

Strategies to Improve Treatment Outcomes for Individuals with Fetal Alcohol Spectrum Disorders (FASD) and Their Families (Part 2)

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1

Dan Dubovsky
FASD Specialist

ddubovksy@verizon.net
215-694-8450



2

Objectives

By the end of this presentation, participants will be able to:

- ▶ Identify five strengths commonly seen in individuals with an FASD
- ▶ Describe how therapeutic approaches can be modified for those with an FASD
- ▶ Discuss what adults with an FASD have said is important to them



3

Issues in Addressing Behaviors

- ▶ Many people think that if we find the right motivating factor, the person will do what we want them to
- ▶ We use what they like as a reward for good behavior and take it away for “bad” behavior
- ▶ If they are motivated, they will do it
- ▶ This doesn’t work with most with FASD
 - Using this approach reinforces the thought that they are just “bad”



4

Issues in Addressing Behaviors

- ▶ We are a problem-based society
- ▶ People with FASD have repeatedly heard what they do wrong
- ▶ We need to change our approach
- ▶ Identifying strengths and abilities needs to be foremost
- ▶ We need to move towards a positive focused system



5

A Positive Focused System

- ▶ Utilize a true strengths-based approach
 - Identify strengths and abilities
 - Focus on building strengths and abilities
- ▶ Consistently tell the person what she or he does well and is good at
- ▶ Point out small accomplishments
- ▶ This does not mean ignoring challenging behaviors
- ▶ Revise rules, policies, and procedures to be more positively focused



6

Strengths

- The first step in helping someone to succeed is to identify strengths and abilities
- Everyone has strengths
- Sometimes, they get the person into difficulty
- There are times when the individual and those around cannot identify any strengths
- Our systems do not encourage the identification of strengths



7

A Strengths Based Approach to Improving Outcomes

- Identify strengths and desires in the individual
 - What do they do well?
 - What do they like to do?
 - What are their best qualities?
 - What are your funniest experiences with them?
- Identify strengths in the family
- Identify strengths in the providers
- Identify strengths in the community
 - Include cultural strengths in the community



8

Strengths of Persons With an FASD

- Friendly
- Likeable
- Verbal
- Helpful
- Caring
- Hard worker
- Creative
- Determined
- Have points of insight
- Good with younger children*
- Not malicious
- Every day is a new day



D. Dubovsky, Drexel University College of Medicine (1999)

9

Strategies for Individuals with an FASD

- Remember that FASD is brain-based
 - Responses to behaviors need to be based on understanding the brain
- We need to focus on changing the environment rather than the person
- Reduce stimuli in the environment
- Be aware of sensory issues
- Be consistent in routines
- Limit rules



10

Strategies for Individuals with an FASD

- Provide one step or direction at a time
 - Check for true understanding
- Prepare the individual for changes in schedule
- Keep conversations short and review what they mean
- Identify a point person for the individual to go to whenever they have a question or don't know what to do



11

Strategies for Individuals with an FASD

- Identify a mentor/role model
- Utilize modeling
- Role play
- Lots of repetition and consistency
- **Any time you need to tell a person “you can’t” you must also say “but you can”**
- Avoid starting sentences with “if you do this” or “when you do this”
- Consequences need to be immediate, related to what occurred, and short term



12

Strategies for Individuals with an FASD

- If you joke with the person, let him or her know you are joking
- Point out when others are joking with the person
- Teach the person to check out whether someone is kidding or serious if he or she doesn't "get it"



13

Strategies for Individuals with an FASD

- Do not rely on verbal interactions
- Be aware of issues regarding money
- Arrange for a safe place for the person to run to
- Separate home and school for youth with an FASD
- Find time to have fun with the person every day



14

Strategies for Individuals with FASD

- **Do not ignore negative attempts for attention**
- Plan carefully for group activities
 - Shorter group activities may be more useful
 - It may be helpful to have the person sit next to the teacher or other facilitator
 - Use senses other than verbal
 - Allow the person to take a break in the middle of group if necessary



