

# Improving Outcomes by Modifying Approaches for Those with Fetal Alcohol Spectrum Disorders (FASD)

PA Care Partnership  
May 27, 2021



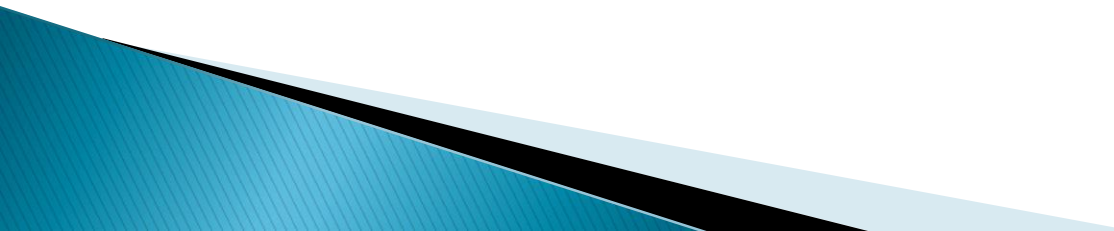
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# Objectives

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

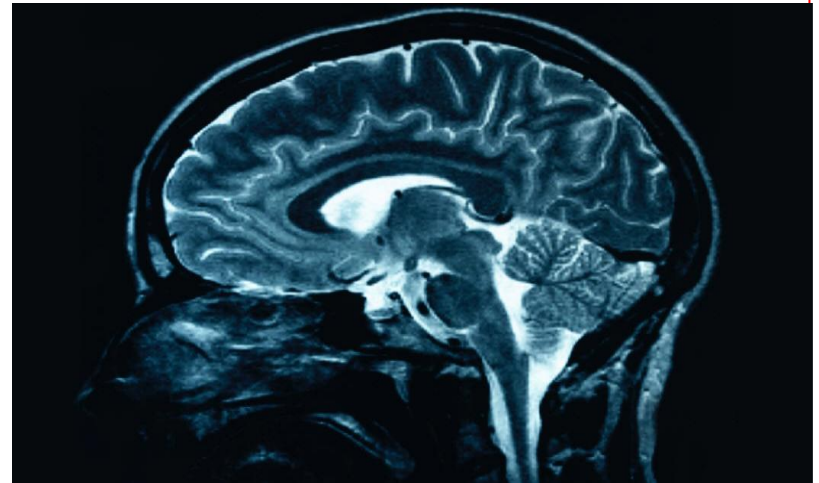
- ▶ Identify brain structures that are damaged by prenatal alcohol exposure
  - ▶ Discuss how damage in the dorsolateral prefrontal cortex impacts those with an FASD
  - ▶ List 3 strategies to improve outcomes for individuals with an FASD
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# Brain Damage in FASD

- ▶ Prenatal alcohol exposure leading to an FASD causes brain damage
  - ▶ Behaviors are often due to brain damage
  - ▶ Behaviors often appear to be purposeful and willful when they are not
  - ▶ Understanding the brain damage helps us understand the behaviors and develop appropriate interventions
    - Typical approaches such as evidence based practices will not be effective due to brain functioning
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# Brain Structures Affected by Prenatal Alcohol Exposure

- ▶ **Basal ganglia, especially the caudate nucleus**
  - Cognition
  - Emotion
  - Motor activity
- ▶ **Corpus callosum**
  - Connects the two halves of the brain
  - May play a role in communication within the brain



