how the individual's social skills are impacting on his or her academic and life learning.

There is often a discrepancy between the chronological age of children or youth affected with prenatal alcohol exposure and their social skills age. Because of this discrepancy they often have difficulty relating to peers, keeping jobs or relating to the community in general. These students often require extra attention in the development of social skills. Social skills can be taught to the entire classroom and then reviewed with individual or small groups of students who require further understanding and practice. It is important to keep in mind that the nature of this disability means many have difficulty generalizing instructions from one instance to another.

Creating Opportunities for Students with Intellectual or Multiple Disabilities, Saskatchewan Learning, 2001b http://www.sasked.gov.sk.ca/k/pecs/se/docs/createopp/creatopp.html is an excellent resource for teachers. The chapter on developing social skills speaks to the importance of social competence and social awareness. Many students, because of their lack of social awareness, cannot read people or interpret social situations, which in turn will present barriers to friendships, employment and independent living. The chapter provides information on facilitating friendships, developing a natural support network and the need for systematic instruction. It is strongly recommended that you consult the above resource for more specific guidelines.

In addition, Saskatchewan's Core Curriculum includes the component of the Common Essential Learnings (C.E.L.s), which are to be incorporated across all areas of study from kindergarten to grade twelve. One of these C.E.L.s focuses on the development of Personal and Social Values and Skills. This C.E.L. supports the development of self-knowledge, self-discipline and self-respect. At the Pre-kindergarten, Kindergarten and Elementary Level (grades 1 - 5), students are supported in understanding and practising kindness, truthfulness, responsibility, fairness, equality and gratitude. At the Middle Level (grades 6 - 9), students are supported in developing relationships with peers and parents that are respectful, reciprocal and empowering and in using dialogue as a model for group understanding, planning and problem solving. At the Secondary Level (grades 10 - 12), students' understanding and practice is moved outward to larger community, provincial, national and global concerns.

The Goal

Many kids can't read social situations well, but negative messages from teachers come through loud and clear, and linger for years, much more vividly than the lesson being taught.
(Dutton, Cambron-McCabe & Kleiner in Senge, 2000, p. 143)

The goal of social skills instruction is to teach socially acceptable behaviours that assist students in being accepted by their classroom peers, teachers and other people they will encounter throughout their life. There are some individuals who will always have difficulty applying these skills across similar settings even with the reinforcement and repetition in the teaching of these skills. They will require cueing in each new setting. This cueing is what we have referred to as the external brain.

The Challenge

The challenge is to teach social skills in such a way that the child/youth understands on that day and remembers and applies them in similar situations the following day. Janet Adams (pseudonym) talks about using community mentors to help teenagers with Fetal Alcohol Spectrum Disorder develop social skills. Nick was a mentor to her son Tony. "Nick's mentoring proved much more effective in teaching Tony social skills than any school program designed for this purpose … with less than a year of Nick's help, he was initiating appropriate conversations" (Adams in Kleinfeld, 2000, p. 265).

... what works for one person could make things worse for another. (Malbin, 1993, p. 9)

This does not suggest that social skills cannot be taught at school but rather emphasizes the importance of teaching skills in context and providing real practice for the reinforcement of these skills. It also suggests that we need to find creative and meaningful ways of teaching social skills and that we need to examine and select strategies that meet the needs of each individual.

The Steps

The steps to teaching social skills can be organized as follows:

1. identify the skill on which to focus;
2. teach, review, reteach;
3. model and role-play;
4. provide feedback and reminders; and
5. transfer and generalize to other locations.

Challenge can occur during each of these steps; however, the greatest challenge for many students will be the transfer and generalization to other locations. The art of teaching is knowing how much repetition is necessary before there is some measure of success and when it is time to seek another alternative.

The art of teaching is knowing ... when it is time to seek another alternative.

The following skills can be measured or rated by teachers using rating scales or observation. Once a teacher has identified skills that need to be taught, he or she can begin to develop appropriate instructional strategies on a formal or informal basis.

Academic Survival Skills

- complies with teacher's requests;
- follows directions;
- requests help when needed;
- greets the other person;
- provides appreciative feedback;
- nods to communicate understanding;
- demonstrates listening skills;
- develops play repertoire (Early Years); and
- problem solves.

Peer Relationship Skills

- introduces self by name;
- shares with others;
- asks permission;
- takes turns;
- invites others to participate;
- assists others;
- cares for physical appearance;
- gets attention appropriately;
- has conversation skills;
- displays control;
- negotiates;
- gives and receives compliments;
- respects personal space;
- displays empathy toward others;
- identifies and expresses emotions in self and others; and
- uses appropriate language.

... simplicity and specificity ... makes the difference.

The anecdotal information regarding the success rate of transfer of the social skills taught to actual situations varies. It is the simplicity and specificity of teaching that sometimes makes the difference.

Using Social Stories

Social stories are used to help students with disabilities develop social skills. Carol Gray, a consultant for Jenison Public Schools in Jenison, Michigan, first developed the concept of social stories. Social stories can be used to teach new social skills, routines, behaviours and transitions. It is important to remember that social stories are descriptive rather than instructional.

Social stories present appropriate social behaviours in the context of a story. The stories are designed to include the answers to questions about acting appropriately in social situations (usually who, what, when, where and why). Some social stories include visuals to help students understand the social situations.

Social stories are often read to or with a student prior to a specific social situation (e.g., the lunchroom, recess or bus ride). They can also be used to teach routines (e.g., asking for help, responding to anger, completing a task). Social stories appear to be a promising method for teaching social behaviours.

The goals of appropriate social behaviour and effective communication will be a major part of many students' Personal Program Plans. Since social behaviour is communication, it is recommended you read the information for addressing communication issues in the preceding chapter and then reflect on how it relates to the social issues we have just discussed.

8. Meeting Behavioural Needs

One of the most frequent comments made about people with FAS/FAE is that they do not learn from their experiences. They do not connect cause and effect, and do not generalize ...

(Conry & Fast, 2000, p. 20)

General Strategies

This section will focus on effective classroom management practices and intervention strategies that address the discipline/behavioural challenges of all students. For students who are affected by prenatal alcohol exposure it is important to remember that these students have permanent neurological damage that will make changing behaviour difficult. Some of the strategies used with other students may not be successful for the child who is affected by prenatal alcohol exposure. **It is critical to remember that personalized intervention strategies are more important than prescribed behaviour programs**. Some examples of useful interventions include building relationships; adapting the environment; managing sensory stimulation; changing communication strategies; providing prompts and cues; using a teach-review-reteach process; and developing social skills.

Effective classroom management practices encompass a range of teacher behaviours that reduce the occurrence of behavioural difficulties and discipline problems. Components of an effective classroom management plan include but are not limited to such things as: building caring and respectful relationships; developing and teaching classroom procedures; positive discipline practices; positive reinforcement; the use of classroom meetings; developing positive home-school communications; and the use of corrective classroom strategies.

Building Caring and Respectful Relationships

The classroom teacher establishes an environment of trust and ensures acceptance for all students in the classroom. Teachers' actions that can promote acceptance include:

- choosing learning materials to represent all groups of students;
- ensuring that all students can participate in activities, including extra curricular;
- valuing, respecting and talking about differences;
- celebrating cultural and ethnic differences;
- ensuring that learning activities are designed for a variety of abilities;
- ensuring that all students are protected from bullying, name-calling or other forms of abusive language; and
- modelling acceptance.

Developing and Teaching Classroom Procedures

Students who are affected by prenatal alcohol exposure do better in classrooms that are structured, predictable and consistent.

Well-defined procedures in the classroom can prevent many behavioural difficulties. Classroom procedures are specific directions that outline school and classroom routines and provide students with direction and structure for conducting day-to-day activities. Procedures may be developed for situations such as getting down to work, arrivals, departures, completing assignments, keeping occupied after work is finished and transitioning from one assignment or subject area to the next. These routines need to be taught, reviewed and practised until they become second nature to the students.

Procedures established by the teacher in collaboration with students facilitate the smooth running of the classroom. When students are involved in the development of procedures and routines, they are more likely to follow them and understand why they are important. All students, and especially those who are affected by prenatal alcohol exposure, will perform better in classrooms that are structured, predictable and consistent.

Classrooms with structured routines and clear procedures are recommended for students who are affected by prenatal alcohol exposure. Most students learn procedures quickly. Students who are affected by prenatal alcohol exposure may need additional instruction. For these students, teachers may wish to consider the following five-step process.

1. **Explain**. The teacher explains the routine and the reasons for its use. It is explained in easy-to-understand language using short, concise sentences. Key messages are repeated.

2. **Demonstrate and Model**. If the routine is complicated, the teacher breaks it down into smaller steps. A visual or written chart supports the verbal instruction. Once the routine is explained in detail, the teacher demonstrates or models the task, using the student's visual or written plan. The teacher then asks the students to repeat the step. Occasionally, parts of the routine will need to be adapted in order to increase understanding and independence.

3. **Rehearse/Guided Practice**. As students practise the routine, the teacher provides corrective feedback. Students who have mastered the routine can role-play the steps or act as a "buddy" to a student who is affected by prenatal alcohol exposure. The teacher uses subtle prompts to help students who forget steps. If the routine is to be used in several areas of the school, practices are arranged in the different locations.

4. **Perform Independently**. The student performs the routine during the course of the regular school day. Students who are affected by prenatal alcohol exposure are given cues as to when the strategy should be used. Praise and encouragement are given for successful completion of the routine.

5. **Review/Reteach**. The teacher periodically reviews the routine and reteaches it. For students with memory problems, cue cards (which outline the steps of the routine, and can be taped to notebooks or on desks) may be useful. Some key routines that may need to be taught to students who are affected by prenatal alcohol exposure include but are not limited to procedures for:

   - using a locker;
   - entering a classroom;
   - getting ready to work;
   - completing assignments;
   - checking completed work;
   - turning in projects on time;
   - using an agenda book;
   - handling the lunch room;
   - transitioning to the next class;

- using a computer; and
- unstructured periods such as recess.

Teachers should focus on teaching only one or two routines at any one time.

Positive Discipline Practices

With positive discipline practices, student discipline is part of the teaching-learning process.

When teachers use a positive approach to discipline they provide immediate, frequent and positive reinforcement and feedback. Positive feedback does not always have to be verbal - it can also include praise, smiles, handshakes, nods and eye contact.

Positive Reinforcement

A reinforcer is an object or event that is given to the student for performing a desirable behaviour. The use of positive reinforcers can have a positive influence on behaviours. The key concept is that this reward increases the likelihood that the behaviour will occur again.

It is important to remember that students who are affected by prenatal alcohol exposure have permanent neurological damage which means they process information differently. This may make changing behaviour difficult.

Reinforcers need to be carefully chosen to ensure they can be delivered with relatively little effort or planning. Teachers need to have a wide variety of reinforcers available because they will not all work equally well with each student. A good way to choose reinforcers is to involve the student in the selection process. The reinforcer must be meaningful to the student. As the student's behaviour improves, the teacher should gradually move away from external rewards and replace them with intrinsic rewards.

Consequences may not always work with students who are affected by prenatal alcohol exposure; however, their use is appropriate in specific situations. All students will face consequences in their daily lives as adults; therefore, they will need to learn to deal with them. The consequences should be clear, carefully selected, pre-determined, consistently applied and used expeditiously. Difficulty with time referencing and an underlying impulsivity increases the need for instant gratification.

Classroom Meetings

Classroom meetings are a useful way to promote a positive classroom atmosphere. They encourage effective communication between the teacher and the students and provide a good opportunity for the teacher to remind students of individual differences. The meetings should be held on a regular basis. The teacher and students should work together to establish ground rules for the meetings.

