

FASD – CARE AND CONSEQUENCES



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AGENDA

1. Cognitive and behavioural challenges associated with FASD
2. Principles for care of people affected
3. Practices for care of people affected
 - Action for Inclusion
 - Example from a women’s treatment program
4. Practices for work with women to prevent FASD

Cognitive and behavioural challenges associated with FASD

- easily distracted by sounds and movement
- impulsive, hyperactive, short attention span
- difficulty incorporating change in routine
- trouble with expressing feelings and understanding feelings of others
- limitations in ability to generalize information, to form links, to learn from their experience, to understand consequences, to take instruction

Working with those who are affected

PRINCIPLES AND PRACTICES

Guiding Principles for Care

- Be flexible
- Be creative
- Slow down the pace
- Change the environment to support the person
- Adjust expectations
- Use structure, simplicity and concrete methods, tactile and experiential
- Individualize - recognize the diversity of those with FASD, support specific strengths & deficits
- Emphasize life skills over insight

Environment and policy

Staff

- Staff is educated about FASD
- Key staff members wear nametags (can be colour-coded)

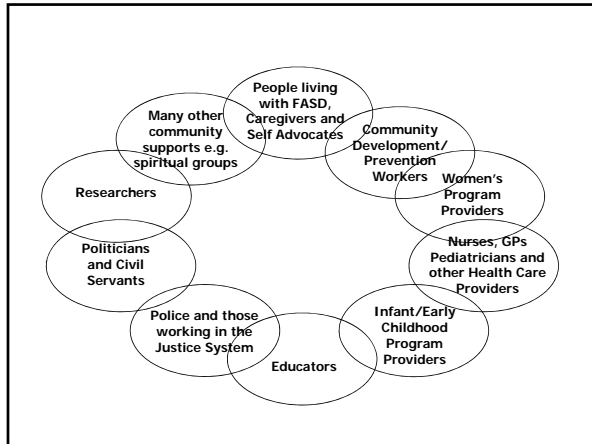
Physical environment

- Offices and reception areas have low stimulation (visual and auditory)
- Quiet space for interview/discussions without distractions
- Soft lighting
- Signs with key information posted at front doors or reception area
- Signs posted on office doors (picture signs whenever possible)

Structure and policy

- Clients’ appointments are written on a card and/or given a phone call to remind
- Instructions are simple and clear. Repeat. Confirm understanding. Repeat.
- There is help available to fill out forms or complete other tasks

Cowichan Valley FAS Society - Action for Inclusion: FASD Audits Project



Educators

The Provincial Outreach Program for Fetal Alcohol Spectrum Disorder (POPFASD).

- Part of our mandate is to provide services through our website so that teachers, parents, students and others increase their understanding of FASD. Through consultation with teachers and other experts in the field of FASD, we use this website as a vehicle for providing information about the effects of FASD on student learning and behaviour. We share current research, ideas, strategies, training and resources in order to build capacity in school districts for students with FASD and their teachers.
- www.fasdoutreach.ca/

FASD Strategic Plans

Principles:

- Respect, Compassion and Cultural Sensitivity**
- Comprehensiveness**
- Collaboration, Inclusion and Capacity Building**
- Balance** – Efforts are directed equally to FASD prevention through provision of support to women, and to intervention through provision of support to those affected and their families.
- Evidence based**

6 areas of BC's FASD Strategic Plan

- Public awareness:** Community development, health promotion and public awareness strategies to raise awareness of FASD as a life-long disability and the risks associated with alcohol and substance use during pregnancy.
- Early identification and support for women:** Early identification, intervention and support for all pregnant women who use alcohol, their partners and support systems.
- Focused intervention:** Focused intervention with high risk pregnant and parenting women and their partners and support systems.
- Timely diagnosis, assessment and planning:** Timely diagnosis, assessment and planning for children, youth and adults affected by FASD.
- Comprehensive and lifelong intervention and support:** Comprehensive and lifelong intervention and support for children, youth and adults affected by FASD, their families and support systems.
- Leadership and co-ordination:** Leadership and co-ordination of FASD initiatives at the community, regional, provincial and national levels.

The Aurora Centre, BC Women's Hospital, Addictions Treatment

ONE PROGRAM'S ADAPTATIONS

Pragmatic Strategies to Support Individual Challenges (1)

Reading and writing

- having one-on-one support to fill out questionnaires
- not having to write out an “a&d history”
 - using collage
 - supporting non-sequential history (just highs & lows)
 - use of collective history approach
- use of “tool box” to make goals and changes concrete



Pragmatic Strategies to Support Individual Challenges (2)

Time challenges

- Using stop watch or hour glass to help women gauge time

Directional challenge

- Put name on bedroom door
- Putting pictures on counsellors’ doors

Hyperactivity

- Allow women who are restless to get up and walk around



Pragmatic Strategies to Support Individual Challenges (3)

Auditory processing challenges

- Providing visual cues – hand signals
- Flash cards
- Use of pictures of body – to indicate where tension is held



Pragmatic Strategies to Support Individual Challenges (4)

Counsellor: “The paper work here tells me a bit about why you needed to come to treatment, but I’d like to hear in your own words - what brought you here?”

