Classroom Adjustments: FASD

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| 00:00:00:00 | CHRISTINE BROOKS | It is a disability that is called an invisible disability. And it is very hard, and I have found this many times, to have people understand that this child really has got a brain injury, that they really are struggling. On the surface, they often look like bright, well-adjusted children. And in my case, our girl's particularly good at sport. So, she's shining. This is one of the pupils in the class. Very popular, lots of fun, but she gets very frustrated. She does these very high-risk behaviours, and can fly off the handle very quickly, and ends up getting into trouble without anybody understanding that this child has got a brain injury. |
| 00:00:45:21 | SERPIL | That's Christine - she's a teacher, foster parent and board member of NOFASD Australia. She's talking about her foster daughter's experience with Fetal Alcohol Spectrum Disorder, or FASD. It's a condition that's an outcome of alcohol consumed by the child's parent during pregnancy. It's known as the "invisible disability" as it often goes undetected or is misdiagnosed. Hi - I'm Serpil Senelmis, and this podcast is part of an NCCD Portal series. In this episode we'll meet a mother who is leading FASD awareness in Australia and an expert who provides support to teachers, parents and caregivers. We'll get a better understanding of the behavioural and learning difficulties associated with FASD and we'll hear more of Christine's first-hand experiences. |
| 00:01:56:23 | ANNE | My name is Anne Russell. I'm the founder of the Russell Family Fetal Alcohol Disorders Association. In 2000, I found that both my boys had been affected prenatally by alcohol. In the ensuing seven years, I really hadn't been able to find any support, anybody who understood the condition. So, in 2007, I decided to do that myself and start a support group. And eventually, it evolved into the Russell Family, or we call it the RFFADA because it's a little bit unwieldy. |
| 00:02:28:08 | SERPIL | Can you tell me about the diagnosis of your boys? How did that come about? How did you find out that they did have FASD? |
| 00:02:35:21 | ANNE | I was reading the internet and trying to understand the behaviour of my second son, my youngest son. He'd been diagnosed with ADHD, but it didn't really explain all of the issues that he was having. I reviewed ADHD and the symptoms. And just down from the main body of the information, it said, "What other conditions can cause this behaviour?", and it had fetal alcohol syndrome, which it was called at the time. I mean, I just knew that that's what it was because I was in recovery at the time. It just all came together. |
| 00:03:09:07 | SERPIL | Can you tell me what some of the behaviours were of your sons that made you think this has to be something other than ADHD? |
| 00:03:18:15 | ANNE | My son, Seth, he was working at the time, and he'd stolen some money, and that just wasn't part of our values. It wasn't something he'd grown up with. And when I looked back, there were so many things that were bizarre and strange. And I thought that he had so many things wrong with him. His behaviour was erratic, and his moods were up and down, and his anger and violence. And we had so many holes in the walls, and broken windows, and all sorts of things like that really didn't explain ADHD. |
| 00:03:57:16 | SERPIL | And what were some other clues when he was little, when he was at school? Did that, sort of, violent outbursts exist when he was school age? |
| 00:04:06:01 | ANNE | Yeah, definitely. Not in the early years, and this is really typical, because in the early years, there's not so much pressure put on the child. But when the pressure is on, when they get into the higher grades, maybe even actually 2 and 3 these days, that's when things start to fall apart. And his behaviours from about Year 4 and 5, from then on, he broke a child's arm, he got into fights. He was always up at the principal's office.But having said all that, it's important to understand that FASD is a primary physical disability, which is a brain-based disability with behavioural symptoms. So, what really people see are those behavioural symptoms and don't understand that there's that brain injury behind it. |
| 00:04:56:00 | SERPIL | And do you think that some teachers are cautious about discussing FASD with parents because they might feel like the parents are being judged? |
| 00:05:04:23 | ANNE | Yes, and it's a possible outcome. Yes, absolutely. But if you weigh that against the positives or the possible positives, it means nothing. I'm a birth mum, and I know without a shadow of a doubt that I would have done anything to know that my boys had FASD early on. And yes, absolutely, I feel guilt, and shame, and every other emotion that you'd like to mention. But at the highest point, I want what's best for my children. And there wouldn't be too many other parents who wouldn't want the same thing. |
| 00:05:41:14 | SERPIL | Anne Russell's sons were adults when they were diagnosed with FASD and she continues to work tirelessly to support them and help other parents of children with FASD. She put me in touch with Dr Dee Basaraba who works alongside parents, caregivers and students who have been diagnosed, or are going through the diagnosis of Fetal Alcohol Spectrum Disorder. |
