

FASD in the Early Years

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Aims:

To challenge misconceptions about FASD.

To understand what FASD is and how it affects infants and toddler

To know some strategies to support FASD Pupils in schools.



Agenda:


- Warm up Activity
- What is FASD?
- Characteristics / Diagnosis / Prevalence
- Video
- Case Study: Annie (Baby)
- Case Study: James (Toddler)
- Strategies
- Final Thoughts / Any Questions?



True or False?

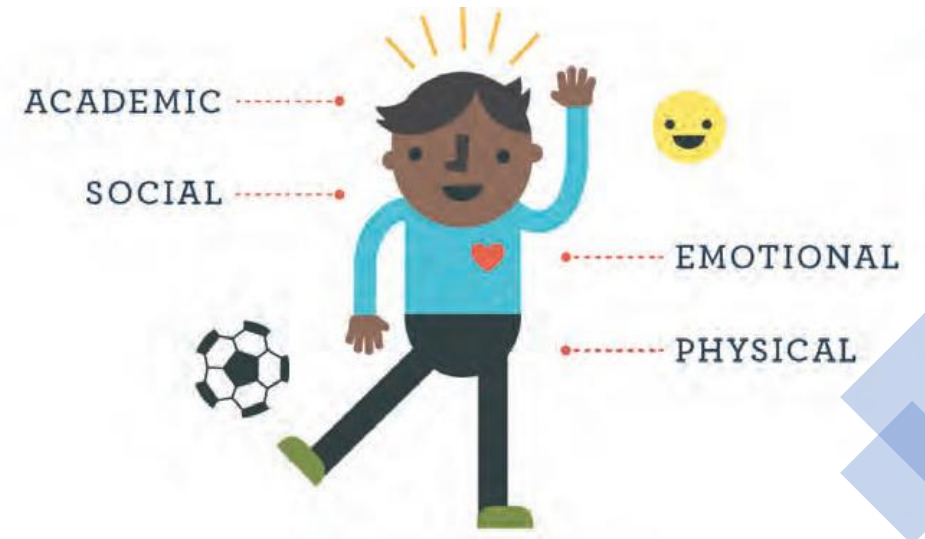
- FASD stands for Fetal alcohol spectrum disorder
- Only alcoholics have children with FASD
- You can tell a person has FASD by the way they look
- Poverty causes FASD
- FASD is a whole-body disability
- FASD is a mild disability
- Children can outgrow the affects of FASD
- 1/4 of adopted and fostered children have suspected FASD
- FASD is frequently misdiagnosed
- FASD is not very common
- People with FASD are disproportionately represented within the criminal justice system.

True or False?

- FASD stands for Fetal alcohol spectrum disorder ✓
- Only alcoholics have children with FASD ✗
- You can tell a person has FASD by the way they look 
- Poverty causes FASD ✗
- FASD is a whole-body disability ✓
- FASD is a mild disability ✗
- Children can outgrow the affects of FASD ✗
- 1/4 of adopted and fostered children have suspected FASD ✓
- FASD is frequently misdiagnosed ✓
- FASD is not very common ✗
- People with FASD are disproportionally represented within the criminal justice system. ✓

What is FASD?

- Fetal Alcohol Spectrum Disorder is a neurodevelopmental condition with lifelong cognitive, emotional and behavioral challenges.
- In addition to effects on the brain, FASD is a full-body diagnosis that can include more than 400 known conditions.
- Fetal Alcohol Spectrum Disorder is the leading preventable cause of disability in the world.



