

Modifying FASD Prevention Strategies for Individuals with an FASD

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How Outcomes Can Be Improved by Recognizing an FASD

- The individual is seen as having a disability
- Frustration and anger are reduced by recognizing behavior is due to brain damage
- Trauma and abuse can be decreased or avoided
- Approaches can be modified
- Diagnoses can be questioned

Consequences of Not Recognizing an FASD in an Individual

- Many moves as children
- Abuse and Trauma
- Fail with typical education, parenting, treatment, justice, vocational, and housing approaches
 - If women fail in treatment, they are at risk for alcohol exposed pregnancies
- Think they are “bad” or “stupid”
- Risk of being homeless, in jail, or dead

Consequences of Not Recognizing an FASD in a Caregiver

- Labeled as neglectful, uncaring, or sabotaging
- Removal of their children from their care
- Fail to follow through with multiple instructions
- Parental rights are terminated
- Woman may have another alcohol exposed pregnancy

So How Do We Recognize Individuals Who May Have an FASD?

- There is no blood test or other simple test
- Diagnostic capacity for adults is limited
- A screen can be very helpful
- In the ideal world, a positive screen would lead to an assessment and diagnostic evaluation
- As diagnostic capacity is lacking in most parts of the country, we need to do a good assessment and modify approaches for those we suspect may have an FASD

Screen for Identifying Individuals with a Possible FASD

- It is called the Life History Screen
- Published in the International Journal of Alcohol and Drug Research
- Aside from demographics, there are 28 questions in 9 categories
- The screen is meant to be a guide for modifications in approach
- The screen needs to be validated for sensitivity and specificity

Screen for Identifying Individuals with a Possible FASD

- Categories:
 - Childhood History
 - Maternal Alcohol Use
 - Education
 - Criminal History
 - Substance Use
 - Employment and Income
 - Living Situation
 - Mental Health
 - Day to Day Behaviors

Screen for Identifying Individuals with a Possible FASD

- The screen was not developed to ask all questions in order the first day the person comes into treatment
- Some questions will already have been asked, but not through the lens of whether this could be a person with an FASD
- Some questions may need to be asked or revisited after a trusting relationship has been formed

Screen for Identifying Individuals with a Possible FASD

- There are three key life history domains that have been identified through use of the screen in treatment centers
 - Childhood history
 - Maternal alcohol use
 - Day-to-day behaviors

Childhood History Questions

Grant, Whitney, Dubovsky (2011)

- Were you raised by someone other than your birth parents
- How many living situations did you have before the age of 18?



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Maternal Alcohol Use Questions

Grant, Whitney, Dubovsky (2011)

- To your knowledge, did your mother ever drink alcohol that caused problems for her or others around her?
- Did she drink alcohol when you were young?
- Did your mother drink alcohol while she was pregnant with you?



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Day to Day Behaviors

Grant, Whitney, Dubovsky (2011)

- Do you have trouble on a regular basis with any of the following:
 - Concentrating and paying attention?
 - Understanding what adults were telling you?
 - Remembering things?
 - Following rules and instructions?
 - Getting along with others without arguing or fighting?



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Day to Day Behaviors

Grant, Whitney, Dubovsky (2011)

- Do you have trouble on a regular basis with any of the following:
 - Being on time?
 - Keeping enough money to last you throughout the month?
 - Doing things that later you wish you hadn't done?



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Day to Day Behaviors

Grant, Whitney, Dubovsky (2011)

- Do you have trouble on a regular basis with any of the following:
 - Getting really upset at little things or what people have told you are little things?
 - Forgetting or missing appointments?
 - Being surprised when you are in trouble?



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Challenges in Recognizing FASD

- Recognizing an FASD challenges the basic tenets of all interactions
 - That people need to take responsibility for their actions
 - That people learn by experiencing the consequences of their actions
 - That people are in control of their behavior
 - That enabling and fostering dependency are to be avoided
- It may bring up issues in our own lives
- There may be concerns of relapse especially in discussing FASD with women in treatment

Strategies to Reduce the Incidence of Alcohol Exposed Pregnancies

- There are excellent prevention strategies that have been proven to be effective in reducing the risk of an alcohol exposed pregnancy
 - Screening and Brief Intervention
 - CHOICES
 - Parent-Child Assistance Program
- Although these approaches work with many women, they do not work with all