# 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



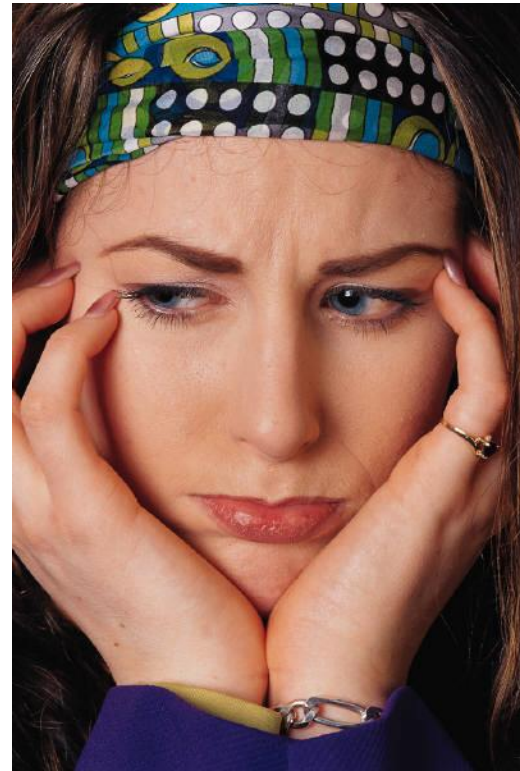
# Brain Structures Affected by Prenatal Alcohol Exposure

## ▶ Hippocampus

- Memory
- Learning
- Emotion
- Aggression


## ▶ Amygdala

- Fear
- Stress and anxiety
- Anger
- Aggression



# 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
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# Recent Animal Studies on Anxiety

Joanne Weinberg (2008)

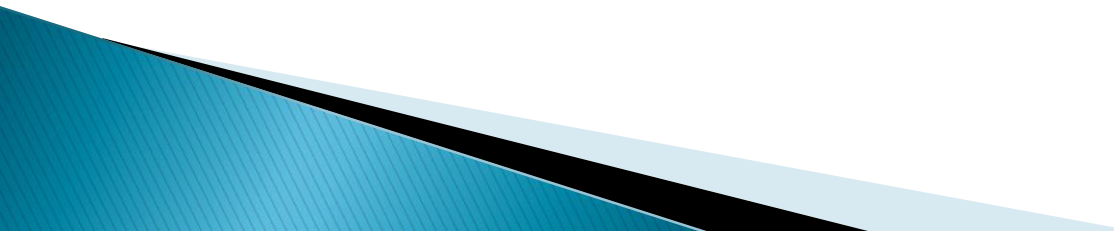
- ▶ The body deals with stress and anxiety through the amygdala and the hypothalamus–pituitary–adrenal (HPA) axis
- ▶ Prenatal alcohol exposure affects the body's response to stress and anxiety
  - The HPA axis over-responds to minor stressors with an over-release of cortisol
- ▶ Implications for working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

# Living with FASD

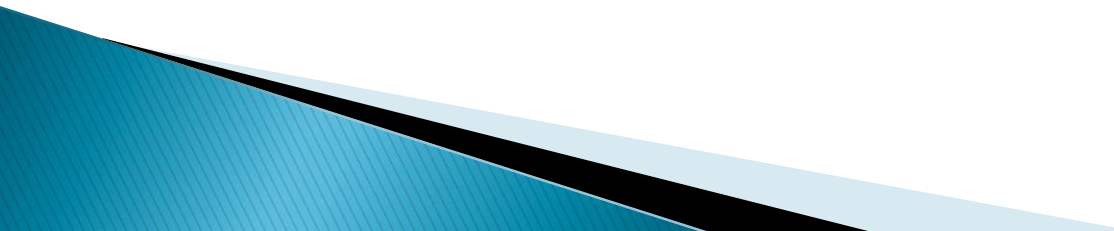
- ▶ Individuals with an FASD and their families often experience:
  - Constant anxiety
  - Frequent frustration
  - Depression from repeated “failures”
  - Isolation
  - Lack of predictability
  - Living in the moment
  - Ongoing loss and grief
  - Not feeling in control
  - Difficulty understanding the world
  - Difficulties in every day life