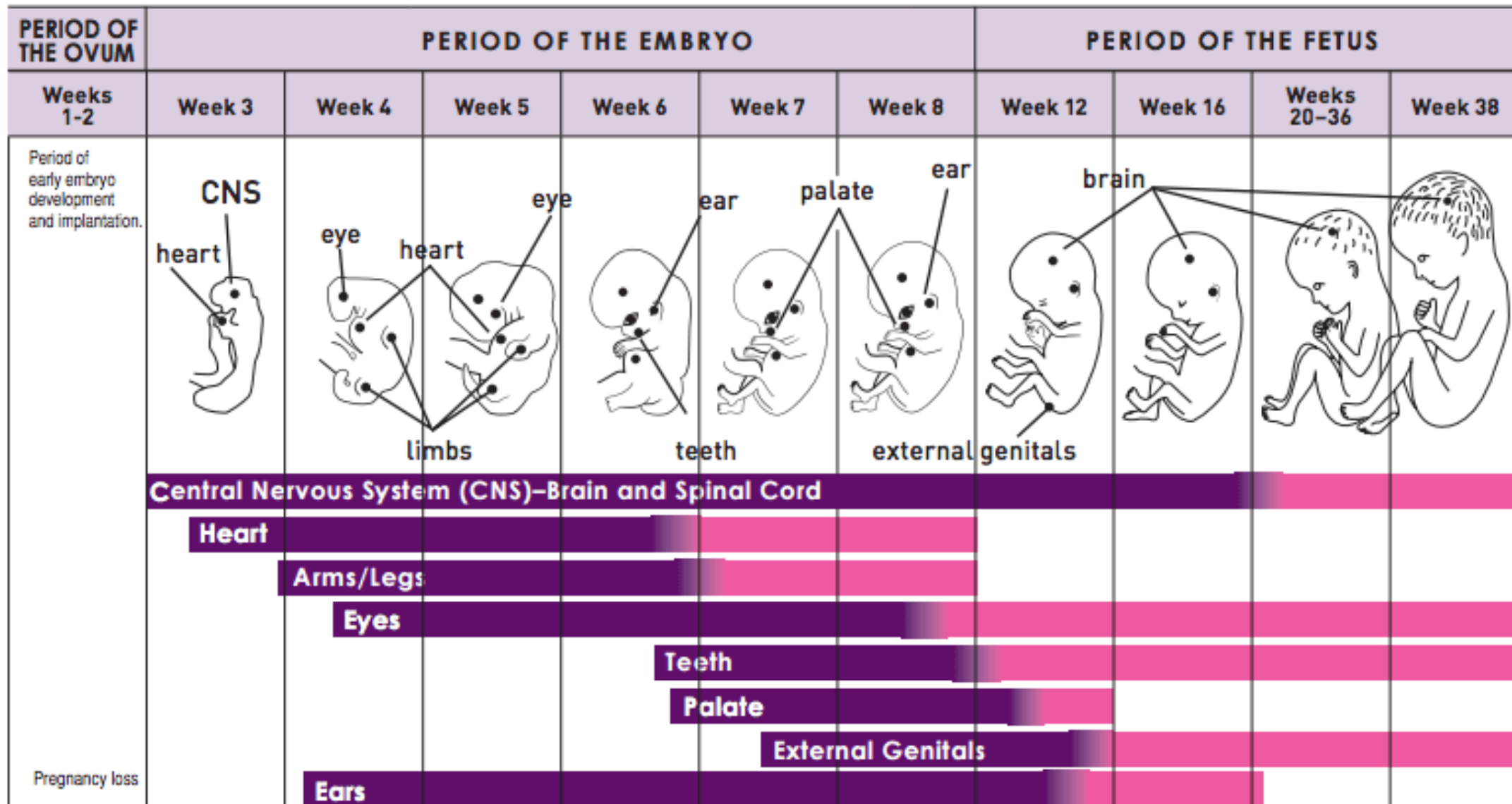
What is FASD?



FETAL DEVELOPMENT CHART

This chart shows vulnerability of the fetus to defects throughout 38 weeks of pregnancy.*

