

NOT A SINGLE DROP

Prevent Fetal Alcohol Syndrome

Ohio's FASD Initiative

NotASingleDrop.org is Ohio's web site about [Fetal Alcohol Spectrum Disorders \(FASD\)](#). FASD refers to conditions such as fetal alcohol syndrome (FAS), fetal alcohol effects (FAE), alcohol-related neurodevelopmental disorder (ARND), and alcohol-related birth defects (ARBD).

www.notasingledrop.org/

FACTS

- It is one of the leading known preventable causes of mental retardation and birth defects.
- People with FAS can have problems with learning, memory, attention span, communication, vision, hearing, or a combination of these things.
- FAS is a permanent condition.
- It affects every aspect of an individual's life and the lives of his or her family.
- FAS is 100% preventable—if a woman does not drink alcohol while she is pregnant.
- Prenatal exposure to alcohol can cause a spectrum of disorders. Many terms have been used to describe children who have some, but not all, of the clinical signs of FAS.
- Three terms are fetal alcohol effects (FAE), alcohol-related neurodevelopmental disorder (ARND), and alcohol-related birth defects (ARBD).
- They can have difficulties with mathematical skills, memory, attention, judgment, or a combination of these.
- People with ARBD can have problems with the heart, kidneys, bones, hearing, or a combination of these.

<http://www.cdc.gov/ncbddd/fas/faqs.htm>

**Drink When You're Pregnant &
The Hangover Can Last Forever**



Alcohol Can Harm the Way Your Baby Learns and Behaves

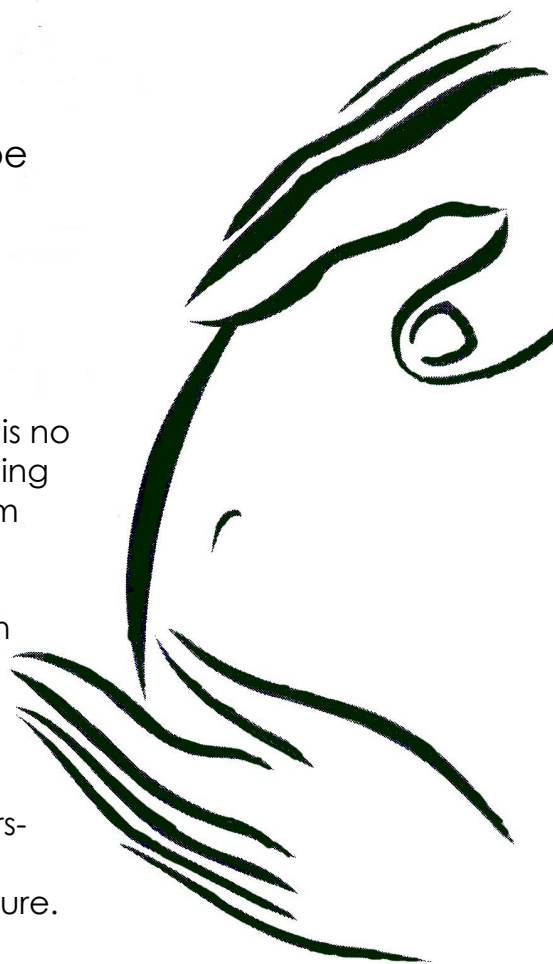
Have a
healthy baby
Be an
alcohol-free
mother-to-be

**You can prevent problems for your
baby that cannot be cured.**

When you're pregnant, there is no Known safe level of alcohol. Everything you drink goes into your bloodstream and passes to your baby.

Children whose mothers drink alcohol can be born small. They can have trouble eating and sleeping. They can have problems learning and paying attention. Some may even need lifelong medical care.

It's the same risk for all mothers- and fathers-to-be. You can protect your baby's future and your own future.



For information call:

Contact MCFARES at www.MCFARES.org or
FASD Services at CARE (586) 541-0033



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov

FASD Partnership to Prevent
Fetal Alcohol Spectrum Disorders
Prevention.samhsa.gov/faspartners/

FASD DIAGNOSTIC CENTERS

Children's Hospital of Michigan, Department of Genetics and Metabolic Clinic

3901 Beaubien
Detroit, MI 48201
Phone: 313-993-8923

Department of Psychiatry and Behavioral Neurosciences Wayne State University

71 West Warren
Detroit, MI 48207
Phone: 313-875-8550
Contact: Sandra Jacobson, Ph.D.
sjacobs@med.wayne.edu

Southwest Michigan Children's Trauma Assessment Center - WMU

1000 Oakland Drive
Kalamazoo, MI 49008
Phone: 269-387-7073
Contact: Connie Black-Pond, Coordinator
ctac@wmich.edu

Spectrum Health Genetics Services

21 Michigan Street
Suite 465
Grand Rapids, MI 49503
Phone: 616-391-2319
Contact: Barbara Wybrecht, Coordinator
Barbara.Wybrecht@spectrum-health.org

University of Michigan Medical Center – Developmental and Behavioral Pediatrician

1924 Taubmann Center
1500 East Medical Center Dr.
Ann Arbor, MI 48109-0318
Phone: 734-936-9777
Contact: Marie Heys, Coordinator
mlheys@umich.edu

Marquette General Health System

580 W. College Ave
Marquette, MI 49855
Phone: 906-228-9440
<http://www.mgh.org/>

Goal of FAS Diagnostic Programs

The goal of Fetal Alcohol Spectrum Disorder (FASD) programs is to reduce the number of children born in Michigan with FAS, to provide timely diagnosis and to assist those that are diagnosed with needed support services.

Services are provided through:

- 1) five multidisciplinary teams called Centers of Excellence that diagnose and provide initial care planning,
- 2) community outreach and education projects at eleven local sites, and
- 3) training and consultation.

The goals of the program are to:

- Increase awareness and prevention of FAS
- Facilitate outreach, screening and referrals to diagnostic services,
- Provide therapeutic and social support to families and children with FAS.

Accessing Services

Generally, there is no cost to families, because they are supplemented by federal, state and local dollars, however private insurance may also be considered a funding source.