Meeting ground rules might include:

- Students show mutual respect.
- Only one student speaks at a time.
- Students help each other.
- Issues (e.g., resolving conflicts, planning special activities or events, sharing information, reviewing classroom rules) are addressed.

Part of the ground rules should also involve deciding how the outcomes of the meeting will be recorded (e.g., minutes, board summary).

For a student who is affected by prenatal alcohol exposure, the above rules may require oral and visual explanation, demonstrating, role-playing and positive reinforcement.

Home-School Communication

Maintaining close contact between the school and the home can prevent misunderstandings. One of the ways is to use a *communication book* to review the day's events and share information. The book should be designed carefully to ensure that it is easy to use and understand.

A home-school communication book has several benefits for the student. It can:

- assist with organizational skills;
- improve self-esteem;
- assist with homework/assignment reminders;
- help with self-monitoring; and
- involve students in the communication process.

Care must be taken that the student's communication book does not become a litany of offences or transgressions. Focus should be on positive communication. If undesirable behaviours occur that warrant reporting to the parent, it is best to do so by telephone and encourage dialogue.

During the program planning meeting, the student's parents and teachers should plan for the use of the communication book. The planning should address the following questions:

- How will the book travel back and forth?
- What type of information will be documented by the school and by the home?
- Who will write in the book at the school?

Home-school communication books can create challenges for both parents and the school and should be considered in the initial planning process. Some challenges to anticipate are:

- transporting the book back and forth;
- maintaining positive communication;
- developing responsibility for monitoring;
- agreeing on reasonable expectations for the amount and type of information to be included; and
- ensuring it is age-appropriate.

When writing in a communication book, parents and teachers should:

- keep comments as positive as possible;
- keep communications short and to the point;
- respond to each other's questions and comments (this ensures the book is being read on a daily basis);
- ask each other for suggestions and ideas;
- record positive behaviours and accomplishments as well as concerns;
- have the student contribute to the book when possible; and
- record reminders of upcoming dates and events.

Corrective Classroom Strategies

This section will provide strategies for addressing behavioural concerns of students who are affected by prenatal alcohol exposure. The corrective strategies used will depend on the behaviour, the consistency with which it occurs and the typical consequences of the behaviour.

Calming Procedures (Regulating Emotions)

When students who are affected by prenatal alcohol exposure become disruptive or overstimulated in the classroom, the teacher may need to provide a space for them to calm down. This space can be selected by the student and might include a carrel, special corner of the room or an area removed from the general classroom. The student may need to be told when to move to the calming space. These placements should be short in duration (5-10 minutes). At the end of the calming time, the teacher should welcome the student back to the main classroom area.

The calming space might receive a special name (e.g., student office) and be available for any student feeling the need to calm. For younger students the area should be in the classroom; for older students an area outside the classroom may be considered (e.g., the school lounge, resource area or guidance room). This area should contain items and activities to help the student calm down, such as calming music. The main benefit of a calming area is that the students can use the space and time to regain control. As much as possible, students should be encouraged to enter their calming space on their own.

Any form of calming considered needs to be tied to an overall understanding of the behaviour. If more intrusive forms of calming are being considered, parents, guardians, the school administration, occupational therapist and the school psychologist should be involved in developing a formal plan for the intervention. The plan will require parental involvement, parental permission, specific procedures, staff training and a systematic method of record keeping.

Mere body movement can often accomplish calming.

The solution for calming should not be as narrow as the spaces described above. Mere body movement can often be calming. The creative teacher will adapt and add to the suggestions listed below:

- walking or other physical activity;
- carrying and delivering objects;
- structured movement breaks; or
- change to another activity known to have a calming effect.

Group Programs

Some of the behaviour management strategies used with other students may not be successful for the child who is affected by prenatal alcohol exposure.

There are several programs that can be used to address behavioural concerns. These programs may be used with students who are affected by prenatal alcohol exposure as well as the general student population. There are also many strategies and interventions that can be used by the classroom teacher and educational assistant in the classroom.

Refer to the appendices to find a variety of strategies such as:

- FACTS (Appendix F)
- How Does Your Engine Run (Appendix G)
- RID Your Anger (Appendix H)
- My Picture Plan (Appendix I)

Resolving Behavioural Incidents

Teachers and administrators are often called upon to resolve behavioural incidents involving students who are affected by prenatal alcohol exposure. The following suggestions may be useful to reduce the escalation of behavioural incidents and can be of value for use with all students.

Review the incident as soon as possible. Try to deal with the incident as quickly as possible once the student has calmed down. Use as many visual supports as possible in the review process.

Actively listen. Take time for the student to tell you his or her side of the story. Paraphrase and use eye contact to demonstrate that you are listening. Note that students who are affected by prenatal alcohol exposure may shut down when confronted by an authority figure. Sometimes a walk around the school with the student can help him or her to relax and begin talking. The teacher or administrator may encourage the student to draw his or her story.

Use non-threatening questions. Students who are affected by prenatal alcohol exposure may not remember, understand, be able to articulate what happened or they may have acted impulsively. Keep language limited, specific and concrete. A simple problem-solving procedure using graphics or pictures may be helpful (see Appendix I).

Try not to blame. Focus on teaching the right behaviour or a replacement behaviour. Consider using role-play, modelling and rehearsing to teach a new behaviour. Present new ideas in a concrete way, one at a time. Remember that ideas may need to be reinforced and re-taught several times.

Just as we may misinterpret the motivation behind a child's behaviour, so too may the child misinterpret our direction or response.

Show personal interest in the student. End the review of the incident with a positive comment or a personal question. Follow up with the student and other classroom teachers in order to reinforce the new skill that is desired. Review the situation with a positive alternative. Remember the last thing heard is often what is remembered.

Positive feedback does not always have to be verbal.

Special Consequences

Many schools have developed a code of conduct that addresses expectations for student behaviour. These codes of conduct may outline the consequences of particular behaviours (e.g., a suspension for hitting or fighting). However, students who are affected by prenatal alcohol exposure may need consequences to be modified in order to meet their needs. Consider the following suggestions when handling exceptions to the code of conduct:

- Every effort should be made to include proactive prevention and exemplary supervision strategies to avoid the need for a major consequence.
- The student's support team should discuss with the administration and staff exceptions that might be required. The communication of special circumstances can prevent issues from arising at a later time.
- A PPP/IEP documents the plan to address the behavioural difficulties that have been addressed by the planning team.

This section has focused on strategies and interventions that can be used in the classroom. Effective planning at the classroom and individual student level can prevent small problems from developing into major behavioural concerns. The next sections will focus on designing the environment and planning for behavioural difficulties using Personal Program/Individual Education Plans. Strategies for use with individual students with more serious behavioural concerns will be provided.

Moralizing DOES NOT WORK!

Designing the Environment

When developing individual plans for students with behavioural difficulties, it is important to keep in mind some basic guidelines for understanding - and accepting - the underlying reasons for the undesirable behaviour. The aim is to design an environment that matches the student's underlying neurological learning profile. See Appendix J for an environmental checklist.

The basic guidelines are as follows:

- Recognize the strengths of the student and analyze elements that contribute to his or her success. Teach the student how to respond to situations and avoid "put downs" and "power struggles."
- Never assume instructions are clearly understood. Use visual supports to support verbal instruction.
- Respect and recognize the characteristics of students who are affected by prenatal alcohol exposure. These students have brain differences that can make them unable to respond in the ways that other children do.
- When appropriate, include students who are affected by prenatal alcohol exposure in the planning team when addressing behavioural difficulties.
- Accept the student as he or she is and spend time developing a personal relationship with him or her.
- Do not engage the student in an argument about his or her behaviour. Instead, step back and look for solutions.
- Search for meaning in what the behaviours are trying to communicate.

Try presenting things in a different way. Be creative in developing interventions. If the intervention or strategy is not working, it is often best to change gears entirely and try a different approach. Be flexible in your approach and planning and above all, celebrate small successes.

Often, in dealing with students who are affected by prenatal alcohol exposure, people misinterpret a student's behaviour and pass it off as bad behaviour instead of trying to understand it and

interpret it accurately. The ABC observation form (Appendix K) may assist you in a more accurate interpretation of the behaviour.

Once the ABC form has been used to objectively document on a number of occasions, the information can be used in further discussion with the student and with parents. It can also provide valuable information for your reflections of practice and supports the following section on functional behaviour assessment.

Student Specific Interventions

Functional Behaviour Assessments

Functional behaviour assessments are done to identify and describe the problem behaviour, the conditions under which the behaviour occurs and the function that the behaviour serves for the student.

Based on the data collected, a hypothesis is made as to why the student engages in the problem behaviour. Once the hypothesis is made, interventions are developed to meet the student's needs. The procedures for the intervention are developed into a Behaviour Support Plan.

Individual Behaviour Planning

When classroom behavioural strategies and interventions fail to adequately address major behavioural concerns, educators should prepare individual behaviour plans. The process of developing an intervention plan for a student is best when it begins with a functional behavioural assessment conducted by the student's support team. The information gathered will be the basis for the behaviour plan. This plan may be a part of a student's PPP/IEP or a separate and distinct program of its own. Where a PPP/IEP exists it is advisable that the two are combined in order that all the elements of the PPP/IEP and the behaviour plan may reinforce each other.

The points following outline procedures and considerations:

- External team members who are working regularly with the child or family should be invited to attend and contribute to regular PPP/IEP meetings. This can assist in ensuring consistency in approaches between school, home and the

community. Minutes should be used to keep the external members up-to-date if they are unable to make the meeting.

- Behavioural and social domains are very important and should be well-developed within the PPP/IEP document. These sections need to include intervention strategies, safety plans (as required), implementation strategies and student-specific outcomes that are measurable. Data on what works and what doesn't work need to be collected and used in decision making.
- The PPP/IEP planning team needs to make provisions for frequent revisions to the plan. Because the plan may need to be revised frequently, arrangements need to be made for some of the team members to meet around specific issues between PPP/IEP team meetings.
- These meetings should also be used to celebrate successes and support the teacher and other team members in their difficult work.
- It is important to set regular meetings in order to prevent crisis situations from developing. Problems can be prevented from escalating if they are addressed as soon as they begin.

Strategies for Easing Frustration with Directions:

- use concrete language (stay away from generalizations);
- keep directions short and to the point;
- rephrase instructions, breaking them down into small steps;
- use visual cues;
- use pictures to illustrate steps in a process;
- use sign prompts (e.g., red traffic light or stop sign); and
- print task-related steps on a chart using short, concise sentences.

Strategies for Reducing Stimulation:

- designate a special classroom space where students can go for quiet time;
- adapt the classroom to reduce stimulation (e.g., use velcro covers for bulletin boards);
- use preferential seating or create a low-distraction seating area;
- keep the student's desk uncluttered;
- use study carrels or work stations in the corner of the room;
- encourage use of a sound field system; and

- use earphones with relaxing music.

Strategies for Reinforcing Routine and Structure:

- make the student aware of his or her timetable;
- post timetables (with pictures) to show daily routines;
- prepare students for transitions or changes;
- make special arrangements for recess and lunch time, if necessary;
- know the degree to which a student understands and can respect boundaries around unstructured class times;
- use a "buddy system" for bus travel, lunch, recess;
- establish rules that are easy to follow and understand; and
- establish a routine for everything.

Strategies for Dealing with Overactivity:

- provide a structured “walkabout”;
- provide squeeze balls to students;
- send the student on a school walkabout (with an assistant);
- arrange for physical time in the gymnasium;
- use a rocking chair or floor cushions;
- precede focused activity with movement;
- provide opportunity for body movement breaks;
- build breaks into the schedule; and
- use a signal to tell students to return to their tasks.

Analyze elements that contribute to their success.