• = Most common site of birth defects

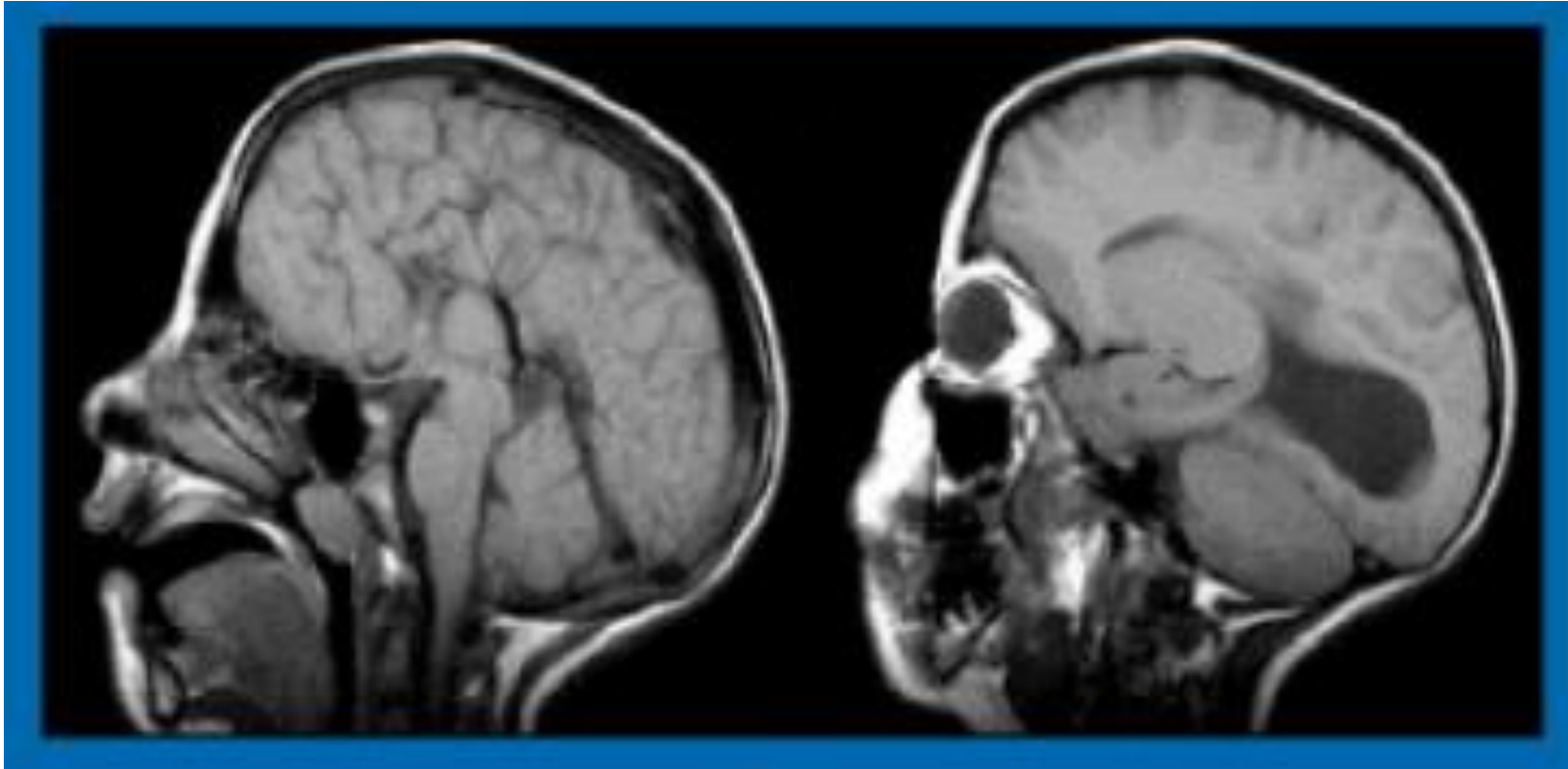


Period of development when major defects in bodily structure can occur.

Period of development when major functional defects and minor structural defects can occur.

Adapted from Moore, 1993 and the National Organization on Fetal Alcohol Syndrome (NOFAS) 2009

*This fetal chart shows the 38 weeks of pregnancy. Since it is difficult to know exactly when conception occurs, health care providers calculate a woman's due date 40 weeks from the start of her last menstrual cycle.



Neurotypical Brain (9 Year old)

FASD Brain (9 Year old)



Example of developmental stages of 18 year old child with FASD

Fetal Alcohol Spectrum Disorder (FASD)



MYTH

ARND and PFAS aren't as bad as "full FAS"

FACT

All of these conditions are FASD and FASD is the new diagnostic term. There is no "full FAS". The main feature across the spectrum is that prenatal alcohol exposure has affected the brain development/function.

Characteristics

- Low body weight / Short Stature
- Poor coordination
- Hyperactive behavior
- Difficulty with attention and listening
- Poor memory – especially short term
- Learning disabilities
- Speech and language delays
- Poor reasoning and judgment skills
- Sleep problems
- Vision or hearing problems
- Problems with the heart, kidneys, or bones
- Abnormal facial features, such as a smooth ridge between the nose and upper lip (this ridge is called the philtrum)

“

It is critical that FASD is recognised as a physical, behavioural and neurodevelopmental health condition.”