Scheduling

Parents may self-refer to schedule an appointment, however a **positive pre-screen** by school personnel or CARE staff (586) 541-0033 **can expedite the waiting time.**

FASD COMMUNITY CONTACTS

CARE (Community Assessment Referral Education)

31900 Utica Rd
Fraser, MI 48026
Phone: 586-541-0033 x128 Fax: 586-541-0034
Contact: Shelly Bania, FASD Prevention Specialist
sbania@careofmacomb.com
Macomb County

MCFARES (Macomb County Fetal Alcohol Resource Education & Support) Coalition

Charisse Cossu-Kowalski, Co-Chair
cydck@yahoo.com, or
www.mcfares.org
Macomb County

Community Action Agency

1214 Greenwood Ave
Jackson, MI 49203
Phone: 517-784-4800x235 Fax: 517-787-5157
Contact: Shelley Hawver
shawver@caajlh.org
Jackson County

Detroit Dept. Of Health and Wellness Promotion

1151 Taylor Street
Detroit, MI 48202
Phone: (313) 876-4000
(313) 876-0400 (Fax)

Human Services Coordinating Board

103 West U.S. 2
Wakefield, MI 49968
Phone: 906-229-6104
Contact: Betsy Wesselhoff
wesselb@gccmh.org

Kent County Health Depart

700 Fuller NE
Grand Rapids, MI 49503
Phone: (616) 632-7100
Contact: Kristina Paliwoda
kristina.paliwoda@kentcounty.org
<http://www.accesskent.com/Health/>

Marquette General Health System

580 W. College Ave
Marquette, MI 49855
Phone: 906-228-9440
<http://www.mgh.org/>

Lenawee Community Mental Health Authority

1040 S Winter St.
Suite 1022
Adrian, MI 49221
Phone: 517-264-0135
Contact: Jackie Johnson, Coordinator
jjohnson@lcmha.org
Lenawee County

Michigan Department of Community Health

PO Box 30195
Lansing, MI 48909
Phone: 517-335-9483 Fax: 517-335-8822
Contact: Cheryl Lauber, Program Manager
lauberc@michigan.gov

Monroe County Intermediate School District

1101 S. Raisinville Rd.
Monroe, MI 48161
Phone: 734-242-5799 x1912
Contact: Douglas Redding
redding@misd.k12.mi.us

Northeast Michigan Community Partnership, Inc.

3022 US-23S, Suite C
Alpena, MI 49707
Phone: 989-356-2880
Contact: Mary Schalk, Coordinator
maryshalk@hughes.net
Alcona, Alpena, Montmorency & Presque Isle Counties

Public Health Delta-Menominee

2920 College Avenue
Escanaba, MI 49829
Phone: 906-786-9639
Contact: Mary Claire Massi-Lee
mmassilee@phdm.net
Delta, Menominee Counties

The Guidance Center

15601 Northline Road
Southgate, MI 48195
Phone: 734-785-7705 x7725
Contact: Roxanne Brinkerhoff
rbrinkerhoff@guidance-center.org
Wayne County

FAMILY SUPPORT GROUPS

Charisse Cossu-Kowalski

Phone: 586-771-1586
cydck@yahoo.com
 Macomb County

Shelly Bania

Phone: 586-541-0033
 Macomb County

Betsy Soden

Ann Arbor, MI
 Phone: 734-662-2906
betsysoden@juno.com

Craig and Carol Mungons

Davisburg, MI
 Phone: 248-625-9642

Georgia Powers

Phone: 517-265-2459
 Lenawee County

Janet Dunning

Grand Rapids, MI
 Phone: 616-532-3689

JoChindee Sawaquat

Traverse City, MI
 Phone: 231-883-1088

LacVieux Desert Reservation

Watersmeet, MI
 Phone: 906-544-2247
 Contact: Terry Fox
foxy@nnex.net

Mary Lou Rasmussen

Phone: 269-423-8798
 Cass County

Online Sharing Groups for Families

FaSAFASD-subscribe@yahogroups.com
 Email the email address provided to subscribe.

Online Sharing Groups for Professionals

MIFASD-subscribe@yahogroups.com
 Email the email address provided to subscribe.

Pam OBriant

Flint, MI
 Phone: 810-736-8099

Sheri Notten

Phone: 269-423-8931
 Cass County

Local Therapists who may understand FASD Issues

NOTE: This list is based on recommendations by parents and may not be the only local individuals that have knowledge in this area. It should be used as a list of resources only.

***These individuals and agencies are **NOT endorsed or recommended by MCFARES or their collaborative agencies**. Nor does MCFARES investigate current licensing for these individuals or agencies.

Mental Health Therapy

Beaumont Behavioral Center

(12 mi/Woodward area)
 Phone: 248-691-4744

Bloch, Sally PhD,

Psychologist/ Evaluations
 Phone: 248-343-3318 (West Bloomfield Area)

Chigi, Gloria/Dr. Katz (work w/adopted kids)

Southfield Road/8 Mile
 248-646-5213

Estenson, Paul

734-668-7510

Fisk, Christine Psychologist

248-561-7308

Hegira Programs (Canton)

Shaun Taft
 734-367-0469

Kiff, Natalie LLMSW, nkiff@med.umich.edu

(moving to Washington, 10/07)
 Post-Masters Fellow
 U-M Child and Adolescent Psychiatry
 1-800-525-5188, intake line, select 2
 734-764-0250, secretary line
 Plymouth Park Office Center
 2101 Commonwealth, Ste. C
 Ann Arbor, MI 48105

Dr. Kumar, Seema

5640 W. Maple Road, suite 306
W. Bloomfield, MI 48322
248-932-2828

Yellin, Linda (adoption specialty)

248-489-9570
Bloomfield Hills, MI

Landry, Doris

RAD Therapist (with knowledge of FASD)
34418 8 Mile Road
Livonia, MI 48152
Phone: 248-891-8139

Wartien, Joan

586-226-3440

Ribaudo, Julie

6022 West Maple, Suite 408
West Bloomfield, MI 48322
jlrib@aol.com
Phone: 248-538-9070

Occupational Therapy

Focus Point Therapy, LLC,

25811 W. 12 Mile Road, Suite 101, Southfield, MI 48034; 248-356-7415; fax 248-358-3425;
focuspoint@flash.net ; 3285 Martin Road, Suite 104, Walled Lake, MI 48390; provides Sensory
Integration therapy, Interactive Metronome, Sensory Integration and Praxis Test, Therapeutic
Listening, Handwriting and CranioSacral Therapy

Flint Sensory Learning Center,

Dr. Bradley E. Habermehl, Optometrist, 4091 Richfield Road, Flint, MI 48506; 810-736-6673;
www.SensoryLearning.com

Kathryn Wotta,

586-771-7597 (south of 9 mile, between Harper and Greater Mack)

Medicine Management

Daniel Field, MD

Jolly Road Ste. 300
Okemos, MI 48864
517-347-6944
(worked with internationally adopted kids)

Romulus Help Center

Wayne/Ecorse Road
734-942-7585

Dr. Heasley (or therapy)

248-627-7682

David Lujan, D.O.