Strategies for Transitions:

- use visual, colour-coded or written plans;
- use social stories;
- pre-warn the student of transitions;
- use the same substitute teacher whenever possible;
- provide early release from classrooms;
- use consistent rules and consequences between classroom teachers and specialists; and
- ensure ongoing communication among team members.

Strategies for Handling Outbursts and Tantrums:

- anticipate and identify warning signs;
- try to redirect towards calming activity or place;
- debrief the student after the incident and focus on what could have been done differently;

- teach the correct behaviour (don't blame);
- teach a routine for preventing an outburst;
- invite the student to help solve future problems;
- avoid power struggles and put-downs;
- determine the cause of the outburst; and
- remove students from the classroom.

Consequences may not always work with students who are affected by prenatal alcohol exposure.

Strategies for Dealing with Peer Problems:

- teach disability awareness to all children;
- use the "Circle of Friends" strategy;
- involve all students in special activities;
- teach students how to make and keep friends;
- ensure that staff members model acceptance and accept differences;
- set up structured recess and noon-hour activities that result in success; and
- involve students in a social skills instructional group.

Strategies for Addressing Playground/Recess Challenges:

- structure recess activities (e.g., arrange specific activities, teach games, assign specific equipment, designate specific areas);
- consider alternatives to recess (e.g., use of computer room, games room, gymnasium activity);
- ask a student to act as a buddy or helper during recess;
- provide clear choices to the student (keep them limited in number);
- assign a paraprofessional to a small number of students to participate in a closely supervised activity on the playground or in the school;
- involve students who are affected by prenatal alcohol exposure in helping younger students;
- prepare students for recess by reviewing expectations and procedures;
- develop a plan for handling emergency situations that occur on the playground; and
- make sure the student is ready for the transition to recess and back into school.

Strategies for Addressing Lunch Hour Concerns:

- provide information and training to students about lunchroom expectations and procedures;
- post lunchroom rules in print and visual formats;
- provide training to lunchroom supervisors;
- consider lunch with peers in a small group setting;
- develop a plan with the school administration for handling emergency situations;
- teach a lunch hour routine;
- assign seating in the lunchroom with appropriate peers;
- arrange activities for students to fill the remainder of the lunch break (e.g., extracurricular activities, intramurals, clubs, videos); and
- develop a safety plan.

Strategies for School Bus Planning:

- provide training to the bus driver on strategies for working with students who are affected by prenatal alcohol exposure;
- provide classroom and on-bus training to students;
- use social stories to prepare students for the bus ride;
- use a bus seating plan, placing students who are affected by prenatal alcohol exposure with appropriate peers;
- post bus rules;
- use "bus patrols" to assist with student behaviour on the bus;
- install seat belts or harnesses for selected students;
- provide the bus driver with incident forms for reporting serious incidents;
- assign a bus monitor to ride on the bus with a student who has severe difficulties; and
- teach and reteach routines and expectations.

Non-Classroom Settings

Students who are affected by prenatal alcohol exposure often experience difficulty adjusting to non-classroom school settings such as the playground, school bus, lunchroom, gymnasium and library. For a student to be successful in non-classroom settings, extra planning and supports may be required. In addition, special training may be necessary for the support personnel working in these areas (e.g., the bus driver, lunchroom supervisor, library technician).

Working with students who are affected by prenatal alcohol exposure is an ongoing process that involves planning, organizing, providing structure, developing routines and cueing students. Strategies and procedures will need to be adjusted and revised as the year progresses. Teachers should take the time to celebrate even small successes.

Individual behaviour planning should be implemented for students who are a concern to staff due to their challenging behaviours, and who do not respond to school-wide positive behaviour interventions. This planning will vary in complexity and approach.

9. Academic Learning and Life Skills

I would like you to know it isn't easy having FAS. That it's hard in school. I need someone to explain things in a way I'll understand.

(young woman in Copeland & Rutman, 1996, p. 1)

Today's classroom reflects the diversity of our communities and includes a mix of student interests, needs, learning styles and cultural backgrounds. Saskatchewan's Core Curriculum Components and Initiatives are the foundation for school programs and have been developed to accommodate that diversity, while achieving consistency in content. It is the classroom environment, instruction and assessment that makes a difference in students' lives.

Core Curriculum

Core Curriculum is developmental in nature and is intended to provide all Saskatchewan students with an education that will prepare them for choices they make once leaving school. The seven **Required Areas of Study** and the six **Common Essential Learnings** form the framework of Saskatchewan's Core Curriculum.

Required Areas of Study
- Language Arts
- Mathematics
- Science
- Social Studies
- Health Education
- Arts Education
- Physical Education

Common Essential Learning
- Communication
- Numeracy
- Critical & Creative Think
- Technological Literacy
- Personal & Social Values Skills
- Independent Learning

Each Required Area of Study contains knowledge, skills and values considered essential for all students. The Common Essential Learnings are interrelated areas containing knowledge, skills, attitudes and abilities that are important for learning.

In order to help students maximize their potential, teachers need the flexibility to adapt environment, curriculum topics and themes on instructional materials and methods to provide the most appropriate opportunities for learning. *The Adaptive Dimension in Core Curriculum (*Saskatchewan Education, 1992).
http://www.sasked.gov.sk.ca/docs/policy/adapt/index.html

The Adaptive Dimension is used to:

- help students achieve the objectives of the course;
- maximize student learning and independence;
- lessen discrepancies between achievement and ability;
- promote a positive self-image and feeling of belonging; and
- promote a willingness to become involved in learning.

Adapting the Environment

Most students with FASD require a calm, quiet and organized classroom. It is not easy to adapt the environment to meet the needs of all students, but the creative teacher designs the environment to provide structure and reduce sensory overload.

Personalized intervention strategies are more important than prescribed behaviour programs.

The alterations in her schooling were relatively simple and yet profound in their effects, a testimony not only to the importance of changing the environment instead of the child, but also to the crucial need to try differently rather than harder.

(Malbin in Kleinfeld, 2000, p. 160)

When adapting the environment consider the following:

- provide alternate space in the classroom;
- follow specific routines, post agendas, plan for change;
- reduce stimuli in surrounding area (avoid clutter and distractions);
- move desks or seating to accommodate sensory needs to avoid distractions or eliminate noise;
- alter acoustical treatments (cork floors, sound field systems, etc.);
- use soft music to calm; and
- plan transitions (see Chapter 10 on transition planning).

Adapting Materials

Students who are affected by prenatal alcohol exposure usually prefer activities that involve concrete learning and visual/tactile/kinesthetic learning styles. Although the lists below provide some ideas it is important to observe and determine what works best for each individual. There are many more suggestions to be found in Saskatchewan Learning's Core Curriculum documents.

To support learning use:

- manipulatives;
- visual aids;
- computer software (picture graphics, word processing, spell and grammar check, voice-activated programs);
- timers and minute glasses;
- calculators;

- word banks;
- raised line paper;
- erasable markers for highlighting;
- large clocks, linear clocks, programmable watches; and
- headsets.

For organization use:

- cribnotes, study guides;
- chapter summaries;
- duplicated notes;
- colour-coding of notebooks, binders, file folders by subject;
- daily schedules;
- small boxes/organizers;
- labelling;
- agenda books to keep track of homework, school events and assignments;
- home-school communication book;
- extra set of books for home use; and
- graphic organizers.

Adapting Methods of Instruction

What children learn depends not only on what they are taught but also on how they are taught, their developmental level, and their interests and experiences. ... These beliefs require that much closer attention be paid to the methods chosen for presenting material … from *Understanding the Common Essential Learnings*, Saskatchewan Education, 1988 (p. 10). http://www.sasked.gov.sk.ca/docs/policy/cels/index.html

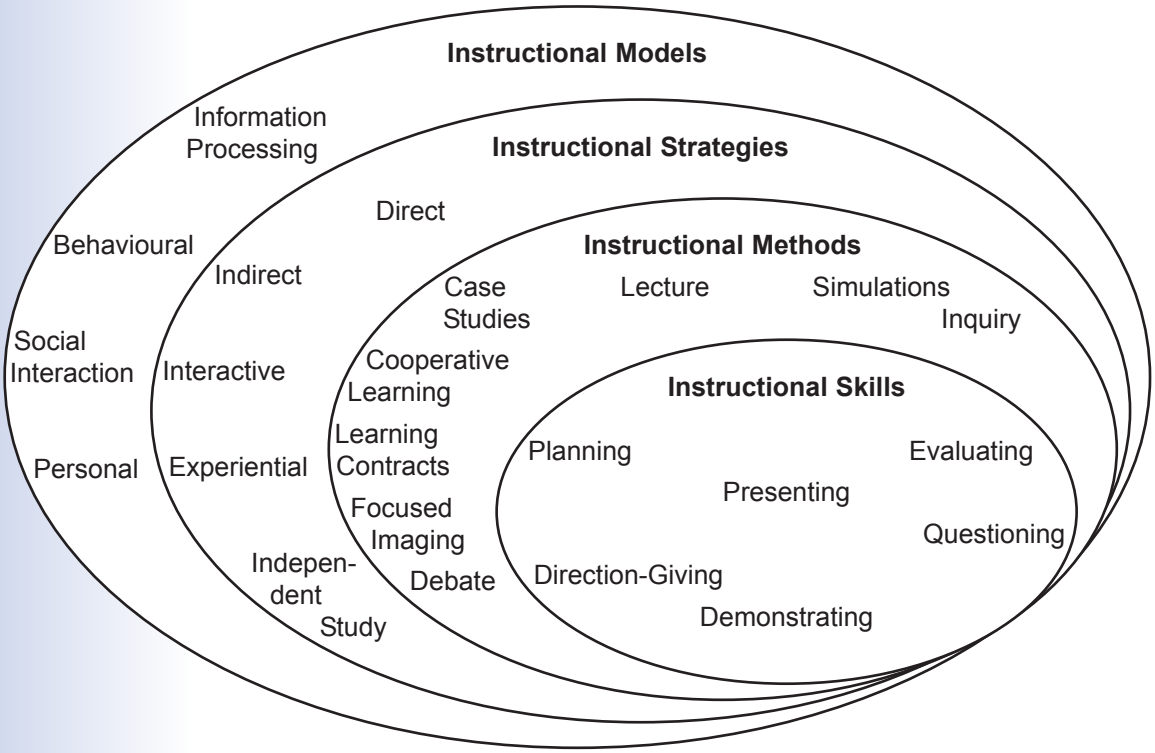
If I don't learn the way you teach me, why don't you teach me the way I learn?
(young woman with FAS in Lasser, 1999, p. 110

When the method of instruction is adapted, the method of assessment and evaluation must reflect the method of learning along with the program objectives.

Adaptations within the Core Curriculum Instructional Framework (see Figure 9.2) enable teachers to meet the individual needs of all children.