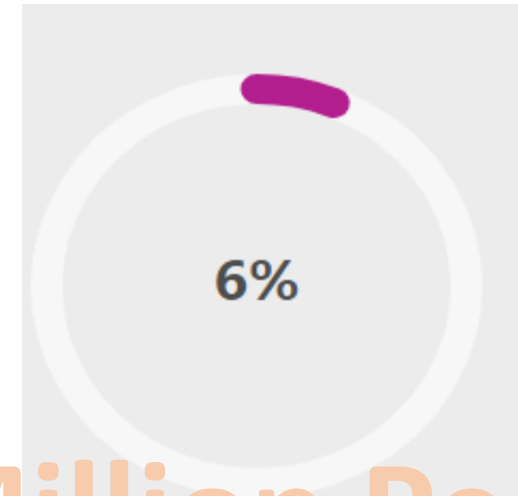
SIGN (2019)



Diagnosis and Prevalence

- Proven evidence of an alcohol exposed pregnancy
- Evidence of neurological difficulties

New NICE Guidelines on FASD mean more people are able to be diagnosed with FASD without needing to provide evidence of alcohol exposure during pregnancy.



Or 4 Million People

In other words, FASD affects more people than autism and is sadly most often undiagnosed or misdiagnosed. FASD is often called a 'hidden disability.'



Case Study: Annie – Age 10 months

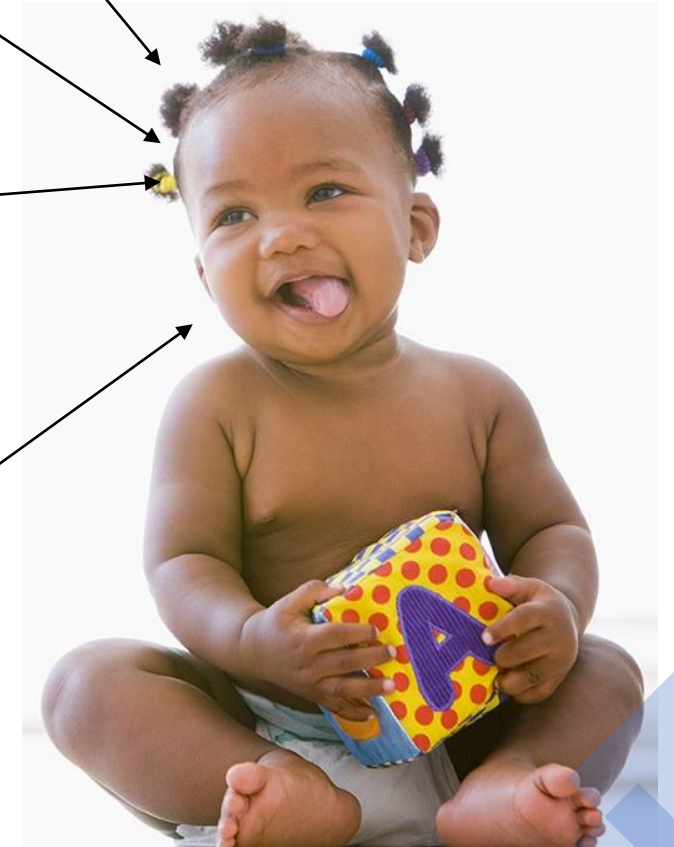
Lives with Grandmother.

Normal Birth – SGA
FASD suspected.
Facial features not present

Small for age
Struggles with feeding / swallowing – coughs on food and drink
Struggles to put on weight
Will eat anything she finds!
Severe reflux – medicated.

Fussy baby
Needs lots of entertaining – cannot occupy herself
Late to crawl
Cries loudly and for longer than peers of the same age
Doesn't sleep well and needs to be held / rocked to sleep

