Diagnosis	Issues child may face	Prevalence	What may help
Foetal Alcohol Spectrum DisorderPA RA 	acial features may be evident – however not ecessarily. ASD may be diagnosed if there has been pre- atal exposure to alcohol and there is severe npairment in three or more domains. Domains nat maybe affected are : Brain structure and neurology Motor skills Cognition (includes IQ, verbal and non-verbal easoning skills, processing speed and working nemory) Language Academic achievement, Memory Attention Executive function, impulse control, yperactivity Affect regulation Adaptive behaviour, social skills or social pomunication <i>ower C, Elliott EJ 2016, on behalf of the Steering Group.</i> <i>eport to the Australian Government Department of</i> <i>ealth: "Australian Guide to the diagnosis of Fetal Alcohol</i> <i>bectrum Disorder (FASD</i> ttps://www.mofas.org/wp- ontent/uploads/2015/09/Overlapping-Characteristics-4- 9-2016.pdf	The prevalence may be as high as 12% in some high- risk Indigenous communities. <u>https://ama.com.a</u> <u>u/position- statement/fetal- alcohol-spectrum- disorder-fasd-2016</u>	 Concrete Terms Consistency Repetition Routine Simplicity Specific Language Structure Supervision Needs a calm environment, may become overwhelmed when there is a lot of noise and activity in class room. Recognising early that student is becoming overwhelmed and responding with a planned break can help. Amount of time and place need to be consistent. More info available: http://www.apsu.org.au/assets/Uploads/ 20160505-rep-australian- guide-to-diagnosis-of-fasd.pdf http://www.kimberleyfasdresource.com.au/ http://www.nofasd.org.au/_literature_142522/FASD Characteristics_across_the_Lifespan https://alcoholpregnancy.telethonkids.org.au/alcohol-pregnancy-and- breastfeeding/diagnosing-fasd/e-learning-modules/

Diagnosis	Issues child may face	Prevalence	What may help
Diagnosis Trauma Includes exposure to Domestic Violence, physical, emotional, and sexual abuse, grief and loss especially where loss is unexpected, life threatening illness or accident (or witness to) or exposure to natural disaster, abandonment and neglect The repetitive nature, duration, available supports	Issues child may face Trauma impacts the brain, body, behaviour, learning, relationships, memory and emotions - Affect dysregulation (lack of emotion control) - Shame - Reduced cognitive capacity - Difficulties with memory - Language delays - Need for control - Attachment difficulties - Poor peer relationships - Unstable living situation Anxiety and depression, self-harm Be aware that a child with attachment difficulties may: - reject you overtly or make out more subtly that he does not need you or your help - push you to your emotional limits	Prevalence From a variety of studies listed in Australian Institute of Family Studies Emotional Maltreatment 6.5-17.1 % Neglect 1.6- 4 % Physical Abuse 5.2-18 % Exposed to Family Violence 4.3 – 23% Sexually Abused 4.2 – 12% penetrative 10.5 – 21.8 %	What may helpUnderstand the child – Understand trauma and attachment difficulties. Understand the child may be developmentally younger than their chronological age Manage your own reactions. Staying calm will help the child to calm"I see you need help with" – help them comply and avoid power strugglesStructure and consistency – Need firm boundaries, rules, expectation and consequences applied with sensitivity and calmTime in not time out - Time out can increase feelings of rejection and worthlessnessConnectConsequences not punishment – Natural consequences designed to repair damaged property and relationshipsStructure choices to remain in control- offer choices with humour and creativity to avoid power battlesAcknowledge good decisions and choices Support parents and carers
coping mechanisms will determine impact.e.g. to scream or yell at him - attempt to shock or frighten yo take control as he has always fel control due abuse, neglect or los - find your vulnerabilitiesChild also may have attachment difficultiesBombèr, L. (2007) Inside I'm Hun Worth Publishing.Developmental Trauma may occ	 attempt to get you to behave out of character – e.g. to scream or yell at him attempt to shock or frighten you – by trying to take control as he has always felt so out of control due abuse, neglect or loss. find your vulnerabilities Bombèr, L. (2007) <i>Inside I'm Hurting.</i> Croydon: Worth Publishing. Developmental Trauma may occur when the trauma occurs before 3 years of age. 	 https://aifs.gov.au/cfc a/publications/prevale nce-child-abuse-and- neglect Trauma can also 	Maintain your role as a competent, caring teacher May become very anxious in the presence of a lot of noise or activity Recognising signs of agitation/anxiety early is important <u>http://education.qld.gov.au/schools/ healthy/pdfs/calmer- classrooms-guide.pdf</u> <u>https://www.theactgroup.com.au/</u> <u>documents/makingspaceforlearning-traumainschools.pdf</u> <u>https://professionals.childhood.org.au</u> <u>/smart-online-training</u> <u>https://beaconhouse.org.uk/useful-resources/</u>

