



Fetal Alcohol Spectrum Disorders: Curriculum for Addiction Professionals Level 2

Participant Materials



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention
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Fetal Alcohol Spectrum Disorders: Curriculum for Addiction Professionals

Level 2

Facilitator's Manual

2007

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention

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Introduction



Introduction

Welcome to *Fetal Alcohol Spectrum Disorders: Curriculum for Addiction Professionals: Level 2*, developed as a joint project of the Substance Abuse and Mental Health Services Administration (SAMHSA) Fetal Alcohol Spectrum Disorders (FASD) Center for Excellence and the National Organization on Fetal Alcohol Syndrome (NOFAS). This curriculum aims to help addiction professionals prevent, recognize, and address FASD. It is intended as a training for social workers, certified addiction counselors, psychologists, psychiatrists, and others in the treatment and recovery field. This curriculum has been designed for professionals who work with men, women, and adolescents in treatment, though some of the competencies (e.g., Prevention) focus on issues specific to women.

“Fetal alcohol spectrum disorders” is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications. “FASD” is not a diagnostic term used by clinicians. It refers to conditions such as fetal alcohol syndrome (FAS), partial FAS, alcohol-related neurodevelopmental disorder, and alcohol-related birth defects.

FASD occurs in an estimated 1 percent of all live births in the United States each year. Prenatal exposure to alcohol is the most preventable cause of developmental disabilities, yet it affects hundreds of thousands of people in the United States and carries an annual economic cost in the billions.

Through this curriculum, addiction professionals will learn how to apply information about FASD to their work in the substance abuse treatment system. Treatment providers will be better equipped to engage women in treatment and help them avoid alcohol during pregnancy, to work with adult and adolescent clients who have an FASD, and to address the needs of clients whose children have an FASD.

Organization Descriptions

SAMHSA FASD Center for Excellence

The mission of the SAMHSA FASD Center for Excellence is to facilitate the development and improvement of prevention, treatment, and care systems in the United States by providing national leadership and facilitating collaboration in the field. The FASD Center for Excellence was established under section 519D of the Children’s Health Act of 2000 and is administered by SAMHSA.

National Organization on Fetal Alcohol Syndrome

The National Organization on Fetal Alcohol Syndrome is a nonprofit organization dedicated to eliminating birth defects caused by alcohol consumption during pregnancy and to improving the quality of life for affected individuals and families. NOFAS is committed to prevention, advocacy, and support.



Background Information

The consequences of drinking alcohol during pregnancy are serious: Any pregnant woman who drinks alcohol is at risk of having a child with an FASD. Women who are at risk for drinking during pregnancy need help to ensure that they do not expose their children to alcohol in utero. Many of these women may need a level of support found in a substance abuse treatment program.

The damage caused by prenatal alcohol exposure is permanent. The effects of FASD vary widely from person to person and may surface at different ages. These effects may make it difficult for the person to succeed at home, at school, at work, and in social situations. For many people with an FASD, the brain damage caused by prenatal alcohol exposure may result in cognitive and behavior problems. Individuals with an FASD may lack initiative and be unable to connect actions and consequences, respond to subtle social cues, or make reciprocal friendships, even if they have a normal IQ.

Because of these deficits, adults and adolescents with an FASD who participate in substance abuse treatment programs require special approaches. The health effects of prenatal alcohol exposure cannot be reversed, but many of them can be treated with the appropriate combination of interventions and support.

Curriculum for Addiction Professionals: Level 2

The *Curriculum for Addiction Professionals* is a comprehensive program for professionals working in the field of substance abuse treatment. Level 1, an online course that is a prerequisite for Level 2, provides an overview of FASD in general and in treatment settings. (Level 1 is accessible on the FASD Center for Excellence Web site at www.fasdcenter.samhsa.gov). After taking Level 1, professionals can participate in a training on Level 2, a skills-based training that teaches the practical application of material learned in the online course. This curriculum is designed as a training for all addiction professionals, including social workers, certified addiction counselors, psychologists, psychiatrists, and others in the treatment and recovery field.

This program provides information to professionals in the treatment system so they can develop and deliver effective and appropriate services for clients and their families. Treatment providers working with pregnant women can help them avoid alcohol during their pregnancies, thereby preventing fetal alcohol spectrum disorders among their children. In addition, these professionals can provide support to clients who may have a child with an FASD. By referring a child for an in-depth evaluation, helping a child get a diagnosis and appropriate services, and supporting the parent or parents of the child, the addiction professional can help to greatly improve the child's outcomes. Lastly, some adolescents and adults in treatment may have an FASD themselves. Treatment providers can help to identify these individuals and provide them with appropriate interventions that take their disability into consideration. Without specialized care, these clients may find it difficult to succeed in treatment.

The materials in the curriculum contain all that you need to prepare for and deliver the training. The curriculum includes six competencies. Each competency includes PowerPoint slides, group activities, handouts ready for duplication, and other materials. In addition, all the competencies have pre- and posttests.



Trainers

The *Curriculum for Addiction Professionals: Level 2* was developed for trainings to be conducted by a team of two professionals: one from the field of FASD and one from the addictions field. SAMHSA FASD Center for Excellence and NOFAS strongly encourage this team approach to ensure that the training facilitators have the expertise needed to provide training participants with accurate information. This teamwork also models the collaboration that may be needed when providing appropriate services for clients and their families in the treatment system. To ensure that they have a strong background in FASD, the facilitators should review two other trainings produced by the FASD Center for Excellence: (1) *FASD—The Course* and (2) *FASD—The Basics*. Both are accessible on the FASD Center for Excellence Web site (www.fasdcenter.samhsa.gov). These professionals also should be skilled in training and facilitation.

Curriculum Content

The curriculum includes six competencies. The content areas covered by the six competencies are the same in Level 1 and Level 2; however, Level 2 teaches skills that build on the knowledge learned in Level 1. It also expands the focus from primarily women to include men and adolescents in treatment, as well as children. The six competencies in Level 2 are intended to be presented as a set, either in a 2- to 3-day training or over time. For example, facilitators could train a group of treatment providers each Friday morning over a 6-week period. You should not eliminate entire competencies from your trainings, but you may modify them somewhat to suit your needs and time limitations as needed. The entire curriculum is provided on the enclosed CD. The six competencies are as follows:

- **Competency 1: Introduction to FASD**
This competency reviews the significance of prenatal alcohol exposure, historic events related to FASD, terms, and effects of alcohol on the fetus. It also looks at myths and facts about FASD.
- **Competency 2: Identification of FASD and Diagnosis of FAS**
This competency reviews the diagnostic criteria for FAS, the specific areas of the brain most vulnerable to prenatal alcohol exposure, procedures for obtaining a diagnosis for clients and the children of clients, and issues related to professional values.
- **Competency 3: Treatment Strategies for Working With Clients With an FASD**
This competency describes counseling approaches and strategies for (1) working with adults and adolescents with an FASD and (2) addressing the needs of clients whose children have an FASD. Specific topics include treatment plan development, family support, family planning, communication issues and counseling methods, transition planning, and case management. The competency also addresses educational issues related to adolescents, as well as ways to provide support to parents in obtaining a diagnosis and services for their children with an FASD. Finally, professional values and ethics, such as nonjudgmental behavior and the need to overcome biases, are addressed.



- **Competency 4: Prevention**
This competency reviews the various types of prevention, effective screening methods, prevention methods such as brief intervention, ways to engage women in treatment by addressing issues such as domestic violence, and the role of partners in FASD prevention. Finally, professional values and ethics, such as the need to share information about FASD with all clients of childbearing age, are addressed.
- **Competency 5: Continuing Care of Families Affected by FASD**
This competency addresses individual and group counseling; treatment plans; case management; and resources such as mentors, recreational groups, and financial assistance. The competency also addresses the role of families in preventing alcohol-exposed pregnancies.
- **Competency 6: Legal Issues**
This competency addresses legal issues related to women who drink during pregnancy, including issues related to birth mothers, child protection and custody, and surveillance. It also discusses confidentiality issues. The competency also addresses legal issues related to individuals with an FASD, including the risk for repeat involvement with the legal system and the potential for victimization.

Curriculum Components

Each of the competencies contains the following components:

- **Description of the competency and the information to be presented**
Each competency begins with a summary of what is to be covered in the time given, as well as the objectives.
- **Outline for facilitators**
The outline describes each step in the competency, the time allotted for each step, and the corresponding tools to be used.
- **Pre- and posttests**
The curriculum includes a pre- and posttest for each competency. Within each competency, the posttest contains the same questions as the pretest but presents the questions in a different order.

Note to facilitators: It is recommended that you develop your own pre- and posttests for your training, depending on your training schedule (the customizable tests are accessible electronically on the CD). The key is to test participants on each day of the training. For example, if you plan to present Competencies 1 through 3 in a day, you should create a pre- and posttest that incorporates questions selected from the existing tests included for Competencies 1, 2, and 3. Select five to seven questions for each competency, and use the questions as they are written. This approach will keep the tests short (e.g., no more than 20 questions) and will ensure that participants are tested on material they just learned. If you are presenting the competencies over time (e.g., one per week), you may use the pre- and posttests provided. Administer the appropriate pre- and posttest on the same day as the training.



After participants take a pretest, it is recommended that the facilitator collect the pretest without reviewing the answers. After participants take the posttest, the facilitator should review the answers before collecting the tests so participants can see how much they learned. By collecting and scoring the participants' pre-and posttests, facilitators can assess the outcomes of the training.

To compare pre- and posttest scores, you will need to assign each participant a unique identifier. For example, for the pre- and posttests, the identifiers for Student 1 would be "1 pre" and "1 post," the identifiers for Student 2 would be "2 pre" and "2 post," and so on. If you administer a second set of tests on the second day, the identifiers for Student 1 would be "Day 2, 1 pre" and "Day 2, 1 post," the identifiers for Student 2 would be "Day 2, 2 pre" and "Day 2, 2 post," and so on. An individual's identifier can change from day to day, but it is important to keep an individual's identifier the same within the same day's pre- and posttests.

- **PowerPoint slides**

The PowerPoint slides will guide your presentation. The slides for each competency contain facilitator talking points and a list of references.

- **Additional activities**

Each competency includes suggestions for additional group activities, such as discussions, case studies, and role-plays. You can select the activities you are most comfortable presenting and that best fit your presentation style.

- **Camera-ready handouts**

Handouts, ready for duplication, are included in your materials.

In addition to the materials created for each of the competencies, the curriculum also includes the following:

- **A list of materials needed for each training**

This list provides guidance about the equipment and supplies the facilitator needs during each training, such as audiovisual equipment.

- **References**

A section at the end of the curriculum lists all the references cited in competency 1 through 6. You may want to bring some of these materials with you to each training for participants to review during a break or at the end of the session.

- **Participant evaluation form**

An evaluation form is included at the end of the curriculum notebook. Each time the training is done, the evaluation form needs to be completed by all participants.

Note to facilitators: Prior to the training, you will need to insert the objectives for the competencies you are presenting into section VII of the evaluation form (the customizable form is accessible electronically on the CD). Likewise, you will need to insert the names of the trainers into Section VIII.



Implementation Checklist

Whether you are using this curriculum to train staff in your own agency or you are responding to training requests from others, you will need to plan, prepare items before the training, and take specific steps during and after the training. The lists below assume you are providing training to a group outside your organization. You may not need to follow all these guidelines if you are already familiar with the audience and training location.

Before You Go

- Consider the parameters of the presentation. If you are working with a contact person at another organization, discuss the time available, the background of the audience, and potential issues for discussion. You also will want to ask if the group has had previous information or education on FASD.
- Determine the needs of the audience. If the group has had other FASD training, you may want to adapt the materials and add some additional information.
- Determine who will make the handout copies and provide audiovisual equipment and supplies (see the included checklist), and follow up to ensure that all preparations are made.
- Determine who will cover the expenses for the trainers, and make travel arrangements.
- Prepare the pre- and posttests and the participant evaluation form as described in the previous section.
- Review the materials you are preparing and coordinate the details of your presentation.

At the Presentation

- Arrive at least 30 minutes early to locate the room where you will be speaking. Meet the contact person, and set up audiovisuals.
- Adapt as necessary. The lesson plans/formats are there to assist you, not limit you. Use your own style when presenting.
- If the group is small enough, begin with introductions. It's always helpful to know what participants' responsibilities are within an agency. It will help you to provide the most relevant presentation. Always introduce yourself and offer some information about your background and experience. In a large group, you may want to ask people to indicate their role or expertise by a show of hands (e.g., how many of you are counselors?).
- Distribute the pretest after reviewing the learning objectives. Ask participants not to put their names on the pre- or posttest and inform them that the tests will not be graded or viewed by their supervisors. The sole purpose is to help facilitators evaluate the curriculum. Collect the pretest.
- During the small group activities, work your way to each of the small groups and help facilitate as needed or provide support and encouragement.
- Remember, participants will throw questions and concerns your way. Don't be discouraged! This means they are interested and engaged in the presentation.



- However, don't let the conversation be dominated by one or two individuals who want to talk about their specific experiences or case loads.
- Because you are training as part of a team—training with one addiction professional and one FASD expert—you will probably be able to field most questions. Don't be afraid to let participants know if you don't know the answer to a question. Follow up with the answer after the presentation and encourage people to seek more information on the FASD Center Web site (www.fasdcenter.samhsa.gov) or in the cited materials.
- After your presentation, administer the posttest, review the answers with participants, and then collect the tests, along with completed evaluation forms, before participants leave.

Followup and Evaluation

- Compile the pre- and posttests and participant evaluation forms and review them to see how much participants learned, what they thought about the training, and what could be improved.

Presentation Tips and Insights

- **Adapt as needed**
There are six competencies, each including PowerPoint presentations and activities that you can use to accommodate whatever amount of time you have. As previously mentioned, you may need to adapt the material to fit the time and audience needs. You can copy materials onto transparencies and show them on overhead projectors.
- **Respect people's attitudes**
Discussing the issue of drinking during pregnancy can elicit a strong response in many people. On some matters that come up, there may be no "right" or "wrong" answers, and differing points of view are acceptable. However, it is important to distinguish for the group when you are presenting facts and when you are asking for their opinions or ideas.
- **Have a dialog, not a monolog**
The success of any presentation depends on interaction between the facilitator and the participants. To foster interchange, work to establish a climate for discussion that makes everyone feel comfortable. The lesson plans are laid out so that, as a trainer, you can select the resources and activities that work best for your presentation style.
- **Anticipate questions**
Be prepared to take questions, even those for which you do not have answers. If you are unable to answer a question, do not hesitate to say so. Depending on the question, you may want to offer to search out the answer. Also remember, specific questions about an individual should be directed to appropriate professionals, such as physicians or case managers.



- **Address confidentiality issues**
Questions related to confidentiality issues and age of majority may come up. Make sure you are familiar with confidentiality laws for your State.
- **Keep control**
Often an individual in the audience may start a lengthy discussion on a single topic. To keep the training on track, you may state, “Those are interesting ideas. You might want to continue talking about them at another time. Now let’s turn our attention to”

If a participant shares misinformation, correct it immediately by saying, for example, “What you said is a commonly held belief. However, research now shows”
- **Share your experience and expertise**
As a *Curriculum for Addiction Professionals* facilitator, you should have professional or personal experience with FASD and/or addiction treatment. Sharing your experiences and expertise in illustrating points in the curriculum is what will make this training most useful for those attending.
- **Recognize the importance of what you are doing**
Presenting this information to people in the addiction professions and helping them change the way they work with pregnant clients and individuals with an FASD can positively impact people’s lives. Ultimately, these treatment providers can prevent FASD and improve the lives of families already affected by these disabilities. It is an important task, and your help in disseminating the curriculum content will make a difference.



Curriculum for Addiction Professionals: Level 2 Facilitator's Checklist

Facilitator's Checklist: Materials Needed

Equipment

- Laptop/PC or overhead projector
- LCD projector if using laptop/PC
- Transparencies for overhead projector
- Microphone/stand
- Tape recorder
- Easel
- Screen

Supplies

- Extension cord
- Sign-in sheet
- Certificates of attendance
- Handouts
- Flip chart
- Markers
- Audiotapes for the tape recorder
- Evaluation forms
- Masking tape
- Pens
- Business cards



Competency 1:
Introduction to FASD



Curriculum for Addiction Professionals: Level 2

Competency 1: Introduction to FASD

Description

Summary

This competency reviews the significance of prenatal alcohol exposure, historic events related to FASD, terms, and effects of alcohol on the fetus. It also looks at myths and facts about FASD.

Objectives

After completing this competency, participants should be able to:



- Describe the basic scientific foundation of FASD
- Identify common behavior patterns from infancy through adolescence that may result from an FASD



Curriculum for Addiction Professionals: Level 2

Competency 1: Introduction to FASD

Facilitator's Outline

Step and Time	Tools Needed
One: Introduction—10 minutes	
<p>State that you are the facilitator for the <i>Curriculum for Addiction Professionals: Level 2</i>. The curriculum was developed by the SAMHSA FASD Center for Excellence, a Federal initiative devoted to preventing and treating FASD, and the National Organization on Fetal Alcohol Syndrome (NOFAS).</p> <p>Provide background on your experience, education, and interest and involvement with FASD. You may want to have participants introduce themselves, if time allows. Ask them to state their backgrounds and interest in FASD.</p>	PowerPoint Slide 1-1
Two: Why We Are Here—10 minutes	
<p>Discuss the <i>Curriculum for Addiction Professionals: Level 2</i>. Note that Level 1 is a prerequisite, to be completed online. Level 2 focuses on practical application of knowledge and skills learned in Level 1. It is designed for all addiction professionals, including social workers, certified addiction counselors, psychologists, psychiatrists, and others in the treatment and recovery field.</p> <p>The <i>Curriculum for Addiction Professionals</i> contains six competencies deemed necessary to address FASD:</p> <ul style="list-style-type: none"> • Introduction to FASD • Identification of FASD and Diagnosis of FAS • Treatment Strategies for Working With Clients With an FASD • Prevention • Continuing Care of Families Affected by FASD • Legal Issues <p>6 minutes</p>	PowerPoint Slides 1-2 and 1-3



Competency 1: Introduction to FASD

Step and Time	Tools Needed
Two: Why We Are Here (continued)	
<p>Discuss Competency 1: Introduction to FASD. This competency reviews the significance of prenatal alcohol exposure, historic events related to FASD, terms, and effects of alcohol on the fetus. It also looks at myths and facts about FASD.</p> <p>2 minutes</p>	PowerPoint Slide 1-4
<p>Discuss objectives for the competency as indicated on PowerPoint Slide 1-5.</p> <p>2 minutes</p>	PowerPoint Slide 1-5
Three: Pretest—10 minutes	
<p>Distribute the pretest and allow time for participants to complete it. After ensuring that each participant has provided a unique identifier on the pretest (see the Introduction), collect the test. Do not review the answers at this time.</p>	PowerPoint Slide 1-6 Pretest
Four: Egg Experiment Activity—2 minutes	
<p>Conduct the egg experiment—set aside for the end of the session.</p>	PowerPoint Slide 1-7
Five: PowerPoint Presentation—30 minutes	
<p>Using the PowerPoint presentation and facilitator talking points, provide an overview to the group on alcohol exposure during pregnancy, history of knowledge about FASD, terminology, and effects of alcohol on the fetus.</p>	PowerPoint Slides 1-8 through 1-25
Six: Egg Experiment Activity—3 minutes	
<p>Using the activity sheet, discuss the results of the egg experiment.</p>	PowerPoint Slide 1-26



Competency 1: Introduction to FASD

Step and Time	Tools Needed
Seven: Myths and Facts About FASD Activity—25 minutes	
<p>Hand out Myths and Facts About FASD and ask participants to complete it. Note that some of the information was provided in the module and this will help them review. Once everyone is done, go over the answers. Use the Discussion Guide to delve deeper into the issues.</p>	<p>PowerPoint Slide 1-26 Myths and Facts About FASD—Quiz Myths and Facts About FASD—Answer Key Myths and Facts About FASD—Discussion Guide</p>
Eight: Posttest—10 minutes	
<p>Distribute the posttest and allow participants time to complete it. Using the answer key in the curriculum, review the answers to the posttest. After ensuring that each participant has provided his or her unique identifier on the posttest, collect the test.</p>	<p>PowerPoint Slide 1-27 Posttest Posttest Answer Key</p>
Nine: Evaluation—5 minutes	
Total Time—1.75 hours	



Curriculum for Addiction Professionals: Level 2

Competency 1: Introduction to FASD

Pretest

ID # _____ –pre

Test Your Knowledge Questions

1. A 12-ounce wine cooler is safer to drink during pregnancy than one shot of tequila.
True or False
2. Forms of FASD include:
Select all that apply.
 - A. Alcohol-related birth defects
 - B. Alcohol-related immunosuppression
 - C. Fetal alcohol syndrome
 - D. Alcohol-related neurotic disorder
3. The rate of alcohol use by pregnant women in the United States is declining.
True or False
4. The current estimated occurrence of FASD in the United States is 4,000 per year.
True or False
5. Alcohol does more damage to the developing fetus than do other substances of abuse, legal or illegal.
True or False
6. Health care for one person with FAS may cost \$860,000 over the course of a lifetime.
True or False
7. The discriminating facial features of FAS include:
Select all that apply.
 - A. Thin eyebrow
 - B. Indistinct philtrum
 - C. Thin upper lip
 - D. Short palpebral fissures



8. An individual 18 years of age with an FASD may have a much lower developmental age than actual age.

True or False

9. It is safe to drink during the third trimester because the fetus's brain is already developed.

True or False

10. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines "binge drinking" for women as four or more drinks in about 2 hours.

True or False



Curriculum for Addiction Professionals: Level 2

Competency 1: Introduction to FASD

Pretest Answer Key

Test Your Knowledge Questions

1. A 12-ounce wine cooler is safer to drink during pregnancy than one shot of tequila.

True or False

ANSWER: False. They each contain the same amount of alcohol.

2. Forms of FASD include:

Select all that apply.

- A. Alcohol-related birth defects
- B. Alcohol-related immunosuppression
- C. Fetal alcohol syndrome
- D. Alcohol-related neurotic disorder

ANSWER: A, C.

3. The rate of alcohol use by pregnant women in the United States is declining.

True or False

ANSWER: False. According to the National Household Survey on Drug Use and Health, the rate was 12.1 percent in 2005, up from 11.2 percent in 2004.

4. The current estimated occurrence of FASD in the United States is 4,000 per year.

True or False

ANSWER: False. The estimate is 40,000 per year.

5. Alcohol does more damage to the developing fetus than do other substances of abuse, legal or illegal.

True or False

ANSWER: True.



6. Health care for one person with FAS may cost \$860,000 over the course of a lifetime.

True or False

ANSWER: True. It can cost as much as \$4.2 million.

7. The discriminating facial features of FAS include:

Select all that apply.

- A. Thin eyebrow
- B. Indistinct philtrum
- C. Thin upper lip
- D. Short palpebral fissures

ANSWER: B, C, D.

8. An individual 18 years of age with an FASD may have a much lower developmental age than actual age.

True or False

ANSWER: True.

9. It is safe to drink during the third trimester because the fetus's brain is already developed.

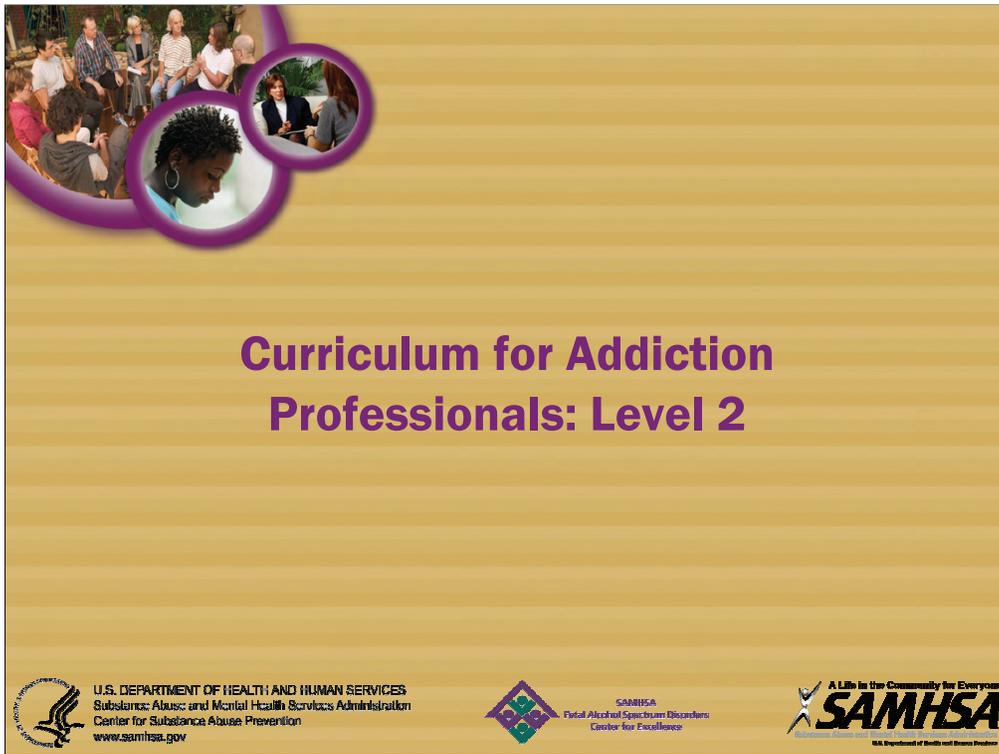
True or False

ANSWER: False. The brain develops throughout the pregnancy and can be damaged at any time.

10. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines "binge drinking" for women as four or more drinks in about 2 hours.

True or False

ANSWER: True.



Facilitator's Talking Points



Use this space for your notes.





The information in this curriculum was developed from materials created by the National Organization on Fetal Alcohol Syndrome (NOFAS). The Substance Abuse and Mental Health Services Administration (SAMHSA) appreciates the collaboration.

Facilitator's Talking Points



Curriculum Background

- Level 1 is a prerequisite for Level 2.
- Level 2 focuses on the practical application of knowledge and skills learned in Level 1.
- Level 2 is designed for all addiction professionals.

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Competency 1: Introduction FASD
Slide 1-3

Facilitator's Talking Points

- Participants should have completed Level 1 online course first.
- This training focuses on applying knowledge and skills to real-life situations.
- This course is for all addiction professionals, including social workers, addiction counselors, nurses, counselor aides, DWI monitors, psychologists, psychiatrists, and others in the treatment and recovery field.



Curriculum Overview

- Competency 1: Introduction to FASD
- Competency 2: Identification of FASD and Diagnosis of FAS
- Competency 3: Treatment Strategies for Working With Clients With an FASD
- Competency 4: Prevention
- Competency 5: Continuing Care of Families Affected by FASD
- Competency 6: Legal Issues

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Competency 1: Introduction FASD
Slide 1-4

Facilitator's Talking Points

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Competency 1: Introduction to FASD

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Competency 1: Introduction FASD
Slide 1-5

Facilitator's Talking Points

Use this space for your notes.



Learning Objectives

- After completing this competency, participants should be able to:
 - Describe the basic scientific foundation of FASD
 - Identify common behavior patterns from infancy through adolescence that may result from an FASD

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Competency 1: Introduction FASD
Slide 1-6

Facilitator's Talking Points

Use this space for your notes.



Pencils Out



Pretest!

Facilitator's Talking Points

Use this space for your notes.



Activity

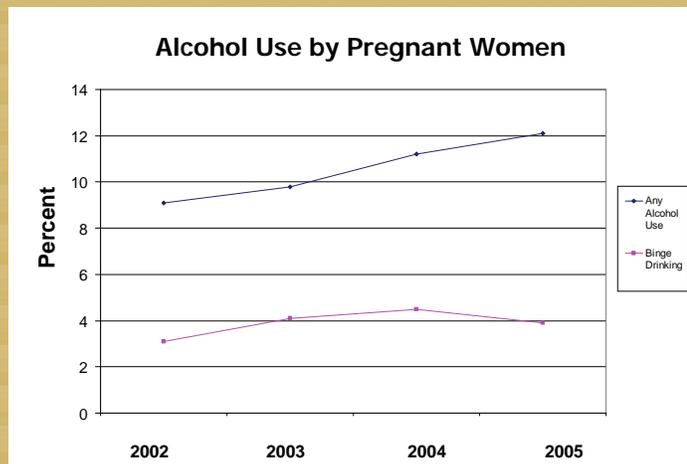


Facilitator's Talking Points

- Conduct steps 1 through 3 of the Activity 1 — Egg Experiment.



Extent of Problem



Source: Office of Applied Studies, 2003 and 2005.

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Competency 1: Introduction FASD
Slide 1-9

Facilitator's Talking Points

- According to the National Household Survey on Drug Use and Health, in 2005, 12.1 percent of pregnant women drank alcohol, up from 11.2 percent the previous year (Office of Applied Studies, 2006).
- In 2004, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) defined "binge" drinking for women to be four or more drinks in about 2 hours.
- Binge drinking occurred in 3.9 percent of pregnant women in 2005, down from 4.5 percent the year before (Office of Applied Studies, 2006).
- FASD is estimated to occur in 1 in 100 live births, or 40,000 per year (May and Gossage, 2001).



Costs of FASD

- Up to \$5.4 billion annually in the United States
- One FAS birth may equal lifetime health costs of \$860,000; can be as high as \$4.2 million (Lupton, et al., 2004)
- Costs for FAS only
- No costs available for other types of FASD



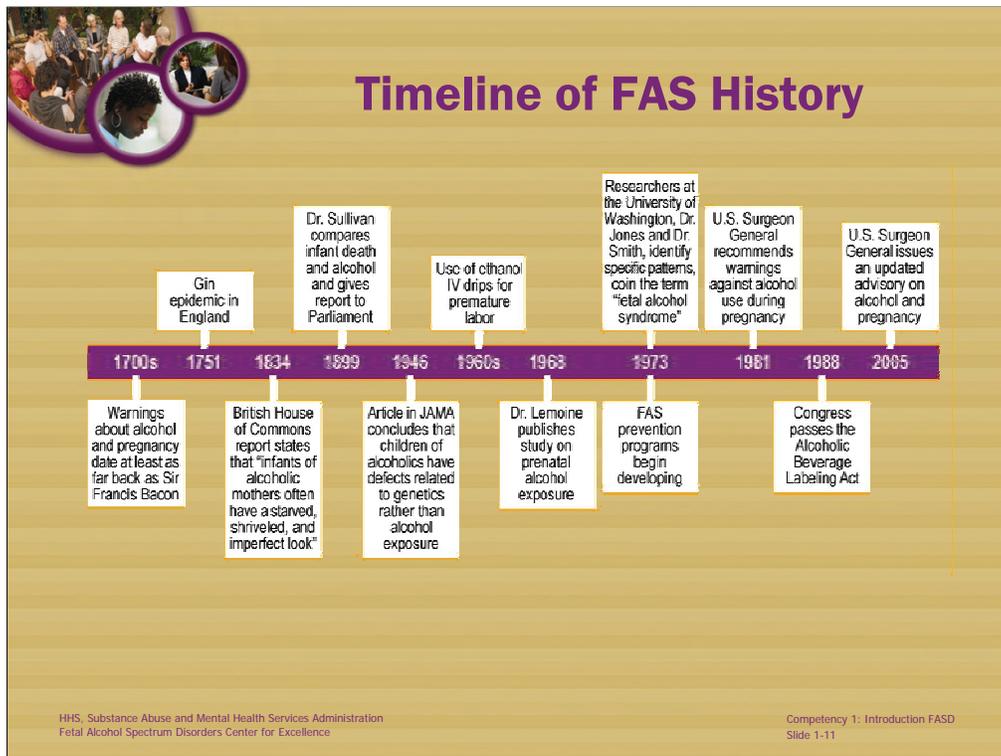
Source: Lupton, et al., 2004

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Competency 1: Introduction FASD
Slide 1-10

Facilitator's Talking Points

- National costs were calculated by Lupton, et al., 2004. Costs of FASD include many variables such as:
 - Lifetime loss of income
 - High costs to families who raise and care for children and adults with an FASD
 - Lost income of a parent who must care for a child with an FASD
 - Health costs, legal expenses, and long-term financial dependency
- FASD prevention is important because FASD causes personal, emotional, and behavior problems; devastates families; and costs families and society a great deal of money.



Facilitator's Talking Points

- Warnings about alcohol and pregnancy date back at least to the 18th century, with Sir Francis Bacon (Warner and Reset, 1975).
- The Gin Epidemic is believed to have led to alcohol-related birth defects. When the gin tax was lifted, the price went down. Drinking went up, and so did infant deaths. In 1751, the government imposed sales restrictions (Warner and Reset, 1975).
- The British House of Commons noted that "infants of alcoholic mothers often have a starved, shriveled, and imperfect look" (Warner and Reset, 1975).
- A French physician in the 1870s described children exposed to alcohol as having small heads, peculiar facial features, and "nervousness" (Warner and Reset, 1975).
- In 1899, Dr. William Sullivan compared the pregnancy outcomes in 120 alcoholic prisoners with 28 of their blood relatives. The infant death rate was 20 percent higher among the women with alcohol problems (Warner and Reset, 1975).
- In the middle of the 20th century, physicians believed that the placenta formed a protective barrier that would keep alcohol from reaching the fetus. Many believed children of alcoholics had defects related to poor genetic stock rather than alcohol exposure. That was the conclusion in a 1946 article in the *Journal of the American Medical Association* (Warner and Reset, 1975).
- French researchers began to study alcohol and pregnancy in the 1950s. In 1968, Dr. Paul Lemoine and colleagues published a study of 127 children from 69 French families. Twenty-five children had distinct features related to prenatal alcohol exposure (Lemoine, et al., 1968). Dr. Lemoine called this alcoholic embryopathy.
- In 1973, researchers at the University of Washington examined children of alcoholic mothers and identified a specific pattern of malformations, growth deficiencies, and central nervous system (CNS) defects and called it fetal alcohol syndrome (FAS) (Jones and Smith, 1973).
- Similar cases were found in Germany, France, and Sweden. As a result, FAS prevention programs were developed in the late 1970s. Experts have since realized that the effects of prenatal alcohol exposure extend beyond FAS and have broadened prevention efforts to include additional disorders.



2005 Surgeon General's Advisory

- Women who are pregnant should not drink.
- A woman who has already consumed alcohol during pregnancy should stop to avoid further risks.
- Women who may become pregnant, whether they plan to or not, should not consume alcohol.
- Health professionals should work with all women of childbearing age to reduce the risk of FASD.

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Competency 1: Introduction FASD
Slide 1-12

Facilitator's Talking Points

- Surgeon General's Advisory: The Surgeon General warns pregnant women and women who may become pregnant to abstain from alcohol consumption in order to eliminate the chance of giving birth to a baby with any of the harmful effects of fetal alcohol spectrum disorders (FASD) (2005).
- FASD is the full spectrum of birth defects caused by prenatal alcohol exposure.



Definition of FASD

“Fetal alcohol spectrum disorders” (FASD) is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications. The term “FASD” is not intended for use as a clinical diagnosis.

Source: Bertrand, et al., 2004.

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Competency 1: Introduction FASD
Slide 1-13

Facilitator's Talking Points

- At a historic summit hosted by the National Organization on Fetal Alcohol Syndrome (NOFAS), national experts—including, for the first time, representatives from the Centers for Disease Control and Prevention (CDC), National Institutes of Health, and Substance Abuse and Mental Health Services Administration—came together to produce and sign onto a unanimous agreement on terminology for fetal alcohol spectrum disorders. The above definition was agreed upon.
- FASD is not a diagnosis. It is a descriptive term that includes several different conditions, such as fetal alcohol syndrome and alcohol-related neurodevelopmental disorder. The diagnosis of a condition does not indicate its severity. Many people mistakenly say that FAS is the most severe form of FASD, but that is not necessarily true. Other forms of FASD can be just as severe.



Fetal Alcohol Syndrome (FAS)

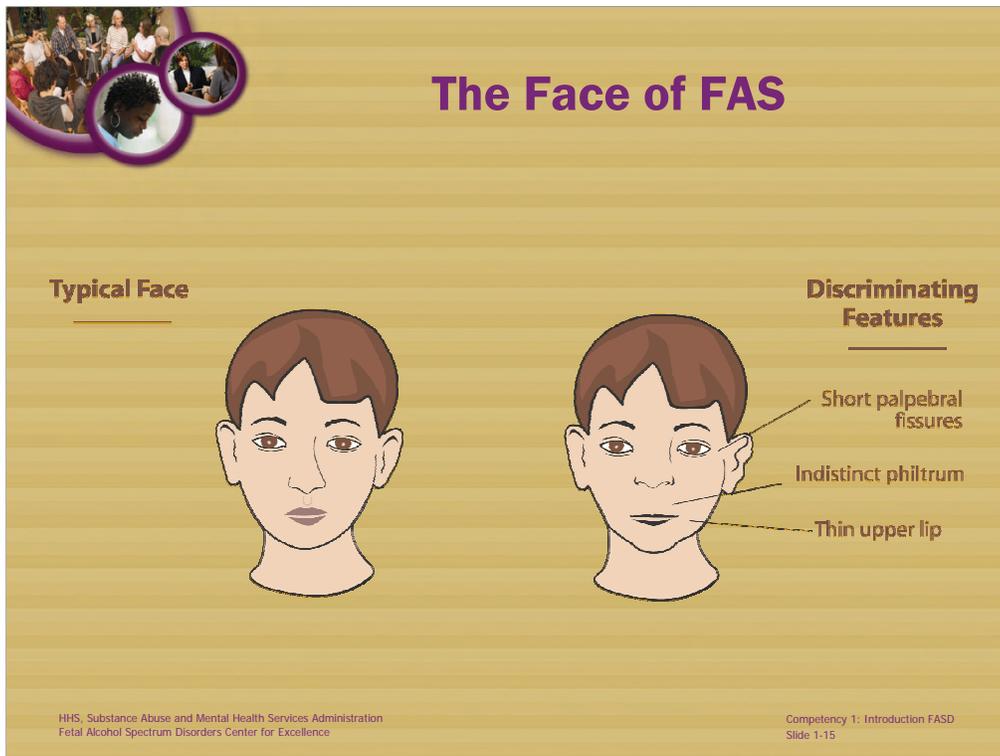
- One of the fetal alcohol spectrum disorders
- Characterized by:
 - Certain facial features
 - Growth deficiency
 - Central nervous system dysfunction

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Competency 1: Introduction FASD
Slide 1-14

Facilitator's Talking Points

- Although FAS is the most commonly recognized term, it represents only a small group of individuals who are affected by prenatal alcohol exposure.
- The three characteristics listed here are stated in the Centers for Disease Control and Prevention guidelines for FAS diagnosis (In July 2004, CDC published *Fetal Alcohol Syndrome: Guidelines for Referral and Diagnosis* [www.cdc.gov/ncbddd/fas/default.htm], a significant effort by a U.S. scientific working group [Bertrand, et al., 2004]).
- Many people focus on the facial features of FAS as the visible indicators of the effects of prenatal exposure to alcohol. However, since most individuals with an FASD do not have any FAS facial features, they cannot be identified easily as having an FASD by their looks.
- FAS is NOT universally more (or less) severe than other effects of prenatal alcohol exposure.
- Not all children with an FASD are alike or have all the possible characteristics. The effects range from mild to severe and may or may not include FAS facial features. They depend on the amount of alcohol used and the time at which it was used. They also depend on the mother's diet, age, and drinking history, as well as the susceptibility of the fetus.
- Typically, children with an FASD have more physical, developmental, and behavioral problems than do other children.
- Growth deficiencies may include:
 - Low birth weight
 - Small size for age in weight and length



Facilitator's Talking Points

- This drawing of “the face of FAS” shows the three discriminating features agreed on by CDC’s Scientific Working Group on FAS as key to an FAS diagnosis. These features are short palpebral fissures, indistinct philtrum, and thin upper lip. For an FAS diagnosis, all three features must be present. See CDC’s guidelines for referral and diagnosis of FAS (Bertrand, et al., 2004).
- Most individuals affected by prenatal alcohol exposure do not have the facial features of FAS. Even when individuals do have the facial features of FAS, the features often are not easily recognizable to the untrained eye.
- The University of Washington has developed a software program to measure these facial features by importing three standardized facial photographs. FASD Facial Photographic Analysis Software was developed for use by health care and research professionals. The software is designed to measure the magnitude of expression of the key diagnostic facial features of FAS. The software must be used properly. For example, when someone is smiling broadly, the philtrum looks much smoother and the upper lip appears to be very thin. Therefore, to be accurate, a photograph should not have a person smiling. More information about this software is available at depts.washington.edu/fasdpn/htmls/face-software.htm.
- **Short palpebral fissures:** The palpebral fissure is the eye opening. In individuals with FAS, the eye opening is shorter than it should be. This can be measured with a clear ruler or another measuring device. Because of the possibility of incorrect measurement, a diagnostician has to be clear on how to measure the eye openings. This facial feature does not change significantly over time. For a diagnosis of FAS, the palpebral fissures would be <10th percentile according to age and racial norms, according to the CDC guidelines (Bertrand, et al., 2004). (At or below the 10th percentile, according to the University of Washington’s guidelines [Astley, 2004].)
- **Indistinct philtrum:** The philtrum is the vertical groove between the nose and upper lip. In individuals with FAS, the philtrum is smoother than the norm (scoring a 4 or 5 on the University of Washington’s Lip-Philtrum Guide) (Astley, 2004).
- **Thin upper lip:** The upper lip is thinner than the norm in individuals with FAS. The technical term for this is a “thin vermilion” (scoring a 4 or 5 on the University of Washington’s Lip-Philtrum Guide) (Astley, 2004).