No danger awareness
Poor sleep
Poor attention / listening



Case Study: James – Age 3

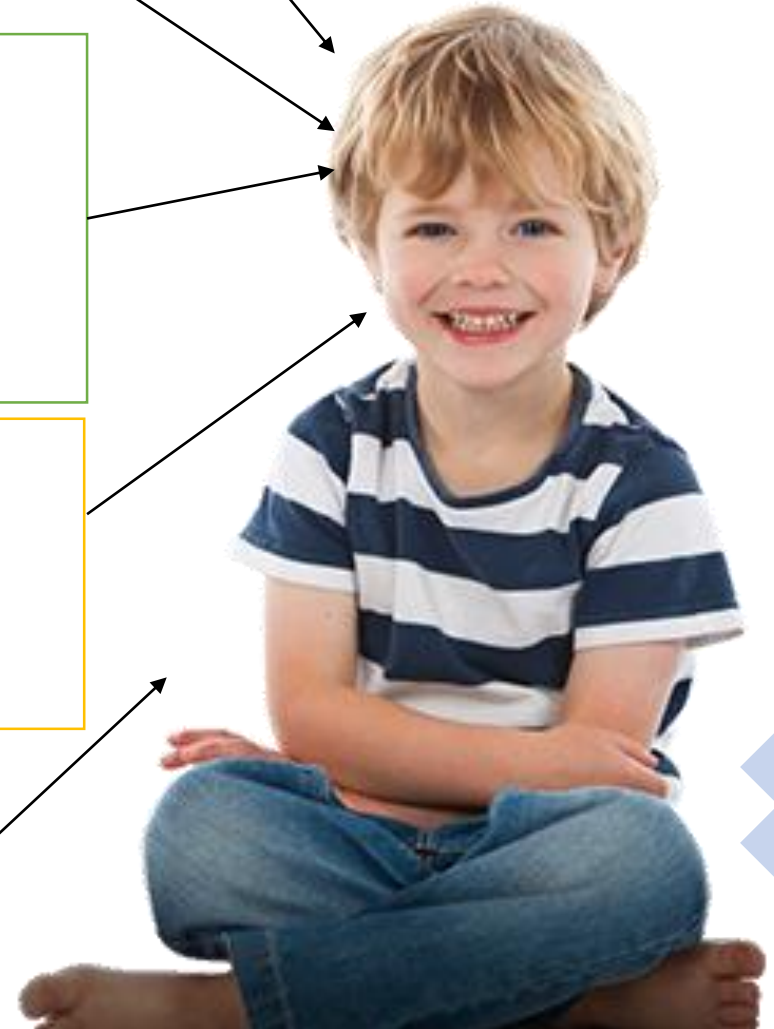
Premature Birth – 29 Weeks
FASD Confirmed.
Facial features present

LAC – Awaiting adoption by foster family. Has lived at home since 12 months.

Small for age, looks much younger than peers.
Late milestones – Sat up at 11 months, walked 20 months
Can be unsteady on feet / lacks spacial awareness and regularly falls over
Sensory seeking (climbs, runs and jumps)
Nursery describe him as “the most hyperactive child they have met”
Rough and tumble.

Severely speech delayed, but has some Makaton signs
Presents as more “Sociable” than his peers with ASD
Frustration at lack of communication – leads to meltdowns.
Understands a lot of words but struggles to follow instructions
Struggles with unstructured time and transitions

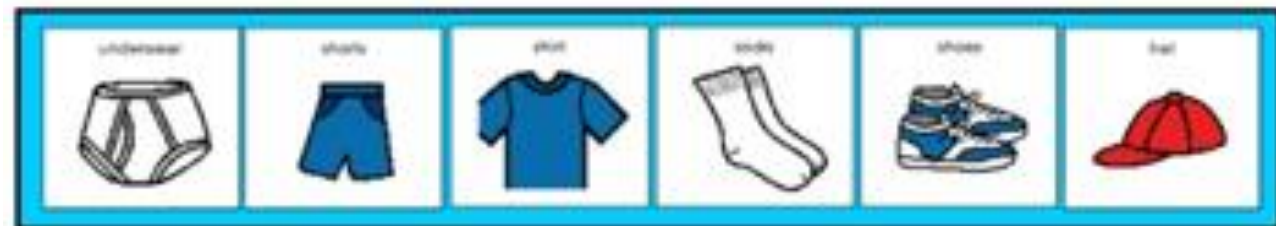
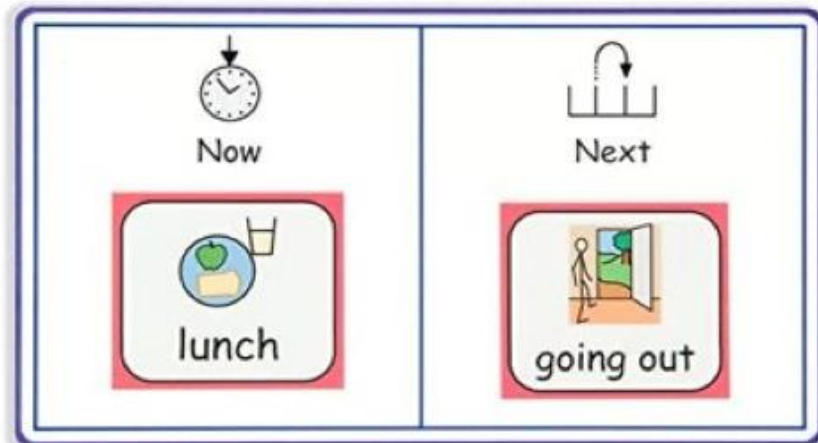
No danger awareness
Poor sleep
Poor attention / listening