21929 Nine Mile Road
St. Clair Shores, MI 48080
586-776-3366
586-776-3369 (fax)

Dr. Gupta

248-354-0967

Others

Detroit Only: Detroit 360 <http://www.wayne.edu/DDI/Detroit360/what.html>

Michigan Children's Special Health Care Services

(for children and some adults with special health care needs)

http://www.michigan.gov/mdch/0,1607,7-132-2943_4845_5036-15087--,00.html

Phone: 1-800-359-3722

STATEWIDE SERVICES

ARC Michigan

Phone: 1-800-292-7851 <http://www.arcmi.org/>

The ARC Michigan mission is to assure that citizens with developmental disabilities are valued and that they and their families can participate fully in and contribute to the life of their community. Local ARC groups provide a variety of services including providing advocacy in the schools and in the work place. Call for the number of the group closest to you.

Michigan Protection and Advocacy Service

Toll Free: 1-800-288-5923 www.mpas.org

Michigan Protection and Advocacy Service, Inc. (MPAS) is a statewide agency for persons with developmental disabilities. The organizations goal is to advance the dignity, equality, self-determination, and expressed choices of individuals. MPAS promotes, expands and protects the human and legal rights of people by providing them with information and advocacy.

Michigan Resource Center

Phone: 517-882-9955 Toll Free: 1-800-626-4636 info@michiganresourcecenter.org

The Michigan Resource Center provides information to the citizens of Michigan to promote traffic safety, alcohol, tobacco, and other drug prevention and treatment, and health awareness. Services include distribution of printed materials, a free loan video library containing over 200 titles, a free loan resource library including research journals for professionals, electronic information searches, and technical assistance to community groups and coalitions.

Michigan State FASD Coordinator

Michigan Department of Community Health

Washington Square Building

109 W. Michigan, 3rd Floor

PO Box 30195

Lansing, MI 48909

Phone: (517) 335-8379

Debra Kimbal, MSN, RN

kimballd1@michigan.gov

National Resource Center for Special Needs Adoption

Southfield, MI 48075

Phone: 248-443-7080 Fax: 248-443-7099

Contact: Drenda Lakin, M.S.W., Director

www.spaulding.org

Training and resource center (funded by the U.S. Government at the Spaulding for Children agency) on special-needs adoptions. It provides training and adoption support to families and professionals and publishes a newsletter, The Roundtable.

Project Parent Experience and Resources: Family Outreach and Referral Model

Toll Free: 1-800-552-4821

www.wash.k12.mi.us/perform

Project PERFORM provides information, a lending library, and one-on-one support to parents of children with special needs and professionals. Extensive information on FAS is available on loan and through the website.

Treatment Services for Affected Individuals

Eagle Village

4507 170th Avenue

Hersey, MI 49639

Phone: 231-832-7310, 2

<http://www.eaglevillage.org/>

Eagle Village provides treatment programs that utilize both traditional and non-traditional methods. The approach is child centered and family focused and incorporates cognitive, behavioral, family systems, and adventure-based theories and techniques.

FASD TRAINER/CONSULTANTS

Barbara Soffredine, EdD., Director

Phone: 231-238-9394x223 Fax: 231-238-8551

soffredb@pace.k12.mi.us

Cheboygan, Crawford, Ogemaw, Oscoda, Otsego, Roscommon Cheboygan-Otsego-Presque Isle Educational Service District. Barbara provides workshops for K - 12 educators as well as nurses and staff from health and human service agencies. Workshops range from 2-hours to all day presentations.

Barbara Wybrecht RN, BSN, PHN - Fetal Alcohol Clinical Nurse Specialist

Grand Rapids, MI

Phone: 616-241-9127

robw995@aol.com

Barbara has presented well over 1000 workshops and seminars on various aspects of prenatal alcohol exposure. Most workshops are daylong, are multidisciplinary and geared to those new to the world of FASD. Others are specifically for teachers, nurses, law enforcement professionals, mental health professionals, child welfare workers and parents themselves. Specialized workshops include those on FASD and Sexuality, FASD and the Law, and FASD across the Lifespan - Strategies and Interventions

Carol Cole, Infant Mental Health/Early Childhood Specialist

Ypsilanti, MI

Phone: 734-484-4723

fasaware@comcast.net

A foster/adoptive parent of child with FASD, Carol provides training for educators, foster/adoption staff and parents. She is able to facilitate parent support groups for a variety of special needs and foster/adoption issues and discuss EEG neuro-feedback information and support.

Karen Twa

Rapid River, MI

Phone: 906-225-7706

kltwa@mfire.com

Nancy Thompson

Phone: 764-242-5799x1616

thompson@misd.k12.mi.us

Monroe County

Patricia Colassaco

Ironwood, MI

Phone: 906-364-1659

patc1945@sbcglobal.net

Patricia provides presentations to school personnel, attorneys, juvenile probation officers, sheriff deputies, police officers, social service personnel, foster care parents and any other interested people. She also offers three day training of trainers workshops.

Sarah Horton Bobo

Grand Rapids, MI

Phone: 616-868-5232

Sarah is a consultant for the Michigan Department of Community Health's FASD Program. She is available to provide presentations to groups with a statewide audience. Presentations address: identifying characteristics of individuals with FASD and exploring strategies to support those affected by prenatal exposure to alcohol. half to full day trainings can be provided.