▪ Adapted from Alaska's FASD 201 curriculum


# What to Expect from a Person with an FASD

- ▶ Friendly
  - ▶ Talkative
  - ▶ Strong desire to be liked
  - ▶ Desire to be helpful
  - ▶ Naïve and gullible
  - ▶ May “get it” one day and not the next
  - ▶ Older than their age in some ways and childlike in others
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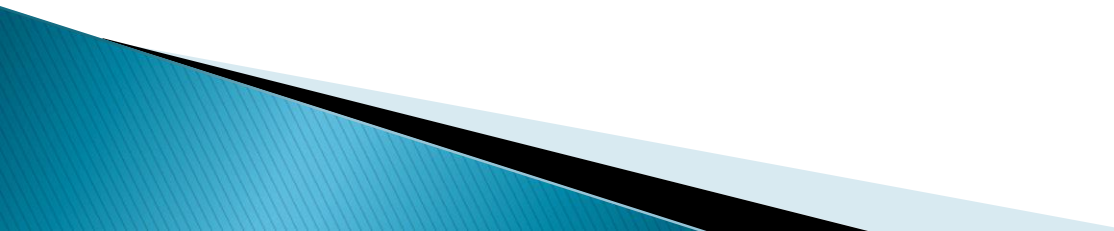
# What to Expect from a Person with an FASD

- ▶ Difficulty identifying dangerous people or situations
  - ▶ Difficulty following multiple directions/rules
  - ▶ Model the behavior of those around them
  - ▶ Literal thinking
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# Difficulties with Literal Thinking

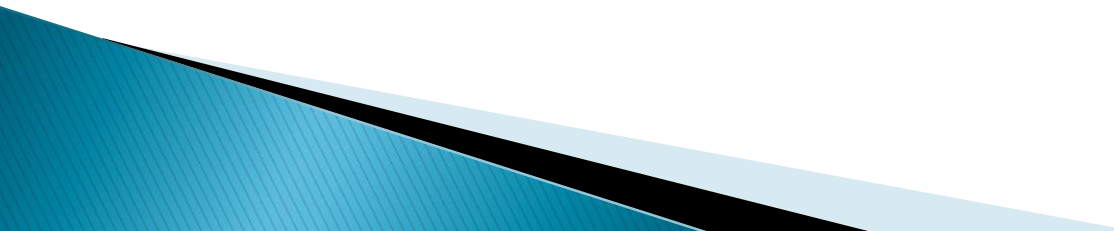
- ▶ Do “exactly” as told
  - ▶ Difficulty with predicting consequences
  - ▶ Difficulty with the sense of time
  - ▶ Difficulty with a sense of space
  - ▶ Difficulty in reward/consequence systems
  - ▶ Difficulty managing money
  - ▶ Difficulty with sarcasm, joking, similes, metaphors, proverbs, idiomatic expressions
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# Language Issues in FASD

- ▶ Early language development often delayed
  - ▶ Often very verbal as adults
  - ▶ Verbal receptive language is more impaired than verbal expressive language
  - ▶ Verbal receptive language is the basis of most of our interactions with people
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# Situations That Rely on Verbal Receptive Language Processing

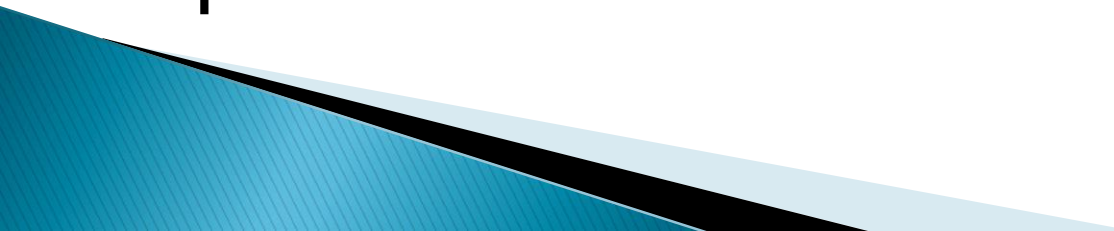
- ▶ Parenting techniques
  - ▶ Elementary and secondary education
  - ▶ Child welfare
  - ▶ Judicial system
  - ▶ Treatment
    - Motivational interviewing
    - Cognitive behavioral therapy
    - Group therapy
    - AA/NA groups
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# Types of Sleep Disturbance Reported in FASD

