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:
  o Childhood History
  o Maternal Alcohol Use
  o Education
  o Criminal History
  o Substance Use
  o Employment and Income
  o Living Situation
  o Mental Health
  o 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?
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?
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?
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?
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?
Challenges in Recognizing FASD

• Recognizing an FASD challenges the basic tenets of all interactions
  o That people need to take responsibility for their actions
  o That people learn by experiencing the consequences of their actions
  o That people are in control of their behavior
  o 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
  o Screening and Brief Intervention
  o CHOICES
  o 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
  o Ask specifically about alcohol use
    • Especially examine further if other drug use
      o Embed questions in general health screening
      o Ask questions in a manner that promotes honest responses
      o Ask open-ended questions and ask repeatedly
      o 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.
  o 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
  o The level of activation in the Dorsolateral Prefrontal Cortex was significantly less in those with an FASD
  o 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
  o Control emotional responses and processing of humor
  o Control expressive language
  o Responsible for abstract thinking
  o Assign meanings to words
  o Control aggression
  o Are involved in processing information
  o 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
  o 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
  o Verbal approach
  o Once a week
  o 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
  o Intact verbal receptive language processing skills are required
  o Verbal receptive language skills are often impaired in FASD

• The approach used in MI is a brief treatment approach
  o 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
  o 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?
  o 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
  o 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
  o What has happened to you in the last week (or today or yesterday)?
  o 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
  o What do you want for yourself in the next week? The next year? When you are on your own?
  o Is there anything you want to change (or you hope gets better)?
  o 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
  o 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
  o Write things down
  o 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
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


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