Substance Abuse Treatment Services Michigan Treatment Information Line

Toll Free: 1-888-736-0253

HOW TO STOP MISBEHAVIOR IN THE CLASSROOM

When children break the rules and their misbehavior cannot be ignored, it is important that the teacher have a system that is understood by everyone. This system should handle the misbehavior in the least reinforcing way possible. Ideally a private place should be created in a classroom where a child can be alone, to think and pull himself together. Such as:

YELLOW CARD: Warning. Return when ready.

GREEN CARD: Return when given permission.

BLUE CARD: Write about behavior and develop a plan to improve it.

RED CARD: Remove from room.

Discipline Techniques that Work

- Following through with what you say.
- Modeling appropriate behavior.
- Clearly stating expectations before child has engaged in undesirable act.
- Rewarding positive behavior and ignoring negative and behavior (except when dangerous, destructive, or embarrassing.)
- Providing consequence for misbehavior immediately after undesirable act is performed.
- Providing if/then statements; "If you have...then you may."
- Removing child from the situation,
- Being consistent.
- Being firm yet kind/fair.
- Giving a child a choice only when you intend to accept that choice.
- Making the child feel worthwhile, liked successful.
- Providing when/then statements; "When you have...then you may."
- Abuse it/lose it.
- Redirecting misbehavior.
- Shaping non- existent behaviors.

Positive Ways to Encourage Children's Growth

- Show children you like them.
 - Provide a model for intellectual curiosity.
 - Reward responsible behavior and tasks you ask them to complete.
 - Require your child to complete certain tasks starting at an early age.
 - Set aside time each day to give your child your undivided attention.
 - Encourage organization at an early age.
 - Help your child discover his natural gifts.
 - Work with your child's teacher.
 - Encourage your child's growing independence and autonomy (ability to become self-reliant).
- We can treat our children with respect by letting them solve their own problems.

Six Step Problem Solving Technique

1. State the problem.
2. Brainstorm the alternatives.
3. Select one possible solution.
4. Implement a solution.
5. Reassess the plan.
6. Start over, if unsuccessful.

<http://www.come-over.to/fasstar/Kersey.htm>

“BEAM”

Behavior Environmental Adaptation Model 15 Rules of FASD Behavior Management

also known as the

Fasstar Trek Model

© 2004 Teresa Kellerman

15 Rules of Behavior Management

1. **Think Brain Damage.** Remember that the basis for most of the challenging behaviors is neurological dysfunction. The medical term is “static encephalopathy” which means brain damage that is permanent and unchanging. The frontal lobes were damaged by the alcohol exposure. This is the part of the brain that controls behavior and judgment.
2. **Think “Environment.”** Instead of trying to change the child, change the environment. That includes the physical surroundings (minimize chaos), and people that interact with the child. When family members, teachers, and care providers all understand the nature of FASD, they can change *their* behavior and as a result the child’s behavior will improve.
3. **Adjust Your Attitude.** Be positive rather than punitive. The child cannot always control behavior. Even when actions seem deliberate or manipulative, this is the nature of FASD - brain dysfunction. Be supportive and respectful. Your role is not to watch for misbehavior to punish, but to encourage healthy, respectful behaviors. Watch what behavior you model.
4. **Medications Work.** Consider the risks of not medicating (out-of-control behavior) with possible side effects (usually minor with classic FAS/FAE and no co-occurring serious mental health disorders like Bipolar). If there happen to be side effects, doctors might suggest alternate meds until one is found that works and does not cause discomfort. Most parents of children with classic FAS/FAE report that a combination of stimulant and SSRI work best. Parents of some children report that Mountain Dew helps. This seems to have a calming effect on most children with classic FAS or FAE. This information is based on data gathered from parents and doctors and is not to be construed as medical advice. Consult your doctor.
5. **Meals and Diet.** Maintaining a healthy diet goes a long way to helping the child control behavior. Avoid additives, read labels, minimize fast food and stick to restaurants that don’t use preservatives. Teachers will tell you that the worst days for behaviors are the day after Halloween, Christmas time, and Valentine’s Day. It’s not necessarily the sugar, which in reasonable amounts should not cause problems. It’s the food coloring, and red coloring agents seem to cause the most problems. Other likely culprits are Nutrisweet (aspartame) and preservatives. Try an additive-free diet for about a week, then try adding one potentially troublesome food at a time to see what affects the child and what does not.
6. **Adjust Your Expectations.** The child will most likely not be able to consistently function at age level. Divide the child’s chronological age by 2 and assume that the child’s ability to function will be around that level. A 4-year-old will act like a 2-year-old most of the time, and a 10-year-old will act like a 5-year-old. A 16-year-old may act like a 4-year-old sometimes, like a 10-year-old sometimes, and like an adult sometimes. The older the child is, the better he/she will be at acting his/her age, but it is often just an act, and the teen’s ability to function socially and emotionally is often around the 6-year-old level.
7. **Understand the Nature of FASD.** Having an awareness of what FASD is – brain damage – will help you focus on effective intervention. This message, that FASD behaviors are primarily a matter of neurological dysfunction, is repeated because it is important to remember.

8. **Avoid Physical Punishment.** Never hit or slap the child. Even spanking should be avoided. The child learns by imitating others and physical aggression can lead to violence. If physical aggression is learned at a young age, it will be very difficult for the child to unlearn this behavior later. There are ways to apply non-punitive means of discipline. It takes time and effort, but it is worth it to prevent behavior in the child that could lead to violence, abuse, injury, and/or incarceration.

9. **Supervision.** Most children with FASD require close monitoring. Most adults require at least daily monitoring, and some need 24/7 supervision. Because of frontal lobe dysfunction, the decisions they make are not always wise and may put them at serious risk. Review the history of the child's behavior, and provide the level of supervision that will allow them maximum freedom without putting them or others at risk. When in doubt, make your decision based on what is safest for the child. Once freedom is given to the child, it is more difficult to take that freedom away later. Take very small steps toward independence only when the child demonstrates a stable long-term ability to handle time alone at home or in social situations. Don't take unnecessary chances, and don't give in to pressure from others if it goes against your intuition. If you give the child too much freedom and something traumatic happens, the child will not likely learn from the incident, and the child's freedom will be severely restricted with hospitalization or incarceration. Most parents whose older children ended up in serious trouble wish they could turn back time and provide closer supervision to their children.