Common Terms of FASD

- Fetal alcohol effects (FAE)
- Alcohol-related birth defects (ARBD)
- Alcohol-related neurodevelopmental disorder (ARND)

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Competency 1: Introduction FASD
Slide 1-16

Facilitator's Talking Points

- There is no consensus on what terms to use for diagnostic descriptions of the effects of prenatal alcohol exposure other than FAS. People use various terms, such as FAE, ARND, and ARBD.
- **Fetal alcohol effects (FAE):** This term was coined by Drs. Smith and Jones to describe another small group of children initially seen who had similar patterns of cognitive difficulties, growth deficiencies, and mothers who drank heavily during pregnancy. However, these children did not have the distinctive facial features of those with FAS. Experts no longer use the term "FAE," as it was believed to be too vague.
- **Alcohol-related birth defects (ARBD):** This term was coined by the Institute of Medicine in its 1996 volume on FAS to describe physical anomalies only that occurred with confirmed prenatal alcohol exposure.
- **Alcohol-related neurodevelopmental disorder (ARND):** This term was also coined by the Institute of Medicine. It refers to neurodevelopmental abnormalities or a complex pattern of behavior or cognitive abnormalities that are inconsistent with developmental level and cannot be explained by familial background or environment alone. For this diagnosis, there needs to be confirmed prenatal alcohol exposure.



Common Terms of FASD (cont'd)

- Partial FAS (pFAS)
- Prenatal alcohol exposure (PAE)
- Prenatal exposure to alcohol (PEA)
- Alcohol-related disorders (ARD)

Facilitator's Talking Points

- **Partial FAS (pFAS):** This term, coined by the Institute of Medicine, refers to persons who have confirmed prenatal maternal alcohol exposure; some of the facial features of FAS; and evidence of either growth retardation, neurodevelopmental abnormalities, or a complex pattern of behavior or cognitive abnormalities that are inconsistent with developmental level and cannot be explained by familial background or environment alone.
- **PAE, PEA, and ARD:** These are all terms that are used at times to convey that there is no single effect of prenatal alcohol exposure on the fetus or the individual and that the short- and long-term effects of prenatal alcohol exposure are far more wide reaching than FAS alone. Individuals who experience difficulties throughout their lives may be affected by prenatal alcohol exposure if their mothers drank during pregnancy. FASD is the most accurate term to use, as it reflects the range of problems one can have as a result of prenatal alcohol exposure.



Alcohol Is Alcohol!



Beer



**Table
Wine**



**Wine
Cooler**



**Hard
Liquor**

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Competency 1: Introduction FASD
Slide 1-18

Facilitator's Talking Points

- Many people think that beer and wine are safe to drink during pregnancy. But alcohol is alcohol. A 12-ounce beer, a 5-ounce glass of wine, a 12-ounce wine cooler, and a 1.5-ounce shot of liquor contain the same amount of alcohol. Each of these is considered a standard drink, although the amount of wine or beer can vary, depending on its strength (NIAAA, 2005).
- There is no known safe amount of alcohol use during pregnancy. There is no known time during pregnancy when drinking alcohol is safe.
- Alcohol can do more damage to the developing embryo and fetus than can illegal or legal drugs.



Effects of Alcohol on the Fetus

- Growth deficiency
- Behavior problems
- Cognitive problems
- Motor deficits
- Developmental delays
- Facial anomalies
- Physical defects

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Competency 1: Introduction FASD
Slide 1-19

Facilitator's Talking Points

- Ask participants for examples in each category. Examples follow if participants have trouble thinking of any.
 - **Growth deficiency:** Height and weight below 10th percentile (at any one point in time), failure to gain weight unrelated to malnutrition
 - **Behavior problems:** Passiveness, hyperactivity, stubbornness, impulsiveness, irritability
 - **Cognitive problems:** Poor organizational skills, problems with money, attention deficits, poor math skills, difficulty with abstract concepts, difficulty learning from experience
 - **Motor deficits:** Clumsiness, poor eye-hand coordination, balance problems
 - **Developmental delays:** Late milestones (e.g., walking, talking), immature behavior, poor social skills
 - **Facial anomalies:** Smooth philtrum, thin upper lip, narrow eye openings, possible ear anomalies, flat midface
 - **Physical defects:** Misshaped kidneys, bent fingers, fused bones, heart defects, vision and hearing problems



Contributing Factors to the Effects of Alcohol

- Dose and timing
- Pattern of drinking
- Genetic factors

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Competency 1: Introduction FASD
Slide 1-20

Facilitator's Talking Points

- **Dose and timing:** The greater the dose, the greater the potential risk to the fetus. The brain is developing throughout pregnancy. We know of no safe level of alcohol to drink at any point during pregnancy.
- **Pattern:** Heavy bouts of alcohol exposure, even occasionally, can affect the developing fetus. Moderate and occasional alcohol exposure can also produce adverse outcomes. According to the National Survey on Drug Use and Health, in 2005 (Office of Applied Studies, 2006) nearly one-quarter of women ages 15 to 44 engaged in binge drinking. Binge drinking is considered the consumption of four or more standard drinks in about 2 hours. Since many pregnancies are unplanned, binge drinking can pose a risk to a fetus because the woman may not know she is pregnant.
- **Genetic factors of mother and child:** Teratogens affect fetuses differently; not all offspring will share the same effects when exposed to alcohol prenatally.
- Other risk factors can include smoking, other substance use, nutrition, overall stress, and age of the mother.

Periods of Fetal Development

Organ/System	Development Period
Central Nervous System	Weeks 3 to Full Term
Eyes	Weeks 4½ to Full Term
Heart	Weeks 3½ to 9
Lower Limbs	Weeks 4½ to 9
External Genitalia	Weeks 7 to Full Term
Ears	Weeks 4¼ to 20
Teeth	Weeks 6¼ to Full Term
Palate	Weeks 6¼ to 16
Upper Limbs	Weeks 4½ to 9

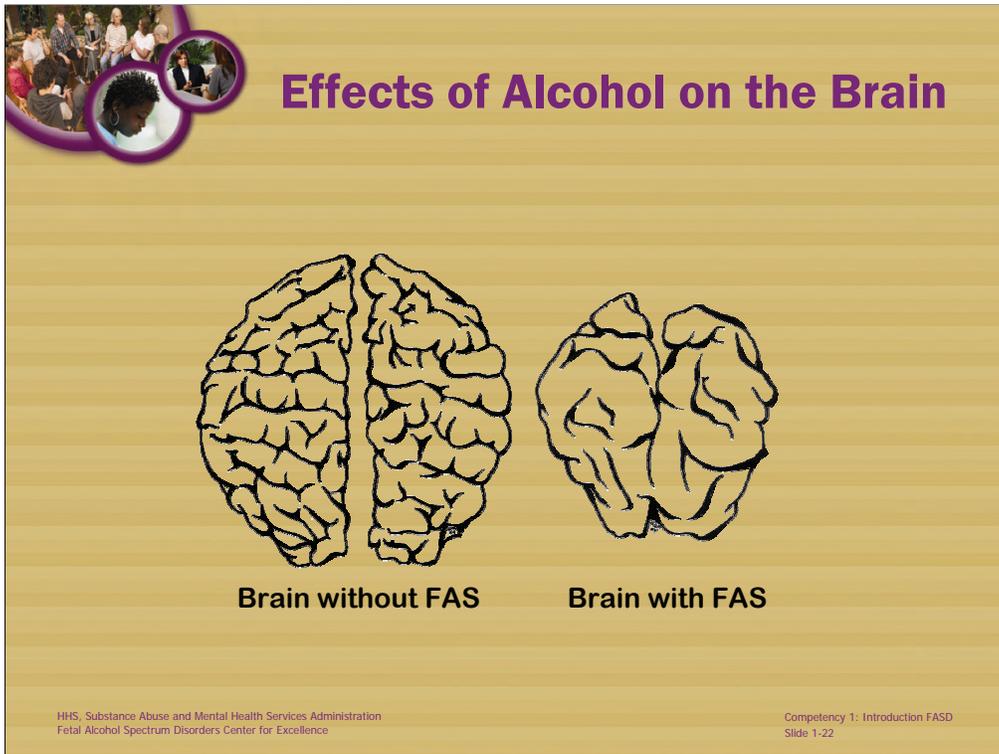
Source: Adapted from Moore and Persaud, 1993.

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Competency 1: Introduction FASD
Slide 1-21

Facilitator's Talking Points

- Drinking at any time during pregnancy can harm the fetus. This figure depicts developing parts and systems in the body of a fetus. These body parts and systems represent some of the sites that may be affected by alcohol. Drinking alcohol while pregnant can result in cognitive, social, and motor deficiencies, as well as other lifelong problems. The fetal brain can be harmed at any time, because the brain develops throughout pregnancy.



Facilitator's Talking Points

- Prenatal alcohol exposure can and often does result in brain damage. The brain illustration on the right is an extreme example of brain injury caused by alcohol exposure. An infant with brain damage to this extent would not likely survive.
- An area *likely* to be impacted is the frontal lobe, but the other parts of the brain may be damaged depending on the stage of development at the time of exposure to alcohol.
- The frontal lobe controls judgment, inhibition, concentration, self-control, conscience, personality, and emotional traits, as well as cognition, memory, and motor and language skills.
- The left hemisphere deals with language-based memory—logical interpretation of language, mathematics, abstraction, reasoning, facts, and rules (such as safety and social).
- The right hemisphere deals with holistic functioning—processing images, sound, and touch for a holistic picture. Memory here is visual, auditory, and spatial.
- The corpus callosum connects the right and left sides to allow communication between the hemispheres.
- The right side senses input, checks with the left side to see if there are any rules to deal with this pattern of input, integrates the stored information, and reacts in a way modified to fit the situation.
- Damage to any of these systems can cause very poor and inappropriate responses.



Infancy and Early Childhood

- Fitful sleep patterns
- Poor suck reflex
- Poor muscle tone, which can delay walking and toilet training
- Small in height and weight
- Severe temper tantrums
- Overly sensitive or underresponsive to stimulation
- Lack of stranger anxiety
- Possible attachment difficulties

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Competency 1: Introduction FASD
Slide 1-23

Facilitator's Talking Points

- Behaviors change over time. The addiction professional needs to be alert to difficulties in children who may accompany their mothers to treatment. Clients in outpatient settings may share that their children are having these problems. In either case, the addiction professional may need to refer clients for assistance in having their children evaluated for an FASD. Some clients may know their children have an FASD and need help finding appropriate service providers. We'll discuss these issues more in later competencies.
- Infants born with an FASD may have a difficult first few months. Some may show behaviors related to alcohol withdrawal. Symptoms may include seizures, sleeping difficulties, stomach problems, and fussiness.
- Infants may be born with low birth weights and may have difficulty getting adequate nourishment due to a poor suck reflex.
- Many infants with an FASD show irritability, jitteriness, sleep disorders, excessive crying, and sensitivity to sound and light. Older infants tend to be easily upset, easily distractible, and hyperactive and have a poor attention span and developmental delays.
- Toddlers often do not develop the stranger anxiety that is a common milestone in normal early childhood development.
- Early childhood is when attachment difficulties can become very apparent.



Middle Childhood

- Possible hyperactivity
- Poor memory
- Lack of impulse control
- Poor social skills
- Failure to understand consequences
- Very concrete thinking
- Onset of academic problems

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Competency 1: Introduction FASD
Slide 1-24

Facilitator's Talking Points

- School-age children with an FASD may continue to grow slowly and may appear to be malnourished.
- The early school years (age 6 to 11) are often characterized by problems related to predicting outcomes and understanding consequences, outbursts in behavior, hyperactivity, impulsivity, lack of boundaries, memory problems, and delay in physical maturity.
- The complex school environment may be especially challenging, and children may feel overwhelmed. Anger, frustration, and temper tantrums may occur, which may be signs that the child is having difficulty.



Adolescence

- Less obvious FAS facial features
- Poor judgment and impulsivity
- Signs of depression
- Alcohol and drug use
- High risk of pregnancy

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Competency 1: Introduction FASD
Slide 1-25

Facilitator's Talking Points

- The addiction professional may encounter adolescent and adult clients with an FASD. Some may not have a diagnosis and will need a referral. Others will need services beyond treatment. Knowing how to spot possible signs of FASD and identifying issues that adolescents and adults with an FASD face can help the addiction professional better serve these clients.
- **Facial features and growth:**
 - Adolescents with an FASD may look like typical teenagers, but their developmental level may be that of a younger child.
 - With changes during puberty, it is harder to recognize the face of FAS.
 - Some boys tend to stay smaller, while girls mature quickly and may have trouble with obesity.
- **Poor judgment and impulsivity:** Adolescents may display problem behaviors seen as lying or stealing.
- **Depression:** Depression and other mental health problems may become more pronounced during the adolescent period of physical and emotional change.
- **Alcohol and drug use:** People with an FASD are at greater risk than those without an FASD to develop alcohol and/or drug problems.
- **Pregnancy:** Teens with an FASD are at risk of becoming pregnant or causing a pregnancy because they don't understand cause and effect and may not be able to follow a safe sex regimen.



Chronological Versus Developmental Age

Timelines

- Chronological Age ----- 18
- Expressive Language ----- 23
- Social Maturity ----- 12
- Math Skills ----- 8
- Reading Decoding ----- 14
- Reading Comprehension --- 9

This example represents the kind of variability seen in adolescents with an FASD.

Source: Malbin, 2002. Used with permission from Diane Malbin, MSW.

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Competency 1: Introduction FASD
Slide 1-26

Facilitator's Talking Points

- An 18-year-old with an FASD may function at a much lower developmental age.
- The greatest gaps between age and development occur during adolescence (Malbin, 2002).
- Frustration occurs when expectations are based on age rather than developmental level of functioning.
- Expectations are for people to "act their (chronological) age." Normal behaviors of an earlier developmental level are seen as inappropriate, as needing to be changed (Malbin, 2002).
- Adjusting expectations to recognize the variability in development lessens problems.

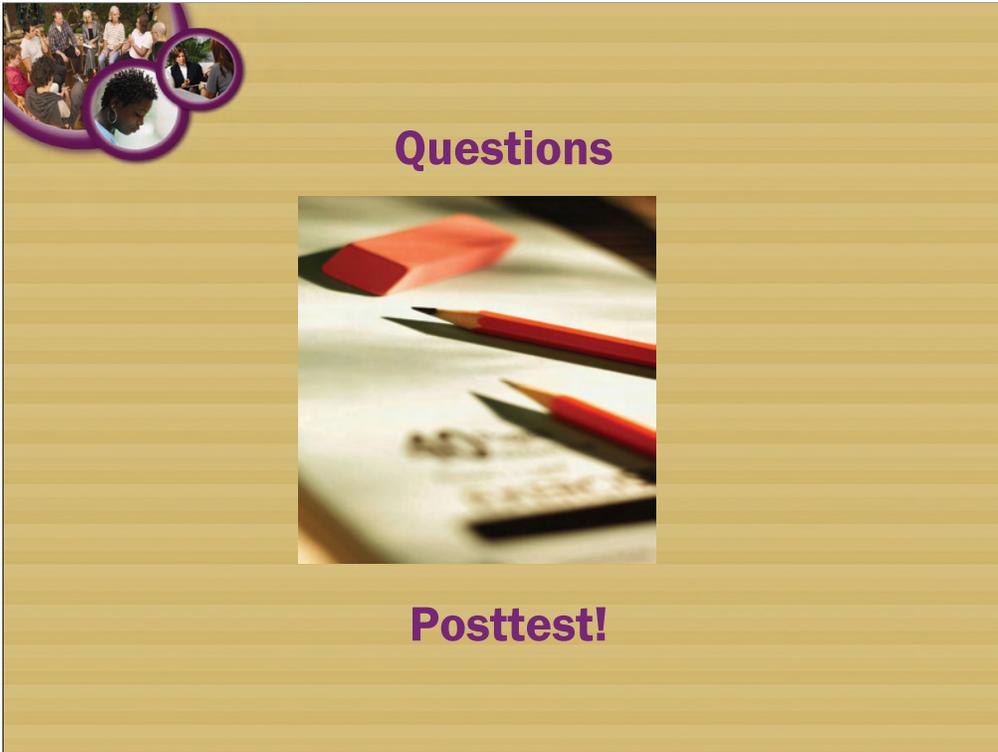


Activity



Facilitator's Talking Points

- Conduct steps 4 and 5 of Activity 1 — Egg Experiment.
- Conduct Activity 2 — Myths and Facts About FASD.



Questions

Posttest!

Facilitator's Talking Points

Use this space for your notes.



References

- See References for a complete list of all references used in this competency.

Facilitator's Talking Points

Use this space for your notes.



Curriculum for Addiction Professionals: Level 2

Competency 1: Introduction to FASD

Posttest

ID # _____ **—post**

Test Your Knowledge Questions

1. The discriminating facial features of FAS include:

Select all that apply.

- A. Thin eyebrow
- B. Indistinct philtrum
- C. Thin upper lip
- D. Short palpebral fissures

2. A 12-ounce wine cooler is safer to drink during pregnancy than one shot of tequila.

True or False

3. Alcohol does more damage to the developing fetus than do other substances of abuse, legal or illegal.

True or False

4. An individual 18 years of age with an FASD may have a much lower developmental age than actual age.

True or False

5. Forms of FASD include:

Select all that apply.

- A. Alcohol-related birth defects
- B. Alcohol-related immunosuppression
- C. Fetal alcohol syndrome
- D. Alcohol-related neurotic disorder

6. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines “binge drinking” for women as four or more drinks in about 2 hours.

True or False



Competency 1: Introduction to FASD

7. Health care for one person with FAS may cost \$860,000 over the course of a lifetime.
True or False
8. It is safe to drink during the third trimester because the fetus's brain is already developed.
True or False
9. The current estimated occurrence of FASD in the United States is 4,000 per year.
True or False
10. The rate of alcohol use by pregnant women in the United States is declining.
True or False



Curriculum for Addiction Professionals: Level 2

Competency 1: Introduction to FASD

Posttest Answer Key

Test Your Knowledge Questions

1. The discriminating facial features of FAS include:

Select all that apply.

- A. Thin eyebrow
- B. Indistinct philtrum
- C. Thin upper lip
- D. Short palpebral fissures

ANSWER: B, C, D.

2. A 12-ounce wine cooler is safer to drink during pregnancy than one shot of tequila.

True or False

ANSWER: False. They each contain the same amount of alcohol.

3. Alcohol does more damage to the developing fetus than do other substances of abuse, legal or illegal.

True or False

ANSWER: True.

4. An individual 18 years of age with an FASD may have a much lower developmental age than actual age.

True or False

ANSWER: True.



5. Forms of FASD include:

Select all that apply.

- A. Alcohol-related birth defects
- B. Alcohol-related immunosuppression
- C. Fetal alcohol syndrome
- D. Alcohol-related neurotic disorder

ANSWER: A, C.

6. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines “binge drinking” for women as four or more drinks in about 2 hours.

True or False

ANSWER: True.

7. Health care for one person with FAS may cost \$860,000 over the course of a lifetime.

True or False

ANSWER: True. It can cost as much as \$4.2 million.

8. It is safe to drink during the third trimester because the fetus’s brain is already developed.

True or False

ANSWER: False. The brain develops throughout the pregnancy and can be damaged at any time.

9. The current estimated occurrence of FASD in the United States is 4,000 per year.

True or False

ANSWER: False. The estimate is 40,000 per year.

10. The rate of alcohol use by pregnant women in the United States is declining.

True or False

ANSWER: False. According to the National Household Survey on Drug Use and Health, the rate was 12.1 percent in 2005, up from 11.2 percent in 2004.



Curriculum for Addiction Professionals: Level 2

Competency 1: Introduction to FASD

Activity 1—Egg Experiment



Steps 1 through 4 to be conducted during Slide 1-7.

Steps 5 and 6 to be conducted during Slide 1-26.

Tools needed:

One raw egg at room temperature, clear jar (canning jar with a lid works best), and rubbing alcohol.



Slide 1-7, 1-26

Steps:

1. Tell the participants that we all start out as a developing egg. Show the egg.
2. Crack open the egg in the clear jar. Be careful to not break the yolk.
3. Show the egg to the audience and ask what would happen if we placed alcohol on the egg.
4. Pour rubbing alcohol (about $\frac{1}{4}$ cup is fine) over the egg and put the lid on the jar. Set it aside to discuss during Slide 1-26.
5. Pass it around the room.
6. Explain to the audience how the clear part of the egg is turning white.



Curriculum for Addiction Professionals: Level 2

Competency 1: Introduction to FASD

Activity 2—Myths and Facts About FASD

To be conducted during Slide 1-26

Tools needed:

Myths and Facts handout, answer sheet, and discussion guide.

Steps:

1. Hand out the quiz.
2. Give participants time to complete the quiz.
3. Review correct answers to the quiz using Answer Sheet.
4. Use Discussion Guide to talk about the results.



Slide 1-26



Curriculum for Addiction Professionals: Level 2

Competency 1: Introduction to FASD

Activity 2—Myths and Facts About FASD—Quiz

Circle “Myth” or “Fact” for each statement below.

1. It is okay for a woman to have an occasional drink when she is pregnant.

Myth

Fact

2. The behavior problems associated with FASD result from lifestyle and environmental factors only.

Myth

Fact

3. Beer and wine are not safe to drink during pregnancy, because they have the same alcohol content as other drinks.

Myth

Fact

4. Children never outgrow FASD.

Myth

Fact

5. FASD is mainly a problem for ethnic minorities and poor people.

Myth

Fact

6. Alcohol or drugs taken after the first trimester can still harm the unborn baby.

Myth

Fact

7. People with an FASD always have mental retardation.

Myth

Fact

8. Beer helps increase the amount of breast milk in a nursing mother.

Myth

Fact

9. Even if a woman drank early in her pregnancy, she should stop drinking to prevent further risk of damage to her baby.

Myth

Fact

10. Only alcoholics have babies with an FASD.

Myth

Fact



Curriculum for Addiction Professionals: Level 2

Competency 1: Introduction to FASD

Activity 2—Myths and Facts About FASD—Answer Key

1. It is okay for a woman to have an occasional drink when she is pregnant.
Myth: *There is **no** known safe amount of alcohol to drink during pregnancy. A pregnant woman should avoid drinking any alcohol, including beer, wine, wine coolers, and hard liquor.*
2. The behavior problems associated with FASD result from lifestyle and environmental factors only.
Myth: *People with an FASD have brain damage that can lead to behavior problems. These behavior problems do not result from poor parenting, single parenting, adoption, or other external factors.*
3. Beer and wine are not safe to drink during pregnancy, because they have the same alcohol content as other drinks.
Fact: *A standard drink is 5 ounces of wine, 12 ounces of beer, or 1.5 ounces of hard liquor. Any of these can harm a fetus.*
4. Children never outgrow FASD.
Fact: *FASD lasts a lifetime. Specific problems vary during different stages in development, but the brain damage is permanent. However, with proper recognition and intervention, a person with an FASD can do very well.*
5. FASD is mainly a problem for ethnic minorities and poor people.
Myth: *Any woman who drinks alcohol when pregnant can have a child with an FASD. FASD occurs in all ethnic groups and economic classes.*
6. Alcohol or drugs taken after the first trimester can still harm the unborn baby.
Fact: *Brain development continues throughout pregnancy and after birth. Exposure to substances any time in the pregnancy can affect the baby's brain.*
7. People with an FASD always have mental retardation.
Myth: *Some people with an FASD have mental retardation, but IQs vary. People with an FASD can have normal levels of intelligence but have problems in specific areas, such as the concept of time.*



8. Beer helps increase the amount of breast milk in a nursing mother.

Myth: *When a mother drinks alcohol, it passes into her breast milk. The infant's brain is continuing to develop and can be affected by alcohol in breast milk. Studies have shown that infants take in less breast milk when alcohol is present. Alcohol has been found to constrict the passages through which an infant gets the breast milk.*

9. Even if a woman drank early in her pregnancy, she should stop drinking to prevent further risk of damage to her baby.

Fact: *Alcohol can cause damage during each stage of pregnancy. As soon as a pregnant woman stops drinking, she prevents further risk of damage to her baby. It is never too late to stop drinking.*

10. Only alcoholics have babies with an FASD.

Myth: *Moderate and social drinking can damage a fetus. Studies have shown some effects, such as lower IQ, in children of mothers who drank 1.5 drinks per week while pregnant. In addition, some women who drink on social occasions may binge drink. Binge drinking, defined by the National Institute on Alcohol Abuse and Alcoholism as 4 or more drinks in about 2 hours for women, can pose serious risks to a fetus.*



Curriculum for Addiction Professionals: Level 2

Competency 1: Introduction to FASD

Activity 2—Myths and Facts About FASD— Discussion Guide

1. How did you do?
 - Ask how many people got all of the questions right, nine, eight, etc.
 - Note that many of the statements were myths, so there are many misconceptions about FASD.
2. What surprised you? Why? What had you heard that turned out to be wrong?
3. How do you think these myths develop? Where do people get information?
 - Note that many doctors still tell their patients that it's okay to drink now and then.
 - The myth about beer and breast milk is a classic “old wives’ tale” that has been passed from one generation to the next.
 - Some myths result from advertising and marketing, which have given people the impression, for example, that beer and wine have less alcohol than hard liquor.
 - Some myths result from stereotypes and blaming the victim. Many people think that pregnant women drink on purpose and don't know any better. They think that FASD only happens among poor, uneducated women. They cannot believe that educated, middle-class women would drink when pregnant. Others think that FASD is a Native American problem or an African American problem.
4. How can you help dispel these myths?
 - Have participants brainstorm.
 - Offer suggestions, such as educating clients and colleagues, disseminating information in clinics and doctors' offices, and sharing information with professionals in related fields.



Curriculum for Addiction Professionals: Level 2

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The information in this curriculum was developed from materials created by the National Organization on Fetal Alcohol Syndrome (NOFAS). The Substance Abuse and Mental Health Services Administration (SAMHSA) appreciates the collaboration.



Curriculum Background

- Level 1 is a prerequisite for Level 2.
- Level 2 focuses on the practical application of knowledge and skills learned in Level 1.
- Level 2 is designed for all addiction professionals.

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Fetal Alcohol Spectrum Disorders Center for Excellence

Competency 1: Introduction FASD
Slide 1-3



Curriculum Overview

- Competency 1: Introduction to FASD
- Competency 2: Identification of FASD and Diagnosis of FAS
- Competency 3: Treatment Strategies for Working With Clients With an FASD
- Competency 4: Prevention
- Competency 5: Continuing Care of Families Affected by FASD
- Competency 6: Legal Issues

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Competency 1: Introduction FASD
Slide 1-4



Competency 1: Introduction to FASD

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Competency 1: Introduction FASD
Slide 1-5



Learning Objectives

- After completing this competency, participants should be able to:
 - Describe the basic scientific foundation of FASD
 - Identify common behavior patterns from infancy through adolescence that may result from an FASD

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Competency 1: Introduction FASD
Slide 1-6



Pencils Out



Pretest!

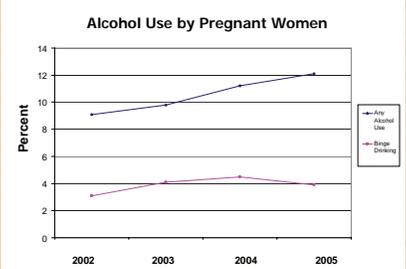


Activity





Extent of Problem



Alcohol Use by Pregnant Women

Year	Any Alcohol Use (%)	Binge Drinking (%)
2002	9.0	3.0
2003	10.0	4.0
2004	11.0	4.5
2005	12.0	4.0

Source: Office of Applied Studies, 2003 and 2005.

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Competency 1: Introduction to FASD
Slide 1-9

Costs of FASD

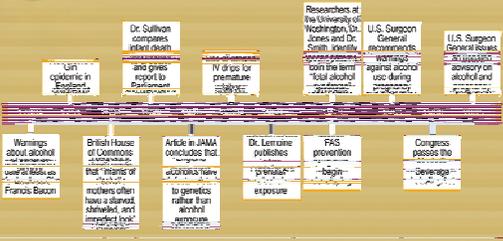
- Up to \$5.4 billion annually in the United States
- One FAS birth may equal lifetime health costs of \$860,000; can be as high as \$4.2 million (Lupton, et al., 2004)
- Costs for FAS only
- No costs available for other types of FASD



Source: Lupton, et al., 2004

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Competency 1: Introduction FASD
 Slide 1-10

Timeline of FAS History



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Competency 1: Introduction FASD
 Slide 1-11

2005 Surgeon General's Advisory

- Women who are pregnant should not drink.
- A woman who has already consumed alcohol during pregnancy should stop to avoid further risks.
- Women who may become pregnant, whether they plan to or not, should not consume alcohol.
- Health professionals should work with all women of childbearing age to reduce the risk of FASD.

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Competency 1: Introduction FASD
 Slide 1-12



Definition of FASD

“Fetal alcohol spectrum disorders” (FASD) is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications. The term “FASD” is not intended for use as a clinical diagnosis.

Source: Bertrand, et al., 2004.

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Slide 1-13



Fetal Alcohol Syndrome (FAS)

- One of the fetal alcohol spectrum disorders
- Characterized by:
 - Certain facial features
 - Growth deficiency
 - Central nervous system dysfunction

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Competency 1: Introduction FASD
Slide 1-14

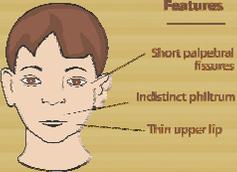


The Face of FAS

Typical Face



Discriminating Features



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Competency 1: Introduction FASD
Slide 1-15



Common Terms of FASD

- Fetal alcohol effects (FAE)
- Alcohol-related birth defects (ARBD)
- Alcohol-related neurodevelopmental disorder (ARND)

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Competency 1: Introduction FASD
Slide 1-16



Common Terms of FASD (cont'd)

- Partial FAS (pFAS)
- Prenatal alcohol exposure (PAE)
- Prenatal exposure to alcohol (PEA)
- Alcohol-related disorders (ARD)

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Competency 1: Introduction FASD
Slide 1-17



Alcohol Is Alcohol!

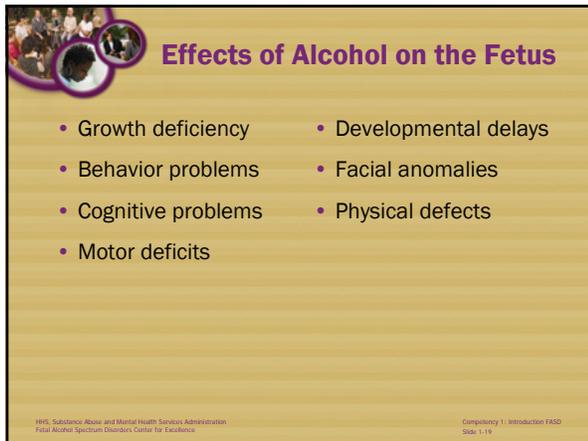





Beer • Table Wine • Wine Cooler • Hard Liquor

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Slide 1-18

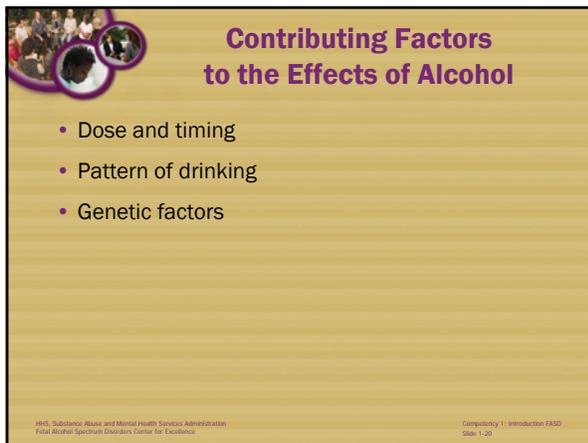


Effects of Alcohol on the Fetus

- Growth deficiency
- Behavior problems
- Cognitive problems
- Motor deficits
- Developmental delays
- Facial anomalies
- Physical defects

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Competency 1: Introduction FASD
Slide 1-19

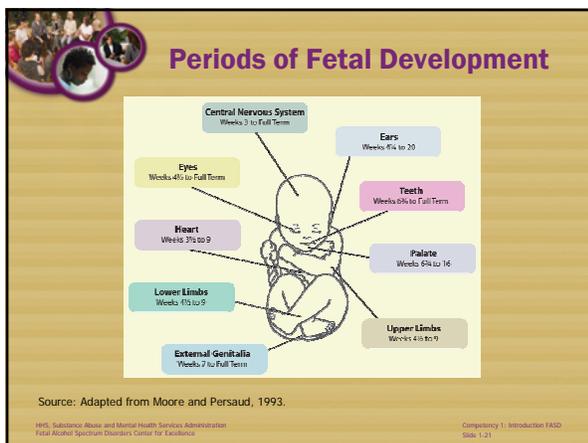


Contributing Factors to the Effects of Alcohol

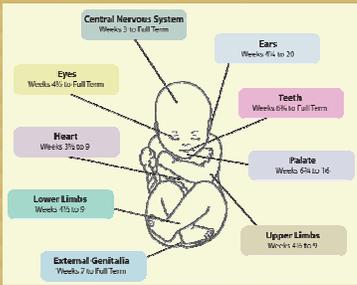
- Dose and timing
- Pattern of drinking
- Genetic factors

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Competency 1: Introduction FASD
Slide 1-20



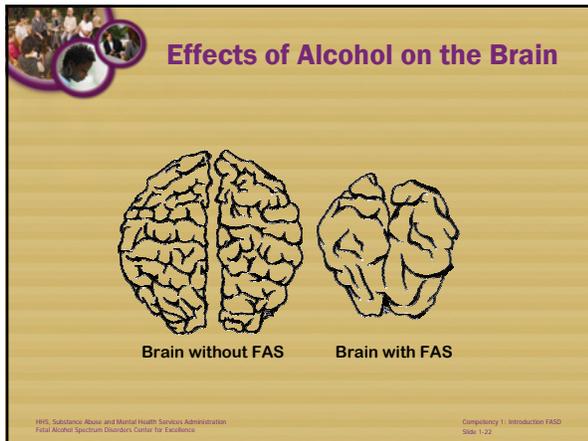
Periods of Fetal Development



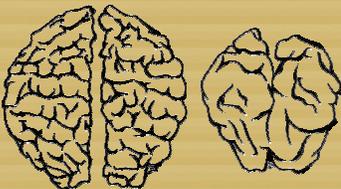
Source: Adapted from Moore and Persaud, 1993.

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Competency 1: Introduction FASD
Slide 1-21



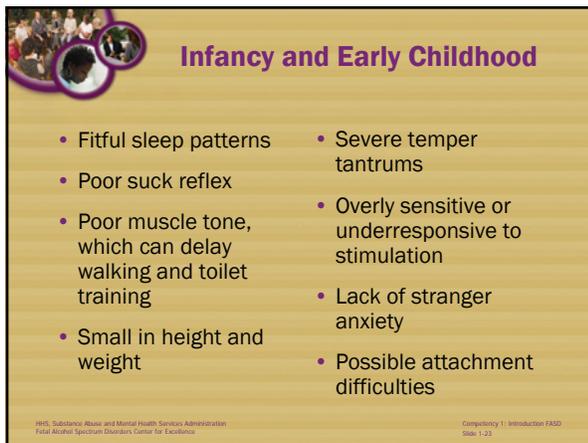
Effects of Alcohol on the Brain



Brain without FAS Brain with FAS

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Competency 1: Introduction FASD
Slide 1-22



Infancy and Early Childhood

- Fitful sleep patterns
- Poor suck reflex
- Poor muscle tone, which can delay walking and toilet training
- Small in height and weight
- Severe temper tantrums
- Overly sensitive or underresponsive to stimulation
- Lack of stranger anxiety
- Possible attachment difficulties

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Competency 1: Introduction FASD
Slide 1-23



Middle Childhood

- Possible hyperactivity
- Poor memory
- Lack of impulse control
- Poor social skills
- Failure to understand consequences
- Very concrete thinking
- Onset of academic problems

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Competency 1: Introduction FASD
Slide 1-24



Adolescence

- Less obvious FAS facial features
- Poor judgment and impulsivity
- Signs of depression
- Alcohol and drug use
- High risk of pregnancy

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Competency 1: Introduction FASD
Slide 1-25



Chronological Versus Developmental Age

Timelines

- Chronological Age ----- 18
- Expressive Language ----- 23
- Social Maturity ----- 12
- Math Skills ----- 8
- Reading Decoding ----- 14
- Reading Comprehension ---- 9

This example represents the kind of variability seen in adolescents with an FASD.

Source: Malbin, 2002. Used with permission from Diane Malbin, MSW.
Competency 1: Introduction FASD
Slide 1-26



Activity






Questions



Posttest!



References

- See References for a complete list of all references used in this competency.

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Competency 1: Introduction FASD
Slide 1-10



Competency 2:
Identification of FASD and Diagnosis of FAS



Curriculum for Addiction Professionals: Level 2

Competency 2: Identification of FASD and Diagnosis of FAS

Description

Summary

This competency reviews the diagnostic criteria for FAS, the specific areas of the brain most vulnerable to prenatal alcohol exposure, procedures for obtaining a diagnosis for clients and the children of clients, and issues related to professional values.