State of the Art Prevention in FASD

- Screening all women at risk for alcohol use
 - Ask specifically about alcohol use
 - Especially examine further if other drug use
 - Embed questions in general health screening
 - Ask questions in a manner that promotes honest responses
 - Ask open-ended questions and ask repeatedly
 - Be careful about how questions are asked
 - Be sure they are literal
- Identify women who may have an FASD and modify interventions to improve success

Issues in Prevention for Individuals with an FASD

- If a person is very literal in their thinking, they may respond differently to screening questions depending on how they are asked
- Individuals with an FASD have difficulty with verbal receptive language processing across the intellectual span
 - Many prevention strategies rely on verbal processes
- Motivational interviewing relies on verbal processing and the individual making decisions on their own about their behavior

Challenges in Recognizing FASD

- We have to change our thinking and approaches
- Prevention and intervention strategies must be modified if a person has an FASD
- The modifications are based on an understanding of the brain damage caused by prenatal alcohol exposure

MRI, MRS, and fMRI Study Findings

Susan Astley (2009)

- Those with prenatal alcohol exposure scored significantly poorer on the two-back test
 - The level of activation in the Dorsolateral Prefrontal Cortex was significantly less in those with an FASD
 - This is a measure of working memory
- Implications for working with those with an FASD

Recent Animal Studies on Anxiety

Joanne Weinberg (2008)

- The body deals with stress and anxiety through the amygdala and the hypothalamus-pituitary-adrenal (HPA) axis
- Prenatal alcohol exposure affects the body's response to stress and anxiety
 - The HPA axis over-responds to minor stressors with an over-release of cortisol
- Implications for working with those with an FASD

Brain Structures Affected by Prenatal Alcohol Exposure

- Basal ganglia, especially the caudate nucleus
 - Cognition
 - Emotion
 - Motor activity

Brain Structures Affected by Prenatal Alcohol Exposure

- **Frontal lobes**
 - Control emotional responses and processing of humor
 - Control expressive language
 - Responsible for abstract thinking
 - Assign meanings to words
 - Control aggression
 - Are involved in processing information
 - Are involved in deciding how to act in a specific situation

Brain Structures Affected by Prenatal Alcohol Exposure

- **Hippocampus**
 - Memory
 - Learning
 - Emotion
 - Aggression
- **Amygdala**
 - Fear
 - Stress and anxiety
 - Anger
 - Aggression

Check Point...

QUESTIONS??

Why Screening and Brief Intervention May Need to be Modified for Those with an FASD

- Screening questions may be misinterpreted by someone who is literal in her thinking
- Assessment of risk might not be accurate
- Brief intervention is verbally based
- The brief intervention is expected to change behavior
- It works with many women
- It does not work with all women

How Screening and Brief Intervention May Need to be Modified for Those with an FASD

- Screening questions to identify risk may need to be explained
 - E.g., how many drinks does it take for you to feel the effects; have others annoyed you by talking to you about your alcohol use
- Brief intervention may need to be much more directive
- More senses than verbal need to be utilized
- True understanding needs to be assessed

Why CHOICES May Need to be Modified for Those with an FASD

- CHOICES utilizes a motivational interviewing approach
 - Verbal approach
 - Once a week
 - The person is expected to take in the information and decide to change her behavior by increasing effective contraception, decreasing alcohol use, or both
- The woman is expected to keep a journal
- It is effective for approximately 67% of women in testing
- It is not effective for all women

How CHOICES May Need to be Modified for Those with an FASD

- More frequent, shorter sessions
- More active and directive
- More senses utilized
- The journal would be completed by the woman and facilitator together (or the woman and another individual)
- Motivational interviewing approach will often need to be modified

Why Motivational Interviewing Needs to be Modified for Someone with an FASD

- MI strategies utilize a verbal approach
 - Intact verbal receptive language processing skills are required
 - Verbal receptive language skills are often impaired in FASD
- The approach used in MI is a brief treatment approach
 - Brief interventions are often not effective in long term change for individuals with an FASD

Why Motivational Interviewing Needs to be Modified for Someone with an FASD

- The individual is expected to process information on his or her own between sessions
 - Due to difficulties in abstract thinking, processing information in the abstract is often difficult for someone with an FASD
- The individual is expected to move through the stages of change after the sessions are completed
 - For many individuals with an FASD, long term support is essential for behavior change