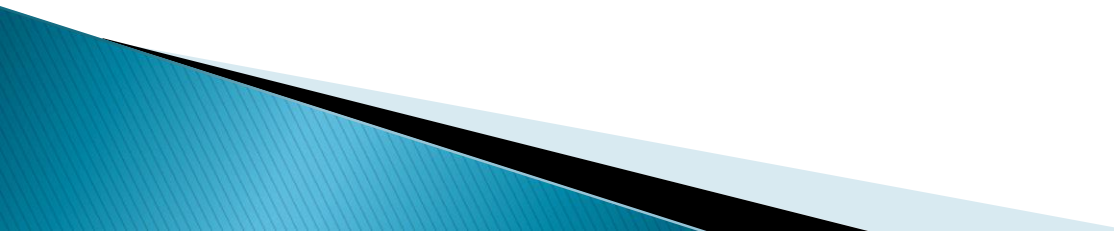
- ▶ Difficulty falling asleep
- ▶ Fragmented sleep
  - Shortened sleep duration
  - Night wakings
- ▶ Sleep anxiety
- ▶ Parasomnias
  - E.g., bedwetting, talking in sleep, night terrors
- ▶ Increased levels of arousal from sleep
- ▶ Sleep disordered breathing
- ▶ Melatonin secretion abnormalities

Goril et al (2016), Kheirandish et al (2006),  
and Wengel et al (2011)

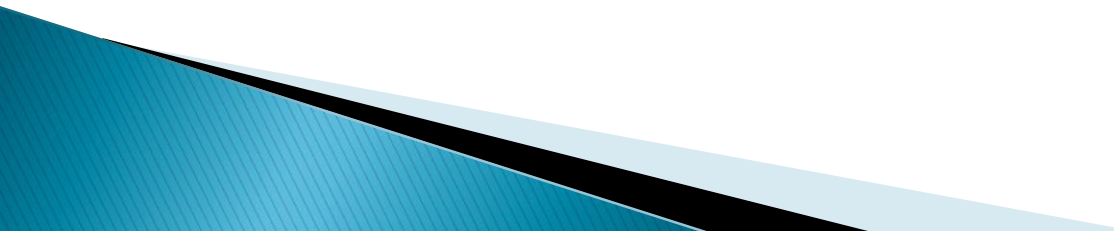
# Issues in Addressing Behaviors

- ▶ We are a problem based society
  - ▶ Professionals get paid for dealing with problems
  - ▶ Meetings focus on problems
  - ▶ We find what the person likes and use it to try to get the person to do what we want him or her to do
  - ▶ We don't pay enough attention to positives
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# Issues in Addressing Behaviors

- ▶ We need to change our approach
  - ▶ We need to incorporate a true strengths-based approach to everyone
  - ▶ Identifying strengths and abilities needs to be foremost
  - ▶ We need to move towards a positive focused system
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# 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
    - This is an ongoing process
  - ▶ Point out small accomplishments
  - ▶ This does not mean ignoring challenging behaviors
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# Strengths

