

## GOOD START METHOD WHEN WORKING WITH AN FAS CHILD IN ELEMENTARY SCHOOLS

### METODA BUNEI PORNIRI ÎN LUCRUL CU COPILULUI CU SINDROMUL ALCOOLISMULUI FETAL ÎN ȘCOLILE ELEMENTARE

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**Summary.** Every year Polish schools take in hundreds of children affected by the Fetal Alcohol Syndrome. Teachers are not always aware of the difficulties to be faced by these children, their parents and, in consequence themselves, in relation to this problem. In this article we are trying to provide a correct path when working with FAS children, what steps ought to be taken, how to organize the educational process and what particular elements of the process need to be paid special attention, as well as pointing out the possibility of using this method in working with FAS affected children.

**Rezumat.** În fiecare an școlile poloneze înmatriculează sute de copii afectați de Sindromul Alcoolismului Fetal (SAF). Profesorii nu sunt întotdeauna conștienți de dificultățile cu care urmează să se confrunte copiii, părinții lor și, în consecință, ei înșiși în legătură cu această problemă. În articol încercăm să oferim o cale corectă de a lucra cu copii cu SAF, ce măsuri ar trebui luate, cum să organizăm procesul educațional și căror elemente particulare ale procesului trebuie să acordăm o atenție deosebită, precum și să subliniem posibilitatea utilizării acestei metode în lucrul cu copiii afectați de SAF.

**Keywords:** Fetal Alcohol Syndrome, Child school-related issues, workflow schedule, rules, methods and ways of work, Good Start Method.

**Cuvinte cheie.** Sindromul Alcoolismului Fetal, problemele școlare ale copiilor, programul de lucru, regulile, metodele și procedeele de lucru, metoda bunei porniri.

#### **FAS Etiology**

Fetal Alcohol Syndrome is a disorder that affects children, whose mothers were consuming alcohol during any stages of pregnancy. It is not exclusive to alcohol abuse and frequent drinking habits as it is also related to alcohol incidents. Alcohol, being one of the most potent of teratogens, is capable of damaging the fetus during all periods of pregnancy. The mechanics of so called disabilities are simple. Whenever alcohol is consumed by the mother it is then transported via her vascular system through her body and then through the placenta it gets transferred to the fetal system, damaging organs and cells that are in the most intensive stages of development at that time. The first organ to be targeted is the fetus's brain as it is constantly growing and developing through the entirety of pregnancy, with the most intense development taking place during the 16<sup>th</sup> week. We do have an understanding that the popularity of alcohol amongst various groups, be it male or female and regardless of age, is very high. The most crucial is the fact that it seems to also be popular amongst pregnant women. That understanding is proven by various studies that were conducted both in Poland as well as across the globe [13, 9, 12, 6].

The consumption of alcohol, including consumption by pregnant women, is

consisting of several key components. They are including but are not limited to: an alcohol fad amongst young individuals, social approval for its consumption, traditionalism that sanctions the presence of alcohol during various holidays as well as family and business oriented events. It is also derived from a lack of care for the well-being of both the child and themselves amongst young mothers. Another major component is a lack of social awareness about the presence and technicalities of the FAS, which are confirmed by studies that were conducted by M. Banach over the years [2, 3].

P. Raczyński [11] points out the fact of a lack of social insight as to what dangers consumption of alcohol during pregnancy might bring, which ought to be pointed out by doctors during prenatal check-ups. Ironically some doctors can even encourage pregnant women to drink alcohol during this vulnerable time.

### **FAS Symptoms**

Teachers that come across an FAS affected child during their work ought to take a look at a few specific indicators of the disorder being present. At first glance the most obvious are changes and discrepancies of a physical nature. Most basic of those being muscle dysmorphia affecting the facial area. It can be identified by elements such as; lack of the philtrum, thinning of the upper lip, widely off-set eyes (coming from the shortening in distance between eyelids), small pointy chin, slim flat forehead and depressed and lowered nasal bridge. Deformations of small joints in hands and hindered rotational angles of the elbow joint have also been observed. It is considered an irregularity if there is a presence of elongated skin folds along surface of the hands, inability to fully extend fingers in one or multiple joints and curving of the fingertips towards the middle finger [7 - p.14]. Aforementioned changes are easy to observe by a seasoned teacher in a situation when it is known what key elements ought to be looked for. In most cases the first symptoms to surface are disorders linked to the central nervous system.

Among FAS affected children we can observe presence of brain impairments, which in turn cause various symptoms. They are mostly linked to the period of pregnancy during which the mother consumed alcohol, the dosage that the child was subjected to as well as other environmental and genetic factors. The extend of the damage in the central nervous system is directly influencing on how severe the child's lack of functioning will be. Whenever we want to measure FAS affected child's functionality we take in consideration discrepancies in development: fine and gross motor skills issues, sensory deprivation, language issues, social difficulties, memory disorders, trouble with self-reliance and mental problems. All of the above have their roots in the presence of damage to the CNS. They are directly influencing the appearance of learning disorders during first few years of school education amongst FAS children.