Equitable is not everyone getting the same thing – equitable is everyone getting what they need to learn (adapted from Rick Roidan) © A. M Taney 2019

Diagnosis	Issues child may face	Prevalence	What may help
Autism Spectrum Disorder ASD & Aspergers Autism is a lifelong developmental condition that affects, among other things, the way an individual relates to his or her environment and their interaction with other people	 They find looking and listening at the same time hard to do. They have slower processing time. Sometimes it can take them up to a minute to formulate the answer in the correct sequence. If they feel pressured they will answer with stock standard answers. They know it will get them out of trouble quickly. This may include: "I don't know", "yes", "maybe" and often this isn't their true answer! They often don't "generalise" information between people and places. They find organisation of their school equipment very difficult. Limit their choices and be very specific with choices. They find choices overwhelming and are often concerned with making wrong choice due to their difficulty with problem solving. People with ASD have difficulty with abstract thinking. They often enjoy verbal arguments. People with ASD may have sensory processing difficulties and this can cause behaviour issues. 	Research shows that about 1 in 100 children, almost 230 000 Australians, have autism and that it is more prevalent in boys than girls (Taylor & Seltzer, 2011; Brugha, et al., 2011).	Students with ASD don't have to look at you all the time. Give them time to answer any of your questions. They are best with one folder with everything inside. Limit the number of pencils, pens etc. Be as clear, concise and concrete as possible. Avoid verbal overload. Also use visual cues/timetables/cards Avoid verbal arguments by redirecting them to what they should be doing. E.g. "Start your work". Simple changes in the environment can make a big difference to a child's engagement and learning outcomes. Sensory breaks can be important. Girls with autism may cope all day at school and then have major melt downs at the end of the day when they go home. Breaks can aid with this. A noisy classroom, or sudden loud noises can be overwhelming. Assessment by OT to determine sensory needs and develop strategies to help manage identified difficulties. (fidgets, chews, sensory breaks, etc) https://suelarkey.com.au/tip-sheet/ https://suelarkey.com.au https://www.iidc.indiana.edu/pages/Teaching-Tips-for- Children-and-Adults-with-Autism http://www.autismawareness.com.au/resources/educationa I-resources/ https://www.autismawareness.com.au/resources/educationa I-resources/ https://www.autismspectrum.org.au/

Diagnosis	Issues child may face	Prevalence	What may help
Attention Deficit Hyperactivity Disorder ADHD is a neuro developmental disorder and a mental health condition. People with ADHD show a persistent pattern of inattention and/or hyperactivity– impulsivity that interferes with functioning or development. To be diagnosed there needs to be six or more symptoms present within either the inattention or hyperactivity/ impulsivity section. They need to be present for six or more months, present in two or more settings and there needs to be <i>clear evidence</i> that interfere with quality of life, learning, relationships etc.	Inattention - difficulty concentrating - forgetting instructions - moving from one task to another without completion. Impulsivity – - talking over the top of others - losing control of emotions easily - being accident prone - acting without thinking. Overactivity - constant fidgeting and restlessness. Parents may face a lot of judgement about their parenting – however ADHD is not a result of bad parenting. Specific parenting and teaching practices can be helpful none-the-less. Parents can also face judgement over their decision to medicate or not to medicate when the child has an ADHD diagnosis. There is a lot of medical support both for and against this – so it is necessary to understand the difficulties parents face with this decision.	It is estimated that 1 in 20 children in Australia have ADHD. https://www.rch.o rg.au/kidsinfo/fact sheets/Attention deficit hyperactiv ity disorder ADHD / It is diagnosed more often in boys than girls.	VVNAL May neip Clear rules and expectations: ✓ Children with ADHD require regular reminders of classroom rules to consolidate them as part of every school day. Frequently praise those children who are following the rules, especially those with ADHD. Strategic praise: ✓ Students with ADHD deserve praise for achieving seemingly simple things other children can do without much effort, for example staying in their seat or putting up their hand before speaking. Positive attention is powerful - "Catch them being good". Corrective feedback ✓ Give corrective feedback immediately after the negative behaviour is noticed. ✓ Be "matter of fact" in attitude rather than dramatic. ✓ Use a brief and specific statement outlining a clear consequence. ✓ Balance with rewards and positive reinforcement for acceptable behaviours. More strategies in the documents below: https://www.education.vic.gov.au/Documents/school/princi pals/participation/tipsmanagingadhdinclass.pdf https://www.ed.gov/rschstat/research/pubs/adhd/adhd- teaching-2008.pdf https://www.rch.org.au/kidsinfo/fact_sheets/ADHD_ways_t o_help_children_at_school_and_home/