Objectives

After completing this competency, participants should be able to:



- Describe the diagnostic criteria for FAS
- Identify specific areas of the brain most vulnerable to prenatal alcohol exposure
- Demonstrate how to obtain a diagnosis for clients and the children of clients
- Recognize issues related to professional values



Curriculum for Addiction Professionals: Level 2

Competency 2: Identification of FASD and Diagnosis of FAS

Facilitator's Outline

Step and Time	Tools Needed
One: Introduction—5 minutes	
<p>State that this competency is designed to help participants recognize signs and symptoms of an FASD in a client or a client's child. Participants are not expected to be able to identify or diagnose specific disorders. The purpose of the competency is to enable them to make appropriate referrals for diagnostic evaluation. Emphasize that only physicians trained to diagnose fetal alcohol spectrum disorders can make an accurate diagnosis.</p>	PowerPoint Slide 2-1
Two: Why We Are Here—5 minutes	
<p>Discuss objectives for the competency as indicated on PowerPoint Slide 2-2.</p> <p>Discuss Competency 2: Identification of FASD and Diagnosis of FAS. This competency reviews the diagnostic criteria for FAS, the specific areas of the brain most vulnerable to prenatal alcohol exposure, procedures for obtaining a diagnosis for clients and the children of clients, and issues related to professional values and ethics.</p>	PowerPoint Slide 2-2
Three: Pretest—10 minutes	
<p>Distribute the pretest and allow time for participants to complete it. After ensuring that each participant has provided a unique identifier on the pretest (see the Introduction), collect the test. Do not review the answers at this time.</p>	PowerPoint Slide 2-3 Pretest
Four: PowerPoint Presentation—25 minutes	
<p>Using the PowerPoint presentation and facilitator talking points, review the diagnostic criteria for FAS, specific areas of the brain most vulnerable to prenatal alcohol exposure, and procedures for obtaining a diagnosis for clients and clients' children.</p>	PowerPoint Slides 2-4 through 2-18



Competency 2: Identification of FASD and Diagnosis of FAS

Step and Time	Tools Needed
Five: Case Study—30 minutes	
Hand out the Case Study. Ask participants to read it and answer the questions. Once everyone is done, use the Discussion Guide to review participants' responses and delve into any issues raised by the case study.	PowerPoint Slide 2-19 Case Study—Handout Case Study—Discussion Guide
Six: Role-play—30 minutes	
Divide the participants into pairs. Have them choose a role. Hand out the role descriptions and read the roles aloud. Then describe the scenario and have participants role-play the situation. Reconvene the group and use the Discussion Guide to process the role-play and address issues raised and lessons learned.	PowerPoint Slide 2-19 Role-Play—Instructions Role-Play—Role Descriptions Handout Role-Play—Discussion Guide
Seven: Posttest—10 minutes	
Distribute the posttest and allow participants time to complete it. Using the answer key in the curriculum, review the answers to the posttest. After ensuring that each participant has provided his or her unique identifier on the posttest, collect the test.	PowerPoint Slide 2-20 Posttest Posttest Answer Key
Eight: Evaluation—5 minutes	
Total Time—2 hours	



Curriculum for Addiction Professionals: Level 2

Competency 2: Identification of FASD and Diagnosis of FAS

Pretest

ID # _____-pre

Test Your Knowledge Questions

1. Growth deficiencies cannot be detected until the age of 3 years.
True or False
2. Alcohol-related neurodevelopmental disorder (ARND) includes problems associated with which of the following areas:
 - A. Visual and spatial skills
 - B. Motor skills
 - C. Communication
 - D. Memory
 - E. All of the above
3. Behavior problems seen in clients with an FASD are often not intentional and may be related to brain damage.
True or False
4. Cognitive problems associated with FASD may occur in the areas of:
Select all that apply.
 - A. Mathematics
 - B. Memory
 - C. Language
 - D. Coordination
5. The signs and symptoms of FASD share no characteristics with other medical conditions and therefore are easy to diagnose.
True or False



Competency 2: Identification of FASD and Diagnosis of FAS

6. A thorough multidisciplinary assessment often includes:

Select all that apply.

- A. Handwriting test
- B. Prenatal, birth, and medical history
- C. Measurements of facial features for signs of FAS

7. The benefits of an accurate diagnosis include providing better self-awareness and preventing secondary disabilities.

True or False

8. Of the six different parts of the brain, only the frontal lobe, basal ganglia, and hippocampus are affected by alcohol exposure.

True or False

9. An FAS diagnosis can be based solely on facial features.

True or False

10. A multidisciplinary assessment for an FASD frequently includes which of the following professionals:

Select all that apply.

- A. Podiatrist
- B. Psychologist
- C. Occupational therapist
- D. Pediatrician



Curriculum for Addiction Professionals: Level 2

Competency 2: Identification of FASD and Diagnosis of FAS

Pretest Answer Key

Test Your Knowledge Questions

1. Growth deficiencies cannot be detected until the age of 3 years.

True or False

ANSWER: False. They are typically identified within the first year of life.

2. Alcohol-related neurodevelopmental disorder (ARND) includes problems associated with which of the following areas:

- A. Visual and spatial skills
- B. Motor skills
- C. Communication
- D. Memory
- E. All of the above

ANSWER: E.

3. Behavior problems seen in clients with an FASD are often not intentional and may be related to brain damage.

True or False

ANSWER: True.

4. Cognitive problems associated with FASD may occur in the areas of:

Select all that apply.

- A. Mathematics
- B. Memory
- C. Language
- D. Coordination

ANSWER: A, B, C.



Competency 2: Identification of FASD and Diagnosis of FAS

5. The signs and symptoms of FASD share no characteristics with other medical conditions and therefore are easy to diagnose.

True or False

ANSWER: False. The signs and symptoms are similar to those of many other conditions, thus creating the potential for misdiagnosis.

6. A thorough multidisciplinary assessment often includes:

Select all that apply.

- A. Handwriting test
- B. Prenatal, birth, and medical history
- C. Measurements of facial features for signs of FAS

ANSWER: B, C.

7. The benefits of an accurate diagnosis include providing better self-awareness and preventing secondary disabilities.

True or False

ANSWER: True.

8. Of the six different parts of the brain, only the frontal lobe, basal ganglia, and hippocampus are affected by alcohol exposure.

True or False

ANSWER: False. Alcohol exposure can damage any part of the brain.

9. An FAS diagnosis can be based solely on facial features.

True or False

ANSWER: False. It cannot be based solely on facial features, as some features that may look like FAS may be genetic or common for an ethnic/racial group.

10. A multidisciplinary assessment for an FASD frequently includes which of the following professionals:

Select all that apply.

- A. Podiatrist
- B. Psychologist
- C. Occupational therapist
- D. Pediatrician

ANSWER: B, C, D.



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Competency 2: Identification of FASD and Diagnosis of FAS

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Facilitator's Talking Points

Use this space for your notes.



Learning Objectives

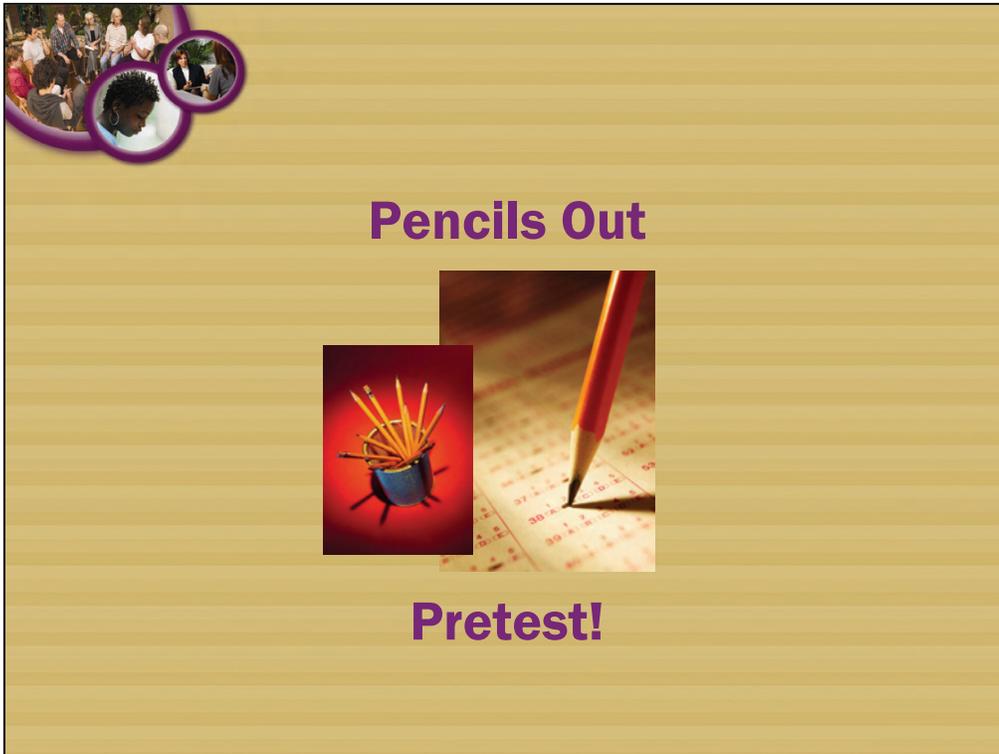
- After completing this competency, participants should be able to:
 - Describe the diagnostic criteria for FAS
 - Identify specific areas of the brain most vulnerable to prenatal alcohol exposure
 - Demonstrate how to obtain a diagnosis for clients and the children of clients
 - Recognize issues related to professional values and ethics

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Competency 2: Identification of FASD and Diagnosis of FAS
Slide 2-3

Facilitator's Talking Points

Use this space for your notes.



Pencils Out

Pretest!

Facilitator's Talking Points

Use this space for your notes.



Diagnostic Criteria for Fetal Alcohol Syndrome

- Characteristic facial features
 - Thin upper lip
 - Small palpebral fissures (eye openings)
 - Smooth philtrum (groove between nose and upper lip)

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Competency 2: Identification of FASD and Diagnosis of FAS
Slide 2-5

Facilitator's Talking Points

- FAS is the only fetal alcohol spectrum disorder with a diagnostic code in the International Classification of Diseases specifically mentioned. As discussed in Competency 1, the Centers for Disease Control and Prevention published guidelines for FAS referral and diagnosis in 2004 (Bertrand, et al., 2004).
- The categories of FAS diagnostic criteria include specific facial features, growth deficiencies, central nervous system abnormalities, and confirmed or unknown prenatal maternal alcohol exposure.
- Additional facial features that may be seen in FAS but are not diagnostic indicators include epicanthal folds (tiny folds of tissue on the inside of the eye opening), ptosis (drooping eyelids), low nasal bridge, flat midface, minor ear anomalies, short nose, and micrognathia (receding chin or underbite).
- The addiction professional cannot diagnose FAS or identify FAS based solely on facial features. Features that look like FAS may be genetic (e.g., everyone in the family has a thin upper lip) or common in certain racial or ethnic groups (e.g., many Asian people have epicanthal folds). In addition, features vary among racial groups. For example, different Lip-Philtrum Guides have been developed for White clients and African American clients because lip sizes tend to vary between these two racial groups. Some of the facial features can be due to genetic syndromes, many of which are listed in the CDC guidelines for diagnosis of FAS.
- Facial features can be used to identify the need for further evaluation and a diagnostic referral.



Diagnostic Criteria for Fetal Alcohol Syndrome (cont'd)

- Growth deficiencies
 - Confirmed prenatal or postnatal height or weight, or both, at or below the 10th percentile
 - Documented at any one point in time
 - Adjusted for age, sex, gestational age, and race or ethnicity

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Competency 2: Identification of FASD and Diagnosis of FAS
Slide 2-6

Facilitator's Talking Points

- Growth deficiencies are typically identified at birth or in the first year of life.
- Some children reach normal weight and height for their age after puberty.
- Weight and height below the norm for the appropriate age group may qualify for one part of a diagnosis of FAS. However, genetic makeup and cultural norms need to be considered. Persons below the group norm for weight and height may be within the normal range for their family.



Diagnostic Criteria for Fetal Alcohol Syndrome (cont'd)

- Effects on the central nervous system
 - Structural anomalies
 - Neurological deficits
 - Functional performance substantially below that expected for an individual's age, schooling, or circumstances

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Competency 2: Identification of FASD and Diagnosis of FAS
Slide 2-7

Facilitator's Talking Points

- Structural abnormalities may include head circumference at or below the 10th percentile, adjusted for age and sex, and clinically significant brain abnormalities observable through electronic imaging.
- Neurological deficits may consist of prenatal seizures or other soft neurological signs, such as problems with coordination, motor control, or visual-motor abilities.
- Functional deficits may include cognitive or developmental deficits or discrepancies; executive functioning deficits; motor functioning delays; problems with short attention, or hyperactivity, or social skills; or deficits in other areas, such as sensory problems, pragmatic language problems, and memory deficits.



Common Disorders Associated With Prenatal Alcohol Exposure

- Partial FAS (pFAS)
- Alcohol-related neurodevelopmental disorder (ARND)
- Alcohol-related birth defects (ARBD)

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Competency 2: Identification of FASD and Diagnosis of FAS
Slide 2-8

Facilitator's Talking Points

- Although FAS is the best known disorder resulting from prenatal alcohol exposure, a number of other conditions have been identified. Diagnostic criteria have not been established for these conditions, and they cannot be confirmed without confirming maternal drinking during pregnancy.
- Partial FAS (pFAS) is sometimes used to describe individuals who have some of the facial features associated with FAS and evidence of one other component of FAS. This may be growth deficiency or brain damage, including related behavioral and cognitive problems. It is not possible to diagnose partial FAS without confirming maternal alcohol exposure.
- Alcohol-related neurodevelopmental disorder (ARND) refers to various neurologically related abnormalities. These include problems with communication skills, memory, learning ability, visual and spatial skills, intelligence, and motor skills. Children with ARND have CNS deficits but not all the physical features of FAS. Some may have none of the FAS facial features. Specific problems may include sleep disturbances, attention deficits, decreased response to noise, decreased visual focus, increased activity, delayed speech development, altered motor skills, learning deficits, and difficulties with attachment.
- Alcohol-related birth defects (ARBD) describe malformations in the skeletal and major organ systems. These defects can occur in children with FAS or may occur as a single diagnosis of ARBD. Virtually every malformation has been described in some patient with FAS. The exact relationship of these anomalies to alcohol remains uncertain.
- The University of Washington developed a 4-digit diagnostic code that includes 22 diagnostic categories based on various combined scores of growth deficiency, FAS facial features, central nervous system abnormalities, and prenatal alcohol exposure (Astley, 2004).



Common Signs and Symptoms of an FASD

- Physical problems
 - Neurosensory hearing loss
 - Poor eye-hand coordination
 - Deficits in fine motor skills
 - Problems with balance and walking
 - Sleeping or feeding problems

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Competency 2: Identification of FASD and Diagnosis of FAS
Slide 2-9

Facilitator's Talking Points

- Difficulties associated with FASD may appear as early as infancy and continue throughout the lifespan. Difficulties with diagnosis can mean that adolescent and adult clients may have an undiagnosed FASD. Diagnosis will be discussed in more detail later in this competency.
- The signs and symptoms shown on this slide are not exhaustive and may not appear in every individual with an FASD. Each case is unique. However, being aware of the signs and symptoms can help the addiction professional identify the need for further evaluation and a diagnostic referral for a client or a client's child.
- Signs to watch for in infants and toddlers include jitteriness; tremors; problems with sleeping and eating; delayed development such as walking and talking; poor adjustment to the environment; hypersensitivity to noise, light, taste, and touch; hearing and vision difficulties; lack of stranger anxiety; and bonding problems.



Common Signs and Symptoms of an FASD (cont'd)

- Behavior problems
 - Hyperactivity
 - Stubbornness
 - Impulsiveness
 - Irritability
 - Risk taking

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Competency 2: Identification of FASD and Diagnosis of FAS
Slide 2-10

Facilitator's Talking Points

- It is important to understand that behavior problems seen in clients with an FASD may result from brain damage and may not be deliberate. A client or a client's child exhibiting these behaviors, as well as physical signs and cognitive deficits, may need a referral for a diagnostic evaluation to check for an FASD.
- Specific behaviors may be seen in young children, such as inappropriate touching, overly friendly behavior, and temper tantrums and disobedience.
- As children reach school age and adolescence, you may also observe a tendency to be led by others, poor peer relationships, behaviors seen as lying or stealing, quick temper and tantrums, disobedience and defiance of authority, and poor understanding of social rules and expectations.
- Adolescents and adults may exhibit problems with judgment, restlessness, difficulty with lasting relationships, small support system, truancy, poor frustration tolerance, and difficulty holding jobs, as well as arrest, jail time, and other legal problems.



Common Signs and Symptoms of an FASD (cont'd)

- Cognitive problems
 - Speech and language deficits
 - Low IQ
 - Memory problems
 - Problems following multiple directions
 - Trouble understanding cause and effect
 - Problems managing time and money

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Competency 2: Identification of FASD and Diagnosis of FAS
Slide 2-11

Facilitator's Talking Points

- Not all persons with an FASD have low IQs but many do. In a 1996 study by Ann Streissguth, et al., persons with FAS had an average IQ of 79. Persons with other forms of fetal alcohol spectrum disorders had an average IQ of 90. The average IQ in persons without neurologic disorders or brain damage is 100.
- Clients who exhibit neurologic disorders or brain damage may have an undiagnosed FASD. It may appear that they are failing to comply with their treatment plan. However, they might not understand or apply it.



Brain Damage From Prenatal Alcohol Exposure

- Corpus callosum
- Hippocampus
- Basal ganglia
- Cerebellum
- Frontal lobes

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Slide 2-12

Facilitator's Talking Points

- Various areas of the brain can be damaged by prenatal alcohol exposure. Certain deficits may be observed, depending on the area of the brain affected. Any of these deficits or behaviors may signal the need for a diagnostic referral to evaluate the client for an FASD.
- The corpus callosum connects the two hemispheres of the brain, allowing the left and right sides to communicate. Prenatal alcohol exposure can include the thinning or complete absence of the corpus callosum. These have been linked to deficits in attention, intellectual function, reading, learning, verbal memory, executive function, and psychosocial functioning. Clients with an FASD may have trouble paying attention in sessions, reading materials, remembering concepts, and applying concepts.
- The hippocampus is involved in memory, but its precise function is uncertain. Alcohol can change the fibers and cause cell reduction. Some persons with prenatal alcohol exposure have deficits in spatial memory and other memory functions associated with the hippocampus. The hippocampus also acts as a mood control center. Damage to the hippocampus can affect the ability to respond appropriately to emotions, such as anger. Clients with an FASD may be prone to outbursts or other inappropriate displays of emotion.
- The basal ganglia are nerve cell clusters involved in motor abilities and cognitive functions. Heavy prenatal alcohol exposure can reduce basal ganglia volume. This can affect skills related to perception, spatial memory and inhibition of inappropriate behavior. Clients with an FASD may be late to appointments, interrupt during sessions, or make inappropriate comments or gestures.
- The cerebellum is involved in both motor and cognitive skills. The cerebellum tends to be smaller in people with an FASD. Damage to the cerebellum can cause learning deficits and problems with motor skills, such as balance and coordination. Clients with an FASD may be clumsy or have difficulty writing.
- The frontal lobes control executive functions, such as planning and problem solving. They also control impulses and judgment. Frontal lobes can be smaller in individuals prenatally exposed to alcohol. Persons with an FASD may have poor impulse control and self-monitoring. They might engage in risky or illegal activity to fit in with peers.

(Source: Mattson, et. al., 2001)



Procedures for Diagnostic Referral

- Role of addiction professional
- Ability to assess risk factors in client or client's children
- Potential for misdiagnosis

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Competency 2: Identification of FASD and Diagnosis of FAS
Slide 2-13

Facilitator's Talking Points

- The addiction professional can play an active role in identifying the need for a diagnostic referral and in providing a referral. However, it can be difficult to obtain an assessment for adult clients. Counselors may consider the possibility of a neurological issue when a client exhibits inappropriate behavior, but only a physician can make a diagnosis.
- Recognizing risk factors is important in making a referral. Because most people with an FASD have no visible signs of alcohol exposure, their problems may be wrongly blamed on childhood experiences, mental health disorders, or addiction.
- When no diagnostic assessment is available, counselors can simply modify the treatment plan and expected outcomes, which may increase the client's chance of success.
- Although the addiction professional may recognize facial features, cognitive deficits, behavior problems, and other signs of FASD, he or she cannot and should not make a diagnosis. An addiction professional can only assess risk factors and determine the need for further evaluation. FASD is a complex issue that carries a great deal of stigma. It would be inappropriate and possibly damaging to tell clients that they or their children have an FASD.
- Another area of concern is the potential for misdiagnosis. The signs and symptoms of FASD are similar to many other conditions. People with an FASD are often diagnosed with other disorders, such as autism or attention-deficit/hyperactivity disorder. A diagnostic referral is the appropriate course of action when an FASD is suspected.
- It cannot be emphasized enough that the addiction professional cannot and should not attempt to diagnose an FASD. Signs and symptoms of FASD are similar to many other conditions, and misdiagnosis is common.



Benefits of an Accurate Diagnosis

- Accurate diagnosis can:
 - Help prevent secondary disabilities
 - Help the person receive appropriate services and entitlements such as Supplemental Security Income
 - Aid communication among clinicians, caregivers, educators, and families
 - Provide better self-awareness and improved understanding from family members

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Competency 2: Identification of FASD and Diagnosis of FAS
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Facilitator's Talking Points

- Some people with an FASD have said that they were relieved to get a diagnosis because it explained their problems and made them feel less "stupid". An accurate and early diagnosis can also help prevent secondary disabilities, which occur as a result of a poor fit between the person and the environment. Secondary disabilities include alcohol, drug, and mental health problems; trouble in school or work; and legal problems. Streissguth and her colleagues found that early diagnosis helped protect against secondary disabilities (1996).
- In addition to identifying specific difficulties, an accurate diagnosis can help a person qualify for benefits, which may help cover the cost of treatment.
- An accurate diagnosis of an FASD can also inform treatment plans and aid communication with clients and the many service providers they encounter.
- An accurate diagnosis can also promote better understanding from family members, who may be frustrated with the person's substance use and inability to learn from mistakes.
- Diagnosis of a client or a client's child with an FASD is the first step in providing appropriate and effective interventions.



Items Included in a Thorough Multidisciplinary Assessment

- Prenatal, birth, and medical history
- Physical examination
- Measurement of facial features for signs of FAS
- IQ test
- Evaluation of cognitive and executive function deficits and motor delays
- Evaluation of social skills and behavior

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Competency 2: Identification of FASD and Diagnosis of FAS
Slide 2-15

Facilitator's Talking Points

- A team approach is best because many tests and evaluations are needed by various specialists, such as occupational therapists, speech and language therapists, and neuropsychiatrists. The addiction professional may need to act as a case manager to coordinate evaluations or to follow up with specialists or may work with a case manager assigned by the treatment facility or program.
- A physical exam includes height, weight, vision, hearing, heart screen, and evaluation of early and current growth patterns.
- Many variables are considered in the diagnosis of an FASD. Only specialists trained in dysmorphology and neurodevelopmental assessment and who understand the effects of prenatal alcohol exposure are qualified to diagnose these disorders. They will also be able to recognize alternative syndromes and neurodevelopmental conditions.
- Cognitive and executive function deficits may include memory problems and problems following multistep directions.
- Evaluations may also look for signs of attention deficits, hyperactivity, poor peer relations, and behavior problems.



Possible Diagnostic Team Members

- Geneticist
- Developmental pediatrician
- Dysmorphologist
- Speech-language pathologist
- Occupational and physical therapists
- Psychologists
- Neurologists and neuropsychologists
- Psychiatrists
- Nurses, social workers, and other licensed behavioral health specialists
- Education consultants

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Competency 2: Identification of FASD and Diagnosis of FAS
Slide 2-16

Facilitator's Talking Points

- The diagnostic process is extremely complex and may involve multiple professionals. The slide shows examples of the types of specialists needed to diagnose various fetal alcohol spectrum disorders. This list is not exhaustive. An addiction professional may want to consult other individuals regarding specific issues.
- Discussions with family members and other members of the client's support group can also provide valuable information.
- Note: Participants may not recall what some of these specialties are. A developmental pediatrician looks at growth patterns, milestones, and other signs of developmental delay. A dysmorphologist specializes in birth defects. Neurologists and neuropsychologists can describe cognitive impairments and explain their causes and evaluate behavioral impairments resulting from brain injury.



Client Expectations for the Diagnostic Assessment

- Followup to discuss assessment and future treatment plans
- Likelihood of clients with a child with an FASD to have another child with an FASD

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Slide 2-17

Facilitator's Talking Points

- The addiction professional needs to stay abreast of the client's diagnostic evaluations and review the results with the primary care provider coordinating the evaluations. This may be a physician or case manager, depending on the treatment program or facility structure, the client's insurance or other payment plan, or other issues.
- It is important for the addiction professional to incorporate any diagnostic findings into the client's file and treatment plan. In some cases, another addiction professional might need to take over a case, and the assessment information will be critical in the transition.
- Some clients' children will be diagnosed with some type of FASD. Clients who have a child with an FASD are at high risk of having another child with an FASD. The treatment plan will need to address issues related to having a child with an FASD in order to help the client have healthy children in the future.
- Given the medical nature of the assessments and complexity of the findings, it is best for the addiction professional to include the primary care provider or case manager in any discussions with the client. It might also help to have a therapist available trained to deal with these issues and situations. FASD is a very sensitive subject, and it is important to share any diagnosis related to prenatal alcohol exposure carefully. Receiving this type of information can be stressful and upsetting and may place a client at risk of relapse.



Resources for Diagnostic Assessment

- FASD diagnostic clinics
- Web-based directory of FASD services, www.nofas.org/resource/directory.aspx

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Competency 2: Identification of FASD and Diagnosis of FAS
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Facilitator's Talking Points

- A limited number of experts are available who specialize in FASD evaluation. Depending on the community, services might be available from a developmental pediatrician, an FASD clinic, a genetics clinic, or another specialist.
- The National Organization on Fetal Alcohol Syndrome maintains a Web-based directory of FASD services that includes diagnostic centers and other resources for diagnostic evaluations.



Professional Values Related to Diagnosis

- Important to get an accurate diagnosis so that treatment plans can be tailored
- Need to refer children for evaluation, as raising a child with an FASD can affect recovery
- Need to be sensitive when discussing FASD with clients

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Competency 2: Identification of FASD and Diagnosis of FAS
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Facilitator's Talking Points

- Having an FASD can affect recovery. People with an FASD might have trouble processing the steps in a 12-Step program or have difficulty remembering appointments. In addition, they can be easily influenced by peers. They may relapse if they return to an environment in which friends or relatives drink. It is important that clients suspected of having an FASD be assessed so that treatment plans can be tailored accordingly.
- Having a child with an FASD can also affect a woman's recovery process. Raising a child with an FASD can be extremely stressful and may trigger drinking episodes or relapse. Children suspected of having an FASD should also be evaluated. An early diagnosis can help in obtaining needed services, thus decreasing stress and increasing the woman's chances of continuing her recovery process.
- Receiving a diagnosis of an FASD for oneself or one's child can be upsetting. Some people are relieved to have an explanation for their problems. Others may feel shame or embarrassment. Many mothers face social stigma associated with drinking while pregnant and internalize feelings of blame, shame, and guilt. Their families might also feel ashamed. Partners might feel guilty for not knowing about FASD or not trying harder to keep the woman sober during her pregnancy. Counselors need to be mindful of such feelings so that they can assist clients and their families in processing their reactions.
- Dealing with FASD is complex and difficult and requires open, honest, and sensitive communication. Counselors need to work especially hard to establish trust and rapport with clients who may have had prenatal exposure to alcohol or who have children with an FASD. Sensitivity to the client's family situation and cultural values is key. For example, some cultures believe that pregnancy is a sacred time and that drinking while pregnant breaks the sacred trust. Clients within these cultural groups who believe in these values may need spiritual guidance to cope with this knowledge, while others may want a more secular approach.
- Counselors need to be culturally competent. They need to have substantive, accurate knowledge of the client's background and beliefs. They also need the skills to use this knowledge to form a productive relationship that will support ongoing recovery.



Activity



Facilitator's Talking Points

- Conduct Activity 1 — Case Study.
- Conduct Activity 2 — Role-Play.



Questions



Posttest!

Facilitator's Talking Points

Use this space for your notes.



References

- See References for a complete list of all references used in this competency.

Facilitator's Talking Points

Use this space for your notes.



Curriculum for Addiction Professionals: Level 2

Competency 2: Identification of FASD and Diagnosis of FAS

Posttest

ID # _____ —post

Test Your Knowledge Questions

1. An FAS diagnosis can be based solely on facial features.
True or False
2. Behavior problems seen in clients with an FASD are often not intentional and may be related to brain damage.
True or False
3. The benefits of an accurate diagnosis include providing better self-awareness and preventing secondary disabilities.
True or False
4. A multidisciplinary assessment for an FASD frequently includes which of the following professionals:
Select all that apply.
A. Podiatrist
B. Psychologist
C. Occupational therapist
D. Pediatrician
5. Growth deficiencies cannot be detected until the age of 3 years.
True or False
6. Cognitive problems associated with FASD may occur in the areas of:
Select all that apply.
A. Mathematics
B. Memory
C. Language
D. Coordination



7. Alcohol-related neurodevelopmental disorder (ARND) includes problems associated with which of the following areas:
- A. Visual and spatial skills
 - B. Motor skills
 - C. Communication
 - D. Memory
 - E. All of the above
8. Of the six different parts of the brain, only the frontal lobe, basal ganglia, and hippocampus are affected by alcohol exposure.
- True or False
9. A thorough multidisciplinary assessment often includes:
- Select all that apply.
- A. Handwriting test
 - B. Prenatal, birth, and medical history
 - C. Measurements of facial features for signs of FAS
10. The signs and symptoms of FASD share no characteristics with other medical conditions and therefore are easy to diagnose.
- True or False



Curriculum for Addiction Professionals: Level 2

Competency 2: Identification of FASD and Diagnosis of FAS

Posttest Answer Key

Test Your Knowledge Questions

1. An FAS diagnosis can be based solely on facial features.

True or False

ANSWER: False. It cannot be based solely on facial features, as some features that may look like FAS may be genetic or common for an ethnic/racial group.

2. Behavior problems seen in clients with an FASD are often not intentional and may be related to brain damage.

True or False

ANSWER: True.

3. The benefits of an accurate diagnosis include providing better self-awareness and preventing secondary disabilities.

True or False

ANSWER: True.

4. A multidisciplinary assessment for an FASD frequently includes which of the following professionals:

Select all that apply.

- A. Podiatrist
- B. Psychologist
- C. Occupational therapist
- D. Pediatrician

ANSWER: B, C, D.

5. Growth deficiencies cannot be detected until the age of 3 years.

True or False

ANSWER: False. They are typically identified within the first year of life.



6. Cognitive problems associated with FASD may occur in the areas of:

Select all that apply.

- A. Mathematics
- B. Memory
- C. Language
- D. Coordination

ANSWER: A, B, C.

7. Alcohol-related neurodevelopmental disorder (ARND) includes problems associated with which of the following areas:

- A. Visual and spatial skills
- B. Motor skills
- C. Communication
- D. Memory
- E. All of the above

ANSWER: E.

8. Of the six different parts of the brain, only the frontal lobe, basal ganglia, and hippocampus are affected by alcohol exposure.

True or False

ANSWER: False. Alcohol exposure can damage any part of the brain.

9. A thorough multidisciplinary assessment often includes:

Select all that apply.

- A. Handwriting test
- B. Prenatal, birth, and medical history
- C. Measurements of facial features for signs of FAS

ANSWER: B, C.

10. The signs and symptoms of FASD share no characteristics with other medical conditions and therefore are easy to diagnose.

True or False

ANSWER: False. The signs and symptoms are similar to those of many other conditions, thus creating the potential for misdiagnosis.



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Competency 2: Identification of FASD and Diagnosis of FAS

Activity 1—Case Study—Handout

Jane, a woman in her 20s, is in treatment for the third time. She has trouble remembering when sessions are and is regularly late for group. She needs frequent reminders to attend. Jane has difficulty paying attention during group and often interrupts and makes inappropriate or unrelated comments. She can recite the rules but has trouble following them. When asked to make her bed, she refuses and complains that “this place is stupid and I’m leaving.”

Jane has mentioned that her mother drinks a lot and has for as long as Jane can remember. Jane is a pretty woman with big brown eyes and a full mouth. She says that people tell her she could be a model.

When she was a teenager, a man at the mall invited Jane to his studio to take some photos. While there, he gave her alcohol and marijuana and they had sex. After that, she drank frequently, often with the man she met at the mall. Her grades were poor and she talked about dropping out of school. She was sent to treatment after she was caught stealing vodka from a local liquor store.

Questions

1. Can you determine Jane’s diagnosis? Why or why not?

2. What conditions might Jane have?

3. Would you refer Jane for any further evaluation? Why or why not?



Curriculum for Addiction Professionals: Level 2

Competency 2: Identification of FASD and Diagnosis of FAS

Activity 1—Case Study—Discussion Guide

Hand out the case study and ask participants to read it and answer the questions. After participants have answered the questions, review each question and ask participants to respond. Suggested answers follow. The important message is that Jane's diagnosis cannot be determined and it would be a good idea to refer her for an evaluation for an FASD.

Questions

1. Can you determine Jane's diagnosis? Why or why not?

We cannot determine Jane's diagnosis. Jane does not appear to have any of the facial features of fetal alcohol syndrome. At present, we only have Jane's report of her mother's heavy drinking and therefore we would need to do further investigation of prenatal alcohol exposure. Only a team of qualified, multidisciplinary diagnosticians can make the diagnosis, as it may look similar to other medical conditions. If the addiction professional suspects an FASD, he or she could modify the treatment plan to address these issues and concerns.

2. What conditions might Jane have?

Jane appears to have cognitive and behavior problems, as well as deficits in social skills. She could have any of a number of conditions, including an FASD, an autism spectrum disorder, an attention-deficit/hyperactivity disorder, mental retardation, a learning disability, or a mental illness.

3. Would you refer Jane for any further evaluation? Why or why not?

Yes. Jane presents signs and symptoms of a number of disorders. Since her cognitive and behavior problems are affecting her treatment, a diagnostic evaluation could help identify any specific conditions. A more thorough assessment could help identify ways to modify her treatment plan to best meet her needs. For further evaluation and diagnosis, Jane should be referred to a multidisciplinary team, including a dysmorphologist.



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Competency 2: Identification of FASD and Diagnosis of FAS

Activity 2—Role-Play—Instructions

Instructions

1. Have the group divide into pairs. If the group has an odd number, one group can have three members.
2. One person in each pair will play the client, and the other will play the addiction professional.
3. Hand out the role descriptions and read them to the group:

Client (participant can use own name or choose a name)

You are a young adult in an outpatient treatment program. You are regularly late for appointments or show up on the wrong day. You read the material your counselor gives you but have trouble understanding it. You hang out with a group of people who binge drink on weekends. In addition, your mother has serious alcohol problems. You want to stop drinking but just can't seem to process the 12 steps or make sense of your treatment program. You work bussing tables at a local restaurant and your boss has been supportive, but he says if you don't shape up he'll have to let you go.

Addiction Professional (participant can use own name or choose a name)

You've been meeting with this client for a few months. You've tried different approaches but nothing seems to work. You are thinking of kicking him out of treatment. Your client just doesn't get it. You're very frustrated and wonder if the client may actually have an FASD that is interfering with his success in the program. You plan on meeting with him to probe further into possible prenatal alcohol exposure. If he seems to meet some of the risk factors for FASD, you wonder how to refer the client for an FASD evaluation.

4. Describe the situation the participants will role-play:
The counselor meets with the client and asks a series of questions to get a better sense of a possible FASD. After assessing risk factors, the counselor believes that the client probably has an FASD. The counselor would like to pursue an assessment for the client.
5. Give the participants about 10 minutes to act out the scenario. Then have them come together to discuss their experience.



Curriculum for Addiction Professionals: Level 2

Competency 2: Identification of FASD and Diagnosis of FAS

Activity 2—Role-Play—Role Descriptions Handout

Client (participant can use own name or choose a name)

You are a young adult in an outpatient treatment program. You are regularly late for appointments or show up on the wrong day. You read the material your counselor gives you but have trouble understanding it. You hang out with a group of people who binge drink on weekends. In addition, your mother has serious alcohol problems. You want to stop drinking but just can't seem to process the 12 steps or make sense of your treatment program. You work bussing tables at a local restaurant and your boss has been supportive, but he says if you don't shape up he'll have to let you go.

Addiction Professional (participant can use own name or choose a name)

You've been meeting with this client for a few months. You've tried different approaches but nothing seems to work. You are thinking of kicking him out of treatment. Your client just doesn't get it. You're very frustrated and wonder if the client may actually have an FASD that is interfering with his success in the program. You plan on meeting with him to probe further into possible prenatal alcohol exposure. If he seems to meet some of the risk factors for FASD, you wonder how to refer the client for an FASD evaluation.



Curriculum for Addiction Professionals: Level 2

Competency 2: Identification of FASD and Diagnosis of FAS

Activity 2—Role-Play—Discussion Guide

Questions for Clients

1. How did you feel being the client?
2. Did you think the counselor treated you with respect and sensitivity?
3. How did you feel when the counselor told you that you might have an FASD?

Questions for Addiction Professionals

1. How did you feel being the counselor?
2. Was it hard for you to bring up the subject of FASD?
3. Did you consider any cultural issues that might make it easier to discuss the subject?
4. Were you careful to avoid letting the client see your frustration?

Key Points

- Having an FASD can affect recovery. People with an FASD might have trouble processing the steps in a 12-Step program and need to have a sponsor that understands FASD. They might have difficulty remembering appointments. In addition, they can be easily influenced by peers. They may relapse if they return to an environment in which friends or relatives drink, so structured, sober housing is an important aspect of treatment planning. It is important that clients suspected of having an FASD be assessed so that treatment plans can be tailored accordingly.
- Assessments are not always possible, especially in the short timeframe that most people spend in addiction treatment. Often times, counselors may have to make assumptions about the presence of FASD (not diagnose) in order to assist their clients in achieving recovery.
- Receiving a diagnosis of an FASD can be upsetting. Some people are relieved to have an explanation for their problems. Others may feel shame or embarrassment. Some may blame their mother for drinking while pregnant or question whether she loves them. Open, honest, and sensitive communication is important to help clients handle the possibility of having an FASD.
- Sensitivity to the clients' family situation and cultural values is key. Some clients may need spiritual guidance to cope with the possibility of having an FASD and to feel comfortable getting an evaluation.



Competency 1: Identification of FASD and Diagnosis of FAS

- The family should be involved to the extent possible. With adolescent clients, you might want to include the family when you broach the subject of FASD. With adult clients, you will need their consent to include the family, unless the clients have a legal guardian appointed. Legal issues are discussed in Competency 6.



Curriculum for Addiction Professionals: Level 2

Competency 2: Identification of FASD and Diagnosis of FAS



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The information in this curriculum was developed from materials created by the National Organization on Fetal Alcohol Syndrome (NOFAS). The Substance Abuse and Mental Health Services Administration (SAMHSA) appreciates the collaboration.



Learning Objectives

- After completing this competency, participants should be able to:
 - Describe the diagnostic criteria for FAS
 - Identify specific areas of the brain most vulnerable to prenatal alcohol exposure
 - Demonstrate how to obtain a diagnosis for clients and the children of clients
 - Recognize issues related to professional values and ethics

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Competency 2: Identification of FASD and Diagnosis of FAS
Slide 2-1



Pencils Out



Pretest!



Diagnostic Criteria for Fetal Alcohol Syndrome

- Characteristic facial features
 - Thin upper lip
 - Small palpebral fissures (eye openings)
 - Smooth philtrum (groove between nose and upper lip)

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Competency 2: Identification of FASD and Diagnosis of FAS
Slide 2-5



Diagnostic Criteria for Fetal Alcohol Syndrome (cont'd)

- Growth deficiencies
 - Confirmed prenatal or postnatal height or weight, or both, at or below the 10th percentile
 - Documented at any one point in time
 - Adjusted for age, sex, gestational age, and race or ethnicity

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Diagnostic Criteria for Fetal Alcohol Syndrome (cont'd)

- Effects on the central nervous system
 - Structural anomalies
 - Neurological deficits
 - Functional performance substantially below that expected for an individual's age, schooling, or circumstances

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Competency 2: Identification of FASD and Diagnosis of FAS
Slide 2-7



Common Disorders Associated With Prenatal Alcohol Exposure

- Partial FAS (pFAS)
- Alcohol-related neurodevelopmental disorder (ARND)
- Alcohol-related birth defects (ARBD)

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Competency 2: Identification of FASD and Diagnosis of FAS
Slide 2-8



Common Signs and Symptoms of an FASD

- Physical problems
 - Neurosensory hearing loss
 - Poor eye-hand coordination
 - Deficits in fine motor skills
 - Problems with balance and walking
 - Sleeping or feeding problems

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Competency 2: Identification of FASD and Diagnosis of FAS
Slide 2-9



Common Signs and Symptoms of an FASD (cont'd)

- Behavior problems
 - Hyperactivity
 - Stubbornness
 - Impulsiveness
 - Irritability
 - Risk taking

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Competency 2: Identification of FASD and Diagnosis of FAS
Slide 2-10



Common Signs and Symptoms of an FASD (cont'd)

- Cognitive problems
 - Speech and language deficits
 - Low IQ
 - Memory problems
 - Problems following multiple directions
 - Trouble understanding cause and effect
 - Problems managing time and money

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Competency 2: Identification of FASD and Diagnosis of FAS
Slide 2-11



Brain Damage From Prenatal Alcohol Exposure

- Corpus callosum
- Hippocampus
- Basal ganglia
- Cerebellum
- Frontal lobes

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Competency 2: Identification of FASD and Diagnosis of FAS
Slide 2-12



Procedures for Diagnostic Referral

- Role of addiction professional
- Ability to assess risk factors in client or client's children
- Potential for misdiagnosis

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Competency 2: Identification of FASD and Diagnosis of FAS
Slide 2-15



Benefits of an Accurate Diagnosis

- Accurate diagnosis can:
 - Help prevent secondary disabilities
 - Help the person receive appropriate services and entitlements such as Supplemental Security Income
 - Aid communication among clinicians, caregivers, educators, and families
 - Provide better self-awareness and improved understanding from family members

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Competency 2: Identification of FASD and Diagnosis of FAS
Slide 2-16



Items Included in a Thorough Multidisciplinary Assessment

- Prenatal, birth, and medical history
- Physical examination
- Measurement of facial features for signs of FAS
- IQ test
- Evaluation of cognitive and executive function deficits and motor delays
- Evaluation of social skills and behavior

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Competency 2: Identification of FASD and Diagnosis of FAS
Slide 2-17



Possible Diagnostic Team Members

- Geneticist
- Developmental pediatrician
- Dysmorphologist
- Speech-language pathologist
- Occupational and physical therapists
- Psychologists
- Neurologists and neuropsychologists
- Psychiatrists
- Nurses, social workers, and other licensed behavioral health specialists
- Education consultants

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Competency 2: Identification of FASD and Diagnosis of FAS
Slide 2-14



Client Expectations for the Diagnostic Assessment

- Followup to discuss assessment and future treatment plans
- Likelihood of clients with a child with an FASD to have another child with an FASD

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Competency 2: Identification of FASD and Diagnosis of FAS
Slide 2-15



Resources for Diagnostic Assessment

- FASD diagnostic clinics
- Web-based directory of FASD services, www.nofas.org/resource/directory.aspx

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Competency 2: Identification of FASD and Diagnosis of FAS
Slide 2-16



Professional Values Related to Diagnosis

- Important to get an accurate diagnosis so that treatment plans can be tailored
- Need to refer children for evaluation, as raising a child with an FASD can affect recovery
- Need to be sensitive when discussing FASD with clients

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Competency 2: Identification of FASD and Diagnosis of FAS
Slide 2-19



Activity





Questions



Posttest!