Client with FASD: “I’m deluxe” (dyslexic)

Sequencing and memory problems

- breaking everything into small steps
- checking often for understanding
- use of tool box
- reminders about strategies – breathe, find a friend
- keeping it concrete



Adapting group processes

Difficulty with reading social cues can be the biggest issue for women with FASD in treatment, not the cognitive challenges

Sue Ling, counsellor at the Aurora Centre

- Elicit compassion from group
- use of visual tool that has everyone’s strengths, challenges and preferences
- Try to make the adaptations for the whole group, not just singling out the woman with FASD
- Make it a norm that people are asked to explain what they mean
- Madam Curious – making it valued to ask when you don’t understand
- Easier if just one or two women with FASD per intake



Concrete group process examples

Ultimately the best tool for teaching safety to women with FASD is to help them set up the speed dial on their cell phone to the supports in their life

Sue Ling, counsellor at the Aurora Centre

- Giant ball of guilt
- Wool boundaries exercise
- Individualized support – e.g. Basket of rocks representing your own power to make your choices in life – decide how much to give away to others and how much to keep for self



4 interlocking levels of prevention

PROMISING PRACTICES IN PREVENTION

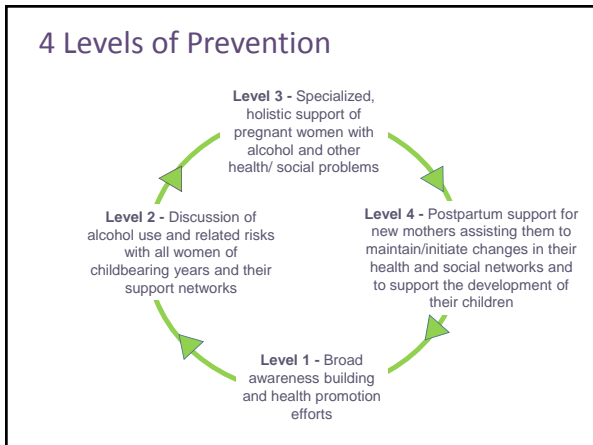
Issue: Realities of the lives of birth mothers with children with FASD

Study of Birth Mothers of 160 children with FAS

Of the 80 who were able to be interviewed:

- 100% seriously sexually, physically or emotionally abused
- 80% had a major mental illness
- 80% lived with men who did not want them to quit drinking

Astley, S. J., Bailey, D., Talbot, C., & Clarren, S. K. (2000). Fetal Alcohol Syndrome (FAS) Primary Prevention through FASD Diagnosis II: A comprehensive profile of 80 birth mothers of children with FAS. *Alcohol and Alcoholism*, 35(5), 509-519.



Level 2 - HCIP Approach

Blended learning approach	Content
<ul style="list-style-type: none"> • Community based, multi-sectoral face-to-face educational sessions • Webcasts • Virtual Coaching • Communities of Practice 	<ul style="list-style-type: none"> • Level 1: Introduction to an evidence-based framework • Level 2: Skills-based training on using Motivational Interviewing within an integrated framework




Offering a 3 part framework

- ✓ Mother-centred
- ✓ Harm reduction oriented
- ✓ Collaborative / Motivational Interviewing

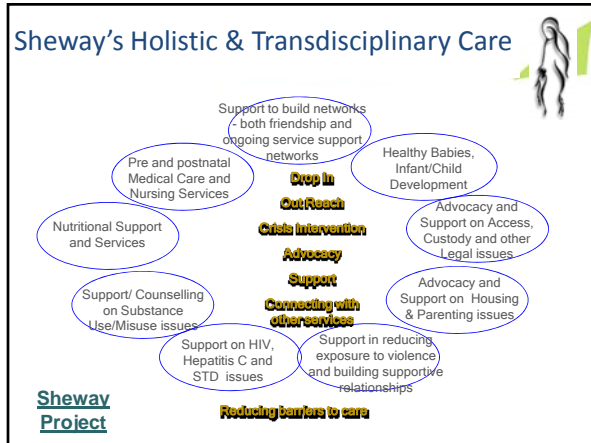


Level 3



Based on the recognition that the health of women and their children is linked to the conditions of their lives and their ability to influence these conditions


- Provides services in a flexible, welcoming, non-judgmental, nurturing and accepting way
- Supports women's self determination, choices and empowerment
- Offers respect and understanding of First Nations culture, history and tradition
- Takes a harm reduction approach to substance use
- Links women and their families into a network of health-related, social, emotional, cultural & practical support



Fir Square Combined Care Unit, at BC Women's Hospital

Mother-centred care that in turn supports positive outcomes for infants

- Care centred on the mother child unit
- Shift from expectation that mothers adapt to systems - to reorganization of providers
- Continuity of care between community and hospital
- Work to support child protection and enhanced mothering capacity

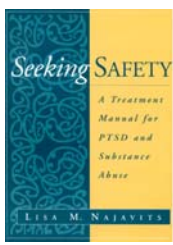


Trauma informed' systems and services

- Recognize the impact of violence and victimization on development, coping strategies, addictions and mental health problems
- Integrate this knowledge into all aspects of service delivery

Harris, M., & Fallot, R., D. (2001). *Using Trauma Theory to Design Service Systems*. San Francisco, CA: Jossey Bass.

Trauma specific interventions



Level 4 - Postpartum

- Home visitation programs, by nurses
- Stop FASD, PCAP and other mentoring programs, delivered by lay counsellors



prepared for the Public Health Agency of Canada, in collaboration with 26 service providers from across Canada

Fetal Alcohol Spectrum Disorder (FASD) Prevention: Canadian Perspectives



Multiple Approaches to FASD Prevention


www.healthycanada.ca/fasd

CanadIT

www.publichealth.gc.ca/fasd

Summary

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3. Practices for care of those affected
 - Action for Inclusion
 - Example from a women's treatment program
4. Practices for education and care of women to prevent FASD




Respect, understanding, compassion, hope and cooperations are the values underpinning BC's FASD "field"

Thanks to:

- Healthway
- Sandy Thompson, Curtin University
- BC Centre of Excellence for Women's Health
- University of South Australia
- IMPART
Strategic Training Program in Gender, Women and Addictions Research (CIHR)
- NEXUS
A research community working on innovative research that extends understanding of how health behaviours are shaped by social conditions (MSFHR)





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