

FASD Informed Approach

Or Better Yet - Neurodevelopmental Informed Approach

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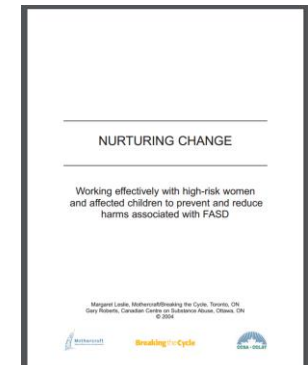
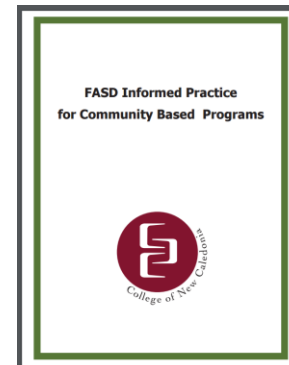
Region of Waterloo
PUBLIC HEALTH AND
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Objectives

- * To understand the principles of a Fetal Alcohol Spectrum Disorder (FASD) Informed Approach
- * To understand how to apply the principles of a FASD Informed Approach to improve outcomes
- * To critically analyze current practices and develop strategies to become more FASD Informed

Useful Resources

- * **Nurturing Change**
 - * Margaret Leslie Mothercraft/Breaking the Cycle
 - * Gary Roberts, Canadian Centre on Substance Abuse
- * **FASD Informed Practice for Community Based Programs**
 - * College of New Caledonia
- * **New Curriculum for FASD Informed Practice**
 - * College of New Caledonia



What is FASD?

- * Fetal Alcohol Spectrum Disorder (older terms - FAS, FAE, ARND)
- * Caused by Alcohol Use in Pregnancy
- * Presentation varies depending on:
 - * Amount of alcohol consumed
 - * When it was consumed
 - * Frequency of consumption

Damage Makes Learning and Life More Difficult

- * Alcohol crosses the placenta
- * Primary damage to brain and central nervous system
- * Damage can occur whenever alcohol is consumed in pregnancy
- * Invisible disability as we cannot see brain damage

Prevalence and Related Facts

- * Public Health Agency of Canada: 1%
- * Recent studies: 2 - 5%
- * Approximately: 75 - 80% of women drink
- * Approximately: 40-50% of pregnancies are not planned
- * There will be babies exposed to alcohol in utero

"One percent is a profound epidemic, and it's likely higher."

Dr. Sterling Clarren

Prevalence and Related Facts

- * Many clients will not be diagnosed
- * Use an FASD Informed Approach with all clients
- * FASD does not discriminate
- * Permanent disorder
- * Early diagnosis and appropriate support important

"FASD is an equal opportunity disability."

Dr. Sterling Clarren

Cost of FASD

- * 5.3 – 7.6 billion dollars annually in Canada
- * Most common preventable developmental disability
- * Services cost 1-3 million dollars over a lifetime
- * 10-19 times more likely to be incarcerated
- * 95% struggle with mental illness
- * At increased risk of addictions and having a child who is also exposed to alcohol in pregnancy

The "Dollars and Sense" of Determining FASD Prevalence

Video: "The Dollars and Sense of Determining FASD Prevalence: A Canadian Responsibility"

<https://www.youtube.com/watch?v=wocB7YW1NZM>



The Dollars and Sense of Determining FASD Prevalence: A Canadian Responsibility



CanFASD Research Network



1,443 views

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FASD Informed Practice Is a Necessity for All of Us

- * Often work with people who have undiagnosed FASD
- * Changes the way we:
 - * Think about challenging clients
 - * Deliver our programs
- * Improves outcomes and program success
- * More job satisfaction

Key Messages

- * **Important not to judge people for actions**
- * **Observe the person and their behaviour**
- * **Offer help based on your observations of client**



Why Do Women Drink in Pregnancy?

- * **Don't know they are pregnant**

- Need to continue to work on prevention before pregnancy (preconception)
- Underscores importance of screening for alcohol and birth control use together with all women of childbearing age



- The risk of Fetal Alcohol Spectrum Disorder (FASD) can be decreased by 50% or more by talking about alcohol and birth control use before pregnancy
- 74.1% of women in Ontario drank alcohol in 2013
- 50% of all pregnancies are unplanned
- Women drinking alcohol daily has increased from 2.6% in 2001 to 5.6% in 2013
- 56% of women 15 years and over report binge drinking in 2013 compared to 44% in 2004

Things to Discuss at Each Visit

- How does alcohol fit in your life?
- If you drink alcohol do you use reliable birth control every time?
- Are you aware of **Canada's Low Risk Alcohol Drinking Guidelines**?
- Are you aware that there is **no safe time, amount or type of alcohol use** if you are trying to get pregnant or you are pregnant?

For More Information see www.fasdontario.ca

You Can Prevent FASD by Screening for Alcohol and Birth Control Use Before Pregnancy

FASD | ONE
Fetal Alcohol Spectrum Disorder
Ontario Network of Expertise

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www.fasdontario.ca

www.fasdontario.ca – Prevention Section

Why Do Women Drink in Pregnancy?

- * **Don't understand or believe the damage that can be done by alcohol use in pregnancy**
 - Need to keep increasing awareness in ways that sub populations can hear it:
 - Young women
 - Older women
 - Women currently using alcohol at risky levels
 - Women struggling with social determinants of health

Why Do Women Drink in Pregnancy?