Modifying Motivational Interviewing for Those With an FASD

- Adjust the strategies
 - Talk about a typical day (or period in school or afternoon or weekend or bedtime):
 - What do you do?
 - What stresses (or difficulties) do you have?
 - When do you do this behavior?
 - How does it fit in to your life?
 - What happens when you do this?
 - This needs to be broken down taking into account the literal thinking of the individual

Modifying Motivational Interviewing for Those With an FASD

- Adjust the strategies
 - What are the good things and less good things about this behavior/action
 - Write it down
 - Be thorough
 - Ask questions such as: “what else is good about it?”
 - Review the list periodically
 - What has happened to you in the last week (or today or yesterday)?
 - How have you been since your last birthday?
 - What fun things or good things have happened
 - What not so good things have happened?

Modifying Motivational Interviewing for Those With an FASD

- Adjust the strategies
 - What do you want for yourself in the next week? The next year? When you are on your own?
 - Is there anything you want to change (or you hope gets better)?
 - Would your behavior get in the way of that plan?
 - If so, how?
 - If not, point out how it might?
 - Is there any way to not have that happen?

Modifying Motivational Interviewing for Those With an FASD

- Typically will need to be a longer process
 - Not necessarily the brief treatment approach as developed
- The therapist needs to be much more active and directive
- Limit the receptive language skills needed
- Need a lot of review and repetition
- Use multiple senses
 - Write things down
 - Use visuals (E.g., videos, computer)

Modifying Motivational Interviewing for Those With an FASD

- Plan on more frequent, shorter sessions
- Need to ensure that the person gets to the sessions
- Do the work with the individual in the session rather than expecting the person to think about their situation outside of the session
- Frequently check understanding
- Use a lot of empathy
- Acknowledge successes
- Schedule follow up “booster” sessions

Strategies for Improving Outcomes for Persons With an FASD

- Identify strengths in the individual, family and providers
- *Find something that the person likes to do and does well (that is safe and legal) and arrange to have the person do that regardless of behavior*
- Create “chill out” spaces in each setting
- Use literal language
- Use person first language

Person First Language

- “He’s a child with FAS” not “he’s an FAS kid”
- “She is a woman with a substance use disorder” not “she’s a substance abusing woman”
- A mother with FAS, not “an FAS mom”
- “He has schizophrenia” not “he is a schizophrenic”
- “Ms. Smith” not “mom”
- No one “is” FAS although a person may have FAS

Paradigm Shift

“We must move from viewing the individual as failing if s/he does not do well in a program to viewing the program as not providing what the individual needs in order to succeed.”

—Dubovsky, 2000



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Final Thoughts to Keep in Mind

- Creativity and flexibility are essential in providing effective prevention strategies for women with an FASD
- Don't forget men in the prevention of alcohol exposed pregnancies
- Developing true collaborative relationships between agencies and systems is essential as FASD crosses every system of care

Final Thoughts to Keep in Mind

- Correctly recognizing and addressing FASD (in terms of both prevention and treatment) can reduce long term costs and improve outcomes for the individual, family, agency, and system
- By successfully intervening with women who have an FASD, we can reduce the incidence of alcohol exposed pregnancies

References

- Grant TM, Novick Brown N, Dubovsky D, Sparrow J, Ries R. *“The Impact of Prenatal Alcohol Exposure on Addiction Treatment.”* Journal of Addiction Medicine 2013; 7(2) 87-95.
- Grant TM, Novick Brown N, Graham JC, Whitney N, Dubovsky D, Nelson LA. *“Screening in treatment programs for Fetal Alcohol Spectrum Disorders that could affect therapeutic progress.”* International Journal of Alcohol and Drug Research 2013; 2(3) 37-49.

Resources

- SAMHSA FASD Center for Excellence: fasdcenter.samhsa.gov
- Centers for Disease Control and Prevention FAS Prevention Team: www.cdc.gov/ncbddd/fas
- National Institute on Alcohol Abuse and Alcoholism (NIAAA): www.niaaa.nih.gov/
- National Organization on Fetal Alcohol Syndrome (NOFAS): www.nofas.org
- These sites link to many other Web sites

Thank You!

Learn more about The Arc's FASD Prevention Project at:

www.thearc.org/FASD-Prevention-Project