- The first step in helping someone to succeed is to identify strengths and abilities
  - Everyone has strengths
  - Sometimes, they cause problems
  - There are times when the individual and those around cannot identify any strengths
  - We need to identify strengths in the individual, family, providers, and community
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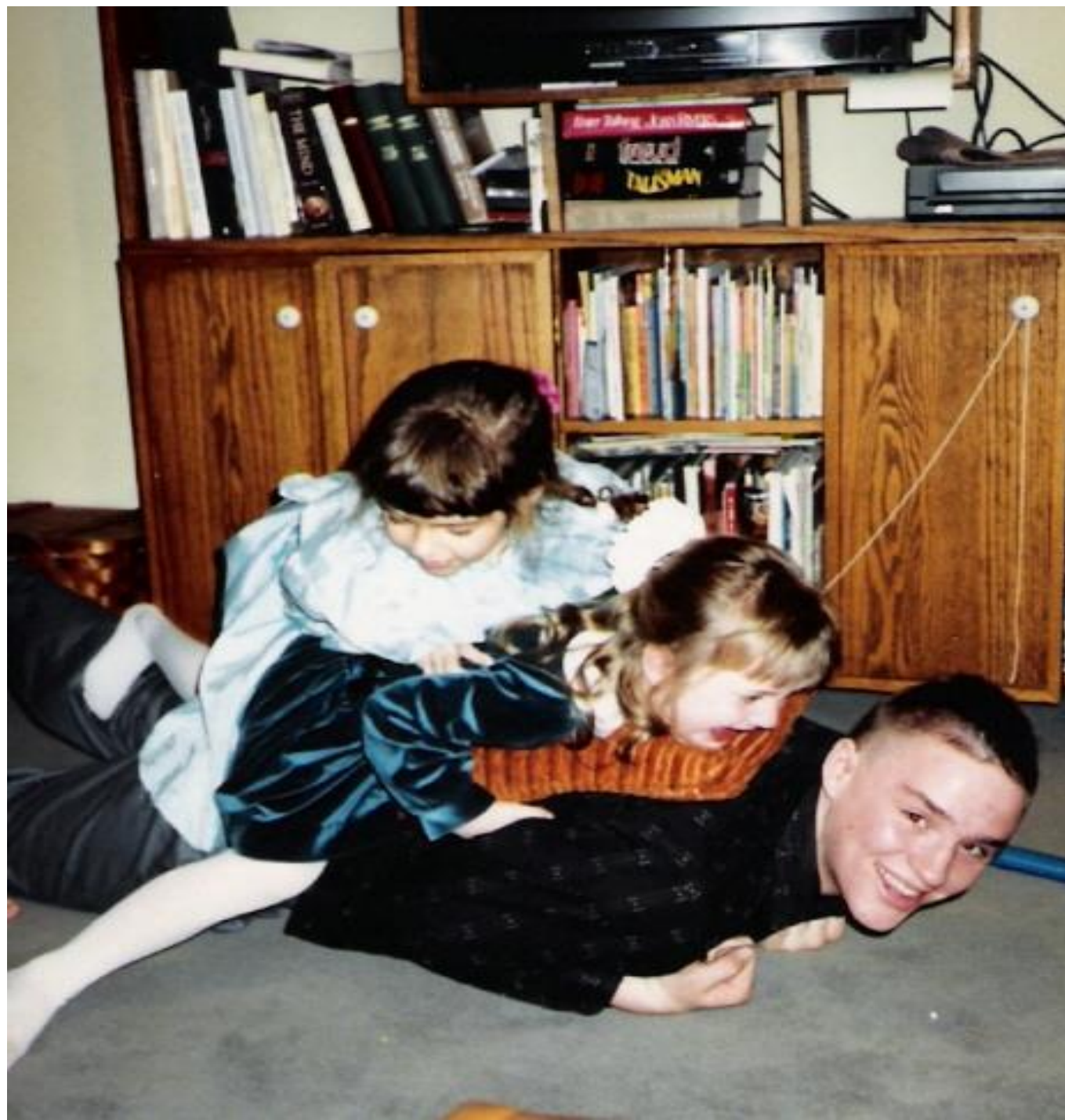