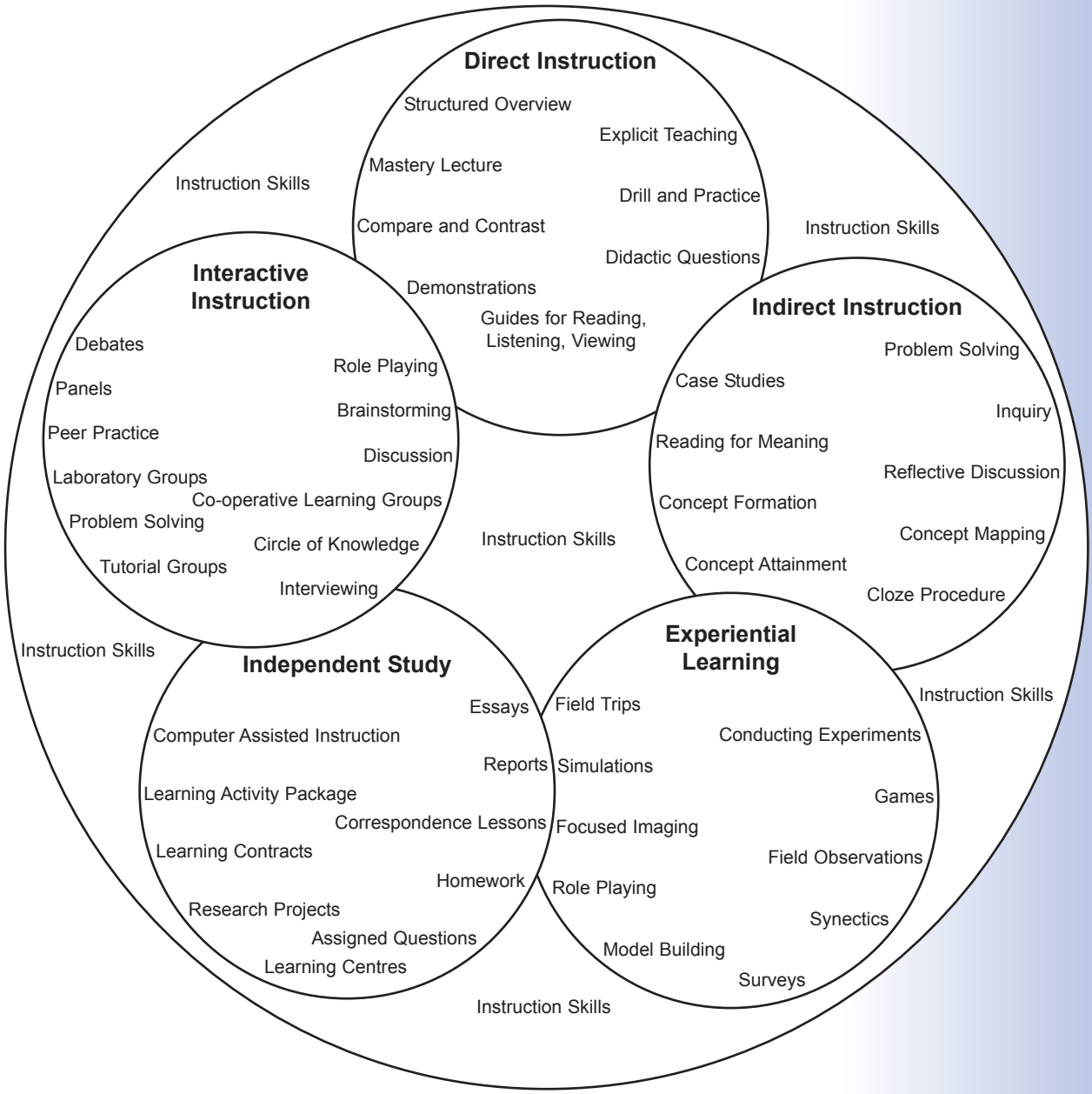
Instructional Framework (*Instructional approaches: A framework for professional practice*, Saskatchewan Education, 1991, p. 12)

Figure 9.2



Instructional Strategies (*Instructional approaches: A framework for professional practice*, Saskatchewan Education, 1991, p. 20)

Figure 9.3



While it is important for teachers to use methods from each of the five instructional strategies (see Figure 9.2), students who have or are suspected of having FASD will likely benefit more from direct instruction and experiential learning. The experiential learning strategy will allow for the student to participate in the experience and have opportunities for hands-on experiences.

The following methods provide a few ideas. Becoming aware and further understanding the student's strengths, interests and difficulties is the first step. Then, through experience and experimentation, the teacher can determine the most appropriate methods of instruction and which of those require adaptations in order to help students achieve program objectives.

Direct Instruction

Structured Overview

When providing a structured overview it is important to understand the difficulty a student with FASD has with memory, abstractions and generalizations. Providing visual cues or one-page pictorials may be useful. Be cognizant of the student's learning style (often visual) and teach to their style. Keep in mind structure and simplicity.

Example: Lesson Frames

Lesson frames are used to present an overview of a lesson or concept. They are presented in writing but may also include pictures or graphics, and are usually placed on overheads, photocopies, chalkboards or posters. They typically indicate the course, topic, date, lesson outline, lesson outcomes, assignment and notes. Lesson frames help students to organize their thoughts around a lesson.

The use of visuals (pictures or graphics) in lesson frames can help students learn important routines or strategies. Visuals can be made using computer programs, magazine cutouts or photographs, and placed in student binders for easy access. The student's schedule may be represented by picture activities scheduled for the day. Visuals may also be used during class presentations to reinforce verbal and written information.

Drill and Practice

This method can be very effective once the concepts are understood. If the student has not grasped the concept or does not have the skills required, this type of direct instruction will be very frustrating for the student. If used appropriately, the repetition will prove beneficial. Ensure that expectations are realistic and easily understood. Task analysis is often a successful way of teaching a skill to students.

Task Analysis

Task analysis is the breaking down of a task into its simplest components and then teaching each step in turn. Task analysis is frequently used in academic, social, and life skill learning. Each step of the task should be taught in order and reinforced as it is taught. The example below illustrates the steps required for sweeping the floor.

1. Put chairs upside down on the table.
2. Pick up big pieces of garbage and put in garbage can.
3. Get the broom.
4. Get the dust pan.
5. Sweep the dust and dirt into a pile.
6. Put the dustpan on the floor.
7. Sweep the pile of dirt into the dust pan.
8. Empty the dust pan into the garbage can.
9. Put the dustpan and broom away.
10. Put the chairs back onto the floor.
11. Place chairs and tables in rows as shown on the room diagram located on the wall.

Demonstrations

This method is valuable for all students and often necessary for students with FASD. Modelling a task, practising with visual supports and providing feedback are reinforcements and will help the student be successful.

Experiential Learning

Field Trips

A field trip is a great way for students to experience, understand and relate to the environment. For the teacher a field trip requires much planning and anticipation. Discussions using visuals can be used prior to the event to reinforce predictability for the student. The student's social and emotional behaviour must be taken into account; his or her social skills, or lack of; sensory issues must be considered; and the degree to which the student is able to generalize information to other situations must be well thought out. In spite of the involved planning, this method can open doors to understanding for the student with FASD.

Role-Playing

For students with FASD, role-playing is often used to teach social skills, cause and effect and appropriate behaviour in the classroom and in the community. (See chapter 7).

It is important to consider all instructional methods to determine those that will best meet the interests and learning needs of the individual.

Determining the Need for Individualized Programming

Identifying Students' Needs

Many students affected by prenatal alcohol exposure will not have been diagnosed with a disability. While the responsibility of the diagnosis remains with a medical practitioner, the responsibility for determining the educational needs of each individual is with the teacher. It is extremely important to consult with parents and former teachers in order that program and supports can be put in place as soon as possible to meet learning and behavioural needs. It is important to remember that many strategies will benefit all students. Also remember that not all strategies are right for all students.

While some students may require adaptations to Core Curriculum, others may require qualitatively different and individualized

programs. For those students on individualized programs the school-based team is responsible for collaboratively planning and documenting the program. Parents need to be involved in planning and informed of the implications of changes to regular programs.

In situations where students are working on objectives that are substantially different from those outlined in Core Curriculum, please refer to the policy and guidelines outlined in *Children's Services Policy Framework*, 2002.
http://www.sasked.gov.sk.ca/branches/children_services/special_ed/sepub.shtml

Once reaching high school (grade 10) the student may benefit from *Locally Modified Courses of Study,* an *Alternative Grade 10, 11 or 12;* or *Functionally Integrated Programs*. In this case as well, parents and students need to be informed of the implications of changes to regular programs.

Please refer to *Policy and Procedures for Locally Developed and Modified Courses of Study, and Alternative Programs* (Saskatchewan Education, 1997). http://www.sasklearning.gov.sk.ca/docs/policy/ldcaep/toc.html

Everyone needs support and assistance from those around. The degree of that support is determined by a great number of factors. For the person affected by prenatal exposure to alcohol, the need for that support may be more concrete, more intense and longer term. There are no two people alike and providing a comprehensive list of characteristics of FASD and strategies for dealing with those characteristics is impossible.

Memory

People with FASD or suspected as having FASD may experience memory problems, especially short-term memory. Since memory is involved in every aspect of our thinking, behaviours and actions, the implications for teaching and learning, socializing and mere living need to be understood. A simple way of understanding this problem is to visualize the brain as a filing cabinet into which some people are unable to file the information they receive in an organized way. If the information has been filed, often it cannot be located.

Jan Lutke helps us understand the significance of the impact of memory problems.

> *Telling the truth, making sense of situations, and responding to requests becomes difficult. Even when information has been successfully stored and accessed the individual with FAS must be able to interpret what he or she needs to do with that information .... [Confabulation] is a by-product of these difficulties. It occurs when interpretation of what was originally stored incorrectly runs headlong into a distorted perception of the environment and one's relationship to it.*
>
> (Lutke in Streissguth & Kanter, 1997, p. 184)

Students with memory difficulties may forget rules and consequences; forget what has been explained to them; repeatedly ask for instructions; need the same information explained to them several times; forget the sequence of events; and/or appear to not tell the truth when relating what happened. Many cannot rely on what they knew well the day before. They cannot rely on the filing system in their brain. Of great consequence is that many do not learn from experience and they make the same mistakes repeatedly.

These unpredictable memory lapses and gains happen just often enough to convince those who do not understand FAS that they are deliberate 'behaviours under the control of the person with FAS. The reality is very different.
(Lutke in Streissguth & Kanter, 1997, p. 184)

Assisting Memory

Memory aids, sometimes referred to as external brain, are useful for all people experiencing difficulty with memory. The key to the use of memory aids is that each individual is supported and encouraged to develop his or her own so the aids make meaningful connections or reminders for them.

To cope with her memory lapses, Cindy Gere, a young woman with FASD, developed memory aids based on her principle: "If you think you may lose it, tie it on. If you lose your purse, wear a fanny pack. If you lose your keys, wear them as a necklace or tie them to the pocket of your jeans with a safety pin or string" (Kleinfeld, 2000, p. 335).

- Use constant repetition so information becomes old information rather than appearing to be new or foreign.
- Present one instruction at a time until the student is able to handle two instructions at a time.
- Utilize language that is familiar to the student.

- Employ visual cues such as videos, colour-coding, picture clues.
- Use a brain or memory map - a one-page pictorial of the concept.
- Use multi-sensory methods of teaching (unless sensory difficulties indicate otherwise).
- Use a type of organizing that might trigger the memory.
- Adhere to routine and same sequence.
- Think structure, not control.
- Utilize lists.
- Consider communication books.

When in the classroom:

- Remember that for some, the more senses that are stimulated with the teaching and learning, the more students may remember the concept being taught. For others, overstimulation of senses may cause them to be irritable or have behavioural outbursts.
- Consider that headphones may help block out noise and enable some students to better attend to their task. For other students, wearing headphones may be distracting.
- Determine which tasks are more difficult and then develop strategies for breaking tasks into meaningful chunks.
- Confer with the individual in eliciting and planning strategies which are effective for him or her.

For all students:

- Be clear about the purpose of the task.
- Use a familiar approach if you want students to remember specific information. If you want to teach a new approach to a task, the emphasis should be on the process. Keep in mind that the use of familiar structures and routines, and direct teaching of them provides an optimum environment for people experiencing difficulty with memory.
- Use a highlighter to help sort main information from secondary.
- Model the task.
- Present information in small parts if it has to be recalled in a specific order. Once the component has been mastered, add new parts and continue to review previously learned parts.

Inattentiveness

Students experiencing difficulty with attending may present with a range of characteristics. For example, they may respond with answers that are not related to the question; they may not know what to attend to or may attend to the wrong thing; they may appear to be listening and then not know what is expected of them; or they may be extremely hyperactive.