References

- See References for a complete list of all references used in this competency.

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Competency 2: Identification of FASD and Diagnosis of FAS
Slide 2-22



Competency 3:
Treatment Strategies for Working
With Clients With an FASD



Curriculum for Addiction Professionals: Level 2

Competency 3: Treatment Strategies for Working With Clients With an FASD

Description

Summary

This competency describes counseling approaches and strategies for (1) working with adults and adolescents with an FASD and (2) addressing the needs of clients whose children have an FASD. Specific topics include treatment plan development, family support, family planning, communication issues and counseling methods, transition planning, and case management. The competency also addresses educational issues related to adolescents, as well as ways to provide support to parents in obtaining a diagnosis and services for their children with an FASD. Finally, professional values and ethics, such as nonjudgmental behavior and the need to overcome biases, are addressed.

Objectives

After completing this competency, participants should be able to:



- Describe counseling approaches and strategies for working with adults with an FASD
- Describe counseling approaches and strategies for working with adolescents with an FASD
- Identify strategies for working with children with an FASD
- Recognize issues related to professional values and ethics



Curriculum for Addiction Professionals: Level 2

Competency 3: Treatment Strategies for Working With Clients With an FASD

Facilitator's Outline

Step and Time	Tools Needed
One: Introduction—5 minutes	
<p>State that this competency is designed to help participants learn counseling approaches and strategies for working with adults, adolescents, and children. Clients with an FASD need treatment plans tailored to their specific needs, since they learn and respond to treatment differently. Traditional approaches might not be as effective. Note that while addiction professionals are not likely to work with children with an FASD, their clients might have children with an FASD and this will affect the clients' treatment.</p>	<p>PowerPoint Slide 3-1</p>
Two: Why We Are Here—5 minutes	
<p>Discuss objectives for the competency as indicated on PowerPoint Slide 3-2.</p> <p>Discuss Competency 3: Treatment Strategies for Working With Clients With an FASD. This competency describes counseling approaches and strategies for (1) working with adults and adolescents with an FASD and (2) addressing the needs of clients whose children have an FASD. Specific topics include treatment plan development, family support, family planning, communication issues and counseling methods, transition planning, and case management. The competency also addresses educational issues related to adolescents, as well as ways to provide support to parents in obtaining a diagnosis and services for their children with an FASD. Finally, professional values and ethics, such as nonjudgmental behavior and the need to overcome biases, are addressed.</p>	<p>PowerPoint Slide 3-2</p>
Three: Pretest—10 minutes	
<p>Distribute the pretest and allow time for participants to complete it. After ensuring that each participant has provided a unique identifier on the pretest (see the Introduction), collect the test. Do not review the answers at this time.</p>	<p>PowerPoint Slide 3-3 Pretest</p>



Competency 3: Treatment Strategies for Working With Clients With an FASD

Step and Time	Tools Needed
Four: PowerPoint Presentation—20 minutes	
Using the PowerPoint presentation and facilitator talking points, review treatment plan development, ways to modify treatment plans for clients with an FASD, and issues specific to adults.	PowerPoint Slides 3-4 through 3-15
Five: Adult Case Study—30 minutes	
Hand out the Adult Case Study. Ask participants to read it and answer the questions. Once everyone is done, use the Discussion Guide to review participants' responses and delve into any issues raised by the case study.	PowerPoint Slide 3-16 Adult Case Study— Handout Adult Case Study— Discussion Guide
Six: PowerPoint Presentation—20 minutes	
Using the PowerPoint presentation and facilitator talking points, review treatment plan development, ways to modify treatment plans for clients with an FASD, and issues specific to adolescents.	PowerPoint Slides 3-17 through 3-27
Seven: Adolescent Case Study—30 minutes	
Hand out the Adolescent Case Study. Ask participants to read it and answer the questions. Once everyone is done, use the Discussion Guide to review participants' responses and delve into any issues raised by the case study.	PowerPoint Slide 3-28 Adolescent Case Study— Handout Adolescent Case Study— Discussion Guide
Eight: PowerPoint Presentation—20 minutes	
Using the PowerPoint presentation and facilitator talking points, review issues specific to helping clients whose children have an FASD.	PowerPoint Slides 3-29 through 3-33



Competency 3: Treatment Strategies for Working With Clients With an FASD

Step and Time	Tools Needed
Nine: Role-Play—30 minutes	
Assign roles to two volunteers. Hand out the role descriptions and read the roles aloud. Then describe the scenario and have volunteers role-play the situation. Use the Discussion Guide to process the role-play and address issues raised during the role play and lessons learned.	PowerPoint Slide 3-34 Role-Play—Instructions Role-Play—Role Descriptions Handout Role-Play—Discussion Guide
Ten: Discussion of Professional Values and Ethics—25 minutes	
Using the Professional Values and Ethics Discussion Guide, review the questions. Participants can volunteer answers and you can go around the room and solicit responses. Do not force participants to answer questions, as some might not feel comfortable and may just want to listen.	Power Point Slide 3-34 Professional Values and Ethics—Discussion Guide
Eleven: Posttest—10 minutes	
Distribute the posttest and allow participants time to complete it. Using the answer key in the curriculum, review the answers to the posttest. After ensuring that each participant has provided his or her unique identifier on the posttest, collect the test.	PowerPoint Slide 3-35 Posttest Posttest Answer Key
Twelve: Evaluation—5 minutes	
Total Time—3.5 hours	



Curriculum for Addiction Professionals: Level 2

Competency 3: Treatment Strategies for Working With Clients With an FASD

Pretest

ID # _____-pre

Test Your Knowledge Questions

1. Mentoring and family involvement are promising strategies for working with clients with an FASD.

True or False

2. In developing a treatment plan for adults with an FASD, the assessment process should identify which of the following:

Select all that apply.

- A. Stresses
- B. Areas of vulnerability
- C. Timeframe for full recovery from disabilities
- D. Skills

3. Treatment needs to include adapting the environment because people cannot change how their brains work. The environment includes which of the following components:

Select all that apply.

- A. Institutional
- B. Physical
- C. Social

4. The emotional and social age of adults with an FASD are generally the same as their chronological age.

True or False

5. Creative alternatives to traditional talk therapy with adolescents may include:

Select all that apply.

- A. Music therapy
- B. Physical therapy
- C. Group therapy
- D. Art therapy



Competency 3: Treatment Strategies for Working With Clients With an FASD

6. How can a counselor provide support to family members of a client with an FASD?
Select all that apply.
- A. Be available for support 24 hours a day, 7 days a week
 - B. Connect family members with a support group or community resources
 - C. Arrange for respite care
 - D. Discuss sober housing options
7. Repetition and review of rules and expectations are not effective means of communicating with persons with an FASD.
True or False
8. Treatment plan development for adolescents should include:
Select all that apply.
- A. Simple rules written out
 - B. Refusal skills training
 - C. Assignment of a coach or “buddy”
 - D. Involvement of the family
9. Parents of children with an FASD should be aware of the following laws regarding the education of children:
Select all that apply.
- A. IDEA
 - B. FACE
 - C. CAPE
 - D. FAPE
10. Which environmental modifications might benefit a child with an FASD?
Select all that apply.
- A. Repeating rules
 - B. Stocking the child’s room with a lot of toys and electronic equipment
 - C. Maintaining a routine



Curriculum for Addiction Professionals: Level 2

Competency 3: Treatment Strategies for Working With Clients With an FASD

Pretest Answer Key

Test Your Knowledge Questions

1. Mentoring and family involvement are promising strategies for working with clients with an FASD.

True or False

ANSWER: True.

2. In developing a treatment plan for adults with an FASD, the assessment process should identify which of the following:

Select all that apply.

- A. Stresses
- B. Areas of vulnerability
- C. Timeframe for full recovery from disabilities
- D. Skills

ANSWER: A, B, D.

3. Treatment needs to include adapting the environment because people cannot change how their brains work. The environment includes which of the following components:

Select all that apply.

- A. Institutional
- B. Physical
- C. Social

ANSWER: A, B, C.

4. The emotional and social age of adults with an FASD are generally the same as their chronological age.

True or False

ANSWER: False. It is often lower.



Competency 3: Treatment Strategies for Working With Clients With an FASD

5. Creative alternatives to traditional talk therapy with adolescents may include:

Select all that apply.

- A. Music therapy
- B. Physical therapy
- C. Group therapy
- D. Art therapy

ANSWER: A, D.

6. How can a counselor provide support to family members of a client with an FASD?

Select all that apply.

- A. Be available for support 24 hours a day, 7 days a week
- B. Connect family members with a support group or community resources
- C. Arrange for respite care
- D. Discuss sober housing options

ANSWER: B, C, D.

7. Repetition and review of rules and expectations are not effective means of communicating with persons with an FASD.

True or False

ANSWER: False. Repetition and review are effective in dealing with memory difficulties and for reinforcing understanding.

8. Treatment plan development for adolescents should include:

Select all that apply.

- A. Simple rules written out
- B. Refusal skills training
- C. Assignment of a coach or “buddy”
- D. Involvement of the family

ANSWER: A, B, C, D.



Competency 3: Treatment Strategies for Working With Clients With an FASD

9. Parents of children with an FASD should be aware of the following laws regarding the education of children:

Select all that apply.

- A. IDEA
- B. FACE
- C. CAPE
- D. FAPE

ANSWER: A, D.

10. Which environmental modifications might benefit a child with an FASD?

Select all that apply.

- A. Repeating rules
- B. Stocking the child's room with a lot of toys and electronic equipment
- C. Maintaining a routine

ANSWER: A, C.



Curriculum for Addiction Professionals: Level 2

Competency 3: Treatment Strategies for Working With Clients With an FASD

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Facilitator's Talking Points

Use this space for your notes.



The information in this curriculum was developed from materials created by the National Organization on Fetal Alcohol Syndrome (NOFAS). The Substance Abuse and Mental Health Services Administration (SAMHSA) appreciates the collaboration.

Facilitator's Talking Points



Learning Objectives

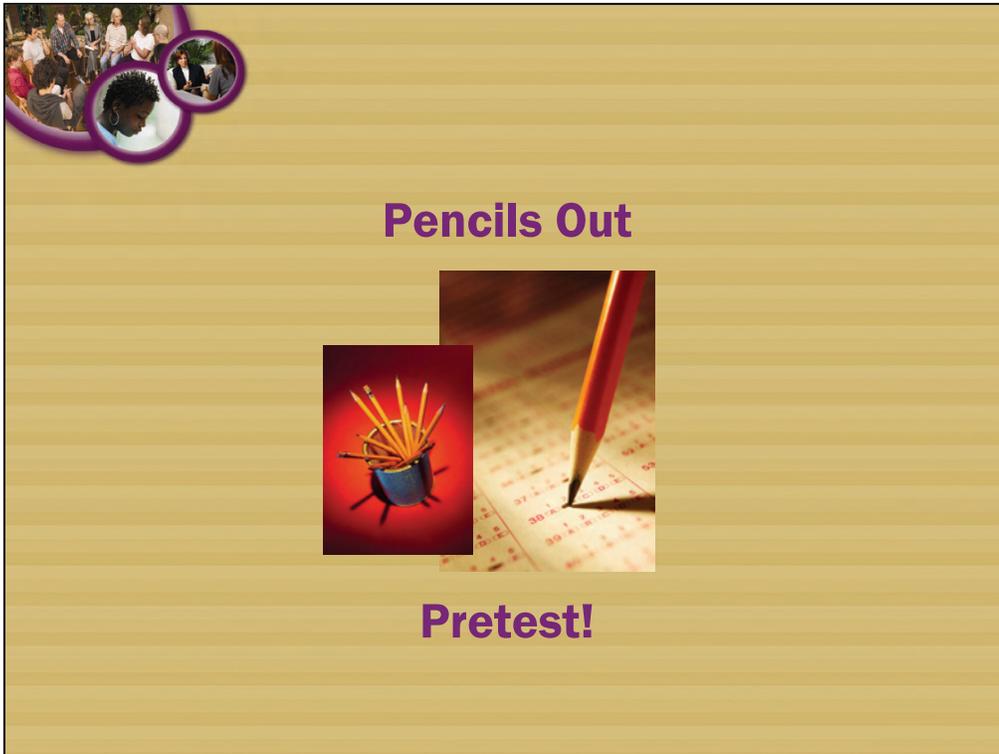
- After completing this competency, participants should be able to:
 - Describe counseling approaches and strategies for working with adults with an FASD
 - Describe counseling approaches and strategies for working with adolescents with an FASD
 - Identify strategies for working with children with an FASD
 - Recognize issues related to professional values and ethics

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With an FASD
Slide 3-3

Facilitator's Talking Points

Use this space for your notes.



Pencils Out

Pretest!

Facilitator's Talking Points

Use this space for your notes.



Issues Facing Different Clients With an FASD

- Adults
- Adolescents
- Children

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With an FASD
Slide 3-5

Facilitator's Talking Points

- The counselor needs to consider different approaches when working with adults, adolescents, and children with an FASD.
- Adults have been living with an FASD for a long time and face many challenges.
- Adolescents must cope with the difficulties of FASD, puberty, and alcohol problems.
- The addiction professional will undoubtedly encounter children with an FASD when working with individuals with alcohol problems. Part of the counselor's work will be helping clients whose children have an FASD learn to manage their children's disability while coming to grips with their feelings about drinking while pregnant.



Risks Facing Adults With an FASD

- Unemployment
- Unstable living arrangements
- Family conflict
- Social problems

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With an FASD
Slide 3-6

Facilitator's Talking Points

- Adults with an FASD often experience multiple risk factors in multiple domains.
- Risk factors include inability to find and keep a job, difficulty in obtaining a stable living environment, persistent conflict with family members, and difficulties with interpersonal relationships.
- If areas of risk are not buffered by protective factors, such as a supportive family, people with an FASD will be at risk for alcohol and drug problems, and many will need treatment.



Treatment Strategies for Adults With an FASD

- Modify expectations
- Modify environment
- Use promising strategies
 - Mentoring
 - Family involvement
 - Individual therapy rather than group therapy

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Competency 3: Treatment Strategies for Working With Clients
With an FASD
Slide 3-7

Facilitator's Talking Points

- Little has been written about treatment for adults with an FASD.
- Treating adults with an FASD requires showing clients how to modify their approach, expectations, and the environment.
- Promising strategies that have been proposed for working with clients with an FASD reflect some of the successful approaches used in advocacy programs. Examples include mentoring and family involvement.
- Persons with an FASD seem to respond well to mentoring, one-to-one relationships where they feel a personal bond with a staff member who acts as an advocate.



Treatment Plan Development for Adults With an FASD

- Strengths and limitations
- Inconsistent abilities
- Issues related to chronological vs. developmental age

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Competency 3: Treatment Strategies for Working With Clients
With an FASD
Slide 3-8

Facilitator's Talking Points

- In developing treatment plans for adults with an FASD or suspected FASD, counselors need to gather and use information regarding limitations and strengths specific to FASD. They also need to use developmentally appropriate assessment tools to assist in identifying needs and planning support. The assessment process should identify skills, areas of vulnerability, and stresses.
- If a counselor suspects an FASD, it is important to arrange for a diagnostic evaluation. In the absence of a diagnosis, it is appropriate to treat the client as if an FASD is present and modify the treatment plan accordingly. For example, it is important to build in a great deal of repetition, because people with an FASD experience inconsistency in abilities. They can do something on Monday and forget how to do it on Tuesday. People with an FASD can seem stubborn or willful when they actually have brain damage affecting their working memory.
- The emphasis needs to be on adapting the environment to persons with an FASD because people cannot change how their brains work. The environment is taken in its broadest sense and includes personal, physical, social, cultural, and institutional components.
- The emotional and social age of adults with an FASD is often lower than their chronological age. A 20-year-old can behave like a 6-year-old emotionally (e.g., throw tantrums) at times and still behave in a way that is age appropriate on other occasions.
- People with an FASD often engage in inappropriate behaviors due to the nature of their brain damage. They may lie to cover up memory lapses or refuse to perform a task because they did not understand the instructions. Their "lies" may be their recollection of what happened. Many adults with an FASD may act stubborn or noncompliant to avoid looking "stupid" and will try to cover up comprehension problems. Others act out as a result of sensory overload. These behaviors can interfere with their ability to participate in treatment. Understanding the reasons for the behaviors can help in adapting treatment to meet the person's needs.



Treatment for Adults With an FASD

- Modification of facility's established treatment
 - Adapt individual and group strategies
- Changes in staff expectations for individuals with an FASD
 - Increase staff awareness of FASD

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With an FASD
Slide 3-9

Facilitator's Talking Points

- For persons with an FASD, typical treatment can be extremely confusing to process and integrate into their lives. Modifications may be needed, such as:
 - Setting consistent appointment days and times
 - Scheduling short, more frequent sessions and limiting the number of meetings
 - Arranging for someone to get the client to appointments or meetings
 - Limiting the number of treatment plans or expectations in each level
 - Establishing goals that are realistic, outcome oriented, and time specific
 - Providing support through a 12-Step recovery program
 - Talking to the individual and family about their goals
 - Simplifying steps for clients and assisting clients in obtaining a sponsor
 - Reviewing what happens at meetings and clarifying the information
- Group work may be difficult, because people with an FASD have trouble processing all the information shared by multiple people. They may become overwhelmed by all the talking or the level of emotion. To help individuals with an FASD participate, try the following:
 - Explain group expectations concretely and repeat these ideas often.
 - If a person monopolizes conversation or interrupts, use a talking stick as a concrete visual reminder of who should be speaking. Hand the stick to the person whose turn it is to speak and pass the stick to others as appropriate.
 - Give the person time to work through material concretely within the group time so he or she may ask questions or you may check understanding. He or she may need extra time to process information.
 - Listen for key themes to emerge slowly through the person's talk and behaviors.
- Teach staff about FASD and the limitations and strengths of individuals with an FASD. Explain that individuals with an FASD may break rules repeatedly because they forget them or cannot apply them. Staff need to calmly repeat rules and help the person with an FASD understand what he or she has done wrong. They also need to use literal language, provide directions one at a time, and stay with the person to ensure that tasks are completed.



Counseling Strategies

- Set appropriate boundaries
- Be aware of the client's strengths
- Understand the impact of abuse
- Help the client cope with loss

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With an FASD
Slide 3-10

Facilitator's Talking Points

- Maintaining boundaries is important. Persons with an FASD may say or do inappropriate things, such as touching others. It may help to have the client walk through the rules and expectations and demonstrate expected behavior. Frequent role playing can help. It is also important to limit the number of rules and repeat them often to accommodate memory loss.
- Focusing on the client's strengths can help the counselor find creative alternatives to traditional talk therapy. Approaches may include art, music, storytelling, or writing, talents seen in some individuals with an FASD.
- Individuals with an FASD are vulnerable to violence and maltreatment, which can lead to posttraumatic stress and other problems. The counselor working with persons with an FASD needs to be sensitive to the possibility of childhood abuse and other forms of victimization. For example, persons with an FASD may have trouble trusting the counselor and forming a bond.
- Individuals with an FASD experience many losses, such as the ability to be like other people or to pursue a particular career. The counselor can raise awareness of feelings of loss, acknowledge the losses, and validate the person's sense of loss. Referral to a mental health care provider may be needed to help the person address these issues.



Counseling Strategies (cont'd)

- Address the stigma associated with an FASD
- Focus on self-esteem and personal issues
- Address resistance, denial, and acceptance

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With an FASD
Slide 3-11

Facilitator's Talking Points

- Stigma is a major issue with FASD. Negative judgment toward mothers who drink while pregnant may be projected onto the individual. In addition, many people still view alcohol problems as a sign of moral weakness or a character flaw. Those who do not understand FASD may think that people with an FASD are making excuses for their alcohol problems. Clients with an FASD need to understand that they are not responsible for their disability and that they deserve respect. They also need to know that change is possible.
- Having an FASD can lead to self-esteem issues. Persons with an FASD who have alcohol problems can have low self-esteem from their experience with an FASD and from drinking problems. The counselor can use several strategies to help address self-esteem and personal issues, such as using person-first language ("client with FAS," not "FAS client"), giving the person multiple chances to try something, and setting the person up to succeed.
- Resistance to treatment is common, and denial of the problem can persist for years. Persons with an FASD may deny their disability as well as their alcohol problems. The counselor needs to help the person cope with the stigma and fear surrounding FASD. Reassuring clients that they are not responsible for their disability and helping them forgive their mother for drinking while pregnant can help. This process may take a while, and the person may drift back and forth from accepting the disability to denying it. Talking about the issues can help the client open up and accept treatment. In the beginning, it may be more important to address the FASD rather than the alcohol problems. Understanding and addressing the FASD may help clients see the implications of their own alcohol problems, and they may be more ready to take steps toward recovery.



Motivational Coaching

- Stages of change theory (Prochaska and DiClemente, 1982)
- FRAMES (Miller and Rollnick, 1991)
 - Feedback: Provide useful feedback based on screening
 - Responsibility: Emphasize personal responsibility
 - Advice: Give advice about how to change drinking patterns
 - Menu: Provide options
 - Empathy: Show an understanding of the person's situation and be supportive
 - Self-efficacy: Convey the message that the person can change

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Competency 3: Treatment Strategies for Working With Clients
With an FASD
Slide 3-12

Facilitator's Talking Points

- Motivational coaching, or motivational interviewing, is based on stages of change theory (Prochaska and DiClemente, 1982). Because of their cognitive deficits, people with an FASD may take longer to go through the stages and may need to repeat stages. Multiple conversations at each stage may be needed to reinforce important points. The stages of change are:
 - **Precontemplation:** The person is not considering change.
 - **Contemplation:** The person is ambivalent.
 - **Preparation:** The person feels ready to change.
 - **Action:** The person has begun doing something about his or her behavior. This is usually when treatment engagement starts.
 - **Maintenance:** This is the hardest part of change. The challenge is to maintain the gains and avoid relapse.
 - **Relapse:** Relapse is not formally considered a stage. It is included because many individuals relapse and repeat stages.
- Motivational interviewing can help people recognize their problems and increase their motivation to change. One model for the process is FRAMES (Miller and Rollnick, 1991). This process has not been tested with persons with an FASD and may or may not help.



Education, Direction, and Support for Families/Caregivers

- Discuss client, with client's consent
- Educate about FASD
- Provide support, such as arranging family services

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With an FASD
Slide 3-13

Facilitator's Talking Points

- Family members, partners, or friends may be good sources of information about a person's behavior and support network.
- It is important to obtain consent to discuss the client with family and friends.
- Some people might need a break from the stress of dealing with the client's situation. By respecting this need and working with family members, partners, and friends, the counselor can gently bring them in to support the client.
- The counselor can provide support in a number of ways:
 - Discuss sober housing options.
 - Arrange for respite care or a community support worker.
 - Educate family and friends about FASD to help them understand the client's behaviors and adjust the home environment accordingly.
 - Connect family and friends with support groups or other community resources.
 - Help find an appropriate sponsor/mentor for the client. Family members or friends who have become exhausted or burned out dealing with a client with an FASD may be willing to help after a mentor has stepped in to help for a while and the client has made progress.



Appropriate Birth Control Methods

- Vulnerability to unintended pregnancy
- Difficulty using certain contraceptive methods
- Pharmaceutical assessment

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Competency 3: Treatment Strategies for Working With Clients
With an FASD
Slide 3-14

Facilitator's Talking Points

- Women with an FASD can be vulnerable to exploitation and unintended pregnancy. They may have sex to gain favor or to get financial help or housing.
- It can be difficult for women with an FASD to use contraception effectively due to memory lapses, problems following instructions, or difficulty negotiating contraceptive use with a partner.
- Addiction professionals are not expected to advise clients regarding birth control. Medical issues are involved, and many addiction professionals are not licensed medical practitioners. However, counselors can help clients evaluate their family planning needs and assist in connecting the client with appropriate family planning resources. The counselor may need to accompany the client to a doctor appointment to help her understand her options and choose the best one.
- In some cases, pharmaceutical options may be appropriate. Individuals with an FASD may have difficulty maintaining an accurate medication schedule without support. It is also important to consider the possible physical impact, since persons with an FASD may have health problems and be prone to side effects. In addition, they may be taking various medications for symptoms related to FASD. When medications are taken together, they can interact, which may cause harm to the woman or make one or more of the medications less effective. Medication needs to be monitored by a medical professional.



Effective Communication

- Check often for client understanding
- Review written materials
- Repeat information
- Use simple, concrete language
- Present ideas or instructions one at a time

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Slide 3-15

Facilitator's Talking Points

- Effective communication is critical with persons with an FASD. Clients may say they understand when they do not. It is important to check often to make sure that the client has understood information presented orally or in writing.
- You can check the client's understanding in several ways. Ask the client to summarize what you have said. Review written material, such as rules, at each session. Ask the client, "What does this (e.g., rules, instructions) mean to you?"
- Do not assume that the client is familiar with a concept or can apply it because you have reviewed it multiple times. Remember, the only consistent thing about FASD is inconsistency. A client can know something on Monday and forget it on Tuesday. Repeat, repeat, repeat.
- Remember that clients with an FASD may not understand slang, idioms, or other figurative speech. Be concrete and literal. Avoid ambiguous expressions such as "What's up?" (the person might look up).
- Present key points and instructions one at a time. "Go to the back of the room and bring me the handouts" might seem like a simple instruction but not for people with an FASD. They might get to the back of the room and forget what they were supposed to do. They might not understand what a "handout" is.



Transition Planning and Case Management

- Community resources
- Financial support

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Facilitator's Talking Points

- Part of the counselor's role is to prepare the client for discharge from your service and transition to an appropriate sober living environment. This involves working to establish a network of community resources and service providers that will furnish support and advocacy when your role is complete. Providing these supports with education about FASD and this person's unique patterns of behavior is an important part of successful transitioning.
- Locating a sponsor/mentor within the person's sphere of relationships can be another way to support the transition to the person's own community. Providing tips and strategies for things that have worked well with the person can enable the mentor to provide support in the future.
- It is also important to identify any potential source for Government assistance, such as Medicaid, Medicare, Supplemental Security Income, the Developmental Disabilities Administration, and Vocational Rehabilitation. Eligibility varies by State, so the addiction professional will need to consult with social service providers or the Social Security Administration to determine the rules in his or her State.



Activity



Facilitator's Talking Points

- Conduct Activity 1 — Adult Case Study.



Adolescents With an FASD

- Be aware of tendency to deny disability and alcohol problems
- Understand the need to blame others for their problems
- Start where the client is

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Facilitator's Talking Points

- Adolescents present many challenges. They tend to be resistant to counseling and will often deny they have a problem.
- Adolescents with an FASD and alcohol problems have a multitude of issues. Some may deny their disability as well as their alcohol problem. Some may blame others for their difficulties. Others may be relieved to find out they have an FASD, as it will help explain their problems.
- The counselor needs to "start where the client is" and be sensitive to the special needs of adolescents with co-occurring FASD and alcohol problems.



Treatment Plan Development

- Assist the adolescent in adjusting to a structured program or environment and learning how to trust the staff
- Share the rules with them early and often
- Take a holistic approach
- Provide opportunities to role-play or otherwise practice appropriate social behaviors
- Stabilize the adolescent before discussing chemical dependency

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Facilitator's Talking Points

- Adolescents are not miniature adults. Adolescents with an FASD may be more like children, because they may function socially and emotionally at a much younger age. Treatment plans need to be adapted to their cognitive, emotional, and social abilities. Staff need to be educated about FASD so that they can respond appropriately if an adolescent with an FASD breaks a rule or has a behavior problem.
 - Counselors need to be creative and flexible in adapting treatment plans for adolescents with an FASD. They may have problems in group settings and may need individual counseling. Talk therapy can be modified to incorporate role-playing, practice dialogs, play therapy, art therapy, and other methods that can draw on many of the strengths seen in adolescents with an FASD.
 - Much trial and error may be involved, as little information is available on alcohol treatment for adolescents with an FASD. However, Keystone, a treatment center in South Dakota, provides helpful tips for developing treatment plans, shown on the slide.
- Put the rules in writing. Keep the rules simple and avoid punitive measures that most adolescents with an FASD will not process. If they break a rule, remind them what it is and help them strategize ways to follow the rule in the future.
 - Focus on all aspects of the adolescent's life, not just the alcohol abuse. Incorporate basic living skills and social skills, such as how to dress, groom, and practice good manners. Help the adolescents develop appropriate goals based on his or her abilities and interests.
 - Role-play key behaviors such as impulse control skills and problem solving. Use multisensory strategies, such as drawing, painting, or music, to assist the client in expressing feelings. These strategies take advantage of skills that many adolescents with an FASD have. They can also help adolescents to share difficult feelings, such as fear and anger, that may be hard to talk about.
 - In an inpatient setting, allow time for the adolescent to be stabilized and acquire the basic skills to cooperate with others before discussing their chemical dependency issues. In an outpatient setting, it may help to develop a rapport with the client and establish trust and communication before addressing chemical dependency.



Treatment Plan Development (cont'd)

- Include refusal skills training
- Assign a coach or mentor
- Include the family
- Work with the adolescent's school
- Use multiple approaches to learning
- Arrange aftercare

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Facilitator's Talking Points

- Teach refusal skills. Youth with an FASD will often try to please others and will engage in risky activities to fit in. It is important to help them learn to turn down alcohol.
- Assign a coach or peer "buddy" to meet or talk with them every day in recovery to discuss plans for the day.
- Include family meetings in the treatment plan, with a clear purpose and agenda. Offer parent education about FASD and addiction. Suggest strategies for parenting adolescents with an FASD and substance use problems (e.g., avoiding power struggles and building their child's self-esteem). Help parents and other family members practice communication skills, such as active listening and using literal language. People with an FASD have trouble understanding slang, metaphors, and other figurative speech.
- Work with the adolescent's school to include appropriate educational arrangements during treatment.
- Incorporate multiple approaches to learning, such as auditory, visual, and tactile approaches. Avoid written exercises and instead focus on hands-on practice and role-playing.
- Arrange aftercare and encourage parents to participate in a support group to continue to learn parenting skills and to be encouraged in the recovery process.



Parenting and Counseling Strategies

- Address the client's difficulty setting and adhering to boundaries by using strategies modeled for use with other developmental disabilities

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Facilitator's Talking Points

- Adolescents often test boundaries and may mimic behaviors of their peers. However, adolescents with an FASD are not likely to try to shock or upset people. They tend to be friendly and want to be liked, but they lack social skills. They may make inappropriate comments or gestures because they do not realize the behaviors are inappropriate. It is important to share rules of conduct and to role-play appropriate behavior.
- Sensitivity is needed if the adolescent repeats inappropriate behavior. It probably is not deliberate. In most cases, the adolescent simply forgets the rule or is acting out of frustration or confusion.
- The addiction professional needs to avoid taking things personally and should focus on helping the adolescent learn socially acceptable behaviors. The addiction professional also will need to work with the adolescent's parents to ensure that the adolescent receives consistent messages and instruction.
- Because little information is available on counseling strategies for adolescents with an FASD and substance use problems, the addiction professional may want to try strategies used with other developmental disabilities. A helpful resource is SAMHSA's Center for Substance Abuse Treatment's Treatment Improvement Protocol 29: *Substance Use Disorder Treatment for People With Physical and Cognitive Disabilities* (CSAT, 1998). It includes suggestions such as using concrete language, reviewing written material with the client, and modifying the environment to avoid sensory overload.
- Some of the principles for working with adults with an FASD also apply to adolescents, such as checking often for client understanding; reviewing written materials; repeating information; using simple, concrete language; and presenting ideas or instructions one at a time.



Counseling Methods

- Focus on client's strengths
- Address issues such as abuse, grief, stigma, self-esteem, resistance, denial, and acceptance
- Use motivational coaching

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Facilitator's Talking Points

- Always focus on a client's strengths. In adolescents, self-esteem is a major issue and having an FASD can damage self-esteem. It is important to identify the client's skills and use them in counseling, such as storytelling or music.
- Adolescents face many of the issues that adults face and may be even less equipped to address them. Abuse, grief, and stigma may be important to address early in treatment. Start where the client is and help him or her reach a place of being able to accept and address his or her FASD and alcohol problems.
- Because of the stigma of FASD and alcohol abuse, many young people will deny that they have any problems, blame others, and resist treatment. It can take a great deal of patience to help the client accept his or her limitations and own his or her problems.
- Motivational coaching may be a bit sophisticated for adolescents but can help the addiction professional determine the adolescent's readiness to change and decide how to proceed.



Ongoing Assessment

- Diagnostic evaluation for an FASD
- Academic achievement
- Social skills
- Comprehension

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Facilitator's Talking Points

- The counselor should refer clients suspected of having an FASD for diagnosis by a team familiar with FASD. A complete history and physical examination by a physician is essential. Further neuropsychological testing and assessment by a pediatric dysmorphologist and neuropsychologist may also be warranted. He or she may want to refer to the NOFAS National and State Resource Directory to locate a diagnostic center.
- For clients with a diagnosis, further assessment by medical, mental, and allied health professionals may be needed to determine current level of function. The counselor will need to be familiar with any medication the adolescent is on and observe any behaviors or physical symptoms that might indicate the need to reevaluate medication use or dosage. Hearing and speech tests may be warranted to identify any progress in communication or barriers that may affect the client's treatment and ongoing recovery. Occupational therapy and physical therapy evaluations may be needed to assess the client's daily living skills and motor function.
- Various tests may be used to determine academic and social skills, such as the Wide Range Achievement Test (Wilkinson and Robertson, 2005). Some treatment programs assess clients using the Vineland Adaptive Behavior Scales (Sparrows, et al., 2005) to determine how the client compares to other adolescents in receptive, expressive, and written communication; personal, domestic, and community daily living skills; and interpersonal relationships, play and leisure time, and coping skills. This information will help the counselor tailor the treatment plan and counseling strategies to the client's strengths, needs, and preferences.
- Assessing the client's behavior during counseling and treatment is also important. For adolescents, applying concepts can be difficult. Cognitive deficits, the frustration of having an FASD, and typical teen rebellion can make communication especially hard. Role playing different situations, providing opportunities to share and process feelings, and giving the client time to process information is important. It also may help to use alternative methods of expression, such as art therapy or drawing, to assist the client in sharing his or her understanding.



Education, Direction, and Support for Families/Caregivers

- Discuss client's issues with the family
- Educate about FASD
- Provide support, such as arranging family services

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Facilitator's Talking Points

- Family members, partners, or friends may be good sources of information about a person's behavior and support network. It may help to discuss the adolescent's behavior and issues with them, since adolescents are rarely forthcoming. Getting information and insight from family and friends may help set the stage for a trusting and supportive relationship between the counselor and the adolescent.
- Some people might need a break from the stress of dealing with the client's situation. By respecting this need and working with family members, partners, and friends, the counselor can gently bring them in to support the client.
- The counselor can provide support in a number of ways:
 - Arrange for respite care or a community support worker. It is very important that these individuals understand FASD.
 - Educate family and friends about FASD to help them understand the client's behaviors and adjust the home environment accordingly.
 - Connect family and friends with support groups or other community resources.
 - Help the client to identify an appropriate sponsor. Family members or friends who have become exhausted or burned out dealing with a client with an FASD may be willing to help after a mentor has stepped in for a while and the client has made progress. Other mentors may be available through the client's school or through a community program such as Big Brothers/Big Sisters.
- Identify "Young People's" 12-Step meetings in their community and arrange for support to get clients to the meetings.



Appropriate Birth Control Methods

- Abstinence
- Referral for family planning services

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Facilitator's Talking Points

- Issues related to sexuality and birth control are very sensitive. The addiction professional will need to consult with an adolescent's parent or guardian about how to address these issues. The addiction professional needs to be mindful of the client's cultural and religious values and his or her family's wishes regarding these issues.
- Given the risk for sexual exploitation and unplanned pregnancy or fathering, counseling abstinence is acceptable. If clients and guardians approve, birth control should be discussed and appropriate referrals should be made to medical practitioners or clinics. In some cases, referral for a pharmaceutical assessment may be needed to determine the best option available.



Educational Support

- Inform parents of laws regarding the education of children with disabilities
- Offer guidance for initiating an evaluation

Facilitator's Talking Points

- The counselor can help by informing the client about the Individuals With Disabilities Education Act (IDEA) and free and appropriate public education (FAPE) requirements and helping outline possible interventions to suggest to the school.
- Parents may not be aware of the laws regarding education of children with disabilities and may feel overwhelmed. They may have problems dealing with their child's school and wonder what to do.
- By supporting clients in their attempts to parent effectively, the counselor plays an important role in relieving stress and fostering recovery.



Individuals With Disabilities Education Improvement Act (IDEA, 2004)

- Free and appropriate public education (FAPE)
- Individual Education Program (IEP)

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Facilitator's Talking Points

- The Individuals With Disabilities Education Improvement Act (IDEA, 2004 PL 109-446) provides funds to educate students with disabilities that affect their ability to learn.
- IDEA requires that children with disabilities receive free and appropriate public education (FAPE) in the least restrictive environment that meets their unique needs and prepares them for further education, employment, and independent living (section 1400(d) (1) (A)).
- All students who qualify for special education services are entitled to an IEP. Qualifying for services is determined by assessment and identification of a disability. An IEP is a customized program that addresses the individual students specific needs.
- If the student has an IEP, counselors in treatment centers need to consult with the student's school regarding the provisions in his or her IEP to ensure that the student's educational needs are met.
- In the outpatient setting and during aftercare, it is a good idea for the counselor to consult with the school counselor or case manager regarding educational needs. Areas such as social skills may be addressed in the IEP and would be important to address during treatment and as part of aftercare.
- It also helps to be aware of any academic issues that may affect the client's treatment, such as stress about academic performance or difficulties with classmates.



Transitional Planning and Ongoing Case Management

- Community resources
- Financial resources

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Facilitator's Talking Points

- At some point, the adolescent with an FASD will leave the treatment center or transition from therapy and require ongoing support in the community.
- Counselors need to be familiar with available resources in the community, such as psychiatrists, social workers, and physicians. Counselors can include referrals to these resources in the transition plan and work with case managers at their facility as appropriate. It is also important to consider the transition to school, and to work with school administrators and the school counselor to determine how best to address the adolescent's ongoing needs within the school setting.
- Financial support may be available through the Government, such as Supplemental Security Income. Eligibility varies, depending on factors such as family income and the nature of the disability. Eligibility requirements vary by State. It is best to consult the Social Security Administration regarding applications.
- It also may be necessary to consult an advocate or legal representative if the adolescent has had any legal problems related to substance abuse. Adolescents with an FASD are easily led and can get pulled into illegal activity or manipulated into relapses.
- Providing comprehensive services that will address all their needs can help adolescents with co-occurring FASD and alcohol problems safely transition from treatment into the community.