# Strengths of Persons With an FASD

- 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



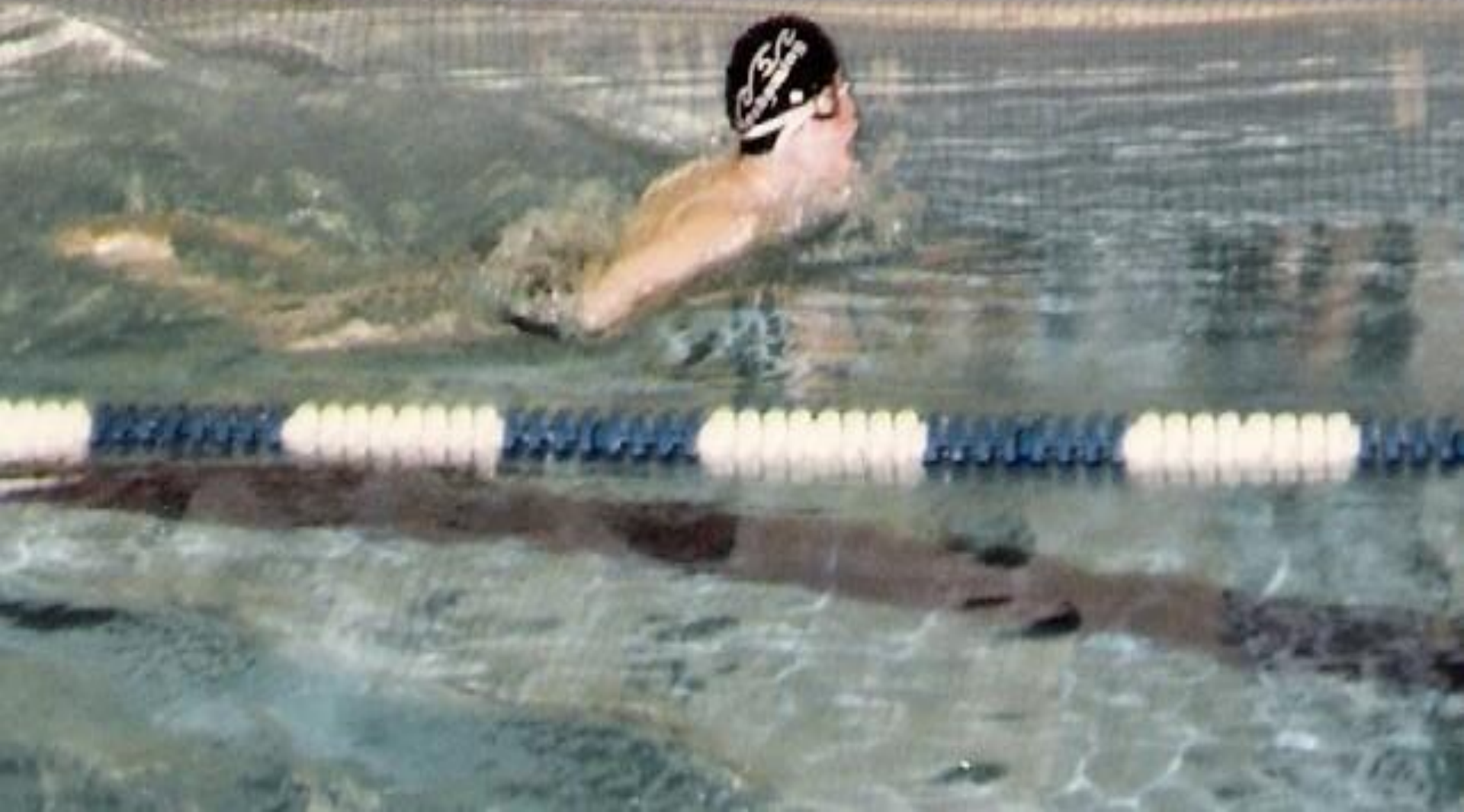
*D. Dubovsky, Drexel University College of Medicine (1999)*