* **Use alcohol to cope with past trauma**

- Trauma informed practices
- Pregnant women priority for addiction and mental health services

The way you ask about alcohol use needs to be planned and purposeful so you can get an honest answer.

Why Do Women Drink in Pregnancy?

- * **Social situations that pressure them to drink**
 - * Address domestic violence and violence in pregnancy to help reduce neurodevelopmental disorders
 - Be aware of unnecessary pressure we put on people to drink by not providing alcohol free options

Why Do Women Drink in Pregnancy?

Video: "FASD and Stigma: Why Do Women Drink In Pregnancy?"

<http://www.neurodevnet.ca/resources/fasd-resources#angels>



Click [here](#) to share or comment on this video

What is FASD Informed Practice?

FASD informed practice includes:

- * Awareness that FASD is a reality for some participants
- * Aware of behaviors and traits that might indicate FASD
- * Willing to change environment to meet needs
- * All staff participate in ongoing FASD education
- * Examination of policies – change to meet needs of potential clients with FASD

What is FASD Informed Practice?

FASD informed practice includes:

- * Reflective practice
- * Strength based approach
- * Individualized approach
- * FASD lens

What is FASD Informed Practice?

FASD informed practice includes:

- * Willingness to use creative strategies to meet individual's needs
- * Willingness to identify client's strengths and use for client's benefit
- * Trusting respectful relationships

What Assumptions Do We Have?

People can:

- * Organize their day
- * Arrive on time
- * Understand the program/purpose
- * Understand the process

What Assumptions Do We Have?

People can:

- * Understand the assessment and why it is done
- * Be consistent
- * Follow up on suggestions
- * Advocate
- * Read

What Can FASD Look Like?

- * Difficulty following through
- * Poor impulse control
- * Difficulty understanding directions and expectations
- * Poor memory
- * Poor time management

What Can FASD Look Like?

- * Missed appointments
- * Does not respond to negative consequences
- * Cycles in and out of support systems
- * Does not seem to learn from past mistakes

What Can FASD Look Like?

- * Difficulty generalizing abstract concepts
- * Good verbal skills but no follow through
- * Short attention span
- * Anxious with difficult work

With No Diagnosis What Does FASD Look Like?

<http://www.neurodevnet.ca/resources/fasd-resources#angels>



FASD is a Disability

Policies To Support FASD Informed Practice

- * Encourage reflective practice
- * Support staff to use FASD informed approach
- * Educate and encourage trauma informed approach
- * Be accepting of harm reduction strategies

Be Inquisitive, not judgemental.

Vision for FASD Support

- * Ongoing supports available for life for those who are impacted by a neurodevelopmental disorder
- * All systems created with FASD Informed approach
- * Sole use of behavioural modification strategies examined
- * Change goal from independent to interdependent

Program Strategies to Support Parents with a Neurodevelopmental Disorder

- * Support clients with Social Determinants Of Health
- * Consider if rules/policies are realistic for those with FASD
- * Accept that some clients will need assistance to navigate and use different resources
- * Provide assistance with transportation

Program Strategies to Support Parents with a Neurodevelopmental Disorder

- * Be flexible with programming and teaching methods
- * Resist punitive strategies
- * Phone clients if they are absent
- * Be non-judgemental and ensure that the program feels safe for all participants

Program Strategies to Support Parents with a Neurodevelopmental Disorder

- * Acknowledge and build on client strengths
- * Offer healthy food and drink
- * Help clients obtain acceptable reliable birth control
- * Condoms available for pick up to reduce risk of sexually transmitted infections and unplanned pregnancies

Program Strategies to Support Parents with a Neurodevelopmental Disorder

- * Access to the emergency contraceptive pill
- * Ensure informed consent when sharing information and working with other care providers
- * Use simple language and mirror client's communication level when talking to them
- * Ensure clients are able to receive information

Program Strategies to Support Parents with a Neurodevelopmental Disorder

- * Allow for quiet spaces so composure can be regained
- * Accept that there will be times when clients cannot be part of a group
- * Model appropriate parenting practices
- * Have at least two facilitators for groups of eight or more
- * Use a variety of teaching techniques such as videos, pictures and models

Program Strategies to Support Parents with a Neurodevelopmental Disorder

- * Ensure group sessions are set up beforehand
- * Anticipate some sessions may not work and have back up activities
- * Write agenda, in simple language, on a flipchart
- * Avoid changing facilitators - warn participants of upcoming changes

Program Strategies to Support Parents with a Neurodevelopmental Disorder

- * Reduce distractions and noises, lower the stimulation and limit clutter
- * Avoid exercises, games and activities that require reading lengthy instructions
- * State instructions in simple language
- * Some participants may need to move – make it OK to move, doodle or use silly putty or tactile ball

Program Strategies to Support Parents with a Neurodevelopmental Disorder

- * Physically walk around and gather participants back to group after a break
- * Adapt when developmental age is younger than chronological age
- * Include fun activities to maintain engagement
- * Avoid taking behaviours personally

Program Strategies to Support Parents with a Neurodevelopmental Disorder

- * If participants shut down topic may be overwhelming
- * Help participants to generalize information from group to home with low literacy handouts
- * Prepare participants for guest speakers
- * Provide guest speakers with guidelines for presenting

Thank you for participating!

Questions? Comments? Ideas to share?

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