Activity



Facilitator's Talking Points

- Conduct Activity 2 — Adolescent Case Study.



Children With an FASD

- Guidance for parents
- Benefits of helping parents

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Facilitator's Talking Points

- Some clients will have children with an FASD, whether identified or not. The stress of caring for children with these disorders can overwhelm many parents and trigger relapse.
- Many mothers feel shame and guilt when they learn that their drinking may have caused a disability in their child.
- The counselor can provide helpful guidance in caring for children with an FASD as part of the client's recovery process. The counselor can also help women cope with the feelings triggered by their child's diagnosis.
- Many of the strategies for caring for children with an FASD help provide structure and routine, which can aid in the woman's recovery by avoiding the chaos that can trigger relapses.



Strategies for Helping Children With an FASD

- Modify child's environment:
 - Structure
 - Routine
 - Repetition
 - Support
- Use literal, concrete language and check for understanding
- Do not isolate the child

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Facilitator's Talking Points

- Tips the counselor can share for dealing with FASD include:
 - Provide a structured environment for the child. Keep the child's room neat with a place for everything. Always put things back in the same place. Minimize decorations, toys, and other items that can create sensory overload or distractions.
 - Avoid sensory triggers, such as crowded malls or museums, that can cause sensory overload.
 - Have a routine. Create a daily schedule and review it with the child. Use drawings or photos to illustrate where you'll be going and what you'll be doing. If you need to deviate from the routine, give the child plenty of notice.
 - Give one direction at a time and wait until the child completes the task before moving on.
 - Repeat rules and routines often. Prepare the child for events. For example, tell the child that you'll be leaving for the store in 15 minutes. Then remind the child 5 minutes later and 5 minutes after that. Tell the child what will happen at the store and what the rules are (e.g., walk, don't run).
 - Role play different situations. Practice going to the store or eating at a restaurant. Show the child appropriate behavior.
 - Use literal language. Children with an FASD do not understand slang or metaphors. For example, if you say, "I'm sorry, I got carried away," they might reply, "No, you're still here." Have the child repeat what was said to check understanding.
 - Do not isolate the child. Sending persons with an FASD to their room to think about what they have done will most often only increase a sense of isolation. If the child makes a mistake, talk about why the behavior is unacceptable. Focus on teaching and guiding rather than punishing.
 - More tips can be found in FASD–The Basics (SAMHSA, 2006) at fasdcenter.samhsa.gov/educationTraining/fasdBasics.cfm



Counseling a Client With a Child With an FASD

- History of abuse
- Grief
- Stigma
- Self-esteem
- Acceptance

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Facilitator's Talking Points

- Clients who have children with an FASD have many issues to deal with and can feel helpless and overwhelmed. It is important to focus on strengths, such as the client's willingness to get treatment and pursue ongoing recovery. Also focus on the client's decision to care for a child with an FASD, which shows a great deal of strength, devotion, and commitment.
- Many women have a history of abuse, which can contribute to alcohol abuse. It is important to help the client cope with any posttraumatic stress and feel safe. Building trust is crucial to treatment and recovery. Some women may have used alcohol while pregnant to cope with domestic violence and may have feelings of shame and guilt. Working through these feelings may be more important at first than dealing with alcohol issues, since they can affect the woman's relationship with her children and her ability to parent.
- Finding out one's child has an FASD will likely trigger feelings of grief. The counselor needs to help the client mourn the loss of hopes and dreams related to a typical child and reframe those hopes and dreams in the context of FASD.
- Many parents of children with an FASD internalize the stigma associated with alcohol use during pregnancy. They blame themselves and feel ashamed. These negative feelings can affect their parenting and need to be addressed. Clients need to understand that alcoholism is a disease and that they did not deliberately hurt their child. Focus on their decision to seek treatment and pursue recovery and the positive effect that can have on their parenting.
- Self-esteem is a major issue for anyone with alcohol problems. Having a child with an FASD can be extremely hard on a person's self-esteem for many reasons. Parents can have feelings of failure when their parenting methods are not effective or can have a negative self-image related to their feelings of shame and guilt about having a child with an FASD. Working on self-esteem is an ongoing issue. It is important to focus on the client's strengths and to reinforce the idea that parenting any child is difficult and that the client is doing his or her best.
- Helping the client accept the child's disability is critical. Without this acceptance, the client can remain in a cycle of ineffective parenting, guilt, shame, and alcohol abuse. The counselor can help the client see that children with an FASD can grow and learn and that the situation is not hopeless.



Child's Need for Assessment by Allied Health Professionals

- Diagnostic evaluation
- Ongoing assessments
 - Medical
 - Mental health
 - Occupational and physical therapy
 - Speech and language
 - IQ and academic achievement

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Facilitator's Talking Points

- A clinical evaluation to diagnose an FASD is critical. If a counselor suspects that a client's child has an FASD, it is important to assist the client in obtaining a diagnostic workup. The client may have to be referred to a diagnostic clinic or to various professionals (e.g., neuropsychologist, occupational therapist). It is important to explain to the parents why the referral is being made based on concerns and observations without giving any opinions regarding the diagnosis. It is inappropriate to tell the client that his or her child probably has an FASD.
- Ongoing assessments are needed in children who already have a diagnosis of an FASD to monitor progress and assist parents in identifying issues needing intervention. The counselor may want to provide information on the types of assessments suggested (e.g., physical exam, mental health evaluation, hearing and speech exams, occupational therapy, physical therapy).
- Some experts have found that certain medications can help in the treatment of some of the difficulties experienced by children with an FASD. The counselor may want to refer the child to a specialist for evaluation of whether medication can help or not. The counselor should not suggest any medications to parents, as this would be inappropriate, unethical, and, in some cases, illegal.
- The counselor may want to consult with the Developmental Disabilities Administration regarding services the family can obtain for the child. The counselor also may want to consult with the child's school regarding educational needs and services.



Access to Services

- Family support
- Early intervention
- Case management

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Facilitator's Talking Points

- The addiction professional can help families cope with FASD during the recovery process by building a protective environment for clients and their children. This may include helping them obtain safe, stable housing, assisting with daily living skills such as bill paying and food shopping, and overseeing home situations.
- It is also important to establish a network of community service providers who will be available for aftercare to promote ongoing recovery and avoid relapse. Interacting with social and educational service agencies can be overwhelming and confusing, and each agency typically uses a specialized vocabulary (i.e., jargon) that is difficult for nonspecialists to understand.
- It is important to help the client identify available services, determine which ones are effective for their children, and understand how to work productively with service providers.
- In young children, early intervention is important. The addiction professional can help by referring the client to the developmental disabilities agency or the school system to determine what services are available and how to obtain them.
- Case management may be needed to help coordinate assessments, treatment, and other services for children with an FASD. The addiction professional may need to work with social services or developmental disabilities staff to arrange case management.



Activity



Facilitator's Talking Points

- Conduct Activity 3 — Role-Play.
- Conduct Activity 4 — Professional Values and Ethics.



Questions



Posttest!

Facilitator's Talking Points

Use this space for your notes.



References

- See References for a complete list of all references used in this competency.

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Facilitator's Talking Points

Use this space for your notes.



Curriculum for Addiction Professionals: Level 2

Competency 3: Treatment Strategies for Working With Clients With an FASD

Posttest

ID # _____ —post

Test Your Knowledge Questions

1. The emotional and social age of adults with an FASD are generally the same as their chronological age.
True or False
2. Repetition and review of rules and expectations are not effective means of communicating with persons with an FASD.
True or False
3. Which environmental modifications might benefit a child with an FASD?
Select all that apply.
 - A. Repeating rules
 - B. Stocking the child's room with a lot of toys and electronic equipment
 - C. Maintaining a routine
4. Creative alternatives to traditional talk therapy with adolescents may include:
Select all that apply.
 - A. Music therapy
 - B. Physical therapy
 - C. Group therapy
 - D. Art therapy
5. Mentoring and family involvement are promising strategies for working with clients with an FASD.
True or False



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6. Treatment needs to include adapting the environment because people cannot change how their brains work. The environment includes which of the following components:

Select all that apply.

- A. Institutional
- B. Physical
- C. Social

7. Parents of children with an FASD should be aware of the following laws regarding the education of children:

Select all that apply.

- A. IDEA
- B. FACE
- C. CAPE
- D. FAPE

8. Treatment plan development for adolescents should include:

Select all that apply.

- A. Simple rules written out
- B. Refusal skills training
- C. Assignment of a coach or “buddy”
- D. Involvement of the family

9. How can a counselor provide support to family members of a client with an FASD?

Select all that apply.

- A. Be available for support 24 hours a day, 7 days a week
- B. Connect family members with a support group or community resources
- C. Arrange for respite care
- D. Discuss sober housing options

10. In developing a treatment plan for adults with an FASD, the assessment process should identify which of the following:

Select all that apply.

- A. Stresses
- B. Areas of vulnerability
- C. Timeframe for full recovery from disabilities
- D. Skills



Curriculum for Addiction Professionals: Level 2

Competency 3: Treatment Strategies for Working With Clients With an FASD

Posttest Answer Key

Test Your Knowledge Questions

1. The emotional and social age of adults with an FASD are generally the same as their chronological age.

True or False

ANSWER: False. It is often lower.

2. Repetition and review of rules and expectations are not effective means of communicating with persons with an FASD.

True or False

ANSWER: False. Repetition and review are effective in dealing with memory difficulties and for reinforcing understanding.

3. Which environmental modifications might benefit a child with an FASD?

Select all that apply.

- A. Repeating rules
- B. Stocking the child's room with a lot of toys and electronic equipment
- C. Maintaining a routine

ANSWER: A, C.

4. Creative alternatives to traditional talk therapy with adolescents may include:

Select all that apply.

- A. Music therapy
- B. Physical therapy
- C. Group therapy
- D. Art therapy

ANSWER: A, D.



Competency 3: Treatment Strategies for Working With Clients With an FASD

5. Mentoring and family involvement are promising strategies for working with clients with an FASD.

True or False

ANSWER: True.

6. Treatment needs to include adapting the environment because people cannot change how their brains work. The environment includes which of the following components:

Select all that apply.

- A. Institutional
- B. Physical
- C. Social

ANSWER: A, B, C.

7. Parents of children with an FASD should be aware of the following laws regarding the education of children:

Select all that apply.

- A. IDEA
- B. FACE
- C. CAPE
- D. FAPE

ANSWER: A, D.

8. Treatment plan development for adolescents should include:

Select all that apply.

- A. Simple rules written out
- B. Refusal skills training
- C. Assignment of a coach or “buddy”
- D. Involvement of the family

ANSWER: A, B, C, D.

9. How can a counselor provide support to family members of a client with an FASD?

Select all that apply.

- A. Be available for support 24 hours a day, 7 days a week
- B. Connect family members with a support group or community resources
- C. Arrange for respite care
- D. Discuss sober housing options

ANSWER: B, C, D.



Competency 3: Treatment Strategies for Working With Clients With an FASD

10. In developing a treatment plan for adults with an FASD, the assessment process should identify which of the following:

Select all that apply.

- A. Stresses
- B. Areas of vulnerability
- C. Timeframe for full recovery from disabilities
- D. Skills

ANSWER: A, B, D.



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Competency 3: Treatment Strategies for Working With Clients With an FASD

Activity 1—Adult Case Study—Handout

Jim is 23 and lives with his father. His mother died of cirrhosis of the liver a few years ago. Jim has had four jobs in the past year and has been fired for drinking on the job. He was court-ordered into treatment as part of a plea bargain his attorney arranged when he was charged with stealing from his employer. He has group sessions every day at 1:00 and individual sessions Monday, Wednesday, and Friday.

Jim has been in inpatient treatment for several weeks. He fails to follow seemingly simple instructions, such as “Make your bed before reporting to the dining area for breakfast.” He can read the rules and repeat them but frequently breaks them. The kitchen staff have repeatedly yelled at him to leave when he’s gone into the kitchen after hours. He explains that he just wanted to show them his drawings.

Jim’s behavior frustrates others because they never know what to expect. On Tuesday, he sets the table at dinner just fine, but on Wednesday he forgets to set out forks.

Jim is usually late to sessions and forgets his folder every day. He fidgets through the hour-long sessions, interrupts often, and makes unrelated comments. Sometimes at sessions, he gets frustrated and is obviously confused. When you ask him a question, he’ll try to guess at what response you are looking for. When you ask him about his drinking and how it has affected his life, he is unable to connect his drinking issues to his ability to accomplish goals. He exhibits the same behavior in group sessions.

Questions

1. Do you think that Jim has an FASD? How can you tell?
2. How does the knowledge that Jim may have been prenatally exposed to alcohol affect your understanding of his behavior?
3. How does your assessment of Jim affect the treatment plan?
4. What other issues might Jim be facing?
5. How would you modify Jim’s treatment plan?
6. How would you work with the staff to help Jim?



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Activity 1—Adult Case Study—Discussion Guide

Read the case study to the group. Then review each question and ask participants to respond. Suggested answers follow. The important message is that Jim’s treatment plan needs to be modified to accommodate behaviors and problems that may be related to an FASD.

1. Do you think that Jim has an FASD? How can you tell?

Jim exhibits many of the behaviors often seen in persons with an FASD, such as difficulty following multiple directions, recalling rules, and applying the rules to real-life situations. He also appears to have attention deficits and difficulty processing information. Given his mother’s alcohol history, the counselor should try to pursue a diagnostic assessment to see if he has an FASD. If a counselor cannot get a diagnosis, he or she should modify treatment expectations, assuming Jim may have some cognitive deficits due to prenatal alcohol exposure. The counselor can request neuropsychological testing that will help address some of the deficits the client may be exhibiting and will aid in the treatment plan modifications.

2. How does the knowledge that Jim may have been prenatally exposed to alcohol affect your understanding of his behavior?

The counselor is now aware of the potential for neurological implications. Jim may have stolen from his employer because he did not understand the concepts of ownership or cause and effect. He might have thought that because he worked there, he could take things home. He may fail to make the bed because he might forget that he was supposed to make the bed. His repeated breaking of rules could be a sign of a memory lapse or an inability to apply the rules appropriately. His excuses could be a way to cover that he forgot what time the sessions were or could not remember how to get there.

3. How does your assessment of Jim affect the treatment plan?

Because Jim shows signs and symptoms of an FASD, it would make sense to treat him as if he has an FASD until a diagnosis is confirmed. The treatment plan can be modified to use less traditional approaches and more simplified methods. It would help to assess Jim’s strengths and areas of need to identify treatment methods that would fit his abilities. Jim likes to draw, so it might be possible to incorporate this into his treatment. Another way to support Jim is to assign him a “big buddy” to help him to get to sessions on time and remember his folder.



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4. What other issues might Jim be facing?

Jim is dealing with loss and grieving because of the death of his mother and his job losses. The job losses have most likely damaged his self-esteem. He has also likely faced the stigma and shame of his mother's alcohol abuse. He also lives with constant frustration due to his inability to understand information. He also may have sensory integration problems that are causing him to feel overwhelmed. He desperately wants to "fit in."

5. How would you modify Jim's treatment plan?

Jim cannot change how his brain works, so it is best to focus on adapting the environment and the treatment approach. He may have severe attention issues and problems with shifting gears from one activity to the next. He has problems with organization and memory. The group sessions might confuse and overwhelm him, since multiple people are sharing stories and ideas and he cannot process all of it.

Suggested modifications include:

- *Scheduling fewer group sessions*
- *Arranging for a "big buddy" to bring Jim to his sessions*
- *Helping him to locate a sponsor to start working with him while in treatment*
- *Identifying housing and halfway options for Jim early in treatment*
- *Establishing simple, outcome-oriented goals and discussing them with Jim and his father*
- *Reviewing what happens at sessions and processing the information*
- *Providing time modification to standard meetings and lectures*
- *Providing video or audiotapes to assist in learning 12-Step and recovery concepts*

Jim's treatment plan may also need to include referral to medical or mental health professionals.

Remember KISS: Keep It Super Simple. One or two goals written simply is a more understandable and effective plan. Focusing on short-term goals also helps, because persons with an FASD have a hard time with abstract concepts such as the future. Consider allowing Jim to explain some of his disability and problems with memory, attention, etc., to the community. Often, peers become more tolerant once they understand the person is not willfully acting out for attention.

6. How would you work with the staff to help Jim?

Let the staff know about Jim's limitations and that he is not breaking the rules on purpose. Have them remind him of the rules gently and return him to his room. Yelling at him will not help, because he might not process why they are angry or remember later that they were angry.



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Competency 3: Treatment Strategies for Working With Clients With an FASD

Activity 2—Adolescent Case Study—Handout

Brittany is 16 and has an FASD. She is part Lakota and was adopted at 5 by a White family after multiple foster care placements and a failed adoption. She has recently been diagnosed with alcoholism. She has been picked up by police for driving without a license and is in danger of failing 10th grade. She does not understand why she has to be in treatment. She says she doesn't drink that much, "just a few beers on the weekends with my friends." In reality, she has been bingeing every weekend and sometimes sneaks vodka shots on school nights after her parents have gone to bed.

Brittany has an IQ of 90 and has trouble with abstract concepts. Math is a struggle. She also breaks school rules frequently, such as leaving class when she gets frustrated. Her teachers say that she doesn't apply herself and makes the same mistakes over and over.

Brittany is very angry and says she'd be fine if everyone would just leave her alone. She says she's doing poorly in school because her teachers are stupid and boring. The only classes she likes are art and music. She enjoys writing stories for English, but the teacher does not assign many creative writing assignments.

She hates group sessions and finds the kids in her treatment group "loud and annoying." She also has trouble understanding what they're talking about. She manages to get through her individual sessions but is often confused. She wants to be an artist or a writer but has no idea how to make that happen.

Questions

1. What issues do you see in Brittany?
2. How can you engage Brittany in treatment?
3. What are some activities you can use to help Brittany understand concepts shared in her sessions?
4. Would you keep Brittany in the group? If so, what would you do to make it more comfortable?
5. What types of support would you include in her treatment beyond what the program provides?



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Activity 2—Adolescent Case Study—Discussion Guide

Read the case study to the group. Then review each question and ask participants to respond. Suggested answers follow. The important message is that Brittany's treatment plan needs to be modified to accommodate behaviors and problems related to her FASD.

1. What issues do you see in Brittany?

Denial and resistance are common in adolescents with an FASD and alcohol problems. Brittany appears to be in denial about both her drinking problem and her disability. She seems easily influenced by others and has difficulty coping with frustration or expressing anger appropriately. She also has problems understanding and following rules.

2. How can you engage Brittany in treatment?

The treatment process must incorporate all of Brittany's experience. In developing her treatment plan, you need to consider her cognitive, emotional, and social limitations, as well as risk factors that led to her substance abuse. You might want to incorporate aspects of her Native culture, such as the concept that everyone is sacred. You can help her understand that she is not responsible for having an FASD and that she has a positive contribution to make to the community.

It is also important to help Brittany adjust to the program and learn how to trust the staff. Go over the schedule and routine with her often. Have someone accompany her to help ease transitions. Share the rules early and often. Put them in writing and constantly remind Brittany of the rules. Keep the rules simple and avoid punitive measures, which Brittany does not appear to respond to. If she breaks a rule, remind her what it is and have her keep written reminders and symbols to help her figure out how to follow the rule in the future. Assign a "big sister" to assist her with her daily routine.

Take a holistic approach, focusing on all aspects of Brittany's life, not just her alcoholism. Include basic living skills and social skills, such as how to dress, groom, present a positive attitude, and practice good manners. Discuss her goal of pursuing the arts and talk about how treatment can help her reach her goals. Try to incorporate a field trip or a meeting with an artist mentor while she is still in treatment.

3. What are some activities you can use to help Brittany understand concepts shared in her sessions?

Provide opportunities to role-play or otherwise practice what she learns, such as helping others. Areas of focus may include impulse control skills, dealing with difficult situations such as being teased, and problem solving. Include refusal skills training. Brittany is easily influenced by others, and she will need help learning how to turn down alcohol.



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Since Brittany enjoys art and writing, try to incorporate drawing, painting, storytelling, and other creative strategies to help her process information and express her feelings. Check often to make sure she understands what has been said. Ask her to summarize what you have said. Review written material, such as rules, at each session. Repeat, repeat, repeat, even if she says, “You’ve told me this a hundred times.”

4. Would you keep Brittany in the group? If so, what would you do to make it more comfortable?

It might be best to start with individual sessions before asking Brittany to participate in a group. She seems to find the group overwhelming. If and when Brittany joins a group, it may help to use a talking stick or another method to ensure that one person talks at a time. It may also help to have Brittany in a smaller group than usual so that she has less information to process. Providing a quiet, safe space for her to retreat to when she feels overwhelmed may also help. In addition, the use of role-playing exercises can help Brittany learn and can focus on one key concept at a time.

5. What type of support would you include in her treatment beyond what the program provides?

Further assessment by medical, mental, and allied health professionals may be needed to determine Brittany’s current level of function. Also check to see whether Brittany is taking any medication and observe any behaviors or physical symptoms that might indicate the need to reevaluate medication use or dosage. Occupational therapy and physical therapy evaluations may be needed to assess Brittany’s daily living skills and motor function.

Include the family, such as parent education about FASD, addiction, and strategies for parenting youth with an FASD and substance use problems, such as avoiding power struggles and building their child’s self esteem. Help parents and other family members practice communication skills, such as active listening and using literal language. People with an FASD have trouble understanding slang, metaphors, and other figurative speech. Include in the treatment plan family meetings with a clear purpose and agenda.

Also work with Brittany’s school to include appropriate educational arrangements during treatment and to make sure areas in her Individual Education Program (IEP), such as social skills, are addressed in her treatment plan. Help reinforce information about FASD and share strategies with the teachers for when Brittany returns to school. They seem to have trouble fully understanding the impact of Brittany’s FASD on her education.

Arrange aftercare and encourage Brittany’s parents to participate in a support group to continue to learn parenting skills and to be encouraged in the recovery process.

You may want to consult an advocate or legal representative about Brittany’s legal problems.



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Activity 3—Role-Play—Instructions

1. Ask for two volunteers to participate in the role-play. One person will play the client, and the other will play the addiction professional.
2. Hand out the role descriptions below and read them to the group.

Client (participant can use own name or choose a name)

You are in a residential treatment program. Your 5-year-old daughter is staying with you. She's had problems in kindergarten, isn't fully potty trained, and has a lot of meltdowns. You've tried time-outs and punishments, but nothing seems to work. She also has problems speaking and understanding directions. You feel like a bad mother and are wondering if you did the right thing keeping her. You're committed to completing treatment and making a better life for yourself and your daughter but wonder if it's possible. You have no support from your daughter's father, who was jailed a few years ago for beating up a neighbor. He also beat you several times when you were both intoxicated, even while you were pregnant.

Addiction Professional (participant can use own name or choose a name)

You've been meeting with this client for a couple months and observing her child. She's shared her concerns with you, as well as her history of abuse and alcohol use during pregnancy. You suspect the client's daughter might have an FASD. You want to help so that the client can parent more effectively and her daughter can get the help she needs.

3. Describe the situation the participants will role play:

The client's daughter wet the bed last night. The client is beside herself with grief. She keeps saying "It's all my fault. I'm a bad mother." The counselor wants to refer the client's daughter for a diagnostic evaluation to see if she has an FASD and offer some parenting tips for handling her daughter's issues.

4. Give the two participants about 10 minutes to act out the scenario to the group.
5. Write suggestions on the flipchart regarding counseling issues for the client and strategies for her daughter.



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Competency 3: Treatment Strategies for Working With Clients With an FASD

Activity 3—Role-Play—Role Descriptions Handout

Client (participant can use own name or choose a name)

You are in a residential treatment program. Your 5-year-old daughter is staying with you. She's had problems in kindergarten, isn't fully potty trained, and has a lot of meltdowns. You've tried time-outs and punishments, but nothing seems to work. She also has problems speaking and understanding directions. You feel like a bad mother and are wondering if you did the right thing keeping her. You're committed to completing treatment and making a better life for yourself and your daughter but wonder if it's possible. You have no support from your daughter's father, who was jailed a few years ago for beating up a neighbor. He also beat you several times when you were both intoxicated, even while you were pregnant.

Addiction Professional (participant can use own name or choose a name)

You've been meeting with this client for a couple months and observing her child. She's shared her concerns with you, as well as her history of abuse and alcohol use during pregnancy. You suspect the client's daughter might have an FASD. You want to help so that the client can parent more effectively and her daughter can get the help she needs.



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Activity 3—Role-Play—Discussion Guide

Questions for Clients

1. How did you feel being the client?
2. Did you think the counselor treated you with respect and sensitivity?
3. How did you feel when the counselor told you that your daughter might have an FASD?

Questions for Addiction Professionals

1. How did you feel being the counselor?
2. Was it hard for you to bring up the subject of FASD?
3. Did you consider any cultural issues that might make it easier to discuss the subject?
4. Were you careful to avoid blaming the client for her daughter's possible FASD?

Key Points

- Having a child with an FASD can affect recovery. The stress of parenting a child with special needs can trigger a relapse. It is important to raise the subject in a sensitive way and reassure parents that they are doing the best they can and that there is support for them.
- Receiving a diagnosis of an FASD for one's child can be difficult. Some parents are relieved to have an explanation for their child's problems. Others may feel extreme guilt and remorse. Some may blame themselves or their partner for drinking while pregnant. Open, honest, and sensitive communication is important to help clients handle the possibility of their child having an FASD. *Counselors need to reinforce that this was not an intentional act but rather a consequence of their addiction.*
- Sensitivity to the client's family situation and cultural values is key. Some clients may need spiritual guidance to cope with the possibility of their child having an FASD and to feel comfortable getting an evaluation.
- Have the names of specialists available before discussing FASD or making a referral. It helps to be able to guide the client to services rather than suggesting the child needs an evaluation and then saying you'll get back to her about where to get one.
- Note that many types of assessments may be needed (e.g., hearing, speech, occupational therapy, physical therapy), and it could take a while to get a diagnosis.
- Parenting a child with any disability is difficult. Some ways to help the child include the following:



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- Provide a structured environment for the child. Minimize decorations, toys, and other items that can create sensory overload or distractions.
- Avoid sensory triggers, such as crowded malls, that can cause sensory overload.
- Have a routine. Create a daily schedule and review it with the child. Use drawings or photos to illustrate where you'll be going and what you'll be doing.
- Give one direction at a time and wait until the child completes the task before moving on.
- Repeat rules and routines often. Prepare the child for events.
- Role-play different situations. Practice going to the store or eating at a restaurant. Show the child appropriate behavior.
- Use literal language. Children with an FASD do not understand slang or metaphors.
- Do not isolate the child. Sending persons with an FASD to their room to think about what they have done is likely to increase a sense of isolation.
- Let clients know about IDEA and educational support that may be available for their children.
- Role-play self-disclosure of prenatal substance abuse. Clients who are uncomfortable acknowledging that they drank during pregnancy may not seek services for their child, or they may not receive adequate services if providers are unaware of the cause of the problem.



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Activity 4—Professional Values and Ethics—Discussion Guide

Ask the following questions. Participants can volunteer responses or you can go around the room and solicit responses. Emphasize that these are issues to be aware of when working with clients and that each situation is unique. Key points are noted for each question to help guide and stimulate discussion.

1. What biases can affect how you work with clients with an FASD or clients with children with an FASD and how can you deal with these biases?

Working with clients with an FASD can raise many issues. The addiction professional might resent being assigned such challenging clients. He or she might harbor negative attitudes toward women who drink while pregnant. The client with an FASD can trigger feelings of guilt and shame in a counselor who drank while pregnant or has a child with an FASD.

It is important to remain nonjudgmental when working with pregnant women who are drinking or have used alcohol in past pregnancies. By offering nonjudgmental and informed support, we offer hope. These women and their partners and families may experience stigma, guilt, and shame. It is important for the addiction professional to be supportive. Alcoholism is a disease, and clients need to be treated in a way that promotes health and does not shame them or treat them as if they hurt their children on purpose.

Some counselors may have unresolved personal issues around FASD. They may have drunk alcohol while pregnant; they may have been in relationships where a spouse, partner or family member drank while pregnant; or their mother may have drunk alcohol while pregnant with them or their siblings. It is important that counselors address personal issues to be effective with clients.

2. What can the addiction professional do to help clients with an FASD or clients with children with an FASD obtain needed services?

The addiction professional can advocate for clients and families with various service providers. He or she can consult with schools to help clients or children of clients receive appropriate educational services. With adolescent and adult clients, the addiction professional can help teach clients to self-advocate for needed services. Addiction professionals also can work with service providers to incorporate needed services into the client's treatment plan. It is also important to help teach clients how to advocate for their affected child, recognizing the stigma associated with disclosing past addiction issues with their child's provider.



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Perhaps most important, addiction professionals can recognize their own limitations and understand when referrals might be needed. Trying to do everything yourself may do more harm than good. It is better to enlist the help of professionals trained in FASD and the various specialties needed to address FASD than to try different strategies without appropriate training.

3. How can addiction professionals promote positive and productive relationships with clients with an FASD based on mutual respect?

Compassion, honesty, and integrity are important in all relationships. Addiction professionals may need to consult with coworkers or supervisors to work through any biases or concerns that could negatively affect their relationship with their client. Addiction professionals also need to be sensitive to the client's familial, cultural, and spiritual needs. Learning about the client's cultural background and spiritual beliefs can help in tailoring the treatment plan and respecting the client's values.

It is important to remember that clients with an FASD did not choose to have a disability. They are doing the best they can in difficult circumstances. Setbacks are likely. By expecting bumps in the road of a person's journey through life, we can learn to not take these dips personally. It helps to remember that people with an FASD have brain damage that affects their behavior. They are not trying to cause trouble or anger people.

It is also important to be flexible. The person with an FASD cannot generalize information or skills from one setting to another situation. Prepare and practice multiple scenarios with the person. Be patient and avoid looking bored going over the same information multiple times or answering the same question over and over. Also try different approaches. Something can work on Monday but not on Tuesday. Keep an open mind and be willing to change something that does not work, even if it helped in the past.

Creativity is essential. Clients with an FASD will not always remember what supports or programs we have developed with them or what their goals might be. Written journals or goal sheets can help remind people how far they've come and where they are headed. Keep a positive attitude and focus on what the person has accomplished, rather than on goals yet to be met.



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The information in this curriculum was developed from materials created by the National Organization on Fetal Alcohol Syndrome (NOFAS). The Substance Abuse and Mental Health Services Administration (SAMHSA) appreciates the collaboration.



Learning Objectives

- After completing this competency, participants should be able to:
 - Describe counseling approaches and strategies for working with adults with an FASD
 - Describe counseling approaches and strategies for working with adolescents with an FASD
 - Identify strategies for working with children with an FASD
 - Recognize issues related to professional values and ethics

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Pencils Out



Pretest!



Issues Facing Different Clients With an FASD

- Adults
- Adolescents
- Children

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Slide 3-5 FASD



Risks Facing Adults With an FASD

- Unemployment
- Unstable living arrangements
- Family conflict
- Social problems

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Treatment Strategies for Adults With an FASD

- Modify expectations
- Modify environment
- Use promising strategies
 - Mentoring
 - Family involvement
 - Individual therapy rather than group therapy

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Treatment Plan Development for Adults With an FASD

- Strengths and limitations
- Inconsistent abilities
- Issues related to chronological vs. developmental age

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Treatment for Adults With an FASD

- Modification of facility's established treatment
 - Adapt individual and group strategies
- Changes in staff expectations for individuals with an FASD
 - Increase staff awareness of FASD

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Counseling Strategies

- Set appropriate boundaries
- Be aware of the client's strengths
- Understand the impact of abuse
- Help the client cope with loss

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Counseling Strategies (cont'd)

- Address the stigma associated with an FASD
- Focus on self-esteem and personal issues
- Address resistance, denial, and acceptance

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Motivational Coaching

- Stages of change theory (Prochaska and DiClemente, 1982)
- FRAMES (Miller and Rollnick, 1991)
 - **F**eedback: Provide useful feedback based on screening
 - **R**esponsibility: Emphasize personal responsibility
 - **A**dvice: Give advice about how to change drinking patterns
 - **M**enu: Provide options
 - **E**mpathy: Show an understanding of the person's situation and be supportive
 - **S**elf-efficacy: Convey the message that the person can change

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Education, Direction, and Support for Families/Caregivers

- Discuss client, with client's consent
- Educate about FASD
- Provide support, such as arranging family services

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Appropriate Birth Control Methods

- Vulnerability to unintended pregnancy
- Difficulty using certain contraceptive methods
- Pharmaceutical assessment

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Effective Communication

- Check often for client understanding
- Review written materials
- Repeat information
- Use simple, concrete language
- Present ideas or instructions one at a time

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Transition Planning and Case Management

- Community resources
- Financial support

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Activity





Adolescents With an FASD

- Be aware of tendency to deny disability and alcohol problems
- Understand the need to blame others for their problems
- Start where the client is

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Treatment Plan Development

- Assist the adolescent in adjusting to a structured program or environment and learning how to trust the staff
- Share the rules with them early and often
- Take a holistic approach
- Provide opportunities to role-play or otherwise practice appropriate social behaviors
- Stabilize the adolescent before discussing chemical dependency

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Treatment Plan Development (cont'd)

- Include refusal skills training
- Assign a coach or mentor
- Include the family
- Work with the adolescent's school
- Use multiple approaches to learning
- Arrange aftercare

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Parenting and Counseling Strategies

- Address the client's difficulty setting and adhering to boundaries by using strategies modeled for use with other developmental disabilities

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Counseling Methods

- Focus on client's strengths
- Address issues such as abuse, grief, stigma, self-esteem, resistance, denial, and acceptance
- Use motivational coaching

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Ongoing Assessment

- Diagnostic evaluation for an FASD
- Academic achievement
- Social skills
- Comprehension

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Education, Direction, and Support for Families/Caregivers

- Discuss client's issues with the family
- Educate about FASD
- Provide support, such as arranging family services

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Appropriate Birth Control Methods

- Abstinence
- Referral for family planning services

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Educational Support

- Inform parents of laws regarding the education of children with disabilities
- Offer guidance for initiating an evaluation

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Competency 3: Treatment Strategies for Working With Clients With an FASD
Slide 3-26



Individuals With Disabilities Education Improvement Act (IDEA, 2004)

- Free and appropriate public education (FAPE)
- Individual Education Program (IEP)

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Competency 3: Treatment Strategies for Working With Clients With an FASD
Slide 3-27



Transitional Planning and Ongoing Case Management

- Community resources
- Financial resources

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Slide 3-26



Activity



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Children With an FASD

- Guidance for parents
- Benefits of helping parents

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Competency 3: Treatment Strategies for Working With Clients With an FASD
Slide 3-28



Strategies for Helping Children With an FASD

- Modify child's environment:
 - Structure
 - Routine
 - Repetition
 - Support
- Use literal, concrete language and check for understanding
- Do not isolate the child

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Competency 3: Treatment Strategies for Working With Clients With an FASD
Slide 3-11



Counseling a Client With a Child With an FASD

- History of abuse
- Grief
- Stigma
- Self-esteem
- Acceptance

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Competency 3: Treatment Strategies for Working With Clients With an FASD
Slide 3-12



Child's Need for Assessment by Allied Health Professionals

- Diagnostic evaluation
- Ongoing assessments
 - Medical
 - Mental health
 - Occupational and physical therapy
 - Speech and language
 - IQ and academic achievement

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Slide 3-12



Access to Services

- Family support
- Early intervention
- Case management

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Competency 3: Treatment Strategies for Working With Clients
With an FASD
Slide 3-11



Activity





Questions



Posttest!



References

- See References for a complete list of all references used in this competency.

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Competency 3: Treatment Strategies for Working With Clients
With an FASD
Slide 3-13



Competency 4: Prevention



Curriculum for Addiction Professionals: Level 2

Competency 4: Prevention

Description

Summary

This competency reviews the various types of prevention, effective screening methods, prevention methods such as brief intervention, ways to engage women in treatment by addressing issues such as domestic violence, and the role of partners in FASD prevention. Finally, professional values and ethics, such as the need to share information about FASD with all clients of childbearing age, are addressed.

Objectives

After completing this competency, participants should be able to:



- Identify substance use disorders in women of childbearing age and with risk factors for having a child with an FASD
- Demonstrate techniques to engage women who abuse substances in treatment and recovery
- Identify professional values and ethics related to FASD prevention



Curriculum for Addiction Professionals: Level 2

Competency 4: Prevention

Facilitator's Outline

Step and Time	Tools Needed
One: Introduction—5 minutes	
State that this competency is designed to help participants learn techniques used to identify addiction disorders in women of childbearing age and at risk for having a child with an FASD. The competency also addresses techniques that assist in engaging substance-abusing women into treatment and recovery, as well as professional values and ethics related to FASD prevention.	PowerPoint Slide 4-1
Two: Why We Are Here—5 minutes	
Discuss objectives for the competency as indicated on PowerPoint Slide 4-2. Discuss Competency 4: Prevention. This competency reviews the various types of prevention, effective screening methods, prevention methods such as brief intervention, ways to engage women in treatment by addressing issues such as domestic violence, and the role of partners in FASD prevention. Finally, professional values and ethics, such as the need to share information about FASD with all clients of childbearing age, are addressed.	PowerPoint Slide 4-2
Three: Pretest—10 minutes	
Distribute the pretest and allow time for participants to complete it. After ensuring that each participant has provided a unique identifier on the pretest (see the Introduction), collect the test. Do not review the answers at this time.	PowerPoint Slide 4-3 Pretest
Four: PowerPoint Presentation—20 minutes	
Using the PowerPoint presentation and facilitator talking points, review the FASD prevention framework, effective screening methods, and brief interventions.	PowerPoint Slides 4-4 through 4-11 FASD Prevention Resources—Handout



Competency 4: Prevention

Step and Time	Tools Needed
Five: Role-Play—30 minutes	
<p>Divide the participants into pairs. Have them choose a role. Hand out the role descriptions and read the roles aloud. Then describe the scenario and have participants role-play the situation. Reconvene the group and use the Discussion Guide to process the role-play and address issues raised and lessons learned.</p>	<p>PowerPoint Slide 4-12 Role Play—Instructions Role-Play—Role Descriptions Handout Role-Play—Discussion Guide</p>
Six: PowerPoint Presentation—10 minutes	
<p>Using the PowerPoint presentation and facilitator talking points, review ways to engage women into treatment and the role of significant others in FASD prevention.</p>	<p>PowerPoint Slides 4-13 through 4-16</p>
Seven: Case Study—30 minutes	
<p>Hand out the Case Study. Ask participants to read it and answer the questions. Once everyone is done, use the Discussion Guide to review participants' responses and delve into any issues raised by the case study.</p>	<p>PowerPoint Slide 4-17 Case Study—Handout Case Study—Discussion Guide</p>
Eight: Discussion of Professional Values and Ethics—25 minutes	
<p>Using the Professional Values and Ethics Discussion Guide, review the questions. Participants can volunteer answers or you can go around the room and solicit responses. Do not force participants to answer questions, as some might not feel comfortable and may just want to listen.</p>	<p>Power Point Slide 4-17 Professional Values and Ethics—Discussion Guide</p>
Nine: Posttest—10 minutes	
<p>Distribute the posttest and allow participants time to complete it. Using the answer key in the curriculum, review the answers to the posttest. After ensuring that each participant has provided his or her unique identifier on the posttest, collect the test.</p>	<p>PowerPoint Slide 4-18 Posttest Posttest Answer Key</p>
Ten: Evaluation—5 minutes	
Total Time—2.5 hours	



Curriculum for Addiction Professionals: Level 2

Competency 4: Prevention

Pretest

ID # _____-pre

Test Your Knowledge Questions

1. The addiction professional may need to collaborate with other service providers to address a woman's co-occurring health problems.

True or False

2. To reduce substance abuse among pregnant women, multilevel strategies are necessary. They include which of the following:

Select all that apply.