15

Strategies for Individuals with an FASD

- Identify signs that the person is beginning to get stressed or anxious
- Identify one or two things that help the person calm down when s/he gets upset
- Talk with the person about the importance of using those techniques at the moment they are beginning to get upset
- This can reduce aggression and getting thrown out of school and programs
- Everyone needs to support this



16

Strategies for Individuals with an FASD

- *Find something that the person likes to do and does well (that is safe and legal) and work to have the person do that regardless of behavior*
- **Be fair rather than equal**
- Use sign language
- Create “chill out” spaces in each setting
- Use literal language
- Use person first language



17

Person First Language

- “He’s a person with FAS” not “he is FAS”
- “She has a diagnosis of an oppositional disorder” not “she is oppositional”
- “He has bipolar disorder” not “he is bipolar”
- “He is a child who has been adopted” not “he is an adopted child”
- “She has Autism” not “She is Autistic”
- “He has been in jail” not “He’s an ex-con”
- “He has an addiction” not “He is an addict”



18

Strategies for Treatment Programs

- Be consistent in appointment days and times
- Short, more frequent meetings or sessions
- Utilize a mentor
- Set reminders on phones
- Interdependence should be a goal
- Medication compliance should be a step, not a goal
- Address loss issues for individuals and families
- Avoid using students as therapists
 - Recapitulates losses
 - May not be skilled in FASD

19

Strategies for Treatment Programs

- Review one rule at a time
 - Don't assume that breaking rules is purposeful
- Always check for true understanding
- Provide a consistent presence
- Find ways for the individual to succeed
 - Be flexible and "truly" individualized
- Help the individual feel in control in a positive way
- If medication is used, simplify medication schedules and provide support
- Plan aftercare with warm handoffs
 - Ensure that providers understand FASD

20

Strategies for Treatment Programs

- Ask about prenatal alcohol use routinely in all assessments
- For those with substance use issues
 - Limit the number of meetings per week
 - Go to the same meetings on the same days each week
 - Have someone be responsible for taking the person to each meeting for at least 6 months if necessary
 - Discuss each meeting with the person
 - Utilize open meetings if necessary

21

Strategies for AA/NA

- Limit the number of meetings per week
- Identify what meetings to attend
- Go to the same meetings on the same days each week
- Have someone be responsible for taking the person to each meeting for at least 6 months if necessary
- Discuss each meeting with the person
- Utilize open meetings if necessary



22

Social Media Issues

- ▶ Establish an open dialogue regarding social media
 - What they see and hear
 - What is accurate and what is not
- ▶ Monitor access to social media
- ▶ Talk about what to share and what not to share



23

Addressing Sexuality and the Risk of Sexually Transmitted Infections and HIV

- Sex education needs to start early and be:
 - Literal and Repeated
 - Utilize role plays
 - Simplify medication schedules
 - Check in with the person regularly
- Be literal in terms of touch
- Think about ways to keep the person safe
 - From sex trafficking
 - From false accusations
- Be clear on what they can and cannot do and where



24

Suicide Intervention/Prevention for Individuals with FASD

Adapted from Huggins, et al (2008)

- Standard suicide assessment protocols need to be modified
 - Instead of "How does the future look to you?" ask "What are you going to do tomorrow? Next week?"
 - Lethality of attempt ≠ level of intent to die
 - Obtain family/collateral input
- Be careful about words used regarding suicides and other deaths

Huggins, et al., 2008. Mental Health Aspects of Developmental Disabilities, 11(2) 1-9.



25

Suicide Intervention/Prevention

Huggins, et al (2008)

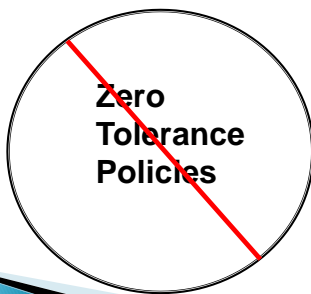
- Intervene to reduce risk
 - Address basic needs and increase stability
 - Treat depression
 - Teach distraction techniques
 - Remove lethal means
 - Increase social support
 - Monitor risk closely
 - Build reasons for living
 - Strengthen relationship between the woman and her support (e.g., case manager; therapist)
- Do not use suicide contracts

Huggins et al, 2008. Mental Health Aspects of Developmental Disabilities 11(2) 1-9.