10. **Use Consequences With Care.** Don't expect consequences to work effectively. Consequences must be concrete and simple and must be applied immediately and consistently. Even then, the child may not learn, or may forget or make the same mistake again. Adapt consequences to the child's *functional age* rather than actual age.

11. **Give One-A-Day Vitamins.** The child with FASD may have nutritional deficiencies in spite of a healthy diet. Choose a one-a-day vitamin with minerals, B-6 and B-12, preferably with no artificial coloring. Extra C and E will help as well.

12. **Rethink Time Out.** Don't use time out as a punishment. If the child is out of control it is most likely due to feeling frustrated or overwhelmed or by sensory overload. Quiet time can be used as a coping strategy to help regain control.

13. **Don't Use "Tough Love."** It almost never works. This method assumes that the child has the ability to make wise choices if the consequences are severe enough. The child with FASD has impaired judgment and makes the same mistakes over and over, even when strict consequences are applied consistently. The child's ability to make a wise choice depends on how well his/her brain is functioning at the moment.

14. **Individualize the Behavior Plan.** Don't apply one model or method to all children with FASD. Each child is affected differently and so each child needs a plan that is based on individual needs. Not all these rules will apply to all children with FASD.

15. **Educate.** Do your homework. Read the information on the Internet (FAS Community Resource Center). Print out the brochures and articles. Teach others what you learn. Share this information with your spouse, other family members, your neighbors, the teachers and principal, the therapists, care providers, medical staff, everyone. The most important person to educate is the child. The more they know about their disability, the better they will be able to cope with their own challenges. If they understand the nature of FASD, they will be able to accept the restrictions needed to keep them safe and healthy.

FETAL ALCOHOL SPECTRUM DISORDERS CURRICULA

Teaching Students with Fetal Alcohol Spectrum Disorder: Building Strengths, Creating Hope, 2004 – Alberta Education

This resource includes:

- Background and terminology that will help educators understand the current diagnostic definition of FASD. It also explains the diagnostic process, primary and secondary disabilities, and the strengths and protective factors often seen in students with FASD
- Key considerations for planning effective education programs
- Suggestions for how to build a positive classroom climate and maintain a supportive learning environment
- Overarching strategies on how to structure the learning environment, develop effective routines, build skills for whole class instruction, teach social and adaptive skills, and help students generalize new skills and concepts
- Strategies are organized by domain, including attention, memory, language and communication, and academic skills

<http://education.alberta.ca/admin/special/resources/fasd.aspx>

Reach to Teach: Educating Elementary and Middle School Children with Fetal Alcohol Spectrum Disorders - SAMHSA

Reach to Teach is a valuable resource for parents and teachers to use in educating elementary and middle school children with fetal alcohol spectrum disorders (FASD). It provides a basic introduction to FASD and provides tools to enhance communication between parents and teachers.

http://fasdcenter.samhsa.gov/documents/Reach_To_Teach_Final_011107.pdf

The Arc of the United States — Silver Spring, Maryland

The Arc has developed and tested a comprehensive curriculum that can be presented to adult learners in a workshop format. Three modules address general information about FAS and related disorders, components of care for children with these conditions, and advocating for services and supports. Using this curriculum, The Arc has conducted over 30 trainings in approximately 20 states for more than 1,000 participants, such as parents/caregivers, professionals, and trainers. <http://www.thearc.org/NetCommunity/Page.aspx?pid=1541>

Double ARC — Toledo, Ohio

Double ARC has developed and tested separate training curricula for parents and teachers. The curriculum for teachers describes FAS and related conditions, ways to recognize children who might have the condition, and approaches to enhancing school performance. The parent curriculum describes the core deficits of children with FAS and related conditions, teaches effective parenting techniques addressing these deficits, and directs parents to service resources for children, including school programs. Double ARC has also created a video on FAS available for use with the curriculum. <http://www.doublearc.org>.

National Indian Justice Center — Santa Rosa, California

The National Indian Justice Center has developed and tested a training curriculum that focuses on increasing awareness of FAS and related conditions and encourages a cooperative approach to referring and responding to persons with FAS within the tribal community. The curriculum includes information about the medical and psychological aspects of FAS and related conditions. It was developed to target American Indian populations and is designed for use by tribal court judges, social service workers, teachers/educators, and non-tribal judicial system personnel

http://www.nijc.org/FAS_home.html.

TEACHING STUDENTS WITH FETAL ALCOHOL SPECTRUM DISORDER - ALBERTA, CANADA

Download a free copy at

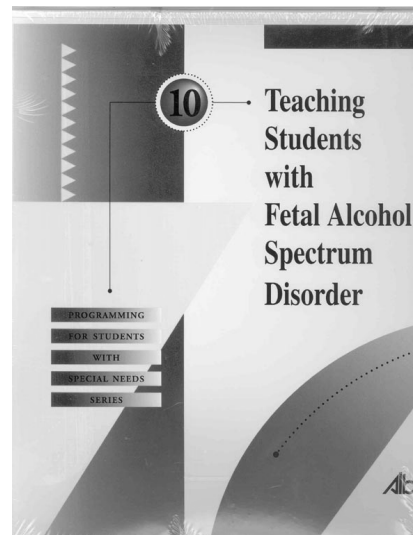
<http://education.alberta.ca/admin/special/resources/fasd.aspx>

or order on-line at

<http://www.lrc.education.gov.ab.ca/pro/resources/item.htm?item-no=538019>

Product #: 538019

Product Title: **Programming For Students With Special Needs (PSSN) Book 10: Teaching Students With Fetal Alcohol Spectrum Disorder**
(Teaching Students with Fetal Alcohol Spectrum Disorder is a revision and expansion of the resource Teaching Students with Fetal Alcohol Syndrome and Possible Prenatal Alcohol-related Effects (1997), a teacher handbook developed by Alberta Learning and the Alberta Partnership on Fetal Alcohol Syndrome.)



