

Examples of Advocacy Letters to the School:

Fetal Alcohol Syndrome

In utero exposure to alcohol has been recognized as a teratogen for over a century since Sullivan's first records in 1899, and the term Fetal Alcohol Syndrome (FAS) was coined as well as traits identified nearly forty years ago by Jones and Smith in 1973. Educational and academic researchers have documented dramatic failures in cognition, learning, attention and memory for the past forty years. A Medline database search reveals over two million research publications on the effects of fetal alcohol. This literature is fully accessible for academic application, making education environments fully culpable for creating and/or supporting responsive, specialized learning environments for children with FAS.

Children such as XXXX, who have exposure to alcohol in utero, have dramatic changes in brain development, including in the structures that support every major function of learning and behavior. Over the past four decades thousands of research studies have documented a complex constellation of changes in learning and behavior as well as in the brain structures that regulate these processes. By example, regions such as the corpus callosum, amygdala, anterior cingulate and orbitofrontal cortex that regulate information processing are dramatically altered by alcohol exposure in utero, as are the locus ceruleus, thalamus, striatum, nucleus accumbens, which have to do with the control of emotions.

Researchers, including Dr. Tiffany Field at University of Miami Medical School, have documented dramatic alterations in brain chemistry among children who experience in utero harm. These dramatic alterations to neurotransmitters systems that regulate learning include systems of dopamine, beta-phenylethelamine, and glutamate, creating a situation of double indemnity for children with FAS. Taken together, changes in both brain development and brain chemistry indicate that there is overwhelming evidence to support why XXXX must have a highly specialized, sustained, academic environment if he/she is to receive an appropriate education.

Institutional Care

The children who have spent the first part of their lives in institutions are sometimes referred to as "post-institutionalized" or "PI" children. During ten years of research and intervention at the Institute of Child Development, Drs. Purvis and Cross have garnered a comprehensive body of information about the complex constellation of deficits, which are induced by neglect, abuse and institutional care. PI children present with multiple deficits and frequently fall "between the cracks" in the academic system.

XXXX presents with the typical deficits common among PI children. These issues include chronic anxiety, sensory-processing deficits, learning deficits and social-emotional deficits.

Brain Chemistry

XXXX has had his/her cortisol and neurotransmitter levels tested. Due to being in institutional care for XX years/months, XXXX's cortisol levels indicate that his/her stress system has essentially "burned out." This occurs when a child's stress system is in a chronic stress-induced anxiety state for an extended period of time. Neurotransmitters (NTs) are chemicals that facilitate communication between cells and systems. NTs also drive physical movement, thinking, learning, and social interactions. XXXX's testing was prototypical of the unique neurochemistry of PI children. His/Her profile revealed markedly elevated levels of excitatory neurotransmitters such as dopamine, glutamate, and beta-phenylethylamine. These excitatory NTs drive anxiety, fear, attention deficit, hyperactivity, autistic-like behaviors (e.g., self-stimulation, isolation, etc.) and aberrant behaviors. Clearly, XXXX is a very high-risk child.

Transitions

Based on observations and testing, we are advocating for an academic environment that is stable and predictable. Over the past years through longitudinal research, there is an accumulated a body of data on PI children's behavioral and academic outcomes. PI children prosper in environments that are stable and have few changes. For these children, frequent transitions evoke acceleration in stress-responsiveness and attendant production of cortisol. Unfortunately, elevated levels of cortisol impede learning and consolidation of memory.

Sensory Processing

Additionally, frequent changes in location and personnel require increased sensory processing of stimuli (e.g., loud voices in the hall, other children bumping and brushing against the child, etc.). XXXX, like most special-needs adopted children, exhibits significant deficits in processing sensory information and will most certainly benefit from being in a small, contained classroom, which does not require such over-stimulation.

Nutrition & Physical Activity

XXXX will be best supported, cognitively and emotionally, if he/she is allowed a snack and physical activity every two hours. Food helps to stabilize XXXX's blood sugar and increases her brain's ability for optimal learning. Physical activity aids in creating an optimal learning environment by regulating sensory input and organizing neurological input/output.

Behavior

Behaviorally, XXX has had to learn survival strategies in order to live in an institutional environment for over XX years/months. He/She has amassed numerous strategies for controlling her environment and those around her. These skills were necessary for survival in the XXX orphanage where XXXX lived. Due to these survival strategies, which served him/her well in his/her previous environment, XXXX feels that to survive, he/she must remain in control. Through research at TCU's Institute of Child Development, it has been shown that children can employ new strategies when allowed appropriate control and shared power in a safe, nurturing, and playful environment.

Specifically, we have found it helpful to give XXXX choices, e.g. "Would you like to play a puzzle first and then do the art project or would you like to do the art project first and then play with a puzzle?" Also, allowing XXXX to "re-do" inappropriate behaviors allows him/her the opportunity to practice doing the "right thing" as well as allowing him/her the opportunity to feel successful.

Summary

XXXX is a sweet child, who is eager to please. However, in order for him/her to prosper and develop into his/her fullest potential; he/she will need academic support, a stable environment, and the appropriate cognitive and emotional support. Developmental literature for children with histories of maltreatment has consistently documented the fact that these children prosper in predictable environments with teachers who understand the essential balance of structure and nurture. XXXX will prosper with a teacher who is nurturing yet firm, who is clear about both instructions and expectations.

Specific Recommendations (in bulleted form)

- Food every two hours.
- Physical activity every two hours.
- Re-do's for unwanted behaviors.
- 5-minute warnings before transitions.
- Extended time for assignments.
- Preferential seating in front of classroom.
- Choices given as often as possible.
- Quiet place to go when unable to calm self down.
- Etc.