### **Problems that appear during early school ages between 7 and 13 years of age**

The school stage is an important period in the life of any individual, a period in

which FAS children develop new problems that are linked to their ability to function. In accordance to discrepancies in the CNS we can observe a severe lack of ability to adapt to school rules and conditions and in functionality within a social group of the same age. Those children are developing at a much slower pace compared to their peers, they look malnourished. They are significantly thinner and shorter despite eating correctly. Their heads are also smaller which points out to a slower brain development in comparison to children of the same age that are not affected by FAS. The major problem for those children is trying to fit in to already existing social norms in new social groups they encounter, that is in class or in the same school. Any changes in their lives do not go well with them during that time. Often being unable to establish clear and healthy relationships with their classmates, they both not understand and are not able to ingest the rules of functioning within a group. Of note is a tendency to choose a younger children to play with rather than children of their own age. A sudden change of scenery, which for a child that is starting school, can cause anxiety, anger, frustration and mood swings. It all has a negative effect on learning in general. First difficulties make their appearance, which in time will grow creating a complicated system of lacking basic knowledge and skills that should be present in a child of the same age.

The school environment can be especially hard to understand and to be able for the children to find themselves within it. Increase in school failures is a reason for concern not only for the teacher but also to both parents and the child itself. In that time it is needed to allocate more attention and care towards the child. Parents and teachers should engage in a dialogue with the child and try to listen and understand it's needs and worries. It is advised to think about modifying school's environment and conditions so that a child with special needs (an FAS child being such) can find themselves within it. What is most important is to ensure that parents can fully cooperate with teachers and other school staff members [8 - p.19].

The most severe issue that will be tackled by parents, teachers and FAS children alike are memory deficits. Such a child cannot remember all directions provided by a teacher, cannot organize them to be listed in a right order and cannot use what has already been remembered in a cognitive way. A major problem being forgetfulness of homework, other instructions given by teachers, and what happens in class on a day to day basis. A good solution to those issues is to implement a correspondence notebook in which the teacher and parents can note all information pertaining to the child.

Another negative occurrence is difficulty in learning abstract concepts that appear in school curriculum, concepts such as time, math and currency. This can lead to many unforeseen and unwanted consequences such as to cut classes or being late for them which can be attributed to a lack of ability to use a watch or a lack of the concept of time overall.

Issues can arise when a lack of understanding of the concept of currency occurs.

FAS children do not understand its value. In such cases a child might try to buy a bike or a computer for a “penny” and be prepared to pay a couple or even hundreds of dollars for a pack of crisps. It is wise in such cases to reduce child’s exposure to money or provide small amounts for specific and predetermined purchases only. Another negative complication occurs when a child does not develop a sense of ownership. It can lead to instances where objects belonging to other people will be taken by the child and incorporated as their own. Mostly it occurs with things left behind by others but still in the cone of vision of the child. They do not understand a concept of theft. It is always vital to reduce the ability of choice for such children as too many possible choices for a given situation can lead to the child feeling frustrated. A kindhearted, simple question of “What would you like for dinner?” can be a starting point of a conflict. Too many choices will throw the child off balance [10].

Primary school is a time when FAS children develop severe problems in forming and keeping relationships. Simply the appearance of new boys and girls is a tremendous challenge for an FAS child. A lack of ability to engage with others leads to children being isolated or even discarded by their peers. Problems in forming new contacts or to cooperate in turn deepens the already existing disorders. This is where a special role of both the teacher and parents comes through, as they are responsible for a tactful and well timed integration between the child and its age-mates.

An overload of new stimuli can make the child overburdened, nervous, lost and disoriented. It is always taking its toll on the child’s ability to learn leading to the child being discouraged or even aggressive. Both parents and teachers need to learn how to read the various signals that are sent by the child so whenever needed they are able to react in time, by example; turn the situation around, adjust expectations to child’s actual capabilities or implement more control over the child. Above all it is mandatory to keep a good level of cooperation between the faculty and the parents, with special attention being paid to the main teacher the child interacts with to ensure that the child can meet all its needs and that they are all understood.