| 00:06:04:07 | DEE | OK. So, many students who have been diagnosed with Fetal Alcohol Spectrum Disorders may have communication difficulties in the educational setting. They may have difficulties understanding instructions given to complete tasks. They may have difficulty completing tasks. They may not be engaged in learning. They may display impulsivity, have difficulties in the retention of learning, and poor social skills. And they may experience some sensory difficulties within the classroom or educational setting as well. |
| 00:06:46:02 | SERPIL | Dr Basaraba says when assisting students with FASD it's more effective to consider the educational setting holistically, rather than just focusing on adjustments in the classroom. |
| 00:06:57:13 | DEE | It's about the children or the students feeling a sense of belonging from the time they arrive at the front gate. So, with one school, one student would escape from the school. He would not enjoy music because of the sounds and the sensory overload. So, he'd become disengaged and would show aggressive behaviours. He would lie. Confabulation is another issue with these students in the education setting. He wouldn't complete tasks because the teacher, although was an amazing teacher, but she would give the instructions to the whole class, and he would get lost. The message would get lost from the teacher into his mind. So, it was going in sort of scrambled, and he needed some assistance around that.Where that child sat as well within the classroom and the setting up of the classroom, when he ran out of the classrooms, he would put himself in dangerous situations such as running on roads. And not all students presenting with FASD understand what their actions may entail in the long run. So, this young child was running out on a highway where there were logging trucks. |
| 00:08:26:09 | DEE | So, the principal of this school actually took all teaching staff offline for one whole day and requested that the tuckshop lady, the librarian, the receptionist and the grounds person come in, and they had an information session around inclusion of this young child, and they took a holistic approach. So, it was a whole school-based approach. I've been monitoring this student now for 12 months, and he's actually had a fantastic 12 months of school. He's now better engaged because the teacher has modified the way that she has set up her classroom. She has spoken with his caregiver or speaks to his caregiver probably once a week. |
| 00:09:15:18 | SERPIL | I love that story, Dee. I love how the tuckshop lady was even included. |
| 00:09:20:06 | DEE | And even the grounds person, because the grounds person is out there, and they're mowing lawns, so they're another set of eyes that are able to watch if this child was out in the garden or up a tree. And they actually spent time with the young students. So, the tuckshop lady would actually go into the classroom as well. And it's about building relationships, and it's about the importance of the student and the parents feeling a sense of belonging within their school community.One of the big things with that story and many others is that we ensure that all educational staff adopt a "no blame, no shame" idea where, you know, another story that I have is that a caregiver was taking their foster child to a school, and the teacher started commenting that this child wouldn't have these difficulties in the education setting if that lady didn't drink. That lady was a foster carer. So, she wasn't the biological mum. And I do believe that there still isn't a great deal of information around for young people or people when they do fall pregnant about not drinking or the damage that alcohol can use. So, having a "no blame, no shame" ethos within the education department is really, really important. |
| 00:10:47:05 | SERPIL | As a teacher and foster parent of children with FASD, Christine has seen a broad range of behaviours in different students. |
| 00:10:56:00 | CHRISTINE BROOKS | It's an interesting disorder because children display different behaviours. It's not common that every child with FASD has exactly the same behaviour. Having said that, there are common traits that most of the children with FASD would display, one of them being trouble with executive functioning. So, things like planning, organisation, thinking ahead, they're really difficult tasks for children to cope with. There are learning areas, specifically in maths, counting, and money, a lot of literacy problems, but not every child will have the same problems. And, often, with regulating behaviour, that's a major problem with many of them. They find it very difficult to regulate their behaviour. And anxiety sometimes creeps in, and they have issues around that as well. |
| 00:11:52:12 | SERPIL | Christine suggests the most challenging aspect of FASD for many teachers would be confabulating - when students fill in their knowledge gaps with fabrications that they believe to be true. |
| 00:12:05:12 | CHRISTINE BROOKS | They will have a lot of difficulty understanding instructions. They really struggle with instructions and need time for processing. And one of the biggest problems is that they'll be asked a question, and because they want to fit in so desperately, they'll just give an answer off the top of their head without being able to process it and answer it correctly. So, they'll struggle. They'll often confabulate, which appears to be as though they're lying, or they'll say, "I don't know." So, they're really displaying behaviour that would, at times, look as though they're not listening or not even trying. It's a major area of concern for the teachers. |