26

Strategies for Improving Outcomes for Individuals with FASD



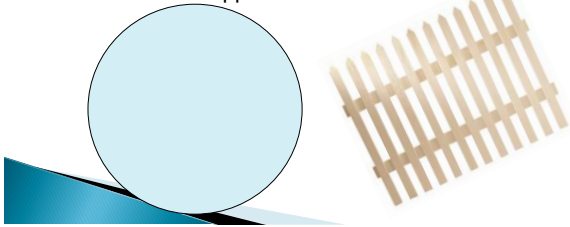
27

Circle and Fence

Parent Child Assistance Program 2010

- Who is helpful to you and who is someone who is not good for you (e.g., has gotten you in trouble or has encouraged you to do things you should not)

Circle of Support



28

Additional Interventions to Consider

- Art therapy
 - Identify creative talents of the individual
- Movement and dance therapy
- Cultural traditions and rituals
- Animal assisted therapy
- Exercise



29

What Adults with an FASD Say They Need

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- ▶ A mental health clinician who specializes in FAS
- ▶ Doctor or NP who knows FASD
- ▶ A person who can help when something goes wrong
- ▶ A trusted person to give advice when needed
- ▶ Enough money to live on each month



30

What Adults with an FASD Say They Need

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- ▶ Help with housework (cleaning, laundry, etc.)
- ▶ Someone you trust with permission to speak or act for you
- ▶ Someone you trust to manage or help you manage your money who will not take advantage of you



31

What Adults with an FASD Say They Need

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- ▶ Someone you trust to manage or help you manage your money who will not take advantage of you
- ▶ Help to get and keep employment (that understands what is possible and what is not if you have FASD; “outside the box work support.” Comment from male survey respondent)



32

What Adults with an FASD Say They Need

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- ▶ Doing something that is IMPORTANT to you as an individual
- ▶ Someone to take you to doctors or other appointments and attend with you so you understand and have someone else who knows what was said, etc.



33

Quality of Life Issues

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- ▶ Poverty
- ▶ Stress
- ▶ Stigma
- ▶ Victimization
- ▶ Lack of supports and eligibility for supports in all areas
- ▶ Lack of understanding

- ▶ A BIG problem with memory that impacts everything



34

Quality of Life Issues

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- ▶ The first 6 on the previous slide are fixable by society
- ▶ The only one that cannot be “fixed” (but can be ameliorated with the correct understanding and support) is the person’s memory issues



35

Final Thoughts to Keep in Mind

- ▶ We need to focus on changing the environment rather than changing the person
- ▶ Creativity is essential in addressing FASD
- ▶ Everyone involved with the individual must be trained in FASD
- ▶ Correctly recognizing and addressing FASD can improve outcomes for individuals, families, agencies, and systems of care as well as reducing long term costs



36

Final Thoughts to Keep in Mind

- ▶ We want to help people succeed
 - “Whatever it takes” is an important attitude
 - Ask the question “what does this person and family need in order to be successful (function at their best) and how do we help them achieve that
- ▶ We need to foster **interdependence**
- ▶ FASD is a human issue



37

FASD Is a Human Issue

- ▶ It’s essential to “really care”
- ▶ People with an FASD and their families have great potential
- ▶ We need reminders of what has been accomplished
 - Especially when things are not going well



38

FASD Is a Human Issue

- ▶ Always remember that recognizing and correctly addressing FASD and other neurocognitive impairments can be a matter of life or death
 - What you do concerning this issue can save lives!



39

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
- ▶ Lutke CJ, Griffin K, Himmelreich M, Lutke A, Mitchell J. *"The Lay of the Land 2: Equality vs Equity. What Really Matters. Life as we Live it."* The results of an FASD Changemakers International Survey webinar presentation March 13, 2021