Routines and Structures

Children with FASD often struggle with executive functioning (Planning) and following instructions.

- Break tasks into easier chunks
- Provide clear schedules
- Use visuals to support with learning sequences (E.g. getting dressed)
- Remove the language barrier



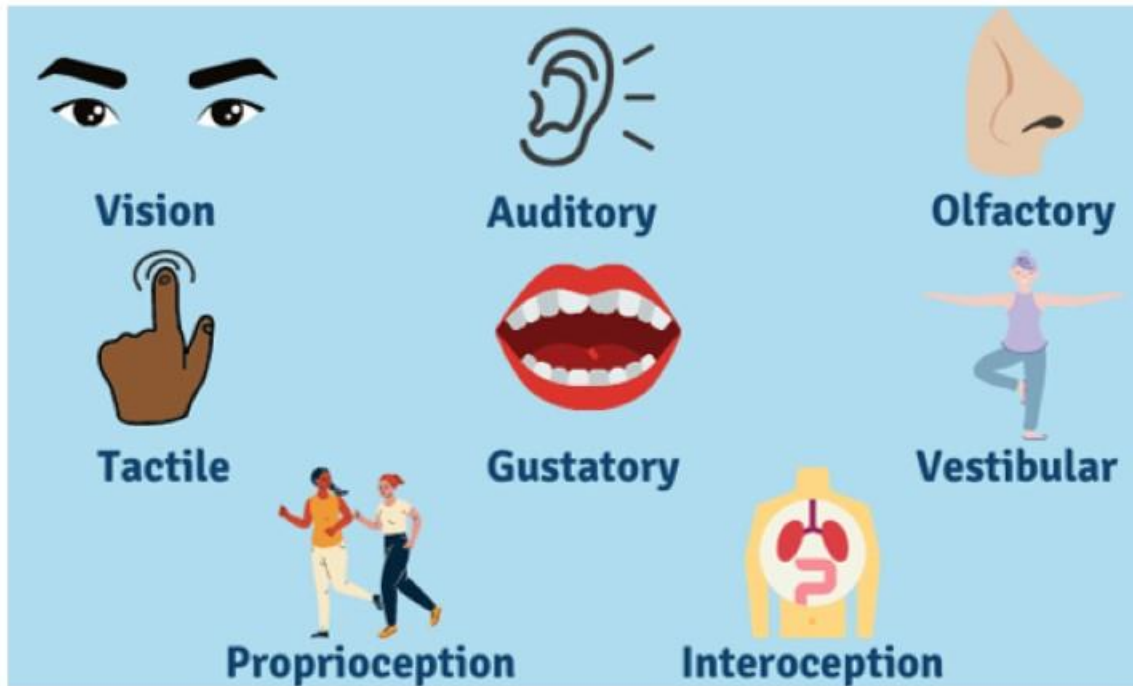
Communication support

- Often present with speech and delay in Early Years
- Augment communication with symbols / pictures / Makaton
- Keep language simple
- Babies – Lots of babbling / face to face play



Sensory Integration:

Children with FASD often have problems with sensory integration.



https://files.schudio.com/stnicholas/files/STLS/SENSORY_CHEC_KLIST.pdf

Hyper-sensitive

- Having an extreme sensitivity to stimulation of the senses (i.e. touch, sight, taste, hearing, and smell)
- Overly sensitive to being touched
- Hard time with close proximity
- May be choosy about fabric, texture, and foods



Hypo-sensitive

- Needing MORE input to feel what the "typical" individual feels
- May get hurt and not realize it
- May drop things and not realize
- Hard time discriminating objects by touch



Sensory Support:

Physical / Sensory interventions like Sensory Circuits



Adapted seating options which allow sensory feedback



Access to sensory toys / chews to support the child during listening



Sensory Brain breaks incorporating Proprioceptive / Vestibular activities.