Inattentiveness can present in a variety of ways and can easily lead to assumptions rather than connections.

Inattentiveness can present in a variety of ways and can easily lead to assumptions rather than connections. In fact, inattentiveness may not be an attention problem but rather a problem with language and semantics. The students may keep the conversation going for social reasons but be unable to process quickly enough or accurately.

Keeping Students' Attention

Suggestions:

Establish a structured classroom with easy-to-understand routines.

- Reduce external stimuli by providing earphones, working booths.
- Use advance organizers whenever possible.
- Limit the amount of information given at one time.
- Provide strategies that will assist the student in sorting out relevant material.
- Develop non-verbal cues that will bring the student back to the task at hand.
- Schedule appropriate breaks for physical movement.
- Remain positive and understanding; continue to reassess how you are attending to the student's needs.

Time Management

Many people can benefit from lessons in time management. For some people with FASD, time management may seem insurmountable. For those who do not understand the concept of time or are unable to prioritize tasks or even realize when the task is completed, time management must be taught.

Students experiencing difficulty with managing time may be unable to read a clock or plan ahead. They may not be able to work under

time constraints or even get to school on time. These students may be unable to get started on a task but once they have started may finish quickly and incompletely. The list is lengthy; the strategies are many.

Helping Students Manage Time

Determine the degree of the problem relative to the person's ability and plan or provide supports accordingly. Supports and strategies are many of the same used for all students and can be found in a variety of Saskatchewan Learning resources.

Suggestions:

- Ask questions to determine what the student needs.
- Plan activities in which the student can succeed.
- Highlight successes.
- Note student activity throughout a period of time and use this information in planning how you might teach time management.
- Determine realistic goals and timelines with the student.
- Provide a visual representation of the tasks to be completed.
- Allow more time for task completion, but monitor activity to determine if it is time that is needed.
- Encourage and support the student in developing his or her own time management system.
- Promote community involvement in supporting and encouraging the student's time management system.
- Arrange peer and community mentors to assist in the student's time management.

Mathematics

Many students with FASD have difficulty learning mathematical skills. They may have problems with temporal concepts, computations and problem solving, directionality and with the life skills of time and money.

The following stories illustrate some of these difficulties.

Kristen and Telling Time

I told her it was quarter past 12.
She said:
"It's not quarter past 12 - the microwave says 12:15 …
It can't be quarter past 12 because a quarter is 25 cents and 25 isn't 15.
And … 12:45 has a five in it like a quarter … so … quarter past 12 is 12:45.
Quarter to 12 is 25 minutes to 12."

(FAS/E Network quoted in Lasser, 1999, p. 91)

Kate

"Even though Katie … has excellent spoken language, she is still completely unable to tell time, do multiplication, or distinguish left from right without the consistent use of structural crutches."

(Lutke in Kleinfeld, 2000, p. 39)

Sidney

"… can add, subtract, multiply, divide, and even keep a checkbook … but she has no concept of what anything costs, and $3, $30, $300 … all have the same meaning for her."

(Eyck in Kleinfeld, 2000, p. 97)

Money

Money is abstract; to have is to spend. Saving for some nonexistent future time may seem irrelevant because the future is abstract.

(Malbin, 1993, p. 18)

The key is to try differently rather than to try harder.
(Malbin, 1993, p. 13)

Assisting Students in Grasping Math Concepts

When possible, it is important to use vocabulary consistently. For example, when teaching time, do not use quarter past and fifteen after interchangeably.

Using calendars and visual schedules can reinforce time sequence.

- Use memory supports such as number lines, cue cards with process steps, etc.

- Determine what works for each individual. A number line may be a great aid for one and an abstraction for another.
- Start simple, go slow, do not assume.
- Use concrete materials.

Overall, evaluate the degree to which inattentiveness and short-term memory play on students' grasp of mathematical concepts, and provide repetition and practice.

Assess functional mathematics by observing students throughout the daily routine. Can they tell time? Do they have a concept of time? Do they rote count or do they have a concept of number? Will they be able to learn to manage money, make change, determine value? In high school, banking and budgeting will require particular emphasis if students experience difficulty in math calculations. Be aware that each student learns differently. A student's explanation may provide valuable insight into how he or she is thinking and how to teach to that way of thinking.

Reading

Students with FASD often experience difficulty with the reading process. Reading enters into every subject area. It is important that effective instructional strategies be used with all students. The first step is to make reading a meaningful and enjoyable process, not a word drill or a performance activity.

The second step is an appropriate assessment to determine relative strengths. Some students can have difficulty with decoding and word recognition but have great listening comprehension and strong reading comprehension relative to their decoding skills. Some students can decode; however, they lack reading comprehension.

A comprehensive assessment is an integral part of the learning experience. A list of strategies is not sufficient. For a student experiencing difficulty with the reading process, it is important that a complete quantitative and qualitative reading assessment is done before determining which instructional methods and materials will be chosen. If the classroom teacher feels unable to do an in-depth assessment to assist in program planning, a reading consultant should become involved.

All subject areas involve the reading process and many require mathematical ability. Given the difficulty some students experience in these two subject areas and given the many other difficulties resulting from FASD, whether primary or secondary, it follows that school will present a challenge.

For information on teaching students with reading difficulties, please refer to (Saskatchewan Learning, in press).

Basic Skills for Living

For many students, individual programs will include a significant focus on basic life skills. Proficiency in literacy is key. To be able to read, write and understand vocabulary related to home, community and workplace, allows students to develop the daily living skills that will increase their independence, health and safety. Any skills that may improve students' quality of life are guidelines in program development.

Every child has a right to earn whatever degree of independence he or she is capable of without jeopardizing the loss of that independence. The child also has a right to safety and quality of life … Instead of taking away his dreams, I changed his dreams a little.

Teresa Kellerman in *Fantastic Antone Grows Up* (p. 355) edited by Judith Kleinfeld, 2000.

Fundamental guidelines for all life skill instruction include:

- Begin early.
- Bear in mind that learning is lifelong.
- Be futuristic - content must be relevant to the needs of the present, but always consider the context of where the student will be in the future.
- Make every opportunity count.
- Base content on community-referenced adult outcomes.
- Include community-based experiences.
- Provide instruction to prepare the student for his/her next environment.

(Saskatchewan Learning, 2001b, p. 146)

A life skill, acquired in meaningful contexts in natural ways is preferable; however, there will be times when a skill must be taught and retaught through direct instruction in specific lessons on a routine basis.

For more information on life skill instruction see *Creating Opportunities for Students with Intellectual or Multiple Disabilities* (Saskatchewan Learning, 2001b, pp. 144-147) http://www.sasked.gov.sk.ca/k/pecs/se/docs/createopp/creatopp.html.

As Nancy (in Berg, Kinsey, Lutke & Wheway, 1997, p. 69) said, "I need someone to explain things in a way I'll understand." Since it is classroom assessment and instruction that makes the difference in students' learning we need to first understand the difficulties that face students and based on that understanding, plan collaboratively to minimize those difficulties.

10. Easing Transitions

> *Every day of my life, I'm starting over. I have to fight with myself to get out of bed. If one thing goes out of place in the morning like I run out of milk for my cereal or something, once a piece falls out of my routine, the whole day it's like nothing fits after that.*
>
> (man with FAE in Kleinfeld & Wescott, 1993, p. 308)

The transition planning process facilitates the movement from known to unknown. It is an extremely important practice, crucial to the success of all personal programs. Transition requires a well coordinated communication between the student's family and the support personnel (Saskatchewan Learning, 2001b, p. 286).

The transition planning process facilitates the movement from known to unknown.

Students who are affected by prenatal alcohol exposure frequently experience difficulty in making transitions. This difficulty is often due to anxiety caused by a lack of understanding of a new situation and what is required to respond to it effectively. When students are asked to make transitions without proper preparation, undesirable or resistant behaviour can result. Educators, parents and community need to ensure that all types of transitions are carefully and thoughtfully planned.

Types of transitions discussed in this chapter include:

- transitions into school;
- transitions between activities and settings;
- transitions between classrooms and schools;
- transitions of youth to and from custodial care; and
- transitions from school into adult life.

Chapter 3 of the document quotes Streissguth's definition of secondary disabilities as "disabilities that the individual was not born with, and which may be ameliorated through better understanding and appropriate early interventions" (p. 3.18). One of the secondary disabilities cited is that individuals more easily

encounter problems with the law. For this reason we have included a discussion on transitions of youth to and from custodial care.

In each case of transition, communication among parents/caregivers; the support personnel who already know the child (the sending classroom); and the support personnel who must learn about the child (the receiving classroom) is key. Although issues regarding transition will always be present, these issues will be more easily dealt with when there is clear communication and collaboration.

Issues

Many people affected by prenatal alcohol exposure appear to begin each day without the benefits of what they learned the previous day. Memory problems are often coupled with difficulty with self-reflection and conceptualizing. There is a need for those planning the transition to be realistic and yet not limit expectations and dreams.

Strategies

Transitions into School

Saskatchewan Learning has made provisions for school divisions to provide services to children as young as 3 years of age if they have been identified with a disability as defined in Regulation 49 of *The Education Act*, 1995. Most parents and interagencies are aware of this early entrance program and may contact the school to discuss the process. The Early Childhood Intervention Programs (ECIP) in Saskatchewan have been encouraged to discuss this opportunity with parents and to notify school divisions as early as possible of early entrance intentions and requests.

Students benefit from the close collaboration of their schools and families. It is the family who knows the student best and whose investment in the child will continue long after the student will leave school. Therefore, the active involvement of the family is highly valuable and must be encouraged. A relationship of mutual support can develop that will assist both the school and family during the difficulties that can arise during transition periods.

To arrange for early entrance registration, parents typically contact the school in the spring of the year prior to Kindergarten or before moving into a new area. For a child affected by prenatal alcohol exposure or for the child who displays similar characteristics, it is important that the school division/band school follow certain procedures.

- Meet with the family as early as possible to plan for the transition into the school system.

- Once contact has been made, personnel from the school division/band school should arrange a meeting among sending and receiving personnel and the parents. The meeting should focus on the child's strengths and needs, and a program plan should be put in place for school entrance.

- Prior to program planning and the development of a Personal Program Plan, arrangements should be made to have the parent and child visit the school to become familiar with the new environment. Where possible, it is desirable for the child and parents to meet the new teacher and visit the classroom.

- The development of a Personal Program/Individual Education Plan is necessary. The intent of this planning process is to ensure the continuity of service from preschool to school services. The program plan must be reviewed regularly to ensure it continues to be relevant to the individual's needs.

- Once the family has had an opportunity to inform the teacher of their child's strengths, they may be more comfortable in discussing known and anticipated educational needs. This is a good time for the teacher to find out the child's interests, hobbies and family dynamics. According to school policy, this may also be the time to gain consent for necessary exchange of information with key people involved with the child and a list of those people. Also try to arrange for the child and family to meet other school personnel he or she will most often encounter.

- Arranging a buddy system to assist the new student in negotiating his or her way around the school and playground is another consideration. This decision would be based on the teacher's understanding of the new student and the dynamics of the classroom.

If the school and students have had little experience with students with Fetal Alcohol Spectrum Disorder, arrangements for professional development should be made for teachers, support staff and educational assistants. After gaining support from the parents of the child with FASD, all students in the child's classroom may benefit from having classroom sessions/discussions to assist them in understanding FASD.

Transitions between Activities and Settings

Students who are affected by prenatal exposure to alcohol have difficulties when their regular routine is disrupted. The key to helping them with transitions is to ensure they are prepared for the changes before they occur. This may be accomplished through some of the following strategies:

- Let the student know of an impending change in his or her daily schedule (e.g., a fire drill, field trip, classroom guest). Provide clear, concise and short instructions to prepare for the change.