14'6" DEEP



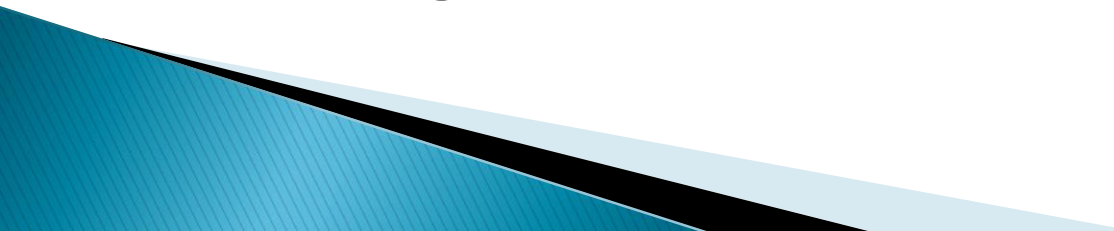




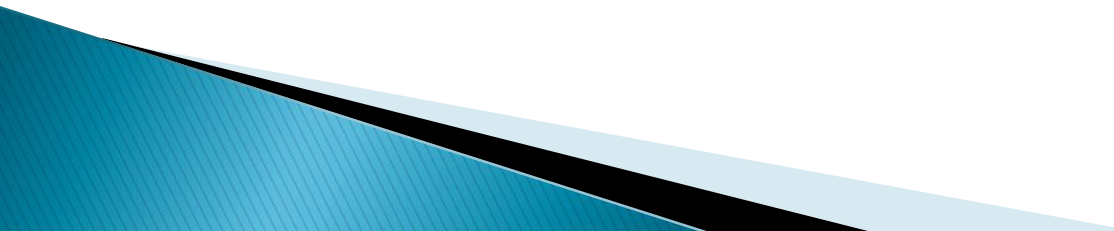




# Strategies for Individuals with an FASD

- Reduce stimuli in the environment
  - Use softer lighting, colors, and sounds
    - Avoid fluorescent lights
  - For children birth–3, refer for an evaluation for Early Intervention Services
    - Occupational Therapy, Speech and Language, and Physical Therapy are very useful
  - The earlier interventions occur, the better the long–term outcomes
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# Strategies for Individuals with an FASD

- Be consistent in days and times for activities and routines
    - For meals and bedtimes
    - For daily activities
    - For appointments with families
    - Limit staff changes whenever possible
    - Prepare the person for any changes in personnel or times often
- 


# Strategies for Individuals with an FASD

- If you need to have a conversation with an individual or caregiver with an FASD, keep it short and review it
- Review routines, schedules, rules frequently
  - Check for **true** understanding
- Do not rely on solely verbal approaches


# Strategies for Individuals with an FASD

- Identify a mentor/role model
  - Use role playing to model appropriate behaviors
  - Much repetition due to damage to working memory
  - Keep consequences immediate, short term, and related to what occurred
  - Use time ins rather than time outs
  - If you tell a person “you can’t...” you need to say “but you can...”
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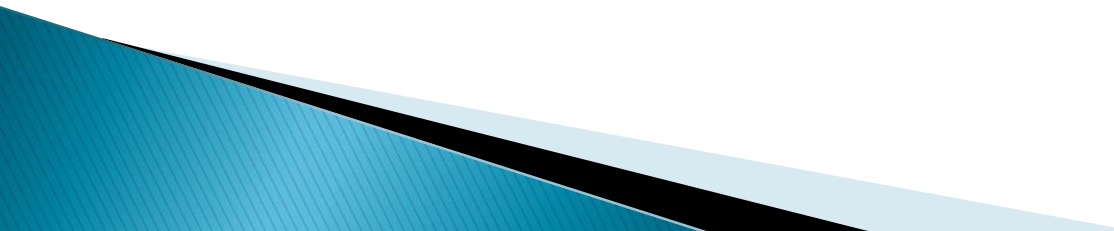
# Strategies for Youth With an FASD

- *Find something that the youth likes to do and does well (that is safe and legal) and work to have the child do that regardless of behavior*
  - **Do not ignore negative attempts for attention**
  - Be fair rather than equal
  - Use sign language
  - Create “chill out” spaces in each setting
  - Use literal language
  - Use person first language
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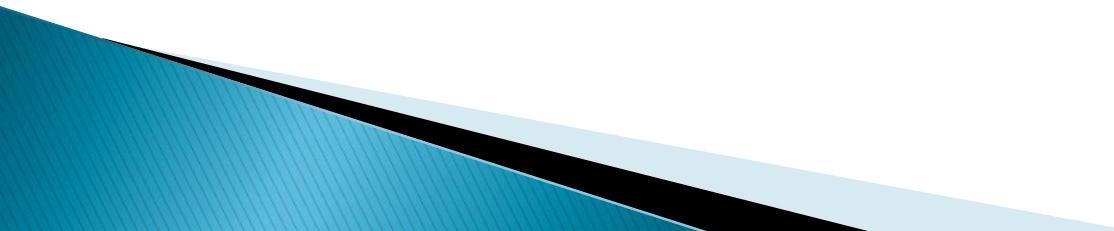
# Person First Language