- A. Outreach
- B. Early intervention
- C. Information dissemination
- D. Treatment

3. The Institute of Medicine has developed a three-pronged approach to substance abuse prevention that includes:

- A. Targeted, specific, and universal prevention
- B. Universal, selective, and indicated prevention
- C. General, specific, and individual prevention
- D. Prevention for children, adolescents, and adults

4. What screening tools are effective in identifying women at increased risk of having children with an FASD?

Select all that apply.

- A. ADA
- B. IDEA
- C. TWEAK
- D. T-ACE

5. Prepregnancy counseling is critical for all women of childbearing age and is important in preventing FASD.

True or False



6. Women may fear losing custody of their children if they enter treatment.
True or False
7. Men can help prevent FASD by supporting a pregnant woman's efforts to abstain from alcohol use.
True or False
8. Women face emotional issues that often can complicate treatment. They include which of the following:
Select all that apply.
A. Low self-esteem
B. Sense of confidence
C. Feelings of superiority
D. Denial
9. Effective communication is critical to engage women in treatment.
True or False
10. Women with a strong support network are more likely to abstain from alcohol use during pregnancy than women without one.
True or False



Curriculum for Addiction Professionals: Level 2

Competency 4: Prevention

Pretest Answer Key

Test Your Knowledge Questions

1. The addiction professional may need to collaborate with other service providers to address a woman's co-occurring health problems.

True or False

ANSWER: True

2. To reduce substance abuse among pregnant women, multilevel strategies are necessary. They include which of the following:

Select all that apply.

- A. Outreach
- B. Early intervention
- C. Information dissemination
- D. Treatment

ANSWER: A, B, C, D.

3. The Institute of Medicine has developed a three-pronged approach to substance abuse prevention that includes:

- A. Targeted, specific, and universal prevention
- B. Universal, selective, and indicated prevention
- C. General, specific, and individual prevention
- D. Prevention for children, adolescents, and adults

ANSWER: B.

4. What screening tools are effective in identifying women at increased risk of having children with an FASD?

Select all that apply.

- A. ADA
- B. IDEA
- C. TWEAK
- D. T-ACE

ANSWER: C, D.



5. Prepregnancy counseling is critical for all women of childbearing age and is important in preventing FASD.

True or False

ANSWER: True.

6. Women may fear losing custody of their children if they enter treatment.

True or False

ANSWER: True.

7. Men can help prevent FASD by supporting a pregnant woman's efforts to abstain from alcohol use.

True or False

ANSWER: True.

8. Women face emotional issues that often can complicate treatment. They include which of the following:

Select all that apply.

- A. Low self-esteem
- B. Sense of confidence
- C. Feelings of superiority
- D. Denial

ANSWER: A, D.

9. Effective communication is critical to engage women in treatment.

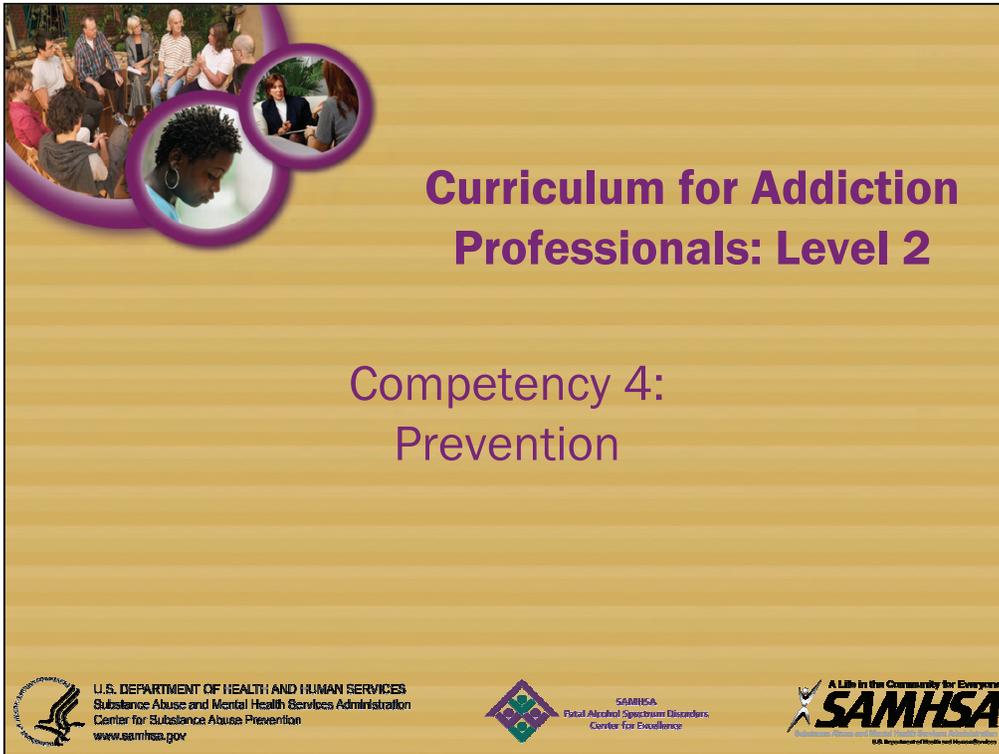
True or False

ANSWER: True.

10. Women with a strong support network are more likely to abstain from alcohol use during pregnancy than women without one.

True or False

ANSWER: True.



Curriculum for Addiction Professionals: Level 2

Competency 4: Prevention

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U.S. Department of Health and Human Services

Facilitator's Talking Points

Use this space for your notes.



The information in this curriculum was developed from materials created by the National Organization on Fetal Alcohol Syndrome (NOFAS). The Substance Abuse and Mental Health Services Administration (SAMHSA) appreciates the collaboration.

Facilitator's Talking Points



Learning Objectives

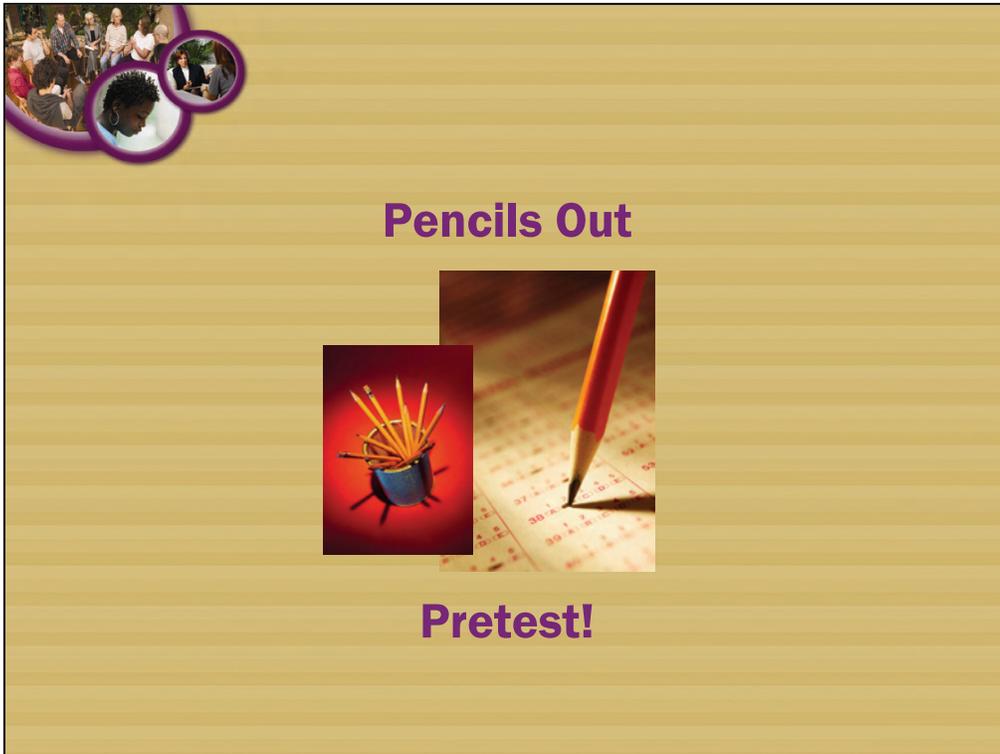
- After completing this competency, participants should be able to:
 - Identify substance use disorders in women of childbearing age and with risk factors for having a child with an FASD
 - Demonstrate techniques to engage women who abuse substances in treatment and recovery
 - Identify professional values and ethics related to FASD prevention

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Competency 4: Prevention
Slide 4-3

Facilitator's Talking Points

Use this space for your notes.



Pencils Out

Pretest!

Facilitator's Talking Points



Use this space for your notes.





FASD Prevention

- Complex, multilevel work
- Multiple strategies across various systems of care
- Identification of women at risk for having a child with an FASD

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Competency 4: Prevention
Slide 4-5

Facilitator's Talking Points

- Preventing FASD requires complex, multilevel work. It involves multiple agencies, professionals, and families.
- To achieve a real reduction in substance use among pregnant women, strategies are needed across various health and human service systems. Some of the services are information dissemination, outreach and early intervention, and alcohol treatment.
- Identifying alcohol use in women of childbearing age with risk factors for FASD is an important part of FASD prevention.



Prevention Strategies

- SAMHSA Strategic Prevention Framework
- Institute of Medicine approach to prevention
 - Universal
 - Selective
 - Indicated

Facilitator's Talking Points

- SAMHSA has developed a Strategic Prevention Framework built on a community-based risk and protective factors approach to substance abuse prevention. Within this broader context, communities can support many FASD prevention efforts.
- The Institute of Medicine has developed a three-pronged approach to prevention:
 - **Universal** prevention promotes the health and well-being of all individuals in society or a particular community. Universal prevention targets the general public or an entire population group. Examples of universal prevention efforts are public service announcements and informational brochures.
 - **Selective** prevention targets individuals or a population group at higher risk of developing a particular condition. An example would be screening women of childbearing age for alcohol problems.
 - **Indicated** prevention targets high-risk individuals who have detectable signs or symptoms of alcohol and other drug dependency or biologic markers indicating a predisposition to this dependency. An example would be efforts to address risk factors associated with individual, such as parenting classes.



Screening for Alcohol Use

- Identify women at increased risk of having a child with an FASD
- Use standard screening tools
- Reassess to obtain accurate information

Facilitator's Talking Points

- The first challenge in implementing prevention strategies is to identify women at increased risk of having children with an FASD. Screening for alcohol use at primary and prenatal care clinics can help identify women who are at risk. At-risk drinking for women is consuming eight or more drinks in 7 days or drinking four or more drinks in about two hours. A drink refers to 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of distilled spirits. Women that drink eight or more drinks in 7 days increase their risk of motor vehicle accidents, other injuries, high blood pressure, stroke, some types of cancer, and suicide.
- Women at risk of an alcohol-exposed pregnancy include women of childbearing age who are sexually active and do not use effective birth control and drink alcohol. Women drinking at risk levels or not using effective contraception should receive intervention.
- A common way to identify at-risk drinkers is to use short screening questionnaires within the assessment process.
- Some screening tools may be more effective with women, such as the T-ACE (Sokol, et al., 1989), the TWEAK (Russell, 1994), and AUDIT (Alcohol Use Disorders Identification Test) (Reinert and Allen, 2002).
- Screening is not a one-time activity. A client in detoxification may not be able to provide all the information needed due to her compromised condition. A reassessment may be needed once the client is stabilized. In addition, information can surface during the treatment process. The goal is to gather as much information as possible to develop and implement an effective treatment plan.



Effective Screening Methods

- Ask questions related to alcohol consumption in the context of other health questions
- Be warm and friendly—develop rapport over time
- Ask the questions on more than one occasion

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Competency 4: Prevention
Slide 4-8

Facilitator's Talking Points

- No clear evidence supports the use of a written screening form over the use of an interview. Use whichever method seems the most effective with your clients.
- Women tend to talk honestly about drinking if they are not worried about being embarrassed or judged or about losing their children.
- Women may not be willing to talk about their drinking at one visit but may at another. Routinely ask about alcohol use—frequency and quantity.
- Pregnant women who respond that they are drinking any alcohol should receive some type of intervention and followup.



Screening Process for Alcohol Abuse

- Ask about alcohol and drug use
- Identify the most appropriate screening tool or tools
- Assess for alcohol- and drug-related problems
- Advise appropriate action
- Monitor client progress
- Discuss risks of prenatal alcohol exposure
- Refer client to more formal alcohol abuse treatment

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Competency 4: Prevention
Slide 4-9

Facilitator's Talking Points

- The screening process should be incorporated as part of the standard assessment. Previously, we talked about screening for alcohol and contraceptive use. Here we address screening for alcohol abuse.
- Physical findings related to alcohol abuse may occur late in the course of the disorder. Some symptoms may be early indicators. These include high blood pressure, nonspecific complaints, insomnia, depression, anxiety, and stomach problems. Clues can also be found in the client's medical, family, and social histories.
- Even after gathering data, counselors and health care professionals may still be unsure about the diagnosis of alcohol dependence. It is important to share concerns and elicit responses to questions.
- The Institute of Medicine recommends that any health care provider who encounters a woman who is abusing alcohol consider brief intervention therapy (discussed later), counseling on the risks of prenatal alcohol exposure, and referral to more formal alcohol abuse treatment.
- A woman abusing alcohol should be referred for family planning services also.



Brief Intervention/Motivational Interviewing

- Stages of change theory (Prochaska and DiClemente, 1982)
- FRAMES (Miller and Rollnick, 1991)

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Competency 4: Prevention
Slide 4-10

Facilitator's Talking Points

- Brief interventions can be effective in helping women to stop drinking alcohol during pregnancy and in reducing alcohol use among women of childbearing age, if the women are not in the late stages of the addictive disease.
- The intervention typically involves two or more 15-minute counseling visits.
- Brief interventions often use motivational interviewing, which is based on stages of change theory (Prochaska and DiClemente, 1982), discussed in Competency 3. Review:
 - **Precontemplation:** The person is not considering change.
 - **Contemplation:** The person is ambivalent.
 - **Preparation:** The person feels ready to change.
 - **Action:** The person has begun doing something about his or her behavior. This is usually when treatment starts.
 - **Maintenance:** This is the hardest part of change. The challenge is to maintain the gains and avoid relapse.
 - **Relapse:** Relapse is not formally considered a stage. It is included because many individuals relapse and repeat stages.
- Motivational interviewing helps people recognize their problems and increase their motivation to change. One useful model for understanding motivation is FRAMES (Miller and Rollnick, 1991), discussed in Competency 3. Review:
 - **Feedback:** Provide useful feedback based on screening.
 - **Responsibility:** Emphasize personal responsibility and freedom to choose.
 - **Advice:** Give specific advice about how to change drinking patterns.
 - **Menu:** Provide the person with options.
 - **Empathy:** Show an understanding of the person's situation and be supportive.
 - **Self-efficacy:** Convey the message that the person is capable of change.



Appropriate Preconception Planning Methods

- Prepregnancy counseling
- Referrals to medical professionals

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Competency 4: Prevention
Slide 4-11

Facilitator's Talking Points

- To prevent FASD, prepregnancy counseling is critical for all women of childbearing age. Many women have unplanned pregnancies and drink alcohol before they know that they are pregnant. Therefore, women who drink even sparingly must be encouraged to plan their pregnancies and to abstain from alcohol use before and during the planned pregnancy.
- Addiction professionals can help by talking to their clients about the dangers of alcohol use while pregnant and by discussing with them how to plan for a healthy, alcohol-free pregnancy.
- The addiction counselor needs to ensure that the client has obtained family planning counseling and services to greatly reduce her risk of an unplanned pregnancy; however, it is not the counselor's job to provide these services.
- After talking to the client about her family planning methods, the addiction counselor should decide if the client needs a referral to a qualified medical professional for a family planning assessment.
- The Project CHOICES Intervention Research Group Study (Ingersoll, et al., 2003) provides evidence that four sessions of motivational interviewing and one contraception counseling session can decrease the risk of alcohol-exposed pregnancy for women in high-risk settings.
- Some women in treatment and recovery may take prescribed medications that can harm a fetus. Anyone taking medication should be referred to a medical director or outside medical professional.
- Some clients will want effective, reversible contraception. Women who use substances and have a history of irregular menses and involuntary infertility need to know that sobriety can result in a return to ovulation with a risk of unplanned pregnancy. They should be referred to the appropriate specialists.



FASD Prevention Resources

- National resources
- State resources
- Online resources

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Competency 4: Prevention
Slide 4-12

Facilitator's Talking Points

- Materials are available that can be used in FASD prevention efforts. Many of these are for general populations, but some can be used with women in treatment or aftercare. Others have been developed for specific populations, such as Native women.
- Many organizations also have information. **Distribute FASD Prevention Resources—Handout.** This list not comprehensive but is a good starting point. National organizations, such as NOFAS, may be able to direct participants to resources in their area.



Activity



Facilitator's Talking Points

- Conduct Activity 1 — Role-Play.



Engaging Women in Treatment

- Issues affecting treatment
 - Codependency
 - Domestic violence
 - Sexuality
 - Custody

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Competency 4: Prevention
Slide 4-14

Facilitator's Talking Points

- Women face many barriers to treatment. The addiction professional needs to be aware of these issues and their possible impact on treatment. These issues may have to be addressed before tackling her substance abuse:
 - Codependency. Many women are in codependent relationships with partners who use substances or support substance use. These women may fear that the relationship will end if they enter treatment.
 - Some women are victims of domestic violence and are so focused on survival and safety that treatment is not a priority.
 - Some women have never been in a sexual relationship while sober and may be apprehensive about the possibility of intimacy.
 - Many women fear losing custody of their children if they enter treatment.
- Many women experience co-occurring health and other problems, including issues related to mental health, violence and sexual abuse, body image, self-esteem, mothering, reproductive health, and sexuality. The addiction professional may need to collaborate with other services to provide a holistic approach for women that addresses their many challenges.



Effective Communication

- Respectful, nonjudgmental service philosophies
- Strengths-based, empowerment approaches

Facilitator's Talking Points

- Effective communication is critical to engage women in treatment. The addiction professional has to establish rapport and build trust with the client.
- Working from respectful, nonjudgmental service philosophies that ensure safe and compassionate care is essential.
- Strengths-based, empowerment approaches are best. Focusing on the woman's commitment to leading a healthy, safe, and sober life and on her strength in receiving treatment is important. A victim philosophy that focuses on violence, lack of family support, or other issues that have kept her from getting treatment can be counterproductive.
- Women face emotional issues that can complicate treatment, such as shame and guilt, denial, fear, feelings of powerlessness, and low self-esteem. These feelings are important to acknowledge and address.



Methods That Engage Women in Treatment and Recovery

- Approaches and services that respond to women's needs and reflect women's realities
- Approaches that reflect ethnic, racial, cultural, and geographical differences in needs
- Connections to the community

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Competency 4: Prevention
Slide 4-16

Facilitator's Talking Points

- Addressing barriers is important in engaging women in treatment. Techniques for enhancing access to care include:
 - Use of treatment approaches that respond to women's needs and reflect women's realities.
 - Treatment services that are available to all women but are based on an individual woman's specific needs and circumstances.
 - Approaches that reflect ethnic, racial, cultural, and geographical differences in needs among female substance abusers.
 - Community awareness of substance use problems among women at risk, including information on available services.
- Increased education of community leaders, peers, spiritual leaders, service providers, and others in a position to identify, refer to treatment, and support women with substance use problems.
- Outreach, including peer outreach, in community centers, cafes, drop-in or storefront agencies, police stations, shelters, places of worship, hospitals, prisons, and social and health care settings.
- Connecting women to their community to help foster ongoing recovery. This may include assistance in locating a sponsor or identifying women's 12-Step meeting sites, classes at the YWCA, places of worship, or any natural setting where women gather.



Role of Males and Significant Others in FASD Prevention

- Supporting alcohol-free pregnancy
- Avoiding unplanned pregnancies
- Creating alcohol-free environment

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Competency 4: Prevention
Slide 4-17

Facilitator's Talking Points

- By definition, an FASD is only caused by maternal drinking. Paternal drinking may decrease fertility or damage sperm but will not cause an FASD.
- Male partners and significant others can help prevent FASD by supporting a pregnant woman's efforts to abstain from alcohol use.
- Men can also help prevent FASD by helping to prevent pregnancy in women who drink alcohol. Involving male partners in family planning can reduce the risk of an unplanned pregnancy and use of alcohol before the woman finds out she is pregnant.
- Another role of men is to support an alcohol-free environment. Male partners who oppose the mother's plan to stop drinking make it harder for women to avoid alcohol. In addition, paternal substance abuse may heighten the mother's stress and lead her to drink. A stable and nurturing home protects against maternal drinking.
- Fathers also need to encourage alcohol-free pregnancies in their daughters. Most young women who quit or reduce their drinking during pregnancy have been encouraged by others, specifically parents or mentors, to avoid alcohol use during their pregnancies.
- Women with a large and satisfactory support network, including their families, are more likely to abstain from alcohol use during pregnancy than women without this level of support.



Activity



Facilitator's Talking Points

- Conduct Activity 2 — Case Study.
- Conduct Activity 3 — Professional Values and Ethics.



Questions



Posttest!

Facilitator's Talking Points

Use this space for your notes.



References

- See References for a complete list of all references used in this competency.

Facilitator's Talking Points

Use this space for your notes.



Curriculum for Addiction Professionals: Level 2

Competency 4: Prevention

Posttest

ID # _____ **—post**

Test Your Knowledge Questions

1. What screening tools are effective in identifying women at increased risk of having children with an FASD?

Select all that apply.

- A. ADA
- B. IDEA
- C. TWEAK
- D. T-ACE

2. Women may fear losing custody of their children if they enter treatment.

True or False

3. The addiction professional may need to collaborate with other service providers to address a woman's co-occurring health problems.

True or False

4. Women with a strong support network are more likely to abstain from alcohol use during pregnancy than women without one.

True or False

5. To reduce substance abuse among pregnant women, multilevel strategies are necessary. They include which of the following:

Select all that apply.

- A. Outreach
- B. Early intervention
- C. Information dissemination
- D. Treatment

6. Effective communication is critical to engage women in treatment.

True or False



7. The Institute of Medicine has developed a three-pronged approach to substance abuse prevention that includes:
- A. Targeted, specific, and universal prevention
 - B. Universal, selective, and indicated prevention
 - C. General, specific, and individual prevention
 - D. Prevention for children, adolescents, and adults
8. Women face emotional issues that often can complicate treatment. They include which of the following:
- Select all that apply.
- A. Low self-esteem
 - B. Sense of confidence
 - C. Feelings of superiority
 - D. Denial
9. Prepregnancy counseling is critical for all women of childbearing age and is important in preventing FASD.
- True or False
10. Men can help prevent FASD by supporting a pregnant woman's efforts to abstain from alcohol use.
- True or False



Curriculum for Addiction Professionals: Level 2

Competency 4: Prevention

Posttest Answer Key

Test Your Knowledge Questions

1. What screening tools are effective in identifying women at increased risk of having children with an FASD?

Select all that apply.

- A. ADA
- B. IDEA
- C. TWEAK
- D. T-ACE

ANSWER: C, D.

2. Women may fear losing custody of their children if they enter treatment.

True or False

ANSWER: True.

3. The addiction professional may need to collaborate with other service providers to address a woman's co-occurring health problems.

True or False

ANSWER: True.

4. Women with a strong support network are more likely to abstain from alcohol use during pregnancy than women without one.

True or False

ANSWER: True.



5. To reduce substance abuse among pregnant women, multilevel strategies are necessary. They include which of the following:

Select all that apply.

- A. Outreach
- B. Early intervention
- C. Information dissemination
- D. Treatment

ANSWER: A, B, C, D.

6. Effective communication is critical to engage women in treatment.

True or False

ANSWER: True.

7. The Institute of Medicine has developed a three-pronged approach to substance abuse prevention that includes:

- A. Targeted, specific, and universal prevention
- B. Universal, selective, and indicated prevention
- C. General, specific, and individual prevention
- D. Prevention for children, adolescents, and adults

ANSWER: B.

8. Women face emotional issues that often can complicate treatment. They include which of the following:

Select all that apply.

- A. Low self-esteem
- B. Sense of confidence
- C. Feelings of superiority
- D. Denial

ANSWER: A, D.

9. Prepregnancy counseling is critical for all women of childbearing age and is important in preventing FASD.

True or False

ANSWER: True.



10. Men can help prevent FASD by supporting a pregnant woman's efforts to abstain from alcohol use.

True or False

ANSWER: True.



Curriculum for Addiction Professionals: Level 2

Competency 4: Prevention

Activity 1—Role-Play—Instructions

Instructions

1. Have the group divide into pairs. If the group has an odd number, one group can have three members.
2. One person in each pair will play the client, and the other will play the addiction professional.
3. Hand out the role descriptions and read them to the group:

Client (participant can use own name or choose a name)

You are a married woman in your 20s. You have been in treatment for several weeks. This is your third time in treatment. Your husband believes that if you get pregnant, it would help you to stay sober. You want to know if your drinking will make it hard for you to get pregnant.

Addiction Professional (participant can use own name or choose a name)

You've been meeting with this client for several weeks. You're concerned about the possibility of her having a child, since she's been known to relapse. You want her to know more about alcohol and pregnancy.

4. Describe the situation the participants will role-play:
The client comes in for a session and says that she's been thinking more and more about having a baby. She realizes drinking can affect her health, but what about having kids? The addiction professional takes this opportunity to talk about FASD.
5. Give the participants about 10 minutes to act out the scenario. Then have the group come together to discuss their experience.



Curriculum for Addiction Professionals: Level 2

Competency 4: Prevention

Activity 1—Role-Play—Role Descriptions Handout

Client (participant can use own name or choose a name)

You are a married woman in your 20s. You have been in treatment for several weeks. This is your third time in treatment. Your husband believes that if you get pregnant, it would help you to stay sober. You want to know if your drinking will make it hard for you to get pregnant.

Addiction Professional (participant can use own name or choose a name)

You've been meeting with this client for several weeks. You're concerned about the possibility of her having a child, since she's been known to relapse. You want her to know more about alcohol and pregnancy.



Curriculum for Addiction Professionals: Level 2

Competency 4: Prevention

Activity 1—Role-Play—Discussion Guide

Questions for Clients

1. How did you feel being the client?
2. Did you think the counselor treated you with respect and sensitivity?
3. How did you feel when the counselor told you about FASD?

Questions for Addiction Professionals

1. How did you feel being the counselor?
2. Was it hard for you to bring up the subject of FASD?
3. Did you consider any cultural issues that might make it easier to discuss the subject?
4. Were you careful to avoid suggesting that the client shouldn't have children? Did you give her an appropriate referral regarding family planning?
5. Did you share any resources with her, such as fact sheets or brochures?

Key Points

- The addiction professional can share important information with all women of childbearing age about the dangers of alcohol use during pregnancy.
- The addiction professional needs to treat issues related to childbearing sensitively and not render any judgments.
- The addiction professional needs to refer clients for family planning assistance. It is inappropriate to counsel clients about whether to have children or what type of birth control to use. Only individuals with content expertise in family planning should provide information regarding birth control methods.
- The addiction professional needs to consider cultural issues when discussing FASD. For example, Native cultures consider pregnancy sacred. This concept can be used to emphasize the importance of an alcohol-free pregnancy.
- The addiction professional needs to have resources available to share information with clients. Written materials can help reinforce the FASD prevention message.



Curriculum for Addiction Professionals: Level 2

Competency 4: Prevention

Activity 2—Case Study—Handout

Carol is 27 and lives with her partner, Mike. Carol likes drinking with Mike and resents that she has to care for her 7-year-old daughter, Cindy. Cindy's father left her 5 years ago, and Carol has a lot of unresolved anger toward her ex-partner. Mike abuses Carol but afterwards is remorseful and attentive toward her. Carol's sisters have disowned her. Carol entered inpatient treatment on the advice of her attorney after receiving her third driving while intoxicated (DWI). Her counselor is concerned that Carol will not complete treatment, as Mike has already attempted to get her to leave by telling her that Cindy is misbehaving.

Questions

1. What are some barriers to treatment Carol faces?
2. How can the counselor engage Carol in treatment?
3. What issues is Carol facing besides substance abuse, and how can the counselor address them?



Curriculum for Addiction Professionals: Level 2

Competency 4: Prevention

Activity 2—Case Study—Discussion Guide

After participants have answered the questions, review each question and ask participants to respond. Suggested answers follow. The important messages are that the counselor needs to establish trust with Carol to engage her in the recovery process.

Carol is 27 and lives with her partner, Mike. Carol likes drinking with Mike and resents that she has to care for her 7-year-old daughter, Cindy. Cindy's father left her 5 years ago, and Carol has a lot of unresolved anger toward her ex-partner. Mike abuses Carol but afterwards is remorseful and attentive toward her. Carol's sisters have disowned her. Carol entered inpatient treatment on the advice of her attorney after receiving her third driving while intoxicated (DWI). Her counselor is concerned that Carol will not complete treatment, as Mike has already attempted to get her to leave by telling her that Cindy is misbehaving.

Questions

1. What are some barriers to treatment Carol faces?

Abuse, trauma, codependency, low self-esteem, lack of self-efficacy, unresolved anger, lack of family support, lack of parenting skills, and views self as victim.

2. How can the counselor engage Carol in treatment?

The counselor can ask Carol open-ended questions to encourage her to talk about her situation and her concerns. The counselor can listen and respond in a respectful, nonjudgmental way that shows support for Carol's choices. The counselor can also focus on Carol's strength in seeking treatment and taking a major step toward a healthy, safe, and sober life and can encourage the client's participation in women's recovery groups.

3. What issues is Carol facing besides substance abuse, and how can the counselor address them?

Issues

How to address the issues

Abuse and trauma

Provide appropriate information/referrals (e.g., domestic violence hotline, crisis intervention services, safety planning, housing, legal services, medical services, counseling, safety plan if person is in danger)

Low self-esteem

List things I do really well

Victim role

List daily strengths (empowerment)



Issues

Lack of family support

Change vocabulary

How to address the issues

*Family sessions—adopt new “family”
in 12-Step recovery*

I can't changes to I won't



Curriculum for Addiction Professionals: Level 2

Competency 4: Prevention

Activity 3—Professional Values and Ethics— Discussion Guide

Ask the following questions. Participants can volunteer responses or you can go around the room and solicit responses. Emphasize that these are issues to be aware of when working with clients and that each situation is unique. Key points are noted for each question to help guide and stimulate discussion.

Issues Related to Professional Values and Ethics

1. What are some ideas that can interfere with FASD prevention efforts? How can we counteract these ideas?

Some people think that women who drink during pregnancy are irresponsible and that prevention efforts with them are a waste of time. Others think everyone knows that alcohol use during pregnancy is unsafe, so there is no need to discuss it. Some professionals assume that middle- or upper-class women do not have alcohol problems or are too educated to drink while pregnant.

The reality is that any woman can have a child with an FASD. It is important to keep an open mind and to avoid harsh opinions or false assumptions. Women who drink during pregnancy do not intend to hurt their babies. They have alcohol problems and need help. It is important to keep an open mind and to share the message with every woman of childbearing age that no amount of alcohol is safe to drink during pregnancy.

2. What are barriers to treatment that pregnant women and women with children face? How can addiction professionals help?

Pregnant women and women with children may fear losing custody of their children. However, child protective service agencies are mandated to help keep families together. An addiction professional can help coordinate with child protective services to develop a plan for family reunification. Addiction professionals also can work with their treatment centers to ensure that women are not barred from treatment or discriminated against because they are pregnant.

3. How can the addiction professional help women cope with stigma, guilt, and shame about drinking when pregnant?

It is important to maintain a nonjudgmental attitude. It helps to focus on the disease model of addiction and the idea that the person with alcohol problems does not lack character and did not hurt her child on purpose.



4. How do family, cultural, and spiritual values affect prevention efforts?

Sensitivity to family, cultural, and spiritual values is essential. Some families may be uncomfortable talking about alcohol use during pregnancy. In some cultures and religions, women's drinking is forbidden or considered sinful. Acknowledging these views and helping individuals and families work through their issues can help in preventing FASD. Addiction professionals may want to seek creative ways to incorporate cultural and spiritual values into their work. For example, Native cultures consider pregnancy to be a sacred time. This belief can be used to encourage an alcohol-free pregnancy.

5. How can family planning issues be addressed appropriately?

Emphasize the importance of family planning during treatment, aftercare, and ongoing recovery. The combination of alcohol treatment and family planning services can be quite effective in preventing FASD. A client may worry about alcohol she drank before she knew she was pregnant or understood the possible dangers. Let her know that getting treatment and stopping the alcohol use can reduce the risk of harm to her baby.

If you work with women who may be planning to become pregnant or who are having sex without contraception, explain the risks of drinking while pregnant. Incorporate the message into their treatment plan. Refer the client to a medical professional for advice about specific methods of contraception. Only individuals with content expertise in family planning should provide information regarding birth control methods.

6. What are some effective ways to communicate with clients to help develop a trusting relationship?

- *Use language that is clear and free of judgments.*
- *Be specific. Avoid generalization and language that is subject to multiple interpretations.*
- *Do not use psychiatric diagnoses as metaphors for other descriptions (e.g., using "schizophrenic" or "manic" to describe behavior).*
- *Avoid stereotypes, slang, jargon, and opinions.*
- *Keep humor focused away from individuals. Joking is okay, but not at the expense of an individual.*
- *Use inclusive language, such as "we" (not "us" and "them").*
- *Use language that does not separate groups by diagnoses or character traits.*
- *Use body movement and expression that connote inclusion and equality (e.g., avoid crossed arms).*
- *Check your voice for any unintended communication barriers, such as condescending tones, pitch, and volume.*
- *Check your own belief in what you are saying. If you use "politically correct" words but don't believe in the message, your body language will give away your real feelings.*



Competency 4: Prevention

- *Be honest and respectful. Focus on positive messages, such as those that convey hope, responsibility, and solutions.*
- *Take your time. Any good relationship takes time to grow.*



Curriculum for Addiction Professionals: Level 2

Competency 4: Prevention



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Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention
www.samhsa.gov



AMERICAN OVERSIGHT
Special Advisory Group on Prescription Opioid Crisis
www.americanoversight.org



ADDICTION PREVENTION BY SAMHSA
SAMHSA
Substance Abuse and Mental Health Services Administration
www.samhsa.gov



The information in this curriculum was developed from materials created by the National Organization on Fetal Alcohol Syndrome (NOFAS). The Substance Abuse and Mental Health Services Administration (SAMHSA) appreciates the collaboration.



Learning Objectives

- After completing this competency, participants should be able to:
 - Identify substance use disorders in women of childbearing age and with risk factors for having a child with an FASD
 - Demonstrate techniques to engage women who abuse substances in treatment and recovery
 - Identify professional values and ethics related to FASD prevention

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Slide 4-3



Pencils Out



Pretest!



FASD Prevention

- Complex, multilevel work
- Multiple strategies across various systems of care
- Identification of women at risk for having a child with an FASD

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 Slide 4.5



Prevention Strategies

- SAMHSA Strategic Prevention Framework
- Institute of Medicine approach to prevention
 - Universal
 - Selective
 - Indicated

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 Slide 4.4



Screening for Alcohol Use

- Identify women at increased risk of having a child with an FASD
- Use standard screening tools
- Reassess to obtain accurate information

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Effective Screening Methods

- Ask questions related to alcohol consumption in the context of other health questions
- Be warm and friendly—develop rapport over time
- Ask the questions on more than one occasion

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Slide 4.8



Screening Process for Alcohol Abuse

- Ask about alcohol and drug use
- Identify the most appropriate screening tool or tools
- Assess for alcohol- and drug-related problems
- Advise appropriate action
- Monitor client progress
- Discuss risks of prenatal alcohol exposure
- Refer client to more formal alcohol abuse treatment

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Slide 4.9



Brief Intervention/Motivational Interviewing

- Stages of change theory (Prochaska and DiClemente, 1982)
- FRAMES (Miller and Rollnick, 1991)

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Appropriate Preconception Planning Methods

- Prepregnancy counseling
- Referrals to medical professionals

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Slide 4-11



FASD Prevention Resources

- National resources
- State resources
- Online resources

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Slide 4-12



Activity



Engaging Women in Treatment

- Issues affecting treatment
 - Codependency
 - Domestic violence
 - Sexuality
 - Custody

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Slide 4-14



Effective Communication

- Respectful, nonjudgmental service philosophies
- Strengths-based, empowerment approaches

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Slide 4-15



Methods That Engage Women in Treatment and Recovery

- Approaches and services that respond to women's needs and reflect women's realities
- Approaches that reflect ethnic, racial, cultural, and geographical differences in needs
- Connections to the community

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Slide 4-14



Role of Males and Significant Others in FASD Prevention

- Supporting alcohol-free pregnancy
- Avoiding unplanned pregnancies
- Creating alcohol-free environment

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Slide 4-17



Activity



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Questions



Posttest!



References

- See References for a complete list of all references used in this competency.

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Field Alcohol Spectrum Disorders Center for Excellence

Competency 4: Prevention
Slide 4-20



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Competency 4: Prevention

FASD Prevention Resources—Handout

- Substance Abuse and Mental Health Services Administration (SAMHSA), www.samhsa.gov
- SAMHSA FASD Center for Excellence, www.fasdcenter.samhsa.gov, 866-786-7327
- SAMHSA National Clearinghouse for Alcohol and Drug Information, www.ncadi.samhsa.gov, 800-729-6686, TDD: 800-487-4889, Spanish: 877-767-8432
- Alaska Office of FAS Media Campaign, health.hss.state.ak.us/fas/Resources/media.htm, 907-465-3033 or 877-393-2287
- Alberta Children's Services FASD materials, www.child.gov.ab.ca/whatwedo/fas/page.cfm
- American Society of Addiction Medicine, www.asam.org
- An Inner Voice Tells You Not To Drink or Use Other Drugs poster, ncadi.samhsa.gov/govpubs/av161/, 800-729-6686
- Association of Iroquois and Allied Indians, Guarding the Unborn Spirit resources, www.kemmurchproductions.com/store.htm, 866-616-0341
- Centers for Disease Control and Prevention, www.cdc.gov/ncbddd/fas/
- Colorado FAS/ATOD Prevention Program, www.uchsc.edu/ahec/fas/, 303-724-0333
- Drinking and Your Pregnancy, pubs.niaaa.nih.gov/publications/fas/fas.htm
- FAS Community Resource Center, www.come-over.to/FASCRC/
- FAS Diagnostic and Prevention Network, depts.washington.edu/fasdpn/index.htm
- Health Canada, Brochures, It Takes a Community manual, www.hc-sc.gc.ca/fnihb/cp/fas_fae/publications/index.htm, 866-225-0709
- Maryland Center for Maternal and Child Health, Maryland Fetal Alcohol Spectrum Disorder Coalition, www.fha.state.md.us/mch/fasd/, 410-767-5581
- Minnesota Department of Health Fetal Alcohol Syndrome Prevention, www.health.state.mn.us/fas/, 1-877-923-7842
- Minnesota Organization on Fetal Alcohol Syndrome, www.mofas.org, 866-90-MOFAS
- National Center for Family Support, www.familysupport-hsri.org
- National Database of FASD and Substance Use During Pregnancy Resources (Canada), www.ccsa.ca/fas/intro_en.html
- National Organization on Fetal Alcohol Syndrome, www.nofas.org, 800-66-NOFAS



Competency 4: Prevention

- NineZero (Nine months, zero alcohol), Arc of Riverside, www.ninezero.org, 888-818-6298
- Pauktuutit Inuit Women's Association, Before I Was Born resources, 209.217.87.67/FAS/index.html
- Rural Alaska Community Action Program (Rural CAP Alaska), Early Decisions resources, 907-279-2511, ext. 344, or 800-478-7227
- The Arc, www.thearc.org
- University of Washington Fetal Alcohol and Drug Unit, depts.washington.edu/fadu/, 206-543-7155



Competency 5:
Continuing Care of Families Affected by FASD



Curriculum for Addiction Professionals: Level 2

Competency 5: Continuing Care of Families Affected by FASD

Description

Summary

This competency addresses individual and group counseling; treatment plans; case management; and resources such as mentors, recreational groups, and financial assistance. The competency also addresses the role of families in preventing alcohol-exposed pregnancies.