Sensory Support:

Weighted blankets and body socks can support children who are feeling dysregulated by offering comforting feedback.



Heavy Work can support children who crave proprioceptive input

Safe spaces and sensory pods



Social and emotional understanding:

Children with FASD often have trouble understanding and regulating their emotions and may be emotionally immature compared with peers



Explicit teaching of emotions – Giving children the language of emotions

Emotional check ins to help identify and communicate emotions

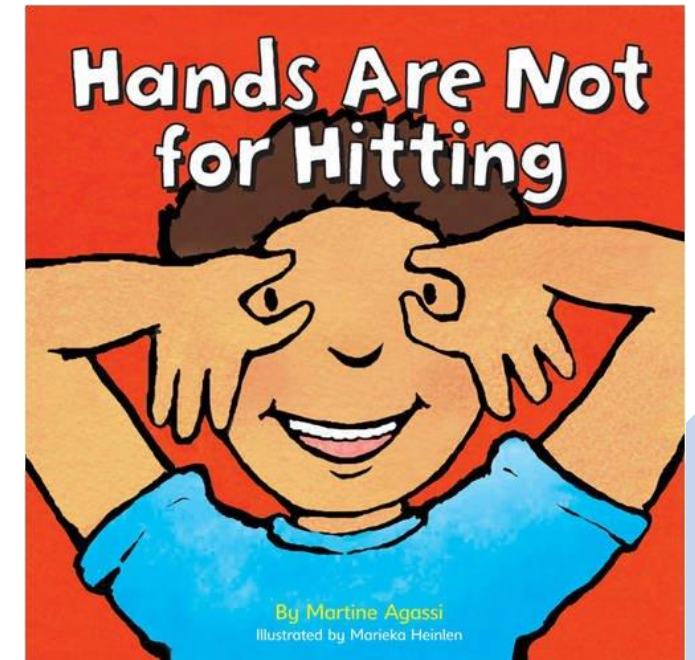
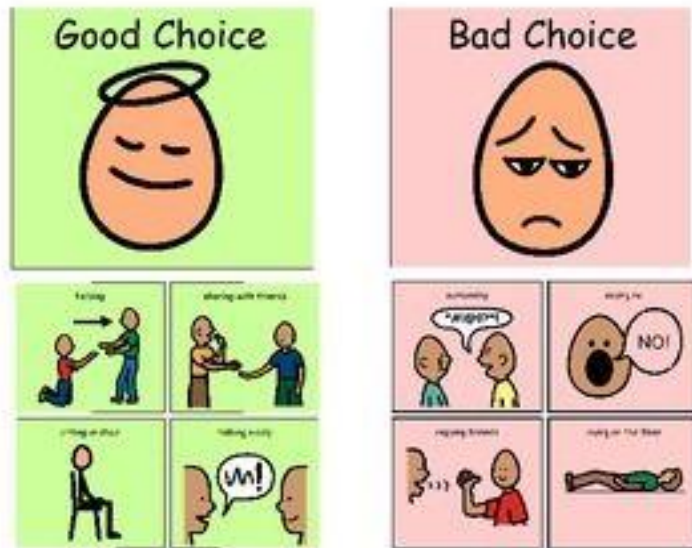


Stories, book and role play to support understanding of emotions and recognizing the feelings of others.



Behaviour

- Younger children with FASD often have difficulty expressing their frustration with words and may get it out by biting, scratching, banging their heads on the wall, punching and kicking etc..
- They may not respond to verbal warnings or appear not to learn from mistakes.
- Children with FASD can be impulsive
- They need clear / consistent boundaries with predictable consequences.
- Time outs can be triggering for children with trauma – consider “co-regulation”
- Struggle to understand star charts – too abstract.



References and useful Information:

- <https://www.youtube.com/watch?v=wunVDGUa8XY> (What is FASD? VIDEO)
- <https://nationalfasd.org.uk/> NATIONAL WEBSITE
- <https://fasd.me/> Resources for affected children
- <http://fasdawareness.org.uk/> Kent Based group – Also on Facebook
- https://www.nhsaaa.net/media/8391/fasd_whateducatorsneedtoknow.pdf

Any Questions?

