

Chapter 9

Teaching Students With Fetal Alcohol Spectrum Disorder

ABSTRACT

This chapter explores Fetal Alcohol Spectrum Disorders (FASD), a complex and often misunderstood neurodevelopmental condition resulting from prenatal alcohol exposure. The chapter starts with defining FASD and tracing its historical development, its prevalence and its causes and contributing factors, alongside a detailed discussion of symptoms and diagnostic criteria. Then, it introduces evidence-based teaching strategies for students with FASD. These strategies are organized within a tiered framework of support to guide teacher educators in creating inclusive and responsive learning environments. Case studies are included to illustrate practical applications of these strategies and to foster deeper understanding through contextual examples. Finally, the chapter concludes with a list of online resources.

INTRODUCTION

This chapter explores Fetal Alcohol Spectrum Disorders (FASD), a complex and often misunderstood neurodevelopmental condition resulting from prenatal alcohol exposure. The chapter begins by defining FASD and tracing its historical development, prevalence, causes, and contributing factors, along with a detailed discussion of symptoms and diagnostic criteria. Then, it introduces evidence-based teaching strategies for students with FASD. These strategies are organized within a tiered framework of support to guide teacher educators, students, and parents in creating inclusive and responsive learning environments. Case studies are included to illustrate

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practical applications of these strategies and to foster deeper understanding through contextual examples. Finally, the chapter concludes with a list of online resources.

Understanding FASD

Despite widespread awareness in societies of the harmful effects of alcohol consumption on the developing embryo, infant, and child, pregnant women around the world continue to consume alcohol (Gray & Henderson, 2006; Mukherjee et al., 2006; Salmon, 2014). This issue has profound consequences, including personal tragedies for affected individuals, dashed hopes for families, and significant societal costs (Streissguth, 1997; Streissguth et al., 1998). Alcohol easily crosses the placenta at the same concentration consumed by the mother, entering the fetus's circulatory system and causing Fetal Alcohol Syndrome (FAS). FAS represents the most severe diagnosis under the broader category of FASD, a chronic neurodevelopmental and neuropsychiatric condition characterized by a range of symptoms (O'Malley & Nanson, 2002).

FASD is a neurodevelopmental condition caused by prenatal alcohol exposure (Ministry of Education, 2024). It results in a range of lifelong physical, behavioural, learning, and intellectual challenges, which vary based on the timing and quantity of alcohol consumed during pregnancy. The brain is particularly vulnerable, as it develops throughout pregnancy, with disruptions at any stage impacting subsequent stages of development. FASD encompasses both physical and cognitive impairments, including deficits in behaviour, learning, and executive functioning (Mukherjee et al., 2006). Mukherjee et al. (2006) further state that FASD is an umbrella term covering conditions that range from full fetal alcohol syndrome, characterized by distinct facial features and growth deficits, to neurobehavioural conditions without these physical markers. Some researchers classify FASD as a disease (Dondi et al., 2008). However, it is often called a 'hidden disability' because of its subtle yet widespread impact on adaptive and cognitive functioning (Leslie & Roberts, 2004).

Children with FASD commonly face a broad range of neuropsychological difficulties, including problems with cognition, learning, language, attention, memory, executive functioning, motor coordination, and emotional regulation (Makela et al., 2019). Additionally, Mukherjee et al. (2006) argue that children with FASD are at increased risk of developing secondary difficulties (e.g., mental health issues, disengagement from school, and substance use). These challenges are largely attributed to low public awareness, a lack of educator training, and the absence of coordinated support systems.

In conclusion, FASD is a lifelong neurodevelopmental condition resulting from prenatal alcohol exposure. It is associated with physical, cognitive, and behavioural

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