Price (plus GST/HST): \$ 14.20

Copyright Year: 2004

ISBN's

Publisher/Supplier(s): Alberta Education

Description: Alberta Education Publications - 180 Pages

Notes: French translation of this resource is available [650764](#)

Authorization & Curriculum Info:

Alberta

Price as of 1-28-2008

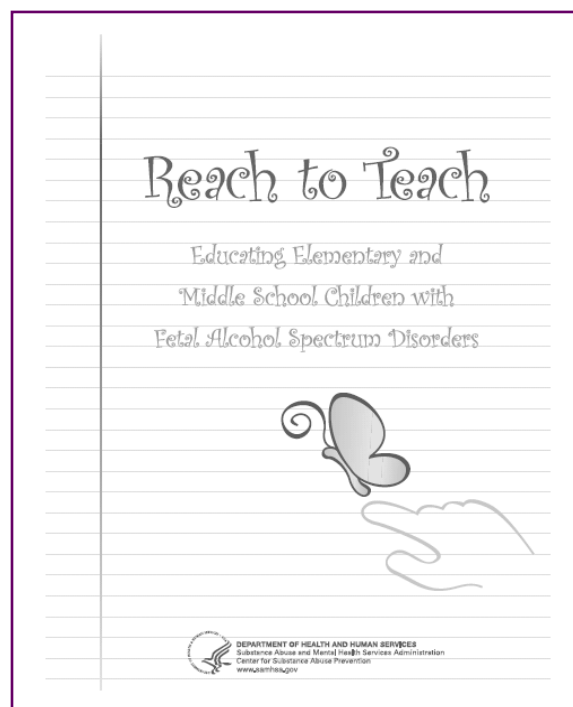
Reach to Teach

Educating Elementary and Middle School Children with Fetal Alcohol Spectrum Disorders

OVERVIEW

Define FAS
Causes of FAS
Benefits of Early Identification
In The Classroom
Scope of the problem
FAS and Brain Damage
Cognition
Common Language Challenges
Behavior

Social Skills
Strategies to Improve School Success
Structure a Caring and Consistent Environment
Shift Attitudes and Improve Understanding
Learn to Translate Misbehavior
Change Classroom Teaching Style
Emphasize Consistency
Manage Social Skills the Impact Learning
Use Learning Accommodations
Rethink Presentation Style
Restructure the Physical Space in Classroom
Engage the Whole School Community
Apply Successful Strategies
Unique Talents and Skills of Children with FASD



Entire 60 pages of this manual are available at:
[http://www.fasdcenter.samhsa.gov/documents/Reach To Teach Final 011107.pdf](http://www.fasdcenter.samhsa.gov/documents/Reach_To_Teach_Final_011107.pdf)

The ARC

Sharing Stories...Finding Hope!

A Curriculum for Families & Others Affected by Fetal Alcohol Syndrome & Alcohol-Related Neurodevelopmental Disorder

ORDER FORM

Overview of curriculum:

This curriculum is divided into 3 modules that can be given in one day or on three separate days.

- Module 1 covers basic information about FAS/ARND and the secondary conditions that can arise from having FAS/ARND and how these conditions can be reduced.
- Module 2 covers the various issues affecting children with FAS/ARND that impact families and how parents can improve skills when interacting with their children, as well as how to obtain support from other parents facing similar issues.
- Module 3 provides a look at the services and supports available to families, discusses who may be eligible for various programs and how parents can begin to advocate for services their child is not eligible to receive.

For more information, see the project's web site:

www.thearc.org/fasproject/fasprojectoverview.htm

Cost:

\$35.00 (including S&H) for the manual and disk. (The disk contains everything included in the manual; the PowerPoint presentation, Word version of the manual and master copies of handouts and exercises.)
\$10.00 (including S&H) for disk only.

To order, provide the following information:

Name: _____

Address: _____

Phone number and /or email address: _____

Check one:

Please send me the FAS manual with disk included. Please send me _____ manual (s).

Please send me the disk only. Please send me _____ disk(s).

A check is enclosed.

I am paying with a credit card. PREPAYMENT IS REQUIRED

Credit card information

Type of card: _____ Visa _____ MasterCard _____ Amex

Card number: _____

Expiration date: _____

Mail, fax or email this form to:

The Arc of the U.S.
Attention: Toni Brown
1010 Wayne Ave., Suite 650
Silver Spring, MD 20910
(301)565-5470
(301)565-3843 (fax)
email: brown@thearc.org

The National Organization on Fetal Alcohol Syndrome K-12 FASD Education & Prevention Curriculum

Grades K-2 FASD Education and Prevention Curriculum Price: **\$25.00** (plus shipping)
Incorporates the storybook "Karli and the Star of the Week" into the lesson that teaches students to understand and be accepting of other's abilities and disabilities.

Grades 3-5 FASD Education and Prevention Curriculum Price: **\$25.00** (plus shipping)
Presents a healthy lifestyle model that teaches students to distinguish harmful substances from healthy substances, incorporating the dangers that alcohol can have on a body, with emphasis on the dangers to a pregnant woman's unborn child and a brief introduction to FASD.

Grades 6-8 FASD Education and Prevention Curriculum Price: **\$85.00** (plus shipping)
Shifts from the foundation building of the K-2 and 3-5 to a more anatomical approach with an emphasis on the physical effects that alcohol has on the brain. This is demonstrated through the use of the brain model. (Brain model Included)

Grades 9-12 FASD Education and Prevention Curriculum Price: **\$35.00** (plus shipping)
Incorporates a shortened segment from the popular television show Law & Order: SVU. The lesson plan presents the students with information on FASD and the importance of avoiding all alcohol during pregnancy while the video prompts discussion for decision making-skills related to alcohol use and pregnancy. (Please specify DVD or VHS when ordering.)

K-12 FASD Education and Prevention Curriculum Price: **\$150.00** (plus shipping)
A school-based curriculum for grades K-12 that provides age-appropriate information about the consequences that alcohol can have on human development. The curriculum also teaches youth to be tolerant and accepting of all individuals regardless of their individual capabilities or disabilities. These unique units offer teachers the opportunity to easily integrate information on FASD and disabilities into several different units in a standard health curriculum. Units can be purchased individually or as a K-12 package. Kindergarten through Second Grade incorporates a storybook into the lesson that teaches students to understand and be accepting of other's abilities and disabilities. Third through Fifth Grade presents a healthy lifestyle model that teaches students to distinguish harmful substances from healthy substances, incorporating the dangers that alcohol can have on a body, with emphasis on the dangers to a pregnant woman's unborn child and a brief introduction to FASD. Middle School Shifts from the foundation building of the K-2 and 3-5 to a more anatomical approach with an emphasis on the physical effects that alcohol has on the brain. This is demonstrated through the use of the brain model. (Brain model Included) High School Incorporates a shortened segment from the popular television show Law & Order: SVU. The lesson plan presents the students with information on FASD and the importance of avoiding all alcohol during pregnancy while the video prompts discussion for decision making-skills related to alcohol use and pregnancy. (please specify DVD or VHS when ordering.)