- Create a schedule that the student can refer to frequently so that he or she knows what to expect. (A picture schedule may be useful to help the student visualize and understand upcoming activities.) Review the schedule at the start of each day.

- Help the student organize materials required for the next activity. Colour-coding material is one way that may make it easier for the student to sort and organize.

- Prepare the student through the use of social stories or comic strip conversations (reference Carol Gray, Social Stories).

- Use a structured routine for some students. This routine may involve:

  - providing a consistent signal or cue that the activity is changing;
  - previewing the new activity with the student before the group's first exposure;
  - reviewing the routine for the activity with the student prior to subsequent exposures;
  - outlining the behaviour actions that are required; and
  - assisting the student (as needed) in the transition.

- Develop a plan for use when a substitute teacher is in the room. An attempt to employ the same substitute teacher as consistently as possible will assist the student in making this type of transition. The substitute teacher should be alerted to the student's needs and useful strategies for addressing them.

Transitions between Classrooms and Schools

When preparing for the transition from one grade to the next or from one school to another (e.g., from an elementary to a secondary school), it is necessary to prepare both the student, the family and the receiving class or school. Preparation should begin early. Most schools have developed a process to provide written documentation on all students who are transitioning.

Preparing the Student

Most students experience apprehension when entering a different classroom or new school. For the student experiencing challenges resulting from prenatal alcohol exposure, these feelings may be overwhelming. The choice of strategies is based on the individual characteristics of the student and what has been learned from previous transitions. Strategies that might help to prepare students who are affected by prenatal alcohol exposure for the transition into a new classroom or school may be selected from the following suggestions:

- arrange to have the student visit the school and the future classroom(s) on several occasions prior to the first attendance day;
- show pictures or videotapes of the new school;
- prepare a scrapbook on the new school for the student to review over the summer holidays;
- discuss the concerns of the student regarding the move;
- use social stories (stories with pictures to describe a typical day in the new school);
- request that any support personnel assisting the student (for students with significant disabilities) accompany him or her to the new school;
- arrange for the student to meet one or two key staff members who will be involved in the year ahead;

- visit locations in the school that may be new or different (e.g., the gymnasium, the lunchroom, the bus);
- arrange a buddy system to help the student negotiate his or her way around the school; and
- discuss the expectations of a middle years school or secondary school (e.g., moving between classrooms, using the library and lockers).

Collaboration between the staff of a sending school and a receiving school is essential.

Preparing the Teacher, School Staff and Students

To prepare for receiving a student who is affected by prenatal alcohol exposure, the teachers and school need information about the student's strengths and needs. Personal Program/Individual Education Plans, cumulative files and resource files should be forwarded to the new school prior to the student's entry to ensure they will be available to the new staff. Arrangements should be made for the student's receiving teacher to see the student working in his/her current classroom. As well, the receiving teacher should make telephone contact with the parents and arrange for a Personal Program/Individual Education Plan meeting to be held. The presence of the sending teacher at this meeting may provide support for the student and parents as well as a source of additional information for the receiving teacher.

A transition meeting between representatives of the sending and receiving schools (or classrooms) and parents can significantly facilitate the move to the new setting. The student should also be included.

The meeting should focus on preparing the student for the move and identifying the information to be shared with the receiving school staff, teachers and future classmates that will ease the transition. This may include but is not limited to:

- information regarding the student's interests and strengths;
- information about the student's levels of academic and social functioning;
- effective instructional strategies;
- samples of the student's work;

- information about behavioural difficulties (and strategies used to address them);
- adaptations that have been used;
- information about communication levels; and
- information regarding the need for any specialized equipment.

It bears repeating that if the receiving school and students have had little experience with students with diverse needs, specifically FASD, arrangements should be made for teachers, support staff and educational assistants to receive professional development on this topic. Classmates will benefit from having classroom discussions on disabilities to further their understanding. Again, use caution in planning this and always do so based on the consent and willingness of the family and individual affected with Fetal Alcohol Spectrum Disorder.

The Hidden Curriculum: Challenges Faced by Students with Fetal Alcohol Spectrum Disorder Entering High School

Many students affected by prenatal alcohol exposure are never identified. Consequently, there is a significant likelihood that the causes for their behavioural, social and/or academic difficulties may be misinterpreted. We usually expect high school students to arrive with a certain level of maturity, school survival skills and self-management skills. Most often our expectations are met.

The unspoken rules, sometimes referred to as the hidden curriculum, for hallway behavior, homework completion and conflict resolution that are understood by most adolescents may not be understood by students affected by prenatal alcohol exposure. An informed and understanding secondary school will anticipate these difficulties and provide school survival courses to grade nine students. It is essential that educators recognize that these skills may be as significant to a student's future success as anything else he or she is taught.

Transitions of Youth to and from Custodial Care

Conry & Fast (2000, p. 103) suggest that " … [l]ifelong neurological impairments found in people with FAS/FAE … increase susceptibility to criminal behaviour and victimization ..." Page 17 of this document reports Streissguth's findings that 60% of adults and adolescents had encountered trouble with the law.

If a youth is sentenced to closed custody and will be leaving the school for a period of time, it is important for the facility to meet with parents and educators to realize the strengths and interests of the youth. School programming and strategies need to be determined to ensure consistency for the youth. Careful planning ensures a more successful transition.

"The range of challenges presented by FAS/FAE youth is significant. More than anything, these challenges highlight the need for agencies that provide service to such youth to be innovative, flexible and dynamic in designing and delivering such services" (Green & Healy, 2003, p. 69).

Schools are sometimes faced with preparing for the return of a student who has spent time in a treatment or closed custody facility. As the student is transitioning from a highly controlled environment, careful planning is essential to allow for successful transitioning. Supports such as supervised transportation or modified arrival and dismissal times need to be anticipated to ensure the success and the safety of the student and/or classmates.

The community sentencing provisions of the *Youth Criminal Justice Act* (YCJA) implemented on April 1, 2003 require a strong partnership between the school division and the custody facility. For this to be successful, it is imperative the partners work toward smooth transitions to and from custodial care.

A Canadian forensic psychiatrist has estimated that 30% of our prison population may have FAS/FAE. It is safe to say that judges encounter such persons frequently, recognize them seldom, and find that discouragingly few resources are available in any event.

(Honourable Judge C. Cunlife Barnett in Streissguth & Kanter, 1977, p. 135)

The Youth Services Model is the policy framework that Saskatchewan schools use to guide implementation of the federal *Youth Criminal Justice Act* (YCJA). Several departments within the Saskatchewan government have adopted this policy as a provincial framework. School divisions and correction facilities are encouraged to form local committees or teams to address the needs of the youth within their respective communities.

Factors to consider in planning the array of intensive services and supports are:

- provision of low pupil-teacher ratios;
- access to education-based professional development supports to custodial teachers;

- access to specialized special education supports such as educational psychologists; and
- access to school division materials and resources.

One of the reasons for unsuccessful re-entry into school is the assumption that the student is ready to return to an unstructured environment when in fact it is the structure of the custodial facility that has made it appear the student is ready for open custody.

Transitions from School to Adult Life

The planning process, which began when the child first entered school, must be future-based and directed to this point in the student's life. At this stage, the Personal Program/Individual Education Plan takes on a new perspective - it becomes a Personal Transition Plan to prepare students to work, live and participate in their community.

(Adapted from *Creating Opportunities for Students with Intellectual or Multiple Disabilities*, 2001b, p. 287)

Tools for Transition Planning

There are several tools that can help with the planning process. *Making Action Plans (MAPS)* (Appendix D) and *Planning Alternative Tomorrows with Hope (PATH)* (Appendix E) have been discussed in a previous chapter. *School to Life Transition Handbook*, 1999 is a handbook designed to assist young people as they are transitioning to adult life. It includes a a description of transition planning and provides a step-by-step process for the person who is transitioning. It includes checklists and questions to ask. In addition, secondary level courses such as Life Transitions 20 and 30 support students in dealing with change, as change is responsible for the transitions one encounters throughout life.

Consideration of the following guidelines will support transition planning:

- Transition planning is a component of the student's PPP/IEP and should emphasize the student's strengths and needs.
- Resources should be identified and drawn from a variety of sources.
- Each PPP/IEP should emphasize the skills necessary for the next environment.

- The student's interests, preferences and aptitudes are considered in planning.
- The family's interests and values are considered.
- Community-based instruction and work education may be an integral part of the program for some students with FASD.
- Partnerships with the business community may be helpful in transition planning.
- Student self-advocacy should be encouraged from an early age.
- Department of Community Resources and Employment representatives are often part of the planning.

11. Spider Webs, External Brains and Linear Clocks

Being affected by prenatal alcohol exposure is "like having a broken spider web in my brain. Sometimes I get to stick just right and I can do it, and sometimes I fall through the holes and I can't."

(Lutke in Streissguth & Kanter, 1997, p. 181)

Many individuals with FASD and their families refer to missing connections for some people affected by prenatal alcohol exposure. These missing connections which Jan Lutke calls the *spider web theory* suggest to her that the job of teaching is twofold: "Strengthen the 'spider web' if we can, and catch the falling spider when we cannot" (Streissguth & Kanter, 1997, p. 186).

When students "stick just right" they need praise for their efforts and recognition for their successes. When they "fall through the holes" we need to redefine success and continue to work with them until they stick once again. As cited on the first page of this resource, success has no single definition.

The fifth chapter of this document outlines effective practices. These practices come from the experience of practitioners. They are only as effective as they relate to the needs of the individual and the insight of the teacher. The most effective practices are the lessons learned from students affected with prenatal alcohol exposure and their parents.

People affected with prenatal alcohol exposure have compromised executive functioning skills. As teachers, it is a responsibility to determine the extent of this compromise and plan accordingly. Structure and routines will provide a sense of security and there are a wide range of reminders and cues we can provide within this structure. These cues are sometimes referred to as the external brain.

Judith Kleinfeld (2000, pp. 13-15) describes the use of a linear clock that was originally designed to assist someone to know night and day and when it was time to go to work. "We live time in a line, not a circle. So why not use a linear clock … to represent time during a day?" The creative visual of a linear clock has assisted many people in further understanding time as it relates to hours and days.

Teachers have opportunities to be creative in many other ways. Beliefs and values determine behaviour. If students are not learning the way they are being taught, then teachers must teach them the way they learn.

This document has been written to assist teachers, school administrators and communities in addressing the needs of students who are affected by prenatal alcohol exposure. Many of the processes, strategies and interventions are also applicable to other students with diverse needs. After reviewing the document, schools may want to take some time to discuss the following:

- How will the school become more aware of students who are affected by prenatal alcohol exposure?
- What processes are in place to assist teachers in programming for students with special needs?
- How will the information in this support document be shared with staff?
- What type of professional development would best meet the needs of the staff? Is a study group needed to examine the support document and determine ways in which the school can implement the suggestions?
- What suggestions from the document can be used immediately?
- How can staff keep current in effective practices related to children who are affected by prenatal alcohol exposure?
- How is the school currently accommodating the individual needs of students?
- What processes or systems could be strengthened to meet the needs of all learners?
- What strategies and interventions require additional attention at the classroom or school level?

It is up to me to light the spark of possibility.
(Zander & Zander, 2000, p. 148)

- How is the school currently working with parents, the community and other government agencies? What connections already exist with government or community agencies?
- What can be done to further involve parents and the community with the school? How can the school, parents and community successfully collaborate to assist children who are affected by prenatal alcohol exposure?

For more detailed information on collaboration and team building, developing the Personal Program Plan/Individual Education Plan and systematic instruction, please refer to *Creating Opportunities for Students with Intellectual or Multiple Disabilities*, Saskatchewan Learning, 2001b.
http://www.sasked.gov.sk.ca/k/pecs/se/docs/createopp/creatopp.html

Planning for Students with Fetal Alcohol Spectrum Disorder: A Guide for Educators has been developed as a support to educators. It does not contain all of the answers. In the area of children who are affected by prenatal alcohol exposure, our knowledge of effective programming is increasing on a daily basis. It is our hope that the processes, strategies and tools provided in this document will assist schools and communities in providing a supportive, caring and responsive environment for all children.