Every teacher and parent during this stage of child’s development needs to pay attention to the following lapses in functionality:

- Delays in developing the ability to read or write during the first two years of schooling are not easy to observe, thus they do not necessarily need to be considered to be delays in and of themselves
- Math proving more difficult than reading or writing
- Deficits in concentration, lack of control over impulsiveness becoming more visible
- Sudden appearance of a need for the child to be acknowledged and concentrated on by the rest of the class
- Lack of ability to transfer knowledge from one problem to another during creative solving

- Need for the child to be reminded of basic rules and activities both at home and at school
- A slip in grades can be noticed
- Problems with motor skills, the child can come on as clumsy
- Problems with motor coordination during activities such as writing, buttoning up clothes and tying shoe laces
- Difficulties in developing social skills and creating new social connections
- Inability to work and cooperate with peers when rules are implemented
- The child being difficult to manage
- Weakening of existing social bonds and social anxiety development
- A visible preference to spend time with adults and younger children over their age-mates
- Short and long term memory disorders
- Prevalence of a “here and now” sense, lack of an inner clock and a concept of the time that is passing by
- Lack of ability to monitor and control own workflow
- Not being able to distribute own energy during the assignments in a correct way [1 - p.114 - 115].

In accordance to the appearance of such disorders in child's school life it is needed to utilize simple, tried and true methods when working with a child. A perfect example of said methods is the Good Start Method.

### **Genesis of the Good Start Method**

The demand for child's personality to develop from the earliest stages of its life as well as his abilities, predispositions and knowledge created a need to look for the most effective of ways to fulfill those demands.

Not all children however are able to develop their psychomotor skills in a correct way and without any irregularities. Those irregularities may come from the most severe forms of damage to the nervous system as well as those minimal in scale called the fragmented disorders or developmental deficits. Those disorders can influence:

- Visual analysis and synthesis
- Auditory analysis and synthesis
- Coordination or integration of aforementioned processes
- Visual, auditory and motoric memory
- Motorics themselves
- Lateralization (preference for a specific side of the body)
- Sense of orientation within the body, directions and space

Those disorders, despite occurring from the earliest stages of childhood, are mostly discovered as late as beginning of school as their medical signs are varied depending on the severity of the dysfunctions present. A great method in working with a

special needs child, one that implements exercises that focus on all aspects, developing the ability to read and write and integration of those, is the Good Start Method. Its prototype was the “Bon Depart” (good beginning, start) method, which was developed in France by Thea Bugnet-van der Voort. Initially “Bon Depart” was aimed squarely at improving the motor skills with later iterations being used to develop a sense of perception. In Poland a major propagator of this method is prof. Marta Bogdanowicz, who attempted to adapt the method, creating a set of patterns and songs corresponding to them rhythmically calling her method the “Good Start Method”.

### **Synopsis**

The Good Start Method comprises of three key components; auditory, visual and motoric as well as a correct integration of the three. The Method is focused on developing language functions (phonological, syntactical and semantical), observatory functions taking place in the process of reading and writing and exercising of auditory-visual-motoric coordination.

The base to each of the sessions conducted while following the Method is a song and a graphical sign, which the child will recreate by singing a song timed to a rhythmical way of recreating the graphical sign. The sessions will always follow the pre-existing format [4 - p.8-9]:

- *introductory sessions* - during which children will concentrate their attention, exercise orientation in the body-scape and space (learning how to name and differentiate between different body parts, directions such as up, down, under, over), correct their postures and improve motor skills. They listen to and learn the song, which will accompany them in the later exercises, explain the meaning of difficult words, enrich their knowledge of their surroundings, A possibility of exercising their phonemic listening ability also exists. Children will separate specific phrases, words, syllables and vowels from the lyrics of the song, and perform various practices in way of analysis and synthesis of words.

- *sessions proper* - they contain three types of exercise: **mobility exercises** that focus on improving functionality of the kinaesthetic-movement analyzer, developing fine and gross motor skills and at the same time improving orientation in the body-scape and space. Next we have **listening and motion** exercises during which children will attempt to recreate the rhythm of a song they are listening to. Those have a profound effect in rehabilitation as they improve functionality of the kinaesthetic-movement analyzer and develop a sense of auditory depth and perception. Exercises focused on implementing directional thinking in conjunction with naming specific body parts help improve the auditory-motor coordination and educate about differentiating between the left and right side of the body. An essential part of the sessions proper as well as the Method itself are auditory-visual-mobility exercises. They consist of asking the children to repeat the tempo of the song by moving the graphical images starting with the following:

- demonstration of the pattern/letter and information on how to perform the exercise
- polysensory learning
- recreating the pattern
  - *ending sessions* - towards the end of the session we implement exercises meant to calm the children down, delicate massaging, breathing exercises.

### **Using the Good Start Method in an educational system**

The Good Start Method has found use in rehabilitation of children with delayed school maturity and in working with children affected by difficulties in writing or reading. According to prof. Bogdanowicz's [5 - p.12] beliefs, the Method can be implemented during both individual as well as group sessions, with children that have developed a correct psycho-motoric skills by stimulating their development as well as with children that have not developed those skills correctly and attempting to correct those discrepancies.