Order online at <http://nofas.org/about/K-12Curriculum.htm>

8 MAGIC KEYS: DEVELOPING SUCCESSFUL INTERVENTIONS FOR STUDENTS WITH FAS

by Deb Evensen and Jan Lutke

While there is no recommended "cookbook approach" to working with students with FAS, there are strategies that work, based on the following guidelines:



1. Concrete

Students with FAS do well when parents and educators talk in concrete terms; don't use words with double meanings, idioms, etc. Because their social-emotional understanding is far below their chronological age, it helps to "think younger" when providing assistance, giving instructions, etc.



2. Consistency

Because of the difficulty students with FAS experience trying to generalize learning from one situation to another, they do best in an environment with few changes. This includes language. Teachers and parents can coordinate with each other to use the same words for key phases and oral directions.



3. Repetition

Students with FAS have chronic short-term memory problems; they forget things they want to remember as well as information that has been learned and retained for a period of time. In order for something to make it to long term memory, it may simply need to be re-taught and re-taught.



4. Routine

Stable routines that don't change from day to day will make it easier for students with FAS to know what to expect next and decrease their anxiety, enabling them to learn.



5. Simplicity

Remember to Keep it Short and Sweet (KISS method). Students with FAS are easily over-stimulated, leading to "shutdown" at which point no more information can be assimilated. Therefore, a simple environment is the foundation for an effective school program.



6. Specific

Say exactly what you mean. Remember that students with FAS have difficulty with abstractions, generalization, and not being able to "fill in the blanks" when given a direction. Tell them step by step what to do, developing appropriate habit patterns.



7. Structure

Structure is the "glue" that makes the world make sense for a student with FAS. If this glue is taken away, the walls fall down! A student with FAS achieves and is successful because their world provides the appropriate structure as a permanent foundation.



8. Supervision

Because of their cognitive challenges, students with FAS bring a naiveté to daily life situations. They need constant supervision, as with much younger children, to develop habit patterns of appropriate behavior.

When a situation with a student with FAS is confusing and the intervention is not working, then: Stop Action!

- Observe.
- Listen carefully to find out where he/she is stuck.
 - Ask: What is hard? What would help?

TEACHING STRATEGIES FOR STUDENTS WITH FAS/FASD

Common areas of concern in the classroom:

- Distractibility
- Easily frustrated
- Poor fine and gross motor skills
- Poor attention
- Lack of organizational skills
- Problems with concrete thinking
- Poor peer relations

Remember:

- FAS/FASD students are persons with some degree of brain damage.
- Children with FAS/FASD may have trouble expressing themselves. Be aware of their body language and know the warning signs for frustration, sadness, anger and other potentially hurtful emotions.
- Concepts that may be problematic include decision-making, time, impulsiveness and distinguishing between public and private behaviors.
- Memory tasks are difficult. Children with FAS/FASD may not be able to generalize information they have learned from one day to the next. It is important to make eye contact (unless this produces anxiety), repeat things and use short instructions.
- Math skills are difficult. Most students do not advance beyond a second- or third-grade level.
- Be prepared for inconsistent performance, frustration with transitions and the need for individual attention.
- Many children experience sensory integration problems. Crowds, holding hands, hugs, certain textiles and tags in clothes or seams in socks may induce sensitivity.

Strategies for Teachers

- Place the child near the front of the room for the whole year to help him or her focus.
- Allow the student to have short breaks when necessary.
- Create borders around children with FAS/FASD such as armrests, footrests and beanbag chairs. This helps them feel more secure and calms them.
- Before the bell rings to go home, stop the activity and give them enough time to prepare to exit the classroom.
- Have them perform one task at a time. To make sure they understand, have them repeat the instructions. If the activity is brand new, walk through it with them first. As children grow older, assignments will become longer and more difficult. For longer projects, giving them deadlines for sections and checking on their progress is helpful.
- Taking notes can be difficult and may create a distraction as the child may focus more on writing than the context of the lecture. Provide them with a copy of the teacher's or another student's notes. Because their handwriting is often poor, a computer may be a better way for them to complete their assignments.
- Behavior problems become more apparent as children enter grade school. Often, a slight bump from a fellow student feels like a push to someone with FAS/FASD. This may result in an outburst or fight. Punishment is not always the best answer since FAS/FASD children may not understand why they are being punished. Try defusing the situation as calmly as possible and moving into a new activity.
- Using visuals, concrete examples and hands-on learning makes school easier. If one technique is not successful, try something new. Children with FAS/FASD can learn—they just need to use different paths to get there.
- Encourage success and reward positive behavior with praise or incentives. Positive reinforcement should be immediate.
- Middle school students with FAS/FASD should shift academic learning to daily living and vocational skills.

Organizing the Physical Space

- Reduce the visual and auditory distractions in the classroom (e.g., remove hangings from the ceiling, organize bulletin boards and bookshelves so they are uncluttered and close the door to reduce hallway noise).

TEACHING STRATEGIES CONTINUED...

Reinforcing Routines and Assisting with Transitions

- Keep the classroom schedule the same all year and use visuals to reinforce the schedule (e.g., hold up a book for reading time or show a picture of children playing for recess).
- Keep the seating assignment consistent all year long.
- Use a consistent signal when a change in routine is about to happen (e.g., a soft bell, a tap on the board, a song or a raised hand).

Making Learning Accommodations

- Institute simple assists like the use of a calculator, a manila folder placed on the student's desk to block out distractions or a ruler on the page while reading to help the student keep his or her place.
- To verify understanding, have the student explain instructions in his or her own words or demonstrate what he or she has learned.
- Provide a daily list of homework assignments with a check box next to each assignment.

Assisting Social Development and Improving Behavior

- Post and enforce specific consequences for good and bad behavior in the classroom.
- Remember that the student's misbehavior may be an expression of frustration or lack of understanding.