- “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”
  - “He is a child who has been adopted” not “he is an adopted child”
  - “She has Autism” not “She is an Autistic child”
  - “He has been in jail” not “He’s an ex-con”
  - “He has an addiction” not “He is an addict”
  - “Ms. Smith” not “mom”
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# Working with Families

- If a youth has an FASD, it is essential to help families understand FASD and how best to approach the youth
    - Consistency is very important
    - Understanding what is causing the behaviors is essential before responding
    - Recognizing FASD as a brain based disorder
    - Focus on strengths and abilities
    - Reduce the use of reward and consequence approaches
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# Working with Families

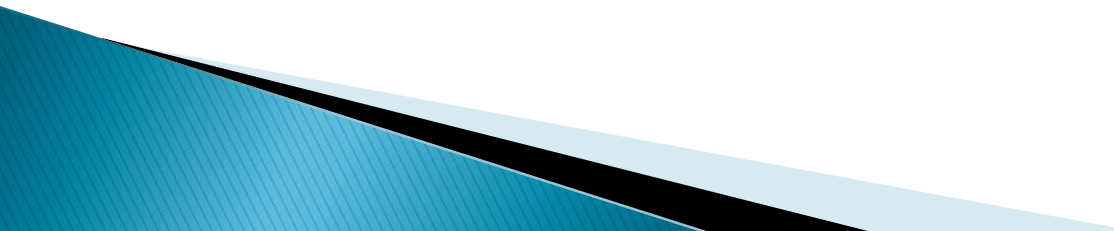
- ▶ Support families in the difficulty in raising these children at times
  - ▶ Teach in vivo parenting skills
  - ▶ Provide respite with people who understand FASD
  - ▶ Increase social supports for the family
  - ▶ Identify family members who may have an FASD
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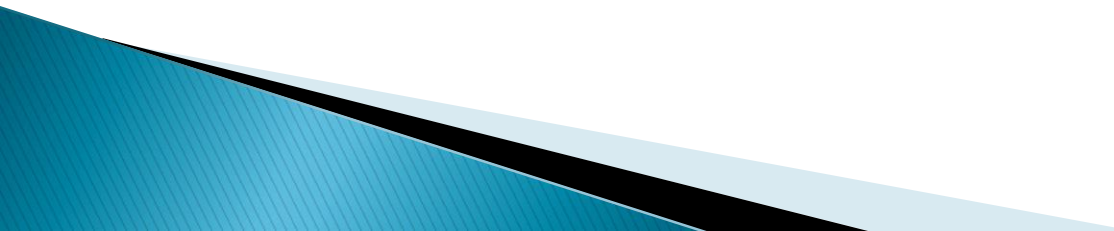
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  - ▶ Goril S, Zalai D, et al. (2016). “Sleep and melatonin secretion abnormalities in children and adolescents with fetal alcohol spectrum disorders.” Sleep Medicine 23: 59–64.
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# Sleep References

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  - ▶ Kheirandish L and Gozal D (2006).  
“Neurocognitive dysfunction in children with sleep disorders.” Dev Sci 9(4): 388–399.
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# U.S. Resources

- ▶ Centers for Disease Control and Prevention FAS Prevention Team:  
[www.cdc.gov/ncbddd/fas](http://www.cdc.gov/ncbddd/fas)
  - ▶ National Institute on Alcohol Abuse and Alcoholism (NIAAA): [www.niaaa.nih.gov/](http://www.niaaa.nih.gov/)
  - ▶ National Organization on Fetal Alcohol Syndrome (NOFAS): [www.nofas.org](http://www.nofas.org)
  - ▶ Minnesota Organization on FAS:  
[www.mofas.org](http://www.mofas.org)
  - ▶ These sites link to many other Web sites
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