At the beginning of the document Jan Lutke defines success. In our introduction, Lisa's Letter, *Never Give Up* talks about a success that, the author believed, went beyond some people's dreams. The following story comes from a mother, who together with her son, decided to share their story and their celebration of success.

Jonathon's Journey - An FASD Story

With his permission, I write this personal account of our son, Jonathon's life to date. To give permission, implies trust that no harm will befall him by my hands and speaks to his consciousness of a societal responsibility to assist others by sharing his story. These are accomplishments achieved through time. Reflecting on the 27 years of his life following his adoption into our family at age two, we have much to celebrate yet in contrast he continues to have many obstacles to face on a daily basis. Jonathon has FASD. Small and slight in build, short of stature, classic learning and

social challenges and severe impairments in reasoning, awareness of time, numeracy and language comprehension. These are his inheritances.

Despite these obstacles, the celebration list is long. Jonathon is well known in the community for being "a really nice guy," and more recently is gaining recognition provincially for his skills in the pool hall. His form, dexterity, accuracy and ability to see patterns, memorize classic plays and regularly win is outstanding - although tallying the score is a support provided by others. The family photo albums track his physical accomplishments: provincial gymnastic awards during middle years, track & field red ribbons for long jump, a newspaper clipping of his dramatic mid-air flight on the snowboard hill, his one-handed stand on a moving skateboard. Many have commented through the years about his Olympic potential - if only ...

In contrast, Jonathon's school story is a tale of struggles. In high school he was able to high jump his height at 5'3," yet received a failing grade in physical education. He skipped the classes, avoided the temperature changes and uncomfortable spray sensations on the compulsory showers. The logistics of team sports and written assessments on game rules were daunting. Avoidance was his response to a no-win situation. Lazy and irresponsible was the label. Through his 14 years of schooling, Jonathon wrestled with the written products particularly in the language arts. Teachers questioned his motivation and commitment to school since it appeared he had the skills: on-grade spelling, neat handwriting, average ability overall and talked "a good talk." They said he should be able to do the work. Basic math held no logic for him and was a continual frustration. Now we know that these characteristics masked the greater challenge of FASD - severe short term memory, low receptive language and an inability to make the cognitive connections that school assignments demanded. It was after Jonathon was dropped from the school enrolment that FASD was defined as a key player in his life. Previous labels of Environmental Deprivation and ADHD were put aside.

As an adult of 29 years, Jonathon is coming into his own in many ways- again the characteristic feature of late maturation. He is living independently successful by his standards. He seeks out employment opportunities that funnel toward his end goal of being a professional pool player. Jonathon continues to have a strong commitment to being substance abuse free. He is moving forward in areas such as personal care, looking after basic needs such as eating regularly and building satisfying personal relationships. We pray that angels guard him in his decision

making and orchestrate circumstances to keep him out of the Justice system.

Jonathon is a man of contrasts. He has molded his life to focus on his strengths, to compensate for his challenges. Each of these areas is a story in itself. What a journey it continues to be!

I remain Jonathon's mother by choice.

Author anonymous. Printed with permission.

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Appendix A

Saskatchewan Services for Children and Families Affected by Fetal Alcohol Spectrum Disorder (FASD)

Diagnosis

For information on local or regional diagnostic services, contact the local Regional Health Authority.

Alvin Buckwold Child Development Program
Kinsmen Children's Centre
1319 Colony Street
Saskatoon, SK S7N 2Z1
Tel: (306) 655-1070 Fax: (306) 655-1449
Website: www.sdh.sk.ca

Saskatchewan Clinical Teratology Program
Dr. Patricia M. Blakley
Alvin Buckwold Child Development Program
Kinsmen Children's Centre
1319 Colony Street
Saskatoon, SK S7N 2Z1
Tel: (306) 655-1096 Fax: (306) 655-1449
E-mail: patricia.blakley@saskatoonhealthregion.ca

Outpatient Pediatric Clinic
Department of Pediatrics, Royal University Hospital
103 Hospital Drive
Saskatoon, SK S7N 0W8
Tel: (306) 966-8018 Fax: (306) 966-8640
Website: www.usask.ca/pediatrics/

Division of Medical Genetics (adults)
Royal University Hospital
103 HospitaL Drive
Saskatoon, SK S7N 0W8
Tel: (306) 655-1692 Fax: (306) 655-1736
Website: www.sdh.sk.ca

Children's Services

For information on local or regional services, contact the following ministries or organizations:

Community Action Program for Children (CAPC)
Canada Prenatal Nutrition Program (CPNP)
Aboriginal Head Start Program (AHS)
Health Canada, Children's Health
Population and Public Health Branch
1920 Broad Street
Regina, SK S4P 3V2
Tel: (306) 780-6944 Fax: (306) 780-6207
Website: www.hc-sc.gc.ca

Federation of Saskatchewan Indian Nations
Manager of Children's Programs
Suite 200, 103A Packham Avenue
Saskatoon, SK S7N 4K4
Tel: (306) 956-6918 Fax: (306) 244-4413
Website: www.fsin.ca

KidsFirst Program
For information on local or regional services contact:
Early Childhood Development Unit
1st Floor, 2220 College Avenue
Regina, SK S4P 3V7
Tel: (306) 787-8301
Website: www.sasked.gov.sk.ca

Early Childhood Intervention Program, Saskatchewan
Provincial Coordinator
3031 Louise Street
Saskatoon, SK S7J 3L1
Tel: (306) 955-3344 Fax: (306) 373-3070

Saskatchewan Learning
Special Education Unit
2nd Floor, 2220 College Avenue
Regina, SK S4P 3V7
Tel: (306) 787-1183 Fax: (306) 787-0277
Website: www.sasked.gov.sk.ca

Saskatchewan Community Resources and Employment
Community Living Division
#205-110 Ominica Street West
Moose Jaw, SK S6H 6V2
Tel: (306) 694-3565
Website: www.gov.sk.ca/socserv/

Family & Youth Services
1920 Broad Street
Regina, SK S4P 3V6
Tel: (306) 787-3648 Fax: (306) 787-0925

Child Daycare
1920 Broad Street
Regina, SK S4P 3V6
Tel: (306) 787-7467 Fax: (306) 787-2134

For local Child & Youth Services, Mental Health Services or Public Health Services, contact the local Regional Health Authority or Tribal Council.

Family Support

Saskatchewan Fetal Alcohol Support Network, Inc (parent support)
510 Cynthia Street
Saskatoon, SK S7L 7K7
Toll-free: 1-866-673-3276
Tel: (306) 975-0884 Fax: (306) 242-8007
E-mail: fas.esupportnetwork@sasktel.net
Website: www.skfasnetwork.ca

Saskatchewan Association for Community Living
Saskatchewan Family Network
3031 Louise Street
Saskatoon, SK S7J 3L1
Tel: (306) 955-3344 Fax: (306) 373-3070
Website: www.sacl.org

Baby S.A.F.E. (Substance Abuse Free Environment) Program
c/o Family Futures
1895 Central Avenue B West
Prince Albert, SK S6V 4W8
Tel: (306) 763-0760 Fax: (306) 763-8165

Family Support Centre
315 Avenue M South
Saskatoon, SK S7K 2H6
Tel: (306) 933-7751 Fax: (306) 933-5665
Website: www.gov.sk.ca/socserv/

New Beginnings Program
Box 6000
La Ronge, SK S0J 1L0
Tel: (306) 425-4840 Fax: (306)425-8514

Regina FAS/E Outreach Program
c/o Circle Project Association Inc.
#2 - 1102 - 8th Avenue
Regina, SK S4R 1C9
Tel: (306) 347-7515 Fax: (306) 374-7519

Alcohol and Drug Services

For local Alcohol and Drug Services, contact the Regional Health Authority or National Native Alcohol & Drug Abuse Program (NNADAP) through the Tribal Council.

Saskatchewan Health
Community Care Branch
3475 Albert Street
Regina, SK S4S 6X6
Tel: (306) 787-1501 Fax: (306) 787-7095
Directory of Alcohol & Drug Services in Saskatchewan
Website: www.health.gov.sk.ca/ps_ads_directory.html

Calder Centre
Adult and Adolescent Programs
2003 Arlington Avenue
Saskatoon, SK S7J 2H6
Tel: (306) 655-4500 Fax: (306) 655-4545
Website: www.sdh.sk.ca/calder

Métis Addictions Council of Saskatchewan Incorporated (MACSI)
100-219 Robin Crescent
Saskatoon, SK S7M 1S4
Toll-free: 1-800-236-5204
Tel: (306) 651-3021 Fax: (306) 651-2639
Website: www.metisnation-sask.com/affiliates/macsi.html

Information & Support

Saskatchewan Institute on Prevention of Handicaps
Fetal Alcohol Spectrum Disorder Prevention Program
1319 Colony Street
Saskatoon, SK S7N 2Z1
Tel: (306) 655-2512 Fax: (306) 655-2511
E-mail: info@preventioninstitute.sk.ca
Website: www.preventioninstitute.sk.ca

Saskatchewan First Nations Women's Council
Federation of Saskatchewan Indian Nations
Suite A - 1680 Albert Street
Regina, SK S4P 2S6
Tel: (306) 790-4116 Fax: (306) 721-2707

Kinsmen Children Centre
Family Resource Room
1319 Colony Street
Saskatoon, SK S7N 2Z1
Tel: (306) 655-6871 Fax: (306) 655-1449
E-mail: kccfrr@sdh.sk.ca

Saskatchewan Association for Community Living
John Dolan Resource Centre
3031 Louise Street
Saskatoon, SK S7J 3L1
Tel: (306) 955-3344 Fax: (306) 373-3070
Email: johndolan.rc@sacl.org
Website: www.sacl.org

Wascana Rehabilitation Centre
Family Resource Centre
2180 - 23rd Avenue
Regina, SK S4S 0A5
Tel: (306) 766-5591 Fax: (306) 766-5789
Website: www.reginahealth.sk.ca

Canadian Centre on Substance Abuse
FAS/FAE Information Service
Ottawa, ON
Toll Free: 1-800-559-4514
Website: ccsa.ca/fasgen.htm

Motherisk Program
Alcohol and Substance Use in Pregnancy Helpline
Toronto, ON
Toll Free: 1-877-327-4636
Website: www.motherisk.org

National Aboriginal Clearing/Connecting House on Disability Issues
Suite 200-103A Packham Avenue
Saskatoon, SK S7N 4K4
Tel: (306) 477-7300 Fax: (306) 477-8894
Email: clearing@fsin.com
Website: www.fsin.com

Regional Fetal Alcohol Syndrome Intersectoral Committees

Contact the Saskatchewan Institute on Prevention of Handicaps; Fetal Alcohol Syndrome Prevention Program for a complete list of contact information:
1319 Colony Street
Saskatoon, SK S7N 2Z1
Tel: (306) 655-2512 Fax: (306) 655-2511
E-mail: info@preventioninstitute.sk.ca
Website: www.preventioninstitute.sk.ca

(Reprinted with permission from Saskatchewan Institute on Prevention of Handicaps *FASD Services in Saskatchewan*, 2003)

Appendix B

List of Positive Consequences for Individual Students

List of Positive Consequences for Individual Students

Enlarge this list and have students circle or highlight reinforcers that are meaningful for them.