| 00:12:42:17 | ANNE | I guess the most important thing is to understand that the child has a brain-based condition, and that things that we may see as naughty aren't. For example, stealing and lying are two things that parents often talk to me about. And, of course, for a child with FASD, that's not what it is. It's not stealing and lying, even though that's what it looks like to us. It's more like confabulation, filling in the blanks, missing parts of the memory, trying to say what they think the parent wants to hear. And in terms of what we call stealing, seeing something, not understanding property, not understanding belongings, and bringing it home. |
| 00:13:29:15 | CHRISTINE BROOKS | I think that we need to learn to give children that space for thinking time and to teach them to ask for thinking time. Instead of saying "I don't know" to an answer, say, "I just need to think about it," so that they're actually having these strategies that they can use for the rest of their life. |
| 00:13:45:20 | SERPIL | So, to break down the tasks into bite-sized chunks to be able to process it, that's the key to helping them to get through to the next step? Is that essentially it? |
| 00:13:56:10 | CHRISTINE BROOKS | Yes, chunking tasks is essential. It's really important that they have the task repeated to them, and that you ask them to repeat back, so that you know that they understood. Routine and structure, all of those are very important in the classroom. |
| 00:14:11:16 | DEE | Teachers probably allow time for students to process and respond to questions, and they've got to make sure that they do allow that time because of the processing and the executive functioning difficulties that students with Fetal Alcohol Spectrum Disorders have. It's about executive functioning difficulties that these students have. So, it's really, really imperative that all teachers model the expected task and the steps in those tasks. So, a lot of teachers will stand up in the front of the classroom and highlight what the task involves and everything. But we're finding at the minute that if the teachers show what the end product should look like, kids with FASD are becoming more engaged. So, showing what the end product should look like and modelling the steps in between is a really important pedagogical approach. Maintaining a routine within the classroom is really important as well. Ensuring that student does have the seat and does have consistency in knowing where their book box is. Ensuring that their hat is there at all times. Because if their hat's not there, and they can't play, that can actually cause an anger difficulty, or the child can show aggressive emotions because it's not where it should be. |
| 00:15:46:01 | ANNE | They're not really difficult adjustments. They're quite easy to make, and they won't hurt anyone who doesn't have FASD. They're not intrusive, but they will make a huge difference to children in the classroom who do have it. A calm learning environment free from clutter. So, short information, not long-winded discussions about a model or something. Just short concrete bits of information. Visual clarity. So, a lot of visuals. Breaking down tasks. So, instead of giving the whole task, break it down into steps. It might be three or four steps. That child will have a much better chance of actually achieving success. Having a personal space for a child with FASD. Trying to outline borders of their personal space. Carpet squares for the little ones. If they sit on their carpet square, that's their personal space. |
| 00:16:50:12 | SERPIL | And as Dr Basaraba said earlier, incorporate that routine into the whole school environment, like the tuckshop lady, librarian and receptionist did for that little fellow. |
| 00:17:02:06 | DEE | He knows the routine. The routine hasn't changed at all. So, at the beginning of the year, the staff at the school put into a routine. So, the little boy would be dropped off at the front gate. He would walk a certain path. He would get to his classroom. His hook was there. So, he knew exactly the steps that he had to take. It's about building up their confidence as well. |
| 00:17:46:18 | SERPIL | Knowing about FASD is not the same as understanding FASD, and teachers should be guided by parents and caregivers in the support of students. |
| 00:17:56:16 | DEE | So, if a student's presenting to a school, and they have a diagnosis from a paediatrician or a diagnostic clinic, then the teachers are aware that these children or students have a prenatal exposure to alcohol, and they can manage their classroom practices around that diagnosis, just as they would with autism. |
| 00:18:20:19 | SERPIL | So, what steps, then, should a teacher take once they have been alerted to a student's diagnosis of FASD? Should the first step be to talk to the parents? |
| 00:18:33:17 | DEE | Absolutely. So, the parents are the ones who hold all the knowledge. They are with their children 24 hours a day, seven days a week. So, they're the main point of call, and they should be involved in all stakeholder meetings. They're the ones with the knowledge about how their children react to different situations. So, they're a really good source for all teachers. I think early intervention is really, really important to give them a great foundation to experience success right throughout their educational journey. I think that a lot of students or a lot of people aren't being diagnosed early because it's usually when they come into the school environment that behaviours and the differences are coming to the forefront. So, a lot of students aren't diagnosed until they start school. |