Objectives

After completing this competency, participants should be able to:



- Teach resources for continuing care services for:
 - Clients with an FASD or possible FASD
 - Clients with children with an FASD or possible FASD
 - Families with an individual with an FASD
- Understand and demonstrate issues related to professional values and ethics



Curriculum for Addiction Professionals: Level 2

Competency 5: Continuing Care of Families Affected by FASD

Facilitator's Outline

Step and Time	Tools Needed
One: Introduction—5 minutes	
State that this competency focuses on resources for supportive services for long-term care. The competency addresses services needed for clients with an FASD and ways to help parents, caregivers, and other family members access resources.	PowerPoint Slide 5-1
Two: Why We Are Here—5 minutes	
Discuss objectives for the competency as indicated on PowerPoint Slide 5-2. Discuss Competency 5: Continuing Care of Families Affected by FASD. This competency addresses individual and group counseling; treatment plans; case management; and resources such as mentors, recreational groups, and financial assistance. The competency also addresses the role of families in preventing alcohol-exposed pregnancies.	PowerPoint Slide 5-2
Three: Pretest—10 minutes	
Distribute the pretest and allow time for participants to complete it. After ensuring that each participant has provided a unique identifier on the pretest (see the Introduction), collect the test. Do not review the answers at this time.	PowerPoint Slide 5-3 Pretest
Four: PowerPoint Presentation—30 minutes	
Using the PowerPoint presentation and facilitator talking points, review issues related to continuing care for clients with an FASD, clients whose children have an FASD, and families affected by FASD, including service needs, treatment plan development, aftercare issues, and access to resources such as mentors and financial assistance.	PowerPoint Slides 5-4 through 5-18



Competency 5: Continuing Care of Families Affected by FASD

Step and Time	Tools Needed
Five: Brainstorming Session—30 minutes	
Hand out the Brainstorming Scenario and ask participants to read it. Then ask participants to identify service needs for the individual described. Also ask them to identify service needs for the family and any emotional or personal issues the family might face, such as denial.	PowerPoint Slide 5-19 Brainstorming Scenario— Handout Brainstorming Scenario— Discussion Guide
Six: Discussion of Professional Values and Ethics—25 minutes	
Using the Professional Values and Ethics Discussion Guide, review the questions. Participants can volunteer answers or you can go around the room and solicit responses. Do not force participants to answer questions, as some might not feel comfortable and may just want to listen.	Power Point Slide 5-19 Professional Values and Ethics—Discussion Guide
Seven: Posttest—10 minutes	
Distribute the posttest and allow participants time to complete it. Using the answer key in the curriculum, review the answers to the posttest. After ensuring that each participant has provided his or her unique identifier on the posttest, collect the test.	PowerPoint Slide 5-20 Posttest Posttest Answer Key
Eight: Evaluation—5 minutes	
Total Time—2 hours	



Curriculum for Addiction Professionals Level 2

Competency 5: Continuing Care of Families Affected by FASD

Pretest

ID # _____-pre

Test Your Knowledge Questions

1. Service linkages are essential for effective substance abuse treatment and ongoing recovery for people with an FASD.

True or False

2. Guiding principles established by the Center for Substance Abuse Treatment that could be used in treating clients with an FASD include which of the following:

Select all that apply.

- A. Adopt a specific viewpoint
- B. Employ a recovery perspective
- C. Plan for the client's cognitive and functional impairments
- D. Develop a phased approach to treatment

3. An "external brain" refers to a person who interprets or organizes the world for a person with an FASD and helps him or her avoid risky behaviors.

True or False

4. What are some support systems to consider when planning aftercare?

Select all that apply.

- A. Recreation
- B. Parenting classes
- C. Houses of worship
- D. Support groups

5. Providing continuing care for clients who have children with an FASD may include which of the following:

Select all that apply.

- A. Counseling and structured group involvement
- B. Involvement with mentors and support groups
- C. Timeouts
- D. Ongoing case management



Competency 5: Continuing Care of Families Affected by FASD

6. When providing continuing care to an adult with an FASD, it is usually an easy process to coordinate and integrate services provided by multiple agencies.

True or False

7. When appropriate and with consent, the addiction professional may include the family in treatment plan development and recovery. Some benefits of family-centered services include which of the following:

Select all that apply.

- A. The family can provide support during recovery
- B. The family can help identify familial risk factors
- C. The health and functioning of the family may improve
- D. None of the above

8. Multiple service systems may be needed for continuing care. These include:

Select all that apply.

- A. Housing, pet care, and employment
- B. Employment, housing, and financial assistance
- C. Pet care, employment, and financial assistance
- D. Financial assistance, pet care, and housing

9. Persons with an FASD have difficulty applying what they have learned; therefore, role-playing can be used as a rehearsal tool.

True or False

10. Why might a person with an FASD need more sustained contact with aftercare resources than others in treatment?

Select all that apply.

- A. To enhance skill development
- B. To fulfill employment goals
- C. To develop social supports



Curriculum for Addiction Professionals Level 2

Competency 5: Continuing Care of Families Affected by FASD

Pretest Answer Key

Test Your Knowledge Questions

1. Service linkages are essential for effective substance abuse treatment and ongoing recovery for people with an FASD.

True or False

ANSWER: True. An array of services—housing, job support, financial assistance, medical care, aftercare, mental health services, educational support, and legal services—may be needed from multiple systems.

2. Guiding principles established by the Center for Substance Abuse Treatment that could be used in treating clients with an FASD include which of the following:

Select all that apply.

- A. Adopt a specific viewpoint
- B. Employ a recovery perspective
- C. Plan for the client's cognitive and functional impairments
- D. Develop a phased approach to treatment

ANSWER: B, C, D.

3. An “external brain” refers to a person who interprets or organizes the world for a person with an FASD and helps him or her avoid risky behaviors.

True or False

ANSWER: True.

4. What are some support systems to consider when planning aftercare?

Select all that apply.

- A. Recreation
- B. Parenting classes
- C. Houses of worship
- D. Support groups

ANSWER: A, B, C, D.



Competency 5: Continuing Care of Families Affected by FASD

5. Providing continuing care for clients who have children with an FASD may include which of the following:

Select all that apply.

- A. Counseling and structured group involvement
- B. Involvement with mentors and support groups
- C. Timeouts
- D. Ongoing case management

ANSWER: A, B, D.

6. When providing continuing care to an adult with an FASD, it is usually an easy process to coordinate and integrate services provided by multiple agencies.

True or False

ANSWER: False. It can be very challenging.

7. When appropriate and with consent, the addiction professional may include the family in treatment plan development and recovery. Some benefits of family-centered services include which of the following:

Select all that apply.

- A. The family can provide support during recovery
- B. The family can help identify familial risk factors
- C. The health and functioning of the family may improve
- D. None of the above

ANSWER: A, B, C.

8. Multiple service systems may be needed for continuing care. These include:

Select all that apply.

- A. Housing, pet care, and employment
- B. Employment, housing, and financial assistance
- C. Pet care, employment, and financial assistance
- D. Financial assistance, pet care, and housing

ANSWER: B.

9. Persons with an FASD have difficulty applying what they have learned; therefore, role-playing can be used as a rehearsal tool.

True or False

ANSWER: True.



Competency 5: Continuing Care of Families Affected by FASD

10. Why might a person with an FASD need more sustained contact with aftercare resources than others in treatment?

Select all that apply.

- A. To enhance skill development
- B. To fulfill employment goals
- C. To develop social supports

ANSWER: A, B, C.



Curriculum for Addiction Professionals: Level 2

Competency 5: Continuing Care of Families Affected by FASD


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 Center for Excellence


 A Life in the Community for Everyone
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 U.S. Department of Health and Human Services

Facilitator's Talking Points



Use this space for your notes.





The information in this curriculum was developed from materials created by the National Organization on Fetal Alcohol Syndrome (NOFAS). The Substance Abuse and Mental Health Services Administration (SAMHSA) appreciates the collaboration.

Facilitator's Talking Points



Learning Objectives

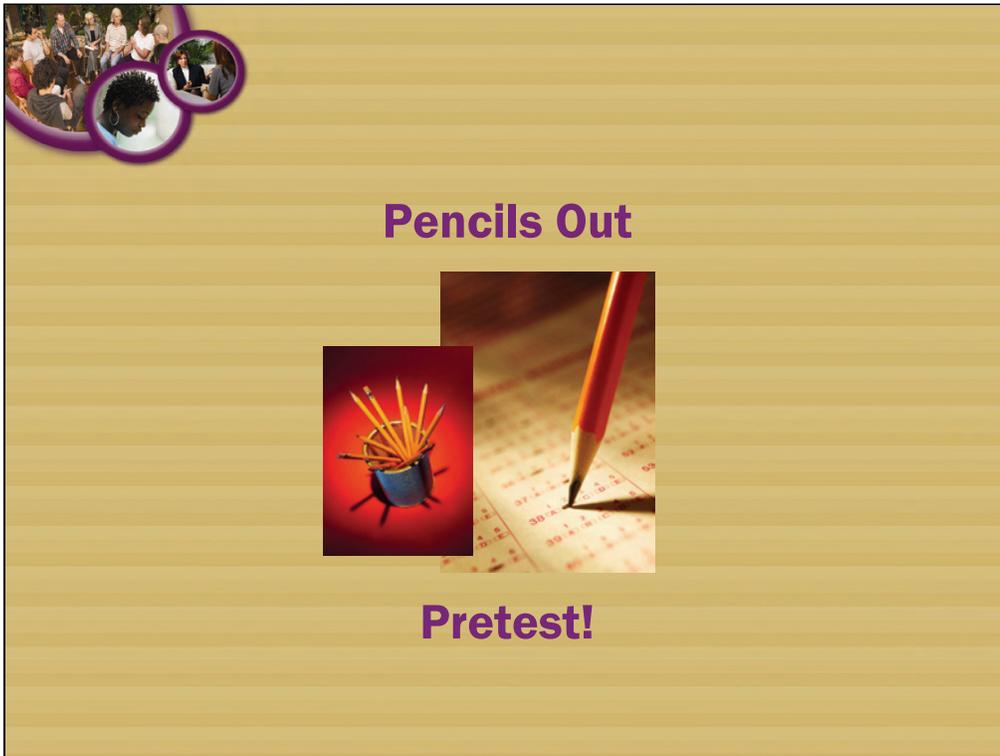
- After completing this competency, participants should be able to:
 - Teach resources for continuing care services for:
 - Clients with an FASD or possible FASD
 - Clients with children with an FASD or possible FASD
 - Families with an individual with an FASD
 - Understand and demonstrate issues related to professional values and ethics

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Competency 5: Continuing Care of Families Affected by FASD
Slide 5-3

Facilitator's Talking Points

Use this space for your notes.



Pencils Out

Pretest!

Facilitator's Talking Points

Use this space for your notes.



Continuing Care for Clients With an FASD

- Multidisciplinary approach to continuing care
 - Housing
 - Aftercare
 - Structured group involvement
 - One-on-one counseling
- Treatment plan development
- Role of mentorship

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Competency 5: Continuing Care of Families Affected by FASD
Slide 5-5

Facilitator's Talking Points

- Studies show that addiction affects multiple facets of people's lives. Best practices in addiction treatment have long reflected the need for a holistic, comprehensive approach to clinical and environmental stabilization. Addressing the diverse needs of clients, their children, and their families over an extended period of time is important.
- Services are often fragmented and come from different funding streams with different requirements. Efforts are needed to address problems of access, efficiency, accountability, and continuity of care. The challenge is to coordinate and integrate services provided by multiple agencies or systems.
- The aftercare counselor develops an integrated case management plan to promote recovery. Appropriate referrals, including ones for sober housing, will enable clients and their children to access a variety of services for their improved functioning.
- Linking services is important to meet the multifaceted needs of clients with an FASD, children with an FASD, and families of clients with an FASD.
- The slide shows aspects of continuing care services that will be addressed in this competency.



Multidisciplinary Approach to Continuing Care

- Multiple service systems
- Service linkages
- Coordination of treatment and service delivery approaches with other programs

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Competency 5: Continuing Care of Families Affected by FASD
Slide 5-6

Facilitator's Talking Points

- A single service system will not usually address all the needs of individuals with an FASD. An array of services may be needed from multiple systems, such as housing, job support, financial assistance, medical care, aftercare and mental health services, educational support, and legal services.
- Service linkages are essential for effective substance abuse treatment and ongoing recovery for people with an FASD. Treatment providers need to identify the ancillary services available for their clients and know how to access those services.
- Some clients with an FASD may be in disability programs. Addiction professionals should be aware of the various approaches used by these programs and know how to collaborate with them. For example, addiction professionals should, within the confines of confidentiality restrictions and informed consent, share required client information with other programs.
- Establishing linkages to services can be a huge challenge, but they increase the effectiveness of substance abuse treatment and recovery services for people with an FASD. Because FASD is often undetected, successful outcomes for the treatment center may increase as providers build linkages and use them to enhance their expertise and experience in identifying and accommodating FASD.



Suggestions in the Treatment of Clients With an FASD

- Employ a recovery perspective
- Adopt a multiproblem viewpoint
- Develop a phased approach to treatment
- Address specific real-life problems early in treatment
- Plan for the client's cognitive and functional impairments
- Use support systems to maintain and extend treatment effectiveness

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Competency 5: Continuing Care of Families Affected by FASD
Slide 5-7

Facilitator's Talking Points

- There are no specific guiding principles for treating clients with an FASD. This slide is an example of how principles for a person with co-occurring disorders might be adapted for those with an FASD. These guiding principles are taken from SAMHSA's Center for Substance Abuse Treatment's Treatment Improvement Protocol 42, *Substance Abuse Treatment for Persons With Co-Occurring Disorders, 2005*. A co-occurring disorder is defined as two or more independent disorders existing in the same individual.
- A *recovery perspective* recognizes that recovery is a long-term process of internal change and that these internal changes proceed through various stages.
- A *comprehensive viewpoint* stresses the need to meet the multidimensional problems presented by clients with an FASD.
- The *phased approach to treatment* calls for treatment that integrates the phases or stages of the recovery process.
- *Addressing specific real-life problems early in treatment* may include incorporating case management and intensive case management to help clients find housing or handle legal or family matters.
- A *plan for the client's cognitive and functional impairments* must be tailored to individual needs and functioning.
- *Using support systems to maintain and extend treatment effectiveness* may include using Alcoholics Anonymous (AA) meetings, the family, the faith community, and other resources from within the client's community.



One-on-One Counseling and Structured Group Involvement

- Ask simple questions, repeat them, and ask the client to repeat, in his or her own words, what has been said
- Keep discussions concrete and use examples
- Use verbal and nonverbal cues in group settings
- Use various methods to share information
- Find alternatives to written assignments or assignments that require a lot of reading
- Address lessons learned and how they will apply to the next stage of treatment or aftercare

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Slide 5-8

Facilitator's Talking Points

- Ongoing counseling can help in the transition from treatment to recovery. The addiction professional can provide counseling or refer the client to a mental health professional.
- Although some group settings may be difficult for persons with an FASD, the addiction professional may want to consider some type of structured group involvement. A support group for adolescents or adults with an FASD might help, as well as social and recreational programs that can accommodate individuals with an FASD.
- Structure, routine, and activities are important for all clients with an FASD. Medication and counseling options should also be explored, particularly for co-occurring disorders. When scheduling sessions, flexibility is important. For example, a client may feel overwhelmed and need to end a session earlier than planned.
- The slide presents guidelines for providing ongoing counseling. The key is to find a way to communicate with clients with an FASD so that they understand what has been said and can participate in sessions.



Treatment Plan Development

- Comprehensive ongoing service requirements
- Co-occurring disorders
- Aftercare

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Slide 5-9

Facilitator's Talking Points

- In developing a treatment plan for a person with an FASD, the addiction professional needs to consider ongoing service requirements, including services for co-occurring mental illness and substance use disorders. Community referrals may be needed for vocational, housing, social, recreational, legal, and other resources, such as halfway houses or other sober living arrangements. The Americans With Disabilities Act (ADA) requires that halfway houses and sober houses be adaptable for people with disabilities.
- At the beginning of treatment planning, addiction professionals need to anticipate aftercare options. Finding services in the local community may be difficult. A person with an FASD may need more sustained contact with aftercare resources than usual to enhance skill development, fulfill employment goals, or develop social supports. Aftercare plans also need to include counseling or relapse prevention groups.
- Ideally, one professional within the treatment program or affiliated with some other community agency will monitor aftercare activities. The treatment provider should work with the individual's family or caregiver to arrange aftercare. Persons with an FASD need more structure and assistance than clients without an FASD.
- For individuals with an FASD, providers need to address what has been learned in the program and how it will be applicable in the next stage of treatment or aftercare. Persons with an FASD have trouble applying what they learn to different situations. Techniques used in treatment, such as role-playing, can be used to rehearse what will happen during aftercare, such as 12-Step-based meetings. Someone with a cognitive impairment may need help to simplify the 12 steps and to locate small beginner meetings that help clients to understand 12-Step recovery. A group leader can adapt meetings or other program components to accommodate cognitive deficits and problems with social skills.



Role of Mentors and Support Groups

- External brain
- Relationship between mentorship and a positive outcome
- Types of groups
 - AA, NA, and other 12-Step recovery groups
 - Circle of Hope

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Slide 5-10

Facilitator's Talking Points

- A person who has impaired vision may use a seeing eye dog. The person with impaired hearing may have an interpreter or a hearing aid. People with an FASD have a physical impairment in the area of the brain, especially the forebrain or frontal lobes, that regulates executive functions. They need help with daily activities, such as getting ready for work, getting to work, and shopping. Some people refer to this help as an "external brain," a person who interprets the world for the person with an FASD and helps him or her avoid risky behaviors.
- An external brain is a responsible person (parent, teacher, job coach, sibling) who can mentor, assist, guide, supervise, and support the person with an FASD to maximize their success. Success may be defined as the avoidance of addiction, arrest, unwanted pregnancy, homelessness, or accidental death.
- A person with an FASD may also need a "circle of support" to be developed and stabilized during the early adult years. The circle of support needs to function well enough to be sustained when the parents can no longer function as primary external brains.
- Support may come from family members, other persons with an FASD, teachers, job coaches, and friends. The addiction professional may want to seek support groups for persons with an FASD as part of aftercare and ongoing recovery. Groups include Alcoholics Anonymous and Narcotics Anonymous (NA), as well as support groups for families affected by FASD. In addition, the National Organization on Fetal Alcohol Syndrome coordinates Circle of Hope, a network of birth mothers who have used alcohol during their pregnancy.



Continuing Care for Clients With Children With an FASD

- Multidisciplinary approach to continuing care
- Counseling and structured group involvement
- Potential child abuse
- Treatment plan development
- Role of mentors and support groups
- Ongoing case management

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Competency 5: Continuing Care of Families Affected by FASD
Slide 5-11

Facilitator's Talking Points

- Raising a child with an FASD is extremely challenging and stressful and can contribute to relapse. The slide shows issues involved in assisting a client with a child with an FASD in coping with the challenges and obtaining needed services for his or her child.



Multidisciplinary Approach to Continuing Care

- Diagnostic services
- Continuing health and educational services
- Financial assistance

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Competency 5: Continuing Care of Families Affected by FASD
Slide 5-12

Facilitator's Talking Points

- Children with an FASD or a possible FASD need an array of services. If the addiction professional suspects that a client's child has an FASD, he or she can begin by referring the client to diagnostic services. Members of the diagnostic team may include:
 - Occupational, physical, and speech therapists
 - Neurologists and neuropsychologists
 - Psychiatrists and social workers
 - Physicians and nurses
 - Educational consultants
 - Geneticist
 - Developmental pediatrician
 - Dysmorphologist (physician specializing in birth defects)
- Many of these providers will also be needed after the child is diagnosed.
- Some children may qualify for financial services, such as Supplemental Security Income (SSI), and parents may need assistance obtaining information and completing forms.



Counseling and Structured Group Involvement

- Issues related to parenting a child with an FASD
- Support groups for parents of children with an FASD
- Couples counseling
- Crisis management

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Competency 5: Continuing Care of Families Affected by FASD
Slide 5-13

Facilitator's Talking Points

- In counseling women with children with an FASD, the addiction professional needs to address certain issues, such as:
 - Guilt and shame about the effects of prenatal alcohol exposure on the child
 - Concerns about parenting a child with an FASD, including questions about child growth and development patterns and effective discipline methods
 - Impact of the child's FASD on the woman's relationship with her partner and her family
 - Maternal and child bonding
 - Stress and anger management
- Reunification with children if they have been removed from the mother's custody or she has been in an inpatient setting
- The possibility of the woman also having an FASD
- In addition to participation in ongoing recovery groups such as Alcoholics Anonymous, some clients may benefit from participation in support groups for parents of children with an FASD. They may also need couples counseling to address issues related to the woman's drinking while pregnant, the child's FASD, and ongoing issues such as communication and finances to care for the child.
- Many clients will need crisis management assistance to cope with the stress of learning his or her child has an FASD, as well as caring for the child while focused on recovery.



Child Abuse in Families With Children With an FASD

- Risk of abuse
- Need for intervention

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Competency 5: Continuing Care of Families Affected by FASD
Slide 5-14

Facilitator's Talking Points

- Children with physical, psychological, and sensory disabilities are more vulnerable to violence and maltreatment, as are children of parents with substance abuse problems. Children with an FASD who also have a parent with substance problems face increased risk of abuse.
- Children with an FASD may exhibit challenging and baffling behaviors, and parents can become overwhelmed. Some parents may have difficulty finding appropriate ways to manage the child's environment and behavior. The addiction professional needs to be alert to the possibility of child abuse in these families and provide referrals to appropriate counseling and parenting classes.



Treatment Plan Development

- Community support systems, such as a house of worship or recreational center
- Partners, family members, and significant others
- Support groups, counseling, and other resources

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Competency 5: Continuing Care of Families Affected by FASD
Slide 5-15

Facilitator's Talking Points

- Including aftercare and ongoing support is important for the treatment plan. The plan should include community support systems, such as parenting classes, recreation resources, and houses of worship.
- To the extent possible, the plan should include partners, family members, and significant others.
- Issues such as housing, employment, support group membership, counseling, parenting, and physical and mental health have to be addressed.
- Supportive networks can help clients remain alcohol and drug free. For mothers of children with an FASD, a mentor or support group may be needed beyond traditional 12-Step groups such as AA. Sharing similar feelings and experiences they had with FASD can help decrease the stigma, blame, and shame that birth mothers may experience. Working through these feelings can help promote ongoing recovery. The National Organization on Fetal Alcohol Syndrome sponsors Circle of Hope, a network of birth mothers raising children with an FASD (NOFAS, Circle of Hope).
- The addiction professional has to be familiar with community resources in order to include appropriate referrals in the treatment plan.



Ongoing Case Management

- Future support for child
- Respite care

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Slide 5-16

Facilitator's Talking Points

- The addiction professional can assist clients with children with an FASD by referring them for case management through various agencies, depending upon the child's needs. Agencies may focus on justice, social services, disabilities, or medical care. Services vary greatly throughout the United States.
- Because FASD is permanent, children with an FASD may need long-term services, such as special education. In addition, assistance may be available through entitlement programs such as Supplemental Security Income and Medicaid. To be eligible, a child must meet both income and disability criteria. Most children who meet SSI eligibility criteria are also eligible for Medicaid. Developmental disabilities services may be available, depending on how the State defines "developmental disability."
- The addiction professional may also need to help clients find services for their children with an FASD that include:
 - Occupational, physical, and speech therapy
 - Mental health or substance abuse treatment
- Case management can be coordinated with other agencies that already implement this type of service. Addiction professionals can work with clients to help them access these services for their children.
- Addiction professionals may also need to help clients find respite care. Respite care can give parents a break from the daily stress of parenting a child with an FASD and can be an important factor in ongoing recovery. Respite workers need to have a sound knowledge of FASD.



Continuing Care for Families With an Individual With an FASD

- Family-centered services
 - Initiated only with knowledge and consent
 - Identify family risk factors
 - Assist family members to support client

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Slide 5-17

Facilitator's Talking Points

- Family services should be initiated only with the knowledge and consent of an adult client or his or her legal guardian.
- Family-centered services should be designed to identify family risk factors associated with the client's substance use disorder and improve the health and functioning of the family unit. These services also assist family members to support the client in achieving and maintaining a healthy, drug-free lifestyle.
- When appropriate, and with the consent of clients with an FASD, the addiction professional needs to include the client's family in the treatment planning and recovery process. Family members may have ongoing issues related to the client's FASD.
- Family can provide much-needed support during the client's recovery.



Issues Facing Families Affected by FASD

- Role of family in preventing alcohol-exposed pregnancies
- Need for family to accept client's disability
- Anger toward birth mother

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Competency 5: Continuing Care of Families Affected by FASD
Slide 5-18

Facilitator's Talking Points

- Families may also experience shame and guilt related to not preventing FASD in a prior pregnancy. Women with an FASD are at risk of having children with an FASD. Although FASD is not inherited, women with an FASD may be genetically predisposed to alcohol problems and may have problems using birth control effectively. Families can create an environment that supports recovery and promotes alcohol-free pregnancies and safe sexual practices.
- Families may have difficulty accepting the individual's FASD, especially if he or she has a typical IQ. They may think he or she is old enough to know better or wonder why he or she does not learn. Family members may be frustrated that the client relapses or returns to groups of friends who drink and use drugs. It is important to help them understand the client's cognitive and social limitations and find ways to cope. Their understanding can go a long way toward promoting ongoing recovery.
- Families need to support sober structured housing.
- In some cases, the spouse and family may blame the woman for drinking during pregnancy. Family members may need counseling to work through their anger and possible feelings of guilt for not doing more to stop the woman from drinking while pregnant. If the client with an FASD is adopted, the family may be angry with the birth mother and resentful for not being told that the birth mother drank while pregnant. These feelings may be difficult for clients to handle. Clients and their families may need counseling to address their feelings toward the client's birth mother and to reduce the stress and anger that can lead to relapse.



Access to Resources

- Services
- Advocacy
- Financial assistance

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Slide 5-19

Facilitator's Talking Points

- Given the multiple services needed by individuals with an FASD, family support is crucial in navigating the system. The addiction professional can review service needs with the client's family and talk about how to access services. It is important to provide a document with names and contact information for service providers, as well as suggested frequency of services (e.g., counseling weekly, AA meetings daily). It is also important to consider specific issues families may face in terms of transportation and schedules. In addition, setting up consistent appointments can help the person with an FASD keep track, since they rely heavily on routines and cannot cope with change well. The family needs to understand these issues in order to assist the client with an FASD.
- Because of the lack of informed professionals, parents and other family members often serve as FASD educators to the professionals working with their child or relative. Advocacy training helps families become more effective advocates as they strive to seek appropriate services in schools and communities for the person with an FASD. A parent advocacy workbook is available from the Minnesota Organization on Fetal Alcohol Syndrome (MOFAS) and may help other family members as well.
- A list of FASD family support groups is available on the NOFAS Web site through the National and State Resource Directory. Other family support programs and materials are available from the National Center for Family Support, The Arc's Family Resource Guides and The FAS Family Resource Institute.
- Various types of financial assistance may be available for families of an individual with an FASD, such as Supplemental Security Income, Medicaid, and Social Security Disability Insurance. Information about eligibility is available from the Social Security Administration. Some States set aside special funds to support families raising children with disabilities.
- A list of Web sites for these resources is provided in the References for this competency.

Activity

Facilitator's Talking Points

- Conduct Activity 1 — Brainstorming Scenario.
- Conduct Activity 2 — Professional Values and Ethics.



Questions



Posttest!

Facilitator's Talking Points

Use this space for your notes.



References

- See References for a complete list of all references used in this competency. This list also includes resources mentioned in this competency.

Facilitator's Talking Points

Use this space for your notes.



Curriculum for Addiction Professionals Level 2

Competency 5: Continuing Care of Families Affected by FASD

Posttest

ID # _____ –**post**

Test Your Knowledge Questions

1. An “external brain” refers to a person who interprets or organizes the world for a person with an FASD and helps him or her avoid risky behaviors.
True or False
2. Multiple service systems may be needed for continuing care. These include:
Select all that apply.
 - A. Housing, pet care, and employment
 - B. Employment, housing, and financial assistance
 - C. Pet care, employment, and financial assistance
 - D. Financial assistance, pet care, and housing
3. Service linkages are essential for effective substance abuse treatment and ongoing recovery for people with an FASD.
True or False
4. When appropriate and with consent, the addiction professional may include the family in treatment plan development and recovery. Some benefits of family-centered services include which of the following:
Select all that apply.
 - A. The family can provide support during recovery
 - B. The family can help identify familial risk factors
 - C. The health and functioning of the family may improve
 - D. None of the above



Competency 5: Continuing Care of Families Affected by FASD

5. Guiding principles established by the Center for Substance Abuse Treatment that could be used in treating clients with an FASD include which of the following:

Select all that apply.

- A. Adopt a specific viewpoint
- B. Employ a recovery perspective
- C. Plan for the client's cognitive and functional impairments
- D. Develop a phased approach to treatment

6. Why might a person with an FASD need more sustained contact with aftercare resources than others in treatment?

Select all that apply.

- A. To enhance skill development
- B. To fulfill employment goals
- C. To develop social supports

7. What are some support systems to consider when planning aftercare?

Select all that apply.

- A. Recreation
- B. Parenting classes
- C. Houses of worship
- D. Support groups

8. Persons with an FASD have difficulty applying what they have learned; therefore, role-playing can be used as a rehearsal tool.

True or False

9. When providing continuing care to an adult with an FASD, it is usually an easy process to coordinate and integrate services provided by multiple agencies.

True or False

10. Providing continuing care for clients who have children with an FASD may include which of the following:

Select all that apply.

- A. Counseling and structured group involvement
- B. Involvement with mentors and support groups
- C. Timeouts
- D. Ongoing case management



Curriculum for Addiction Professionals Level 2

Competency 5: Continuing Care of Families Affected by FASD

Posttest Answer Key

Test Your Knowledge Questions

1. An “external brain” refers to a person who interprets or organizes the world for a person with an FASD and helps him or her avoid risky behaviors.

True or False

ANSWER: True.

2. Multiple service systems may be needed for continuing care. These include:

Select all that apply.

- A. Housing, pet care, and employment
- B. Employment, housing, and financial assistance
- C. Pet care, employment, and financial assistance
- D. Financial assistance, pet care, and housing

ANSWER: B.

3. Service linkages are essential for effective substance abuse treatment and ongoing recovery for people with an FASD.

True or False

ANSWER: True. An array of services—housing, job support, financial assistance, medical care, aftercare, mental health services, educational support, and legal services—may be needed from multiple systems.

4. When appropriate and with consent, the addiction professional may include the family in treatment plan development and recovery. Some benefits of family-centered services include which of the following:

Select all that apply.

- A. The family can provide support during recovery
- B. The family can help identify familial risk factors
- C. The health and functioning of the family may improve
- D. None of the above

ANSWER: A, B, C.



Competency 5: Continuing Care of Families Affected by FASD

5. Guiding principles established by the Center for Substance Abuse Treatment that could be used in treating clients with an FASD include which of the following:

Select all that apply.

- A. Adopt a specific viewpoint
- B. Employ a recovery perspective
- C. Plan for the client's cognitive and functional impairments
- D. Develop a phased approach to treatment

ANSWER: B, C, D.

6. Why might a person with an FASD need more sustained contact with aftercare resources than others in treatment?

Select all that apply.

- A. To enhance skill development
- B. To fulfill employment goals
- C. To develop social supports

ANSWER: A, B, C.

7. What are some support systems to consider when planning aftercare?

Select all that apply.

- A. Recreation
- B. Parenting classes
- C. Houses of worship
- D. Support groups

ANSWER: A, B, C, D.

8. Persons with an FASD have difficulty applying what they have learned; therefore, role-playing can be used as a rehearsal tool.

True or False

ANSWER: True.

9. When providing continuing care to an adult with an FASD, it is usually an easy process to coordinate and integrate services provided by multiple agencies.

True or False

ANSWER: False. It can be very challenging.



Competency 5: Continuing Care of Families Affected by FASD

10. Providing continuing care for clients who have children with an FASD may include which of the following:

Select all that apply.

- A. Counseling and structured group involvement
- B. Involvement with mentors and support groups
- C. Timeouts
- D. Ongoing case management

ANSWER: A, B, D.



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Competency 5: Continuing Care of Families Affected by FASD

Activity 1—Brainstorming Scenario—Handout

Tabitha is 23 and has an FASD. She has been in an inpatient treatment center for several months and will be completing treatment soon. Tabitha has a history of anxiety and depression and has been on medication. She plans to live with her adoptive parents but does not get along well with them. They cannot understand why she makes the same mistakes over and over when she has a normal IQ and got fairly good grades in school. They complain that Tabitha makes excuses a lot and says it's her birth mother's fault for drinking when she was pregnant. They are angry with her birth mother and continue to blame her.

Tabitha's parents worry about her medical expenses and how they will support her. Tabitha has had problems keeping jobs because of her alcohol problems, difficulty following instructions and completing work, and hygiene issues. Her parents would like her to find an appropriate job near home because she doesn't drive.

Tabitha's parents are concerned about her relationship with her boyfriend, Jim, who drinks, uses drugs, shoplifts, and hits her on occasion. They also say that she spends all her money with him. Tabitha says that she needs Jim because he is her only friend and there's nothing fun to do without him. Her parents want her to find other friends. They worry that Tabitha could get pregnant and Jim would abandon her.



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Activity 1—Brainstorming Scenario—Discussion Guide

Instructions

1. Have the group brainstorm the types of services Tabitha needs. List them on a flip chart.
2. Next, have the group identify services the family needs. List them on a flip chart.
3. Finally, identify issues facing Tabitha and her family. List them on a flip chart.
4. Review the ideas the group has shared, fill in any gaps, and close by noting the need for comprehensive services that address individual and family needs and take into account any issues they are facing. Suggested responses follow:

Instructions Services for Tabitha

- *Housing, since the situation with her parents is not ideal*
- *Vocational rehabilitation and related services, such as transportation and job coaches*
- *Medical services, including family planning*
- *Financial services, such as Supplemental Security Income*
- *Substance abuse and mental health services to address ongoing recovery issues and her anxiety and depression*
- *Social and recreational programs to help her find more appropriate friends*
- *Life skills training, such as money management and personal hygiene*
- *Case management to coordinate services*
- *Sponsor*

Services for the Family

- *Family counseling*
- *Education about family planning*
- *Education about FASD*
- *Advocacy training to help Tabitha's parents obtain services for her*

Issues Facing the Family

- *Difficulty accepting Tabitha's disability (both the parents and Tabitha)*
- *Anger toward Tabitha's birth mother and lack of understanding about alcoholism*
- *Tabitha's victimization and exploitation by Jim*
- *Fear of Tabitha's relapse if she spends time with Jim*
- *Concerns about unplanned pregnancy*
- *Tabitha's feelings of loneliness and isolation*



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Competency 5: Continuing Care of Families Affected by FASD

Activity 2—Professional Values and Ethics— Discussion Guide

Ask the following questions. Participants can volunteer responses or you can go around the room and solicit responses. Emphasize that these are issues to be aware of when working with clients and that each situation is unique. Key points are noted for each question to help guide and stimulate discussion.

1. What are some pitfalls to avoid when working with clients with an FASD and their families?
 - **One size fits all approaches.** *To identify, educate, and counsel effectively, addiction professionals need to recognize the differences in risk factors, presentation, and treatment relevant to various populations. Treatment plans must be tailored to the client's needs and provide a comprehensive approach to address the multifaceted issues presented.*
 - **Premature termination of client.** *Working with clients with an FASD can be challenging and frustrating. The addiction professional may have difficulty modifying his or her approach and expectations with working with a client with an FASD. Clients need support and understanding to complete treatment and transition to aftercare and ongoing recovery. The addiction professional can help the family and client through the transition by referring them to resources and assisting in accessing services.*
 - **Judgmental attitudes.** *Maintaining a supportive attitude will help family members deal with the many issues they will face as the client moves from treatment to the community and ongoing recovery. The addiction professional needs to strive for a nonjudgmental attitude toward clients and families affected by FASD. The addiction professional needs to treat clients and families affected by FASD in a respectful manner and refer them to community resources that can provide support.*
 - **Defeatist mindset.** *FASD is not hopeless. With effective services and support, people with an FASD can lead fulfilling lives. Addiction professionals need to treat clients and families affected by FASD with the same care and concern as other clients.*
 - **Failure to tell the client or his or her family about problems arising in treatment.** *FASD raises many difficult issues. Honesty and integrity are particularly important within the confines of confidentiality. The counselor should share any troubling incidents or issues with the family so that the family can assist in developing strategies to address them.*
 - **Failure to discuss issues related to FASD when making continuing care arrangements.** *It does not help the client to withhold concerns that may arise later. Sharing any concerns with service providers and working out strategies are important in setting the stage for a supportive transition to aftercare and ongoing recovery. In addition, the addiction professional needs to educate service providers about FASD.*



Competency 5: Continuing Care of Families Affected by FASD

Educating providers takes some of the burden off family members, which can relieve the family's stress and allow them to focus more on the services their family member needs.

2. How can addiction professionals help individuals and families deal with the stigma surrounding FASD?

Focus on the client's positive qualities and note that FASD is what the client has, not what the client is. The condition does not define the person. Incorporating aspects of the client's culture and spirituality may ease some of the difficulty. For example, using storytelling or spiritual metaphors may help with clients and families whose cultures frown on sharing personal information.

It is important to convey that FASD is serious without appearing to judge the client harshly. Most individuals in recovery have a variety of issues that could be viewed as barriers to recovery; however, these individuals also have support available. It is also important to frame any discussions about birth control within the context of the client's culture and spiritual beliefs so that the client is comfortable with any arrangements.



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Competency 5: Continuing Care of Families Affected by FASD



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The information in this curriculum was developed from materials created by the National Organization on Fetal Alcohol Syndrome (NOFAS). The Substance Abuse and Mental Health Services Administration (SAMHSA) appreciates the collaboration.



Learning Objectives

- After completing this competency, participants should be able to:
 - Teach resources for continuing care services for:
 - Clients with an FASD or possible FASD
 - Clients with children with an FASD or possible FASD
 - Families with an individual with an FASD
 - Understand and demonstrate issues related to professional values and ethics

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Competency 5: Continuing Care of Families Affected by FASD
SASD 5-3



Pencils Out



Pretest!



Continuing Care for Clients With an FASD

- Multidisciplinary approach to continuing care
 - Housing
 - Aftercare
 - Structured group involvement
 - One-on-one counseling
- Treatment plan development
- Role of mentorship

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Competency 5: Continuing Care of Families Affected by FASD
Slide 5.5



Multidisciplinary Approach to Continuing Care

- Multiple service systems
- Service linkages
- Coordination of treatment and service delivery approaches with other programs

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Competency 5: Continuing Care of Families Affected by FASD
Slide 5.4



Suggestions in the Treatment of Clients With an FASD

- Employ a recovery perspective
- Adopt a multiproblem viewpoint
- Develop a phased approach to treatment
- Address specific real-life problems early in treatment
- Plan for the client's cognitive and functional impairments
- Use support systems to maintain and extend treatment effectiveness

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Competency 5: Continuing Care of Families Affected by FASD
SASD 5-7



One-on-One Counseling and Structured Group Involvement

- Ask simple questions, repeat them, and ask the client to repeat, in his or her own words, what has been said
- Keep discussions concrete and use examples
- Use verbal and nonverbal cues in group settings
- Use various methods to share information
- Find alternatives to written assignments or assignments that require a lot of reading
- Address lessons learned and how they will apply to the next stage of treatment or aftercare

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Competency 5: Continuing Care of Families Affected by FASD
SASD 5-8



Treatment Plan Development

- Comprehensive ongoing service requirements
- Co-occurring disorders
- Aftercare

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Competency 5: Continuing Care of Families Affected by FASD
SASD 5-9



Role of Mentors and Support Groups

- External brain
- Relationship between mentorship and a positive outcome
- Types of groups
 - AA, NA, and other 12-Step recovery groups
 - Circle of Hope

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Competency 5: Continuing Care of Families Affected by FASD
Slide 5-10



Continuing Care for Clients With Children With an FASD

- Multidisciplinary approach to continuing care
- Counseling and structured group involvement
- Potential child abuse
- Treatment plan development
- Role of mentors and support groups
- Ongoing case management

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Competency 5: Continuing Care of Families Affected by FASD
Slide 5-11



Multidisciplinary Approach to Continuing Care

- Diagnostic services
- Continuing health and educational services
- Financial assistance

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Competency 5: Continuing Care of Families Affected by FASD
Slide 5-12



Counseling and Structured Group Involvement

- Issues related to parenting a child with an FASD
- Support groups for parents of children with an FASD
- Couples counseling
- Crisis management

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Competency 5: Continuing Care of Families Affected by FASD
Slide 5-13



Child Abuse in Families With Children With an FASD

- Risk of abuse
- Need for intervention

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Competency 5: Continuing Care of Families Affected by FASD
Slide 5-14



Treatment Plan Development

- Community support systems, such as a house of worship or recreational center
- Partners, family members, and significant others
- Support groups, counseling, and other resources

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Slide 5-15



Ongoing Case Management

- Future support for child
- Respite care

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Competency 5: Continuing Care of Families Affected by FASD
Slide 5-16



Continuing Care for Families With an Individual With an FASD

- Family-centered services
 - Initiated only with knowledge and consent
 - Identify family risk factors
 - Assist family members to support client

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Competency 5: Continuing Care of Families Affected by FASD
Slide 5-17



Issues Facing Families Affected by FASD

- Role of family in preventing alcohol-exposed pregnancies
- Need for family to accept client's disability
- Anger toward birth mother

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Competency 5: Continuing Care of Families Affected by FASD
Slide 5-18



Access to Resources

- Services
- Advocacy
- Financial assistance

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Competency 5: Continuing Care of Families Affected by FASD
Slide 5-19



Activity





Questions



Posttest!



