Overview of CDC Initiative:

CDC-funded FASD Practice & Implementation Centers (PICs) and National Partnerships Goals:

- Prevent alcohol-exposed pregnancies
- Promote proper identification/referral for those with FASD
- Strengthen “research to practice” linkages through partnerships between PICs and national organizations for:
  - Physicians (Family Medicine, Ob/Gyn, Pediatrics)
  - Nurses, Social Workers, Medical Assistants
- Achieving sustainable practice-level and systems-level change through an interprofessional, collaborative model

https://nccd.cdc.gov/FASD/
BEHAVIORAL / FUNCTIONAL CHARACTERISTICS, TREATMENT, & INTERVENTIONS FOR INDIVIDUALS WITH PRENATAL ALCOHOL EXPOSURE

Part III
Learning Objectives

I. Describe and identify common characteristics and challenges for individuals with prenatal alcohol exposure

II. Recognize individual strengths

III. Identify treatment and intervention options to support an individual with a FASD throughout the lifespan

IV. Incorporate strategies for improving outcomes for persons with a FASD
Behavioral / Functional Characteristics and Challenges for an Individual with Prenatal Alcohol Exposure
Alcohol During Pregnancy Can Create a Brain That...

- Can't read the emotions or body language of other people
- Thinks like the brain of someone much younger
- Forgets information
- Responds slowly
- Can't link cause and effect
- Thinks in a disorganized way
- Has trouble moving information from one situation to another
- Uses poor judgment
- Has difficulty with time and money
Common Challenges for Individuals with Prenatal Alcohol Exposure

- Very literal thinking
- Slower processing pace
- Difficulty learning from experience
- Disruption in cause/effect thinking
- Rigid thinking
- Difficulty reading body language
- Memory problems
- Sensory integration challenges
- Poor judgment
### Typical Characteristics for individuals with FASD

Typical primary characteristics in children, adolescents, and adults include:

<table>
<thead>
<tr>
<th>Ability to repeat instructions, but inability to put them into action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive processing deficits (may think more slowly)</td>
</tr>
<tr>
<td>Developmental lags (may act younger than chronological age)</td>
</tr>
<tr>
<td>Difficulty storing and retrieving information</td>
</tr>
<tr>
<td>Difficulty with abstractions, such as math, money management, time concepts</td>
</tr>
<tr>
<td>Impulsivity, distractibility, disorganization</td>
</tr>
<tr>
<td>Inability to predict outcomes or understand consequences</td>
</tr>
<tr>
<td>Inconsistent performance (&quot;on&quot; and &quot;off&quot;) days</td>
</tr>
<tr>
<td>Slow auditory processing (may only understand every third word of normally paced conversation)</td>
</tr>
</tbody>
</table>

Diane Malbin – FASCETS.org
Reconceptualizing the Behavior of an Individual with FASD

<table>
<thead>
<tr>
<th>From Seeing</th>
<th>To Understanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Won’t</td>
<td>Can’t</td>
</tr>
<tr>
<td>Lazy</td>
<td>Tries Hard</td>
</tr>
<tr>
<td>Lies</td>
<td>Fills in</td>
</tr>
<tr>
<td>Doesn’t Try</td>
<td>Exhausted or can’t start</td>
</tr>
<tr>
<td>Doesn’t care</td>
<td>Can’t show feeling</td>
</tr>
<tr>
<td>Refuses to sit still</td>
<td>Over stimulated</td>
</tr>
<tr>
<td>Fussy, demanding</td>
<td>Sensitive</td>
</tr>
<tr>
<td>Resisting</td>
<td>Doesn’t understand</td>
</tr>
</tbody>
</table>

-Diane Malbin, FASCETS website
Recognizing and reframing strengths

What strengths might an individual have (despite appearances)?

- Survival skills - (might look manipulative)
- Verbally expressive - (talks, doesn’t listen)
- Curious - (doesn’t focus on task in front of them)
- Wants to please - (peer pressure)
- Sense of humor - (laughs inappropriately)
- Persistence - (perseveration)
- Patience - (standing around)
- Passion - (anger)
Encourage Strengths

- Highly verbal
- Bright in some areas
- Artistic, musical, mechanical
- Athletic
- Friendly, outgoing, affectionate
- Determined
- Persistent
- Willing
- Helpful
- Generous
- Many are good with younger children or the elderly

People with FASDs have many Strengths
LIFESPAN TREATMENTS AND INTERVENTIONS FOR PEOPLE LIVING WITH FASD
FASD Impacts All Aspects of a Person’s Life

Adapted from Dubovsky, 2010
Interventions & Support Through the Lifespan

Early Intervention Services

- Research supports that early intervention services (speech and language, OT and/or PT, etc.) can improve child development

- Individuals With Disabilities Education Act - I.D.E.A. allows anyone who qualifies to receive services

- Speech therapy and language delays often do not require a formal diagnosis to receive treatment

_Fetal alcohol spectrum disorders competency-based curriculum development guide for medical and allied health education and practice._
Interventions & Support through the lifespan

Protective Factors

• Early diagnosis and recognition
• Involvement in social services
• Loving, nurturing, and stable home environment
• Absence of violence

Types of treatment will change throughout the lifespan

Types of Lifespan Treatments / Interventions

- Medical Care
- Medications
- Behavior and Education Therapy
  - Friendship training “Good Buddies” (Mary O’Connor and colleagues)
  - Specialized math tutoring (Claire Coles – do2learn.com)
  - Executive functioning training & Parents and Children Together (Ira Chasnoff https://www.alertprogram.com/)
  - Parent-child interaction therapy (P-CIT)
  - Modified mental health or substance use treatment
  - Supportive therapy
Types of Lifespan Treatments / Interventions