| 00:19:34:06 | CHRISTINE BROOKS | Early intervention's vital. I think it's very important for any child with a disorder of any description. But particularly with these children, because their emotional wellbeing is so important, and keeping in mind that children with FASD are usually emotionally nearly half their chronological age. |
| 00:19:54:10 | ANNE | So, often with FASD will come a developmental delay. Not always the case, but it does happen. So, they'll behave under stress at a much, much younger age level. So, a child of six or seven under stress might behave like a three-year-old or even younger. So, there's the development. There's the immaturity or what's called 'dysmaturity'. Sensory issues will also be very common, and that's harder to pick up, really, because the sensory issues will be around a cluttered classroom. And, unfortunately, in the education department in most states, sensory stimulation is very important. The classroom is full of posters, full of things dangling from the ceiling. That does not help a child with FASD focus on what they need to focus on. And so they won't be able to focus. It'll look like ADHD, and sometimes it is, but sometimes it's FASD masquerading as ADHD. Sometimes, you'll see children just get up from the chair and run outside. That's their way of regulating their emotions. They're overwhelmed with what's happening in the classroom. They have to get out. And, of course, then they get into trouble, and they're told to go back into the classroom. They'll just wander around. |
| 00:21:10:02 | DEE | Some students presenting with Fetal Alcohol Spectrum Disorders have difficulty in retaining information due to the structural changes in various regions of their brains, due to the prenatal exposure to alcohol. So, some students can do a task one day, and then they may not be able to perform that task the next day. |
| 00:21:32:17 | DEE | So, teachers may need to spend time on revisiting what the activity was or the steps to the foundation of their learning. |
| 00:21:44:07 | CHRISTINE BROOKS | I like having the children in the same spot every day so that they feel really secure. If they're sitting on the floor, I give them a special area near me. I give them tactile things because sensory processing's often a very big issue with these children. So, I'll give them a tactile toy to play with or material. I've got a little rug with all sorts of feeling things on it. That really helps them, helps them stay still, helps them have something to touch, which makes them feel a little bit less anxious. |
| 00:22:15:10 | ANNE | Children with FASD seem to be drawn towards the iPads and iPhones and the tablets and what have you, but they seem to have a propensity for being able to use them very well. And parents can put on educational games and what have you, and help them in that way. And yes, so far, that's the only technological tool that I know of that will support learning. That's my understanding anyway. Of course tablets and things weren't around when my boys were little, but that's what parents tell me. |
| 00:23:03:01 | SERPIL | FASD, or Fetal Alcohol Spectrum Disorder, is complex, and requires adjustments to the whole school environment in addition to the classroom. In summing up the most effective tactics, Christine emphasises that changes like these can be beneficial for all students. |
| 00:23:20:24 | CHRISTINE BROOKS | A child with FASD lives in a world of chaos in their mind. They really need support around everyday little tasks. And when they feel that there's no routine or no structure, they become anxious. And then, obviously, they're not able to even sort problems out themselves. So, making sure that the child is catered for in a very specific way. So, things like timetables need to be...preferably have pictures of the child doing something at different stages of the day, so that they can really visually see what was happening, that they're really broken down into very clear sections. Consistency with the way the teacher is speaking to the child, expectations, very, very clear rules, and reinforcing those through repetition all helps make the child feel really secure in the classroom. Making sure the classroom's not visually overloaded, not having things dangling from the roof and an overload of posters on the walls. Over-stimulation visually can be really distracting for children. |
| 00:24:45:21 | SERPIL | This podcast is part of a series that highlights adjustments that can be made in the classroom to enable students with disability to access and participate in education on the same basis as their peers. You can find all episodes on the NCCD Portal. I'm Serpil Senelmis. Thanks for listening. |
| 00:25:22:14 | JAMES | This podcast is supported by the Australian Government Department of Education for the Nationally Consistent Collection of Data on School Students with Disability, or NCCD, Portal. Copyright 2019 Education Services Australia Ltd, unless otherwise indicated. Licensed under Creative Commons Attribution 4.0, unless otherwise indicated. |