References

- See References for a complete list of all references used in this competency. This list also includes resources mentioned in this competency.

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Competency 5: Continuing Care of Families Affected by FASD
Slide 5-22



Competency 6: Legal Issues



Curriculum for Addiction Professionals: Level 2

Competency 6: Legal Issues

Description

Summary

This competency addresses legal issues related to women who drink during pregnancy, including issues related to birth mothers, child protection and custody, and surveillance. It also discusses confidentiality issues. The competency also addresses legal issues related to individuals with an FASD, including the risk for repeat involvement with the legal system and the potential for victimization.

Objectives

After completing this competency, participants should be able to:



- Teach legal issues related to women who drink during pregnancy
- Teach legal issues related to individuals with an FASD
- Demonstrate issues related to professional values and ethics



Curriculum for Addiction Professionals: Level 2

Competency 6: Legal Issues

Facilitator's Outline

Step and Time	Tools Needed
One: Introduction—5 minutes	
State that this competency focuses on legal issues related to alcohol use during pregnancy and individuals with an FASD.	PowerPoint Slide 6-1
Two: Why We Are Here—5 minutes	
Discuss objectives for the competency as indicated on PowerPoint Slide 6-2. Discuss Competency 6: Legal Issues. This competency addresses legal issues related to women who drink during pregnancy, including issues related to birth mothers, child protection and custody, and surveillance. It also discusses confidentiality issues. The competency also addresses legal issues related to individuals with an FASD, including the risk for repeat involvement with the legal system and the potential for victimization.	PowerPoint Slide 6-2
Three: Pretest—10 minutes	
Distribute the pretest and allow time for participants to complete it. After ensuring that each participant has provided a unique identifier on the pretest (see the Introduction), collect the test. Do not review the answers at this time.	PowerPoint Slide 6-3 Pretest
Four: PowerPoint Presentation—25 minutes	
Using the PowerPoint presentation and facilitator talking points, review legal issues related to alcohol use during pregnancy. Distribute two handouts about State laws.	PowerPoint Slides 6-4 through 6-10 Civil Interventions/ Commitments—Handout State Policies on Alcohol and Pregnancy—Handout



Step and Time	Tools Needed
Five: Discussion of Professional Values and Ethics—30 minutes	
Using the Professional Values and Ethics Discussion Guide, review the questions. Participants can volunteer answers or you can go around the room and solicit responses. Do not force participants to answer questions, as some might not feel comfortable and may just want to listen.	PowerPoint Slide 6-11 Professional Values and Ethics—Discussion Guide
Six: Posttest—10 minutes	
Distribute the posttest and allow participants time to complete it. Using the answer key in the curriculum, review the answers to the posttest. After ensuring that each participant has provided his or her unique identifier on the posttest, collect the test.	PowerPoint Slide 6-12 Posttest Posttest Answer Key
Seven: Evaluation—5 minutes	
Total Time—1.5 hours	



Curriculum for Addiction Professionals Level 2

Competency 6: Legal Issues

Pretest

ID # _____-pre

Test Your Knowledge Questions

1. Federal laws related to alcohol use during pregnancy focus on prevention and treatment of FASD.

True or False

2. State and local laws are the same as Federal laws.

True or False

3. Obtaining accurate data on the prevalence of alcohol use during pregnancy is very difficult due to underreporting.

True or False

4. Why are persons with an FASD at high risk for repeat involvement with the legal system?

Select all that apply.

- A. Lack of impulse control
- B. Lack of understanding of consequences
- C. Peer pressure

5. Individuals with an FASD are often vulnerable and may present with which of the following characteristics:

Select all that apply.

- A. Lack of boundaries
- B. Impulsivity
- C. Loneliness and isolation
- D. Poor judgment

6. Social isolation may drive a person to seek out any type of friendship, which can lead to victimization.

True or False



7. Strategies for emphasizing safety issues with adults with an FASD include:

Select all that apply.

- A. Teaching personal safety
- B. Role-playing scenarios to practice safety skills
- C. Discussing safe environments

8. A trustee designated for a person with an FASD can ensure that the necessities of life are covered by a person's funds.

True or False

9. The addiction professional needs to be familiar with:

Select all that apply.

- A. Laws in his or her State
- B. The impact of laws on family reunification and client recovery
- C. The threat of losing custody of children and the potential impact on the client
- D. All of the above

10. The addiction professional should consider the client's criminal history and any factors that place the client at risk for further criminal involvement.

True or False



Curriculum for Addiction Professionals Level 2

Competency 6: Legal Issues

Pretest Answer Key

Test Your Knowledge Questions

1. Federal laws related to alcohol use during pregnancy focus on prevention and treatment of FASD.

True or False

ANSWER: True.

2. State and local laws are the same as Federal laws.

True or False

ANSWER: False.

3. Obtaining accurate data on the prevalence of alcohol use during pregnancy is very difficult due to underreporting.

True or False

ANSWER: True.

4. Why are persons with an FASD at high risk for repeat involvement with the legal system?

Select all that apply.

- A. Lack of impulse control
- B. Lack of understanding of consequences
- C. Peer pressure

ANSWER: A, B, C.

5. Individuals with an FASD are often vulnerable and may present with which of the following characteristics:

Select all that apply.

- A. Lack of boundaries
- B. Impulsivity
- C. Loneliness and isolation
- D. Poor judgment

ANSWER: A, B, C, D.



6. Social isolation may drive a person to seek out any type of friendship, which can lead to victimization.

True or False

ANSWER: True.

7. Strategies for emphasizing safety issues with adults with an FASD include:

Select all that apply.

- A. Teaching personal safety
- B. Role-playing scenarios to practice safety skills
- C. Discussing safe environments

ANSWER: A, B, C.

8. A trustee designated for a person with an FASD can ensure that the necessities of life are covered by a person's funds.

True or False

ANSWER: True. A trustee oversees the client's funds and ensures that the necessities are provided for.

9. The addiction professional needs to be familiar with:

Select all that apply.

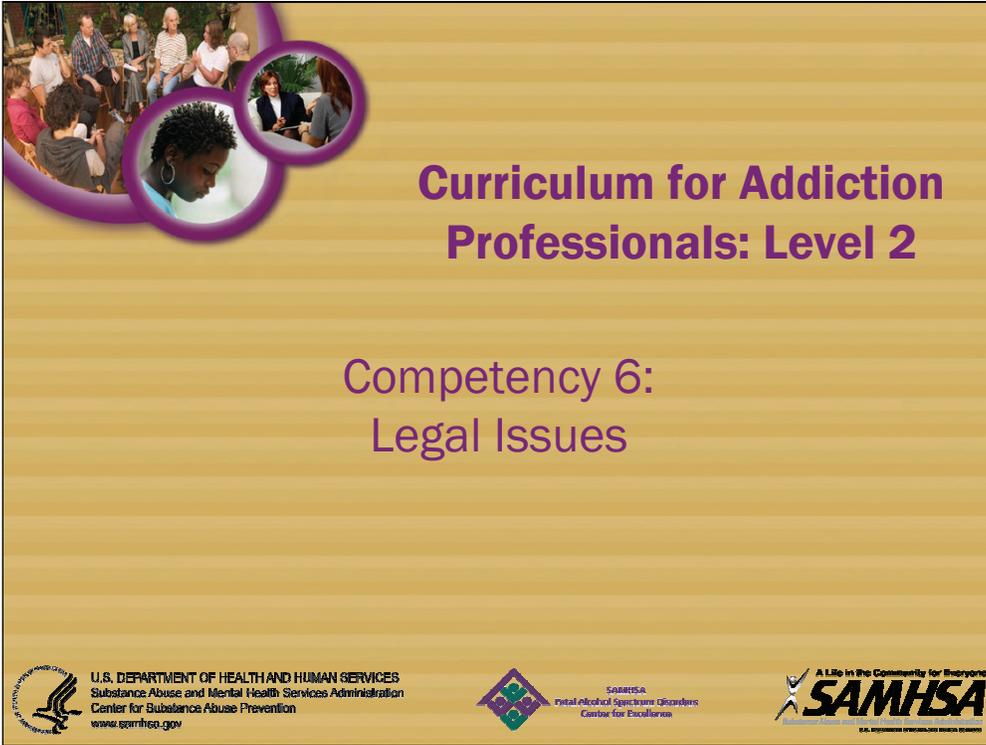
- A. Laws in his or her State
- B. The impact of laws on family reunification and client recovery
- C. The threat of losing custody of children and the potential impact on the client
- D. All of the above

ANSWER: D.

10. The addiction professional should consider the client's criminal history and any factors that place the client at risk for further criminal involvement.

True or False

ANSWER: True.



Curriculum for Addiction Professionals: Level 2

Competency 6: Legal Issues

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Facilitator's Talking Points

Use this space for your notes.



The information in this curriculum was developed from materials created by the National Organization on Fetal Alcohol Syndrome (NOFAS). The Substance Abuse and Mental Health Services Administration (SAMHSA) appreciates the collaboration.

Facilitator's Talking Points



Learning Objectives

- After completing this competency, participants should be able to:
 - Teach legal issues related to women who drink during pregnancy
 - Teach legal issues related to individuals with an FASD
 - Demonstrate issues related to professional values and ethics

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Competency 6: Legal Issues
Slide 6-3

Facilitator's Talking Points

Use this space for your notes.



Pencils Out



Pretest!

Facilitator's Talking Points

Use this space for your notes.



Legal Issues Related to Alcohol Use During Pregnancy

- Prevention and treatment
- Child protection and custody

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Competency 6: Legal Issues
Slide 6-5

Facilitator's Talking Points

- Federal laws related to alcohol use during pregnancy focus on prevention and treatment of FASD. State and local laws vary.
 - Some States, such as Hawaii and Montana, have laws authorizing FASD prevention and treatment programs.
 - Many States, such as Nevada and North Carolina, require warning signs about FASD to be posted in places where alcohol is sold. At least one State, Missouri, requires physicians to counsel pregnant patients about the dangers of alcohol use.
 - None of the U.S. territories (Guam, Puerto Rico, Virgin Islands) have laws related to alcohol use during pregnancy. Tribal laws vary, but the Indian Child Welfare Act (PL 95-608) requires the Indian Health Service (IHS) to make residential treatment available for pregnant women with alcohol problems. In addition, the definition of "health promotion" in the Act includes FASD prevention. The Act also allows IHS to make grants to tribes and tribal organizations for various FASD prevention efforts, including alcohol treatment for high-risk women. It also has provisions related to educating Native women about FASD.
- Some States treat alcohol use during pregnancy as a form of child abuse and may remove a child from the mother's custody if the child displays signs of prenatal alcohol exposure.



Legal Issues Related to Alcohol Use During Pregnancy (cont'd)

- Data collection
- Confidentiality issues and appropriate disclosure to other systems

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Competency 6: Legal Issues
Slide 6-6

Facilitator's Talking Points

- Due to the fear of losing custody of their children, many women do not report their alcohol use. Obtaining accurate data on the prevalence of alcohol use during pregnancy is very difficult.
- Legal requirements, such as reporting alcohol use during pregnancy or counseling patients about the dangers of alcohol use during pregnancy, can affect treatment plans. They also may affect the addiction professional's interactions with other service providers, such as the amount and type of information shared about a client. The addiction professional needs to be familiar with State confidentiality laws, as well as Federal privacy laws such as the Health Insurance Portability and Accountability Act (HIPAA).
- It is important for addiction professionals to stay abreast of State laws related to alcohol use during pregnancy and their effect on treatment and recovery.



Approaches to Alcohol Use During Pregnancy

- Punitive measures
- Reporting requirements
- Supportive approaches

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Competency 6: Legal Issues
Slide 6-7

Facilitator's Talking Points

- Several States (e.g., Florida, South Carolina) take punitive measures toward alcohol use during pregnancy, such as including prenatal alcohol exposure in their definitions of abuse or neglect. Such measures can be used to remove the child from the parent's custody. Texas allows involuntary termination of the parent-child relationship if a woman causes her child to be born addicted to alcohol. Generally, a mother who abuses substances may be charged with child neglect or abuse. As a result, her children may be taken from her (Texas Family Codes, amended 1999).
- In Virginia, physicians, nurses, teachers, and other professionals are required to report certain injuries to children. For purposes of the law, "reason to suspect that a child is abused or neglected" includes a diagnosis by an attending physician within 7 days of a child's birth that the child has fetal alcohol syndrome attributable to in utero exposure to alcohol. (Section 63.2-1509).
- A number of experts fear that such punitive measures may discourage pregnant women with alcohol problems from seeking treatment.
- Facilities that receive funding through SAMHSA's Substance Abuse Prevention and Treatment Block Grants have specific requirements regarding providing treatment services to pregnant women. The State is required to ensure that each pregnant woman in the State who seeks, or is referred for and would benefit from, such services is given preference in admissions to treatment facilities.
- Other States (e.g., California) provide outreach or case management to pregnant women with substance abuse problems. California also may cover residential treatment for pregnant women under Medi-Cal. In addition, Iowa prohibits discrimination against pregnant women seeking alcohol treatment.



Child Custody Issues

- Loss of custody
- Impact on recovery

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Competency 6: Legal Issues
Slide 6-8

Facilitator's Talking Points

- State statutes that remove children with an FASD from the custody of their birth mothers are designed to protect the children.
- The threat of losing custody or actually losing custody can interfere with the woman's recovery.
- The goal is to remain sober long term and to acquire parenting skills needed to retain child custody and have a healthy, intact family.
- The addiction professional needs to be familiar with laws in his or her State and their impact on efforts at family reunification and client recovery.



Legal Issues Related to Individuals With an FASD

- High risk for repeat involvement with the legal system
 - Brain damage
 - Vulnerability to peer pressure
- Advocacy and resources to assist clients with the legal system

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Competency 6: Legal Issues
Slide 6-9

Facilitator's Talking Points

- People with an FASD may have specific types of brain damage that result in conditions such as lack of impulse control and trouble thinking about future consequences of their current behavior. This makes them more likely to get involved in criminal activity.
- Persons with an FASD may be extremely vulnerable to peer pressure, and others may take advantage of them. They may commit or participate in a crime to gain peer acceptance. Women with an FASD may get involved with destructive men for food, shelter, attention, or drugs.
- Because persons with an FASD have problems learning from experience, they may repeat crimes and cycle through the legal system multiple times.
- Addiction professionals may see clients who have a fetal alcohol spectrum disorder. When working with a client with an FASD, it is important for the addiction professional to consider the client's criminal history and any factors that place the client at risk for further criminal involvement. Addressing issues such as peer pressure in treatment can help set the stage for less risky behavior outside treatment. Establishing routines and finding a healthy, structured environment in aftercare can help the client avoid criminal activity.
- The addiction professional may encounter an individual with an FASD who is participating in court-ordered treatment. Such individuals may need help navigating the legal system. The addiction professional can consult with the client's attorney and assist in educating him or her about FASD. In addition, the addiction professional can assist in finding resources to help the client understand any legal proceedings and requirements. Those resources may include the National Legal Aid & Defender Association or the American Bar Association.



Vulnerability of Individuals With an FASD

- Personal characteristics
 - Poor judgment
 - Impulsivity
 - Lack of boundaries
 - Loneliness and isolation

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Competency 6: Legal Issues
Slide 6-10

Facilitator's Talking Points

- Individuals with an FASD are vulnerable not only to criminal activity but also to victimization. Their poor judgment may lead them to associate with people who victimize them physically, emotionally, and financially. Their impulsivity may lead them into dangerous situations. In addition, their impaired sense of boundaries can lead to sexual victimization. Because of their unpredictable nature, they may need 24-hour supervision.
- Even with compensatory strategies, the person with an FASD may be unable to use good judgment, consider consequences, or understand abstract situations. Impulsivity is an ongoing issue. Social isolation and loneliness may drive the person to seek out any type of friendship and may lead to victimization.



Safety Precautions

- Be aware of potentially dangerous situations
- Include provisions for financial guardianship in aftercare plan
- Discuss safe environments and community resources
- Role-play ways to avoid danger, and teach personal safety issues
- Provide structure and supervision

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Competency 6: Legal Issues
Slide 6-11

Facilitator's Talking Points

- Recognize that victimization may occur and stay vigilant for situations that may arise in the person's life.
- Persons with an FASD may need a guardianship for their funds to protect them from those who would take advantage of their good nature. A financial trustee can ensure that the necessities of life, including rent, food, or clothing, are covered by the person's funds. The addiction professional may want to include such provisions in the aftercare plan.
- Discussion of safe environments and connections to community resources may offer the adult a chance to explore safe options.
- Role-playing specific scenarios that people face gives them a chance to practice skills and pursue safe activities.
- Teaching personal safety issues, such as who is a stranger and who is a friend, can help decrease the opportunities for victimization.
- Structured time throughout the person's day, a buddy system, and supervision also may help.



Activity



Facilitator's Talking Points

- Conduct Activity 1— Professional Values and Ethics.

Questions

Posttest!

Facilitator's Talking Points

Use this space for your notes.



References

- See References for a complete list of all references used in this competency.

Facilitator's Talking Points

Use this space for your notes.



Curriculum for Addiction Professionals Level 2

Competency 6: Legal Issues

Posttest

ID # _____ —post

Test Your Knowledge Questions

1. Obtaining accurate data on the prevalence of alcohol use during pregnancy is very difficult due to underreporting.

True or False

2. The addiction professional needs to be familiar with:

Select all that apply.

- A. Laws in his or her State
- B. The impact of laws on family reunification and client recovery
- C. The threat of losing custody of children and the potential impact on the client
- D. All of the above

3. A trustee designated for a person with an FASD can ensure that the necessities of life are covered by a person's funds.

True or False

4. State and local laws are the same as Federal laws.

True or False

5. Strategies for emphasizing safety issues with adults with an FASD include:

Select all that apply.

- A. Teaching personal safety
- B. Role-playing scenarios to practice safety skills
- C. Discussing safe environments

6. Federal laws related to alcohol use during pregnancy focus on prevention and treatment of FASD.

True or False



7. The addiction professional should consider the client's criminal history and any factors that place the client at risk for further criminal involvement.

True or False

8. Individuals with an FASD are often vulnerable and may present with which of the following characteristics:

Select all that apply.

- A. Lack of boundaries
- B. Impulsivity
- C. Loneliness and isolation
- D. Poor judgment

9. Social isolation may drive a person to seek out any type of friendship, which can lead to victimization.

True or False

10. Why are persons with an FASD at high risk for repeat involvement with the legal system?

Select all that apply.

- A. Lack of impulse control
- B. Lack of understanding of consequences
- C. Peer pressure



Curriculum for Addiction Professionals Level 2

Competency 6: Legal Issues

Posttest Answer Key

Test Your Knowledge Questions

1. Obtaining accurate data on the prevalence of alcohol use during pregnancy is very difficult due to underreporting.

True or False

ANSWER: True.

2. The addiction professional needs to be familiar with:

Select all that apply.

- A. Laws in his or her State
- B. The impact of laws on family reunification and client recovery
- C. The threat of losing custody of children and the potential impact on the client
- D. All of the above

ANSWER: D.

3. A trustee designated for a person with an FASD can ensure that the necessities of life are covered by a person's funds.

True or False

ANSWER: True. A trustee oversees the client's funds and ensures that the necessities are provided for.

4. State and local laws are the same as Federal laws.

True or False

ANSWER: False.

5. Strategies for emphasizing safety issues with adults with an FASD include:

Select all that apply.

- A. Teaching personal safety
- B. Role-playing scenarios to practice safety skills
- C. Discussing safe environments

ANSWER: A, B, C.



6. Federal laws related to alcohol use during pregnancy focus on prevention and treatment of FASD.

True or False

ANSWER: True.

7. The addiction professional should consider the client's criminal history and any factors that place the client at risk for further criminal involvement.

True or False

ANSWER: True.

8. Individuals with an FASD are often vulnerable and may present with which of the following characteristics:

Select all that apply.

- A. Lack of boundaries
- B. Impulsivity
- C. Loneliness and isolation
- D. Poor judgment

ANSWER: A, B, C, D.

9. Social isolation may drive a person to seek out any type of friendship, which can lead to victimization.

True or False

ANSWER: True.

10. Why are persons with an FASD at high risk for repeat involvement with the legal system?

Select all that apply.

- A. Lack of impulse control
- B. Lack of understanding of consequences
- C. Peer pressure

ANSWER: A, B, C.



Curriculum for Addiction Professionals: Level 2

Competency 6: Legal Issues

Activity 1—Professional Values and Ethics— Discussion Guide

Ask the following questions. Participants can volunteer responses or you can go around the room and solicit responses. Emphasize that these are issues to be aware of when working with clients and that each situation is unique. Key points are noted for each question to help guide and stimulate discussion.

1. Would you feel comfortable reporting alcohol use during pregnancy? Why or why not?

There is no right or wrong answer. However, addiction professionals do need to keep abreast of reporting requirements and other laws, such as counseling patients about the dangers of alcohol use during pregnancy. Addiction counselors who feel uncomfortable with such requirements may want to consult their supervisor about the best way to approach clients in these situations. Regardless of their personal views, addiction professionals must obey the laws in their State. For example, they cannot breach confidentiality and inform a pregnant client's physician that she is drinking. The client must consent to information sharing.

2. What would be the justification in your State for committing a pregnant woman into inpatient treatment or taking away her parental rights?

Again, there is no right or wrong answer. Addiction professionals need to be aware of their State laws and follow them. However, clarifying one's views about pregnant women who drink alcohol can help an addiction professional better serve his or her clients. It is important to remember that women do not hurt their babies on purpose and that they need help. Often, people who support punitive measures judge pregnant women who drink harshly. Judgmental attitudes can do more harm than good, as they can discourage women from seeking treatment and pursuing long-term recovery.



Curriculum for Addiction Professionals: Level 2

Competency 6: Legal Issues

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ALDS is the Priority for Many
SAMHSA
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The information in this curriculum was developed from materials created by the National Organization on Fetal Alcohol Syndrome (NOFAS). The Substance Abuse and Mental Health Services Administration (SAMHSA) appreciates the collaboration.



Learning Objectives

- After completing this competency, participants should be able to:
 - Teach legal issues related to women who drink during pregnancy
 - Teach legal issues related to individuals with an FASD
 - Demonstrate issues related to professional values and ethics

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Competency 6: Legal Issues
Slide 6-3



Pencils Out



Pretest!



Legal Issues Related to Alcohol Use During Pregnancy

- Prevention and treatment
- Child protection and custody

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Competency 6: Legal Issues
Slide 6-2



Legal Issues Related to Alcohol Use During Pregnancy (cont'd)

- Data collection
- Confidentiality issues and appropriate disclosure to other systems

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Competency 6: Legal Issues
Slide 6-3



Approaches to Alcohol Use During Pregnancy

- Punitive measures
- Reporting requirements
- Supportive approaches

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Competency 6: Legal Issues
Slide 6-7



Child Custody Issues

- Loss of custody
- Impact on recovery

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Competency 6: Legal Issues
Slide 6-8



Legal Issues Related to Individuals With an FASD

- High risk for repeat involvement with the legal system
 - Brain damage
 - Vulnerability to peer pressure
- Advocacy and resources to assist clients with the legal system

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Competency 6: Legal Issues
Slide 6-9



Vulnerability of Individuals With an FASD

- Personal characteristics
 - Poor judgment
 - Impulsivity
 - Lack of boundaries
 - Loneliness and isolation

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Competency 6: Legal Issues
Slide 6-10



Safety Precautions

- Be aware of potentially dangerous situations
- Include provisions for financial guardianship in aftercare plan
- Discuss safe environments and community resources
- Role-play ways to avoid danger, and teach personal safety issues
- Provide structure and supervision

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Competency 6: Legal Issues
Slide 6-11



Activity





Questions



Posttest!



References

- See References for a complete list of all references used in this competency.

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Competency 6: Legal Issues

Civil Interventions/Commitments (as of January 2006)

The Alcohol Policy Information System (APIS), a project of the National Institute on Alcohol Abuse and Alcoholism, is an online resource that provides detailed information on a wide variety of alcohol-related policies in the United States at State and Federal levels. The tables below were compiled by APIS. For more information on these or other alcohol policies, visit the APIS Web site at www.alcoholpolicy.niaaa.nih.gov/.

The first table summarizes the approaches used in North Dakota, Oklahoma, and South Dakota. The second table outlines Wisconsin's three stages of custody.

Table 1: North Dakota, Oklahoma, and South Dakota

Jurisdiction	Entity That Can Seek a Judicial Commitment	Grounds for a Judicial Commitment	Maximum Length of a Judicial Commitment	Location of a Judicial Commitment
North Dakota	The Department of Human Services or its designee	If person is mentally ill or chemically dependent and there is a reasonable expectation that if the person is not treated, a serious risk of harm exists to that person, others, or property	90 days, with the possibility of a continuing order of commitment not to exceed 1 year	State hospital or another treatment facility
Oklahoma	District attorney following assistance of multidisciplinary team	Pregnant woman "is abusing or is addicted to" alcohol "to the extent that the unborn child is at risk of harm"	After initial period of observation and treatment, release in outpatient status if warranted and subject to retake and return to inpatient status	Public or private treatment facility willing to accept pregnant woman for treatment
South Dakota	Person's spouse or guardian, relative, physician, administrator of any approved treatment facility, or any other responsible person	Person is "pregnant and abusing alcohol" and "habitually lacks self-control"	90 days, with up to two 90-day recommitment orders possible	Appropriate accredited treatment facility



Table 2: Wisconsin's Three Stages of Custody

STAGE 1: TAKING PERSON INTO PHYSICAL CUSTODY

Entity That Can Take a Pregnant Woman Into Custody	Persons Who Can Be Taken Into Custody	Grounds for Taking a Person Into Custody	Release or Delivery From Custody
Court or law enforcement officer	Female minor or female adult	"Substantial risk" to "physical health of unborn child"	After counseling or warning "as may be appropriate," immediate release to parent or adult friend; hospital if fetus is in serious physical condition

STAGE 2: HOLDING PERSON BRIEFLY IN PHYSICAL CUSTODY

Entity That Determines Whether To Place a Hold on Person in Custody	Grounds for Holding Person in Custody	Maximum Length of Hold of Person in Custody	Location of Hold of Person in Custody
Intake worker	"Probable cause" exists if there is reason to believe that "there is a substantial risk" that if mother is not held, "physical health of unborn child" will be seriously affected or endangered by... mother's "habitual lack of self-control... exhibited to a severe degree" and that mother has refused to accept, or has not made "good faith effort to participate in, alcohol services offered to her"	48 hours	Parent's home, adult relative's home, public treatment facility, hospital, or county jail



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STAGE 3: CONTINUED PHYSICAL CUSTODY

Entity That Determines Continuation of Custody	Grounds for Continued Custody	Maximum Length of Continued Custody	Location of Continued Custody
Court, after a hearing	"Probable cause" exists if there is reason to believe that "there is a substantial risk" that if mother is not held, "physical health of unborn child" will be seriously affected or endangered by... mother's "habitual lack of self-control... exhibited to a severe degree" and that mother has refused to accept, or has not made "good faith effort to participate in, alcohol services offered to her"	Varies	Parent's home, adult relative's home, public treatment facility, hospital, or county jail

Source: National Institute on Alcohol Abuse and Alcoholism. Alcohol and Pregnancy: Civil Commitment. Alcohol Policy Information System (APIS) Web site. Retrieved November 8, 2006, from <http://www.alcoholpolicy.niaaa.nih.gov>.



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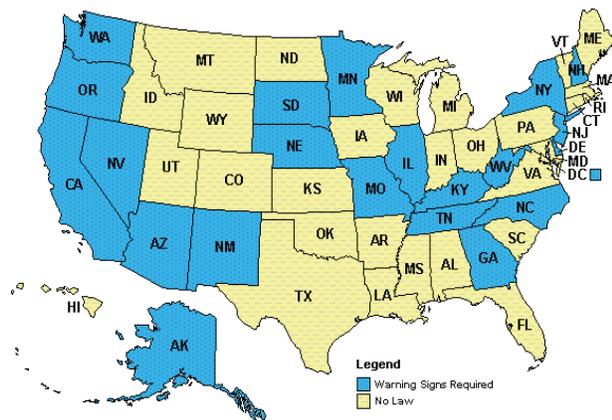
Competency 6: Legal Issues

State Policies on Alcohol and Pregnancy (as of January 2006)

The Alcohol Policy Information System (APIS), a project of the National Institute on Alcohol Abuse and Alcoholism, is an online resource that provides detailed information on a wide variety of alcohol-related policies in the United States at State and Federal levels. The maps below were compiled by APIS. For more information on these or other alcohol policies, visit the APIS Web site at www.alcoholpolicy.niaaa.nih.gov.

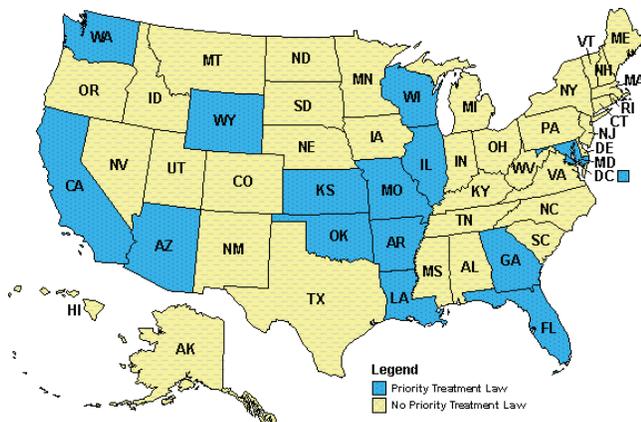
Mandatory Warning Signs

Policy provisions for mandatory warning signs specify who must post signs, the specific language required on the signs, and where signs must appear. The warning language required across jurisdictions varies in detail, but in each case warns of the risks associated with drinking during pregnancy.



Priority Access to Treatment

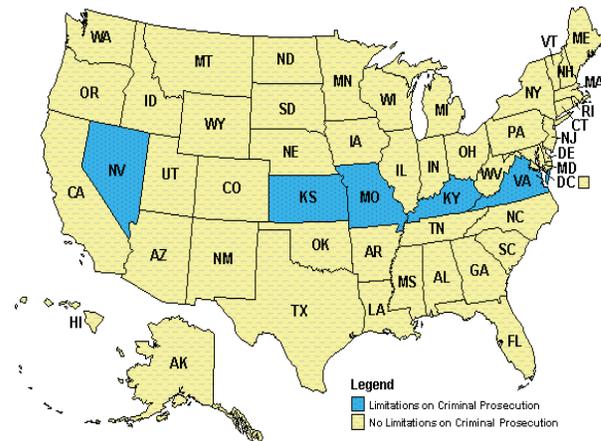
Policy provisions for priority access to treatment are statutes and regulations mandating priority access to substance abuse treatment for pregnant and postpartum women who abuse alcohol. Relevant policy provisions include State-run treatment services, funding for private providers, and mandates that such women receive a priority for available treatment.





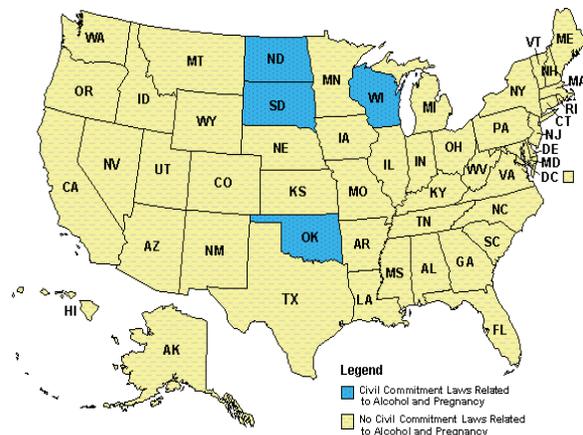
Limitations on Criminal Prosecution

Limitations on criminal prosecution are legal provisions that prohibit the use of the results of medical tests, such as prenatal screenings or toxicology tests, as evidence in the criminal prosecution of women who may have caused harm to a fetus or a child. Such prosecutions may be based on a law specific to harm to a fetus or child from alcohol consumption or on more general criminal laws addressing child abuse and criminal endangerment. The research for this policy topic also examined whether States have legal provisions that prohibit prosecution of women for harm to a fetus or a child as a result of alcohol use during pregnancy; no such provisions were found.



Civil Commitment

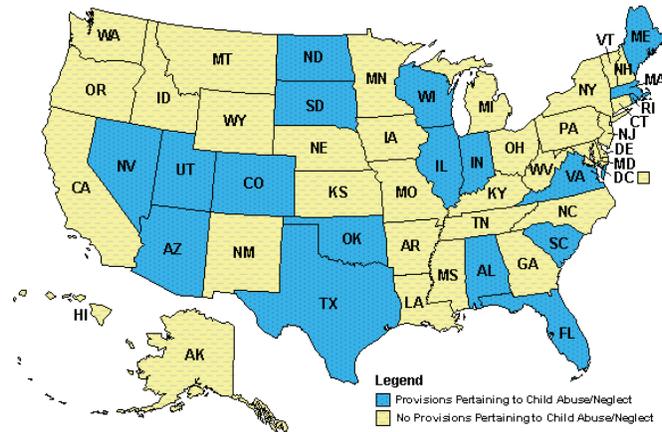
Civil commitment refers to either involuntary commitment of a pregnant woman to treatment or involuntary placement of a pregnant woman in protective custody of the State for the protection of a fetus from prenatal exposure to alcohol. As of January 1, 2006, four jurisdictions have statutory authorization for the civil commitment of women who abuse alcohol during pregnancy: North Dakota, Oklahoma, South Dakota, and Wisconsin. There are two types of civil commitments: emergency and judicial. Emergency commitments are short in duration and may be imposed by the administrator of an appropriate mental health facility. Emergency commitment laws are not included in this research. Judicial commitments are typically lengthier and must be ordered by a court. The involuntary civil commitment arrangements in North Dakota, Oklahoma, and South Dakota provide for committing pregnant alcohol abusers to treatment facilities.





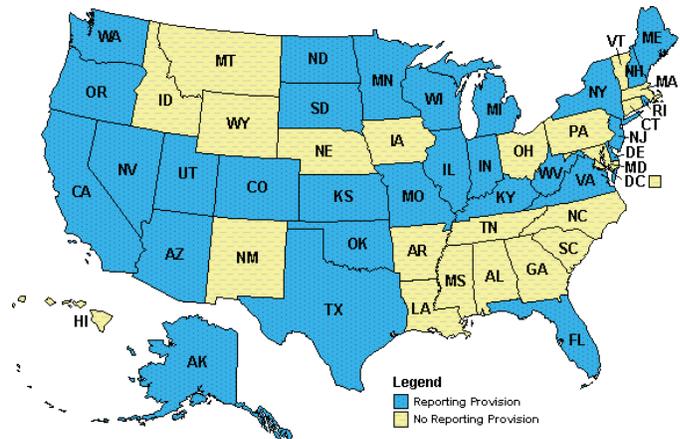
Legal Significance for Child Abuse/Child Neglect

The legal significance of a woman's conduct prior to birth of a child and of damage caused in utero varies considerably across jurisdictions. Some States have adopted statutes and/or regulations that clarify the rules for evidence of prenatal alcohol exposure in child welfare proceedings (e.g., those alleging child abuse, child neglect, child deprivation, or child dependence or concerning termination of parental rights).



Reporting Requirements

Reporting requirements refer to laws concerning requirements to report suspicion or evidence of alcohol use or abuse by women during pregnancy. Evidence may consist of results from screening and/or toxicological testing of pregnant women or toxicological testing of babies after birth. Jurisdictions with reporting requirements differ with respect to whether reporting is mandatory or discretionary. Jurisdictions also vary based on who must report and the purpose of reporting. With respect to the latter, some jurisdictions require reporting for data-gathering purposes. Others use the information to refer women for assessment and treatment of alcohol problems or to refer cases to child welfare agencies for determination of the best interests of children born to women who used or abused alcohol during pregnancy.



Source: National Institute on Alcohol Abuse and Alcoholism. APIS Policy Topics Index. Alcohol Policy Information System (APIS) Web site. Retrieved November 8, 2006, from www.alcoholpolicy.niaaa.nih.gov.



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Evaluation Form



Curriculum for Addiction Professionals: Level 2

Evaluation Form

Date: _____ **Site Location:** _____

I. Race/Ethnicity and Gender. This list uses Federal racial and ethnic classifications as defined by the Office of Management and Budget. Your voluntary cooperation in providing the following information is greatly appreciated. Please indicate:

- | | | |
|---|---|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Black (not of Hispanic Origin) |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> White (not of Hispanic Origin) | <input type="checkbox"/> Other (Specify) |
| <input type="checkbox"/> Female | <input type="checkbox"/> Male | |

II. Highest educational level/degree (Choose highest level only):

- | | | |
|---------------------------------------|--|--|
| a. <input type="checkbox"/> Doctorate | c. <input type="checkbox"/> Bachelor's | e. <input type="checkbox"/> High School or Equivalency |
| b. <input type="checkbox"/> Master's | d. <input type="checkbox"/> Associate | f. <input type="checkbox"/> Other post-doctorate |

III. I am (Check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Person with an FASD (such as FAS/FAE) | <input type="checkbox"/> Parent/caregiver of a person with an FASD (such as FAS/FAE) |
| <input type="checkbox"/> Service provider (Specify): _____ | <input type="checkbox"/> Other (Specify): _____ |
| <input type="checkbox"/> Government personnel (Specify): _____ | |

IV. Competencies completed:

- | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|------------------------------|
| <input type="checkbox"/> Competency 1 | <input type="checkbox"/> Competency 3 | <input type="checkbox"/> Competency 5 | <input type="checkbox"/> All |
| <input type="checkbox"/> Competency 2 | <input type="checkbox"/> Competency 4 | <input type="checkbox"/> Competency 6 | |

Rating Key: N/A = Not Applicable; 1 = Poor; 2 = Satisfactory; 3 = Good; 4 = Excellent

V. On a 4-point scale, please rate the following:

a. Content of the information	1	2	3	4
b. Competence of the presenter(s)	1	2	3	4
c. Course objectives support the course description	1	2	3	4
d. Physical environment was conducive to learning	1	2	3	4
e. Opportunity for discussion with others	1	2	3	4

Comments: _____

VI. Please rate the following items regarding the course content:

a. Overall course quality	N/A	1	2	3	4
b. Written handouts	N/A	1	2	3	4
c. Use of audiovisual equipment	N/A	1	2	3	4
d. Content sequence	N/A	1	2	3	4
e. Individual/group exercises	N/A	1	2	3	4



Evaluation Form

Rating Key: N/A = Not Applicable; 1 = Poor; 2 = Satisfactory; 3 = Good; 4 = Excellent

VII. Please indicate how well the training met each of the following training objectives:

(Trainer: add objectives based on presentation)

_____	1	2	3	4
_____	1	2	3	4
_____	1	2	3	4

VIII. Please rate this presenter (Insert name)

1. Overall quality of presenter	N/A	1	2	3	4
2. Knowledge of subject matter	N/A	1	2	3	4
3. Enthusiasm for subject	N/A	1	2	3	4
4. Use of examples/clarifying techniques	N/A	1	2	3