- Parenting Training
  - Parenting and behavior management training (Heather Carmichael Olson – Families Moving Forward - https://depts.washington.edu/fmffasd/)

- Linkage and Advocacy with child welfare, corrections and education, as needed

- Alternative Approaches
<table>
<thead>
<tr>
<th>What We See</th>
<th>What We Think</th>
<th>What May Be Really Going On</th>
<th>What We Can Do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doesn’t follow rules</td>
<td>Noncompliance</td>
<td>Difficulty translating verbal directions into action</td>
<td>Check for understanding</td>
</tr>
<tr>
<td></td>
<td>Attention Seeking</td>
<td></td>
<td>Repeat instructions</td>
</tr>
<tr>
<td></td>
<td>Stubborn</td>
<td></td>
<td>Simplify tasks</td>
</tr>
<tr>
<td></td>
<td>Purposeful</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repeatedly makes the same mistakes</td>
<td>Manipulative</td>
<td>Not able to link cause and effect</td>
<td>Provide assistance with organization</td>
</tr>
<tr>
<td></td>
<td>Doing it on purpose</td>
<td></td>
<td>Structure choices</td>
</tr>
<tr>
<td></td>
<td>Willful</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor social judgment</td>
<td>Attention Seeking</td>
<td>Not able to interpret social cues</td>
<td>Role play</td>
</tr>
<tr>
<td></td>
<td>Poorly parented</td>
<td></td>
<td>Identify safe external support/s</td>
</tr>
<tr>
<td></td>
<td>Impulsive</td>
<td></td>
<td>Safety planning</td>
</tr>
<tr>
<td>Easily agitated</td>
<td>Poor self control</td>
<td>Frustrated</td>
<td>Teach self advocacy</td>
</tr>
<tr>
<td></td>
<td>Deviant</td>
<td>Disappointed</td>
<td>Identify and practice coping techniques</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mental health issue</td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>
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 and help make arrangements
- Create “chill out” spaces in each setting
- Use literal language
- Use person first language
- Recognize that FASD impacts an individual throughout the lifespan, not just during childhood
Strategies for Improving Outcomes for Persons With an FASD

• Have short sessions as frequently as possible
• Be careful about verbal approaches as verbal receptive language is most often much more impaired than expressive language
  ▪ Use multiple senses (e.g. role playing and computer learning)
  ▪ Act out instructions when possible
  ▪ Provide visual cues
  ▪ Limit distracting stimuli
• Simplify and review routines, schedules, & rules frequently

Dubovsky, 2016
Additional Strategies

• Check for true understanding
  o Do not just ask “do you understand” and “do you have any questions”
  o Ask questions such as “what does that mean?” “How would you do that?”
  o “Could you tell me what you just heard that I said and what that means? Sometimes I am not as clear as I should be and I want to be sure I was clear in what I asked you (or told you)”

• Prepare the individual for changes in schedule

Dubovsky, 2016
Part III Conclusions

- Individuals with FASD may have difficulty with cognitive processing and functional skills.
- Reframe challenges and support the strengths of persons with an FASD.
- Early intervention can improve a child’s health and development.
  - Interventions will change as the person develops.
- FASD impacts a person across the lifespan and undiagnosed individuals may encounter adverse life outcomes as a result.
- Typical intervention and service approaches may need to be modified for an individual with FASD.
ADDRESSING STIGMA & BARRIERS

Part IV
Learning Objectives

I. Explain & recognize how stigma relates to FASD and alcohol consumption among women

II. Identify how stigma & bias impact the ways providers approach, communicate, and interact with women who use alcohol

III. Identify how to address barriers to care for prevention of alcohol-exposed pregnancies (AEPs)
Understanding FASD & Stigma

- Experiences of biological mothers:
  - Guilt, denial, shame, anger and trauma are common
- Factors contributing to alcohol use during pregnancy may include:
  - Intimate partner violence, mental health conditions, experiences from previous pregnancies, etc.
- Undetected pregnancies
- **Different cultures may perceive things differently**
- Stigma creates barriers that hinder FASD prevention and care

(NOFAS Circle of Hope
(source of support for mothers)
Stigma, Social Messages & Misinformation

A PERFECT STORM

- Many pregnancies are unplanned
- Social acceptance of alcohol
- Uncomfortable topics to discuss
- Limited access to family planning services
- Child is born; may be small with some health concerns
- Diagnosis is not made, necessary support services may not be provided
- Protective factors can be difficult to obtain for child
- Limited support or education for families

Adapted from J. Sharkis, TOPDD
Addressing Barriers

- Recognize that stigma impacts the ways providers approach, communicate, and interact with women who use alcohol
- Implement routine alcohol screening with ALL clients
- Use appropriate and respectful language regarding alcohol consumption during pregnancy
- Establish an effective referral process
Part IV Conclusions

• Stigma regarding alcohol use creates barriers for FASD prevention & care.

• It is important to take into consideration cultural differences regarding alcohol consumption.

• Routine alcohol screening and an empathetic provider can effectively help reduce barriers for communication and treatment.
Alcohol SBI Training for the Healthcare Professional
[course, complete] You have successfully completed this course! Scroll to the Bottom to Print Your Completion Certificate View Your Learning Record [course, complete] This course has been designed for the healthcare professional in the provision of alcohol education, screening, and brief intervention ([BBI]) sometimes also referred to as SBI when referral to treatment is included, in the

Alcohol SBI Training for the Physician Assistant
[course, complete] You have successfully completed this course! Click the button above.

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• www.catalystlearningcenter.com
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