Activities for students:

- Be a group leader
- Be a hall monitor
- Be a teacher's assistant for ___ minutes (in own class/in another class)
- Be a tutor in class, or with a younger student
- Be dismissed 5 minutes early from class
- Be excused from homework for one night
- Be the teacher for a specified period
- Be in a class play
- Chew gum at lunch
- Choose a gym game for the class
- Choose a story for the teacher to read
- Colour or draw
- Create a picture or story on the chalkboard
- Create or select an indoor recess game
- Decorate the classroom
- Demonstrate a hobby to the class
- Do puzzles for ___ minutes
- Draw cartoons for ___ minutes
- Earn a field trip for the class
- Earn more recess time for the class
- Earn a movie for the class
- Go for a swim
- Go to lunch 3 minutes early
- Have a free period of creative activity
- Have 15 minutes of computer time
- Have 5 minutes of free time
- Have 10 minutes of free time in the library
- Have 15 minutes of playing a sport (outdoors or indoors)
- Have 15 minutes of story time
- Have 5 minutes to discuss something with the teacher
- Have 15 minutes with a favourite person
- Have 30 minutes of music in the classroom
- Have extra gym time for ___ minutes
- Have extra recess for ___ minutes
- Have free time to use specific equipment
- Have free time to use supplies (magic markers, art supplies …)
- Have lunch with a teacher
- Have the class try to make you laugh within 30 seconds
- Help another teacher for ___ minutes
- Help teach a 15 minute lesson
- Help the custodian
- Help the librarian
- Help the teacher make a visual aid to use with a group of students
- Help run the school store, before or after school, for ___ minutes
- Lead class pantomimes
- Listen to music for ___ minutes while working
- Listen to tapes on a Walkman for ___ minutes
- Make a phone call home to describe successes
- Make a videotape over ___ days
- Make paper airplanes
- Participate in crafts, activities
- Participate in an assembly
- Pass out supplies
- Pick out a class activity
- Play a game
- Play an instrument
- Play with friends
- Play video games for ___ minutes
- Play with your best friend for ___ minutes
- Read a comic book or a magazine for ___ minutes
- Read a story to the kindergarten class
- Read to a friend or the principal
- Serve as a messenger for the office
- Sit at a teacher's desk for a specified period
- Sit by a friend
- Sit where you want to for 10 minutes
- Take pictures of your peers
- Teach the class for ___ minutes
- Tell ghost stories with no lights on
- Tutor another student
- Use a tape recorder for ___ minutes
- Use a stopwatch to _____
- Visit the principal (planned visit) for ___ minutes
- Visit the school library (individual or group)
- Watch a video in another classroom
- Wear a hat for one period
- Work with clay
- Work as a lunchroom server
- Write on the chalkboard with coloured chalk

Appendix C

Parents and PPP/IEP Planning: A Handout for Parents

Individual education planning is the process by which families, teachers and other support personnel work together to meet the needs of students who need adjustments or supports to achieve their full potential.

Parents are valuable members of this process. As a parent, you provide a unique understanding of your child's past experience and his or her goals, interests and responses. The work you can do with your child at home is often important in meeting the goals set through the PPP/IEP process.

You can take part in PPP/IEP planning by:

- having regular contact with the school;
- taking an active role in the decisions made for your child;
- asking to be put in touch with other parents involved in PPP/IEP planning; and
- asking about the services and resources available.

Before going to the PPP/IEP meeting, you may want to:

- ask for a copy of the agenda from the classroom teacher;
- ask how your child may be a part of the PPP/IEP process;
- write down the thoughts and questions you want to talk about in the meeting;
- think about your goals and hopes for your child; and
- think about the concerns you want addressed.

At the PPP/IEP meetings, feel free to:

- make it clear how long you can stay for the meeting;
- provide information about your child and how he or she learns and behaves outside school;

- ask questions if anything is unclear; and
- ask how you can help work on some of the goals at home.

After meetings, you can help by:

- keeping in touch with the teacher and/or case manager;
- working on the goals of the PPP/IEP at home; and
- telling the teacher of any change in the home that may affect his or her ability to work at school.

(Reprinted with permission from *Individual Education Planning: A Handbook for Developing and Implementing IEPS, Early to Senior Years*, Manitoba Education & Training, 1998)

Appendix D

MAPS (Making Action Plans)

The MAPS process can help families, professionals and the student's peers find ways for the student to have positive and successful experiences in school. It is developed by a team that includes the student, parents or caregivers, other family members, the classroom teachers, student peers and other school professionals. This team is led by a facilitator who leads the team in answering the seven questions below.

1. What is the individual's history?
2. What is your dream for the child?
3. What is your nightmare?
4. Who is the student?
5. What are the student's gifts?
6. What are the student's needs?
7. What would an ideal day at school be like for the student?

MAPS can be time consuming, so it is often used in conjunction with Individual Education Plan development when major transitions occur.

(Reprinted with permission. *MAPS* and *PATH* by Falvey, Forest, Pearpoint & Rosenberg, 1997)

Appendix E

Planning Alternative Tomorrows with Hope (PATH)

The PATH process involves a facilitator leading a planning team through a process of planning for the student's adult life. The planning involves eight steps:

1. Touching the dream
2. Sensing the goal
3. Grounding in the now
4. Identifying people to enroll
5. Recognizing ways to build strength
6. Charting action for the next few months
7. Planning the next month's work
8. Committing to the first step

(Reprinted with permission. *MAPS* and *PATH* by Falvey, Forest, Pearpoint & Rosenberg, 1997)

Appendix F

Functional Assessment Checklist for Teachers & Staff (FACTS)

Functional Assessment Checklist for Teachers & Staff (FACTS)

Student _____ Date _____

Grade _____ Staff Reporting _____

Student Profile: Please use the space below to identify the student's strengths. Some possible strengths include academic interests, social skills, hobbies, sports, etc.

_____

_____

Directions: To gain a better understanding of the nature and scope of the problem behaviour(s) please check the most relevant item(s). Then use the Considerations space at the bottom of each section to provi a brief description of the problem behaviour, predictions, and consequences.

Problem Behaviour(s): Behaviour(s) of concern that has been occurring.

☐ Tardy	☐ Fighting/Physical aggression	☐ Disrupts class activities	☐ Theft
☐ Inattentive	☐ Verbally harasses others	☐ Insubordinate/Disrespectful	☐ Vandalism
☐ Sleeping	☐ Inappropriate language	☐ Other _____	

Considerations: What behaviour typically occurs first and how does it escalate? What does the behaviour look like?

_____

_____

Predictor(s) and Setting Events: Person(s), place, or time where behaviour of concern is most likely to occur.

Location	Person(s)	Time	Academic concerns	Setting Event
☐ In class	☐ Peer(s)	☐ Before school	☐ All classes	☐ Use of medication
☐ Hall	☐ Teacher(s)	☐ Morning	☐ Reading	☐ Physical health
☐ Cafeteria	☐ Staff	☐ Lunch	☐ Math	☐ Illegal drug use
☐ Bus		☐ Homeroom	☐ Spec. Ed. eligible	☐ Conflict at home
☐ Other _____		☐ Afternoon	☐ Other _____	☐ Other _____

Considerations: A specific activity that is difficult for the student? Does behaviour occur alone or with peer group?

_____

_____

Obtain attention	Escape/Avoid demand or situation	Current strategies
☐ Peer attention	☐ Escape difficult activity	☐ Change seating
☐ Adult attention	☐ Ignore/decrease adult attention	☐ Contact parent
☐ Activity	☐ Negative peer attention	☐ Send to office
☐ Other _____	☐ Other _____	☐ Other _____

Considerations: What strategies have been effective? After an incident what does the student obtain (e.g., attention) or avoid (e.g., difficult task)?

_____

_____

Consequence(s): What typically happens after behaviour of concern occurs?

Predictor(s) & Setting Event	Behaviour(s) of Concern	Consequences

Summary of Behaviour

Directions: Please use the items selected above and the information you've written in the Considerations to complete the section below.

Appendix G

How Does Your Engine Run?: The Alert Program for Self-Regulation

The purpose of the program is to assist students, teachers, parents and therapists in identifying levels of alertness and effective sensorimotor strategies. The program uses the analogy of an automobile engine to introduce the concept of self-regulation to students and also helps individuals understand the basics of sensory integration.

If your body is like a car engine, sometimes it runs on high, sometimes it runs on low and sometimes it runs just right.

The program consists of three main components:

1) helping the child identify his or her level of alertness;

2) exploring the five sensorimotor ways to change engine levels (put something in the mouth, move, touch, look and listen); and

3) increasing the ability to independently self-regulate throughout the day.

For more information, see www.alertprogram.com or call (505) 897-3478.

(Reprinted with permission. Williams, Shellenberger & Shellenberger, 1996)

Recognize your anger signals and accept that you are angry.

Anger signals might include sweaty palms, gritted teeth, shaking hands, impatient attitude, upset stomach, flushed face, tight muscles, or a headache.

Identify a positive way to think about the situation.

Depending on the situation, you might say to yourself:

- I'm not going to get upset about this.
- I know I can work this out without getting mad.
- I can stay calm in this situation.
- I will not take this personally.
- This is a challenge, and I enjoy a challenge.

Do something constructive to calm down.

Constructive things to calm down right away might include counting to 10, taking a deep breath, asking for time to calm down, or leaving the scene. Constructive things to calm down when there is more time might include talking about your feelings with someone not involved, listening to music, getting some exercise or doing something else physical, writing a letter to the person explaining how angry you are and then destroying the letter, helping someone else, watching a funny movie, spending time on your favourite hobby, doing something creative, or spending time with a pet.

Remember these tips when dealing with anger:

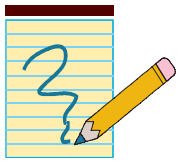
- When you're angry, accept it. Anger is normal.
- Stop and stay calm. Tell yourself that you are in control and can handle the situation. You have control over your thoughts, so think calmly and positively about the situation. Your thoughts determine how you feel and react to the situation.
- Decide whether the situation is one that you can change. If you can change it, determine how. If you can't change it, let it go.
- Act in ways that will make you and the situation better.

Appendix H

Using RID to Reduce Your Anger

RID is a three part process for a skill that you can use to help manage your anger. You can also apply the RID process in situations involving such emotions as frustration and disappointment. Look for ways to apply this process to a whole range of anger-provoking or stressful situations in your life.

My Picture Plan
1. Take 5 deep breaths. ① ② ③ ④ ⑤
2. Move away from the problem. 
3. Draw a picture of what I need. 
4. Talk to someone about my picture. 

My Picture Plan
1. Move away from the problem. 
2. Use peaceful imagery. 
3. Use a problem-solving process. 

My Picture Plan

Appendix I

My Picture Plan

Student Name		Observation Date
Observer		Time
Activity		Class Period
Behaviour		
Antecedent	Behaviour	Consequence

Appendix J

Environmental Checklist

Proactive Classroom Model

The amount of stimulus in the physical environment is essential to any discussion regarding an appropriate intervention plan for a child with attention problems. The following conditions signify a beneficial or excellent physical environment. Moving toward providing these environmental conditions will assist those with attention problems.

Read the following checklist and think about your work setting. Place a check mark next to those describing an environmental condition that you are willing to strive toward:

____ Stimulus in classroom is not overwhelming. Decorations/displays on walls, hanging from ceiling, on the closets, etc. are nonexistent or minimal at most.

____ Shelves are closed with doors or drapes and are kept tidy. The covers (doors or drapes) are a plain, non-patterned, soft-coloured material.

____ A storage area is available enabling teachers to remove equipment and reduce stimuli.

____ Children have experiences working individually, in pairs, or in small groups. Their desks or tables provide them with opportunities to be by themselves in a protected area of the room.

____ Colour of the walls, cupboards, desks, shelves, etc. is not bright. There are few colours. The colours are soft and soothing.

____ Bulletin boards are not decorated with brightly coloured figures.