Modifying the Curriculum

- Design worksheets with no more than three or four problems and a lot of white space.
- Allow students to use the computer to carry out activities whenever possible. Computers provide immediate feedback and unwavering consistency of approach.
- Give directions one-step at a time. Wait for the student to complete the first step in the directions before describing the second step

Strategies for School Administrators

- Let staff know that many of these recommended strategies (e.g., keeping a calm, visually simple classroom) are contrary to what teachers are taught to do. Reinforce the importance of giving the strategies a try.
- Ensure parents and teachers of the student with FAS/FASD do not have to start from scratch each year. Provide the parents and the teacher with a summary of the child's needs and the approaches that have been found most helpful. Make sure this information is included in the child's school records.
- Find or assign one adult in the school to be the child's advocate, someone who will speak up for the child in a positive way and help him or her figure out how to resolve problems. The advocate can be any adult in the school with whom the child has made a connection and who genuinely likes the child.

<http://www.nofas.org/educator/teaching.aspx>

FETAL ALCOHOL SPECTRUM DISORDER

Source: Debra L. Evensen, M.A., About FAS/E, Surrey, B.C. 1996.

BEHAVIORS	MISINTERPRETATION	ACCURATE INTERPRETATION
Non-compliance	<ul style="list-style-type: none"> ☞ Attention seeking ☞ Stubborn ☞ All kids do this at times ☞ Willful misconduct 	<ul style="list-style-type: none"> ☞ Difficulty translating verbal directions into action. ☞ Does not understand ☞ Pattern & frequency of behaviors denote organicity
Repeatedly making the same mistakes	<ul style="list-style-type: none"> ☞ Willful misconduct ☞ Manipulative 	<ul style="list-style-type: none"> ☞ Can not link cause to effect ☞ Can not see similarities ☞ Difficulty generalizing
Often late or does not attend at all	<ul style="list-style-type: none"> ☞ Lazy, slow ☞ Poor parenting ☞ Willful misconduct ☞ Lots of kids are late 	<ul style="list-style-type: none"> ☞ Can not understand the abstract concept of time ☞ Needs assistance organizing ☞ Needs ongoing support/reminding
Not sitting still/ fidgeting	<ul style="list-style-type: none"> ☞ Bothering others ☞ Normal for this age Seeking attention ☞ Willful misconduct 	<ul style="list-style-type: none"> ☞ Neurologically based need to move while learning/listening ☞ Sensory overload ☞ Pattern and frequency of behaviors denotes organicity
Poor social judgment	<ul style="list-style-type: none"> ☞ Neglected/abused child ☞ Poor parenting ☞ Willful misconduct 	<ul style="list-style-type: none"> ☞ Can not control impulses ☞ Unable to interpret social cues from peers
Overly physical	<ul style="list-style-type: none"> ☞ Deviancy ☞ Willful misconduct 	<ul style="list-style-type: none"> ☞ Can not understand social cues regarding boundaries ☞ Hyper or hypo sensitive to touch and environment
Does not work problems independently	<ul style="list-style-type: none"> ☞ Poor parenting ☞ Willful misconduct 	<ul style="list-style-type: none"> ☞ Can not translate verbal directions into action ☞ Chronic memory

FASD CHRONOLOGICAL VS. DEVELOPMENTAL AGE- APPROPRIATE EXPECTATIONS

Age	Chronological Age Expectations:	Developmental Age with FASD:
5	Go to school Follow 3 instructions Interactive , cooperative play Share Take turns	Take naps Follow one instruction Help mommy Sit still for 5-10 minutes Parallel play Are active "My way or no way"
6	Listen, pay attention for an hour Read and write Line up Wait their turn Remember events Remember requests	Pay attention for about 10-minutes Scribble Need to be shown and reminded Don't wait gracefully Act impulsively Need adult structure/reminders for tasks
10	Reads books without pictures Learns from work sheets Answers abstract questions Knows right from wrong Gets along with others, solves problems Learns inferentially, academic and social Physical stamina	Beginning to read , with pictures Learn by doing, experientially Mirror and echo words, behaviors Supervised play , structured play Learn from modeled problem solving Developing sense of fairness Easily fatigued by mental work
13	Are responsible Organize themselves, plan ahead, follow through Meet deadlines after being told once Initiate , follow through Appropriate social boundaries re: body space, appropriate touch Establish and maintain friendships	Need reminding Need visual cues, modeling Simple expectations Need prompting Kinesthetic , tactile, lots of touching, in your space, just learning about boundaries Early friendships
18	On the verge of independence Maintain a job and graduate from school Have a plan for life Budget own money Organize	Needs structure and guidance Limited choices of activities In the "here and now," little projection Giggles, curiosity, frustration Gets an allowance Gets organized with the help of adults

Developed by Deb Evensen and Diane Malbin of [FASCETS \(www.fascets.org\)](http://www.fascets.org)

HOW TO MINIMIZE SCREAMING (YOURS, NOT THEIRS):

A GUIDE FOR TEACHERS AND PARENTS



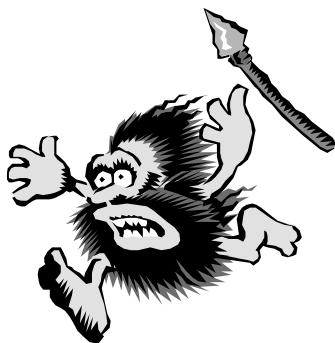
- **S**tructure with daily routine, with simple concrete rules
- **C**ues (again and again and again), can be verbal, audio, visual, whatever works
- **R**ole models (family & TV), show them the proper way to act, children mimic us
- **E**nvironment with low sensory stimulation (small classroom, not too much clutter)
- **A**ttitude of others, understanding that behavior is neurological, not willful misconduct
- **M**edications, vitamin supplements and healthy diet are quite helpful
- **S**upervision - 24/7 (lack of impulse control and poor judgment at all ages)

<http://www.come-over.to/FAS/screams.htm>

Anxiety Anxiety

“Neither comprehension nor learning can take place in an atmosphere of anxiety.”

Rose F. Kennedy



“The most destructive element in the human mind is fear.
Fear creates aggressiveness.”

Dorothy Thompson