The Method itself can be utilized as both auxiliary and eliciting method in preparation for the sessions:

- For the youngest of children to assist their development and improve their motor skills (simple patterns and songs are created for this purpose)
- For older children as a way to encourage and assist learning during reading and writing education (songs and patterns are created to incorporate letter-like signs)
- For children who are starting to learn about reading and writing to ensure that polysensory learning of letters is in place.

In rehabilitation the Method can be used during therapy with children:

- Who are globally subnormal in psycho-motor development
- Who have a discordant psycho-motor development to improve motor and perception functions, also in therapy of dyslectic children, with lateralization disorders
- Mentally disabled and autistic [4 - p.13].

### **Script for revalidation exercises while using the Good Start Method**

Topic: Formulation of the song "*The Old Bear is fast asleep*" and a graphical sign 4 G from the set of "*Songs and Signs*".

Goals:

- Practicing of mobile dexterity
- Solidifying of orientation within the body-scape
- Development of perception and motor skills

Methods: Good Start Method

Form: Physical activities, physical-verbal activities, physical-verbal-visual activities.

Educational aids: Board with the graphical sign, sand filled rollers, rye bags, paper sheets in A4 and A3 format, chalk, markers, crayons, notebooks.

### **Introductory sessions**

1. Greeting the children and encouraging children to greet each other (connecting with

different body parts)

2. Solidifying of orientation within the body-scape using the rhyme:

“This is my right hand, this is my left

Right one I hold up, the left one I’m rising

This is my right leg, this is my left

Right one I stomp and on the left I will jump”

3. Listening to the “*The Old Bear is fast asleep*” song

4. Discussion about the song, looking at illustrations depicting bears, information where do bears live in Poland, how do they look like, what are their habits

5. Phonemic listening exercises:

- Extracting a phrase from the song (“what is the bear doing?” – use the words from the song to describe)

- Identifying rhymes within the song

- Isolating specific vowels and consonants within the words: bear, sleep.

### **Sessions proper**

Physical activities – physical games

1. Children lay on the floor and imitate sleeping bears making various sounds: snorking, purring, whistling, squelching, breathing deeply during sleep

2. “Bears” wake up – exercises that flex and relax muscles of the neck, arms and legs

3. “Bears” walk around the woods – children imitate a slow, heavy walk of a bear stepping feet after feet while exercising alternating arm movements

4. “Bears” climb a tree – children imitate bears climbing trees – extending arms straight up as high as possible

*Physical-verbal activities:*

Children, while sitting in a circle, are passing by a bag in rhythm and at the same time singing a song. Children sit at the table and recreate the rhythm of the song by banging on the sand filled rollers: they hit the bags with their left hand from left to right first using fists, then the inner palm, outer palm and the side of the palm.

*Physical-verbal-visual activities:*

1. Teacher demonstrates the pattern and engages a discussion (what elements does the pattern consist of, their numbers, spacing of the elements)

2. Teacher demonstrates how the exercise will be performed

3. Polysensory learning of the pattern: guiding the finger through the pattern, that is created using different materials, while singing the song

4. Recreation of the pattern from the board using hand gestures in the air (singing)

5. Recreation of the pattern from the board on the surface of a table (singing)

6. Recreation of the pattern from the board on a rye bag, multiple passes over the same trail (singing)

7. Recreation of the pattern from the board using chalk on an A3 piece of paper (singing)



8. Recreation of the pattern from the board using markers on an A4 piece of paper (singing)
9. Discussing the created images (with children)
10. Multiple recreations of the pattern using a crayon in the notebook while singing

### **Ending Sessions**

“Bears” lay to sleep while listening to a relaxation tape playing nature sounds.

Saying goodbyes in a circle: “Bears” present their hands to each other.

### **Conclusion**

Most teachers that learn they will encounter FAS affected children during their work react with concern and uncertainty. It is however good to know that FAS can cause many complex issues for the child and no child with this disability is achieving the same progress. All children are unique, their problems are varied and when working with them we need to implement a set of rules.

While preparing for work, teachers ought to initiate contact with persons that possess intimate knowledge of the FAS disorder or have worked with affected children in the past. It is worth a try to organize a group of people that will work together to ensure that all of child’s problems are addressed and resolved. We need to be ready to start a dialogue with the parents themselves. Whenever help is needed, teachers need to learn to ask for it. Think on how to find the best way to reach the affected child. Learn more about them, about their goals and needs. Interact with other teachers who are teaching the child. Accommodate the learning plan to the current situation that has been diagnosed in the child. Above all – talk to the parents. We need to realize that the appearance of many issues in FAS children have different points of origins and can reflect on their functionality in various ways. In some cases the child can react differently to different stimuli. This is why it is needed to try and understand and react to those making sure that individual needs and capabilities of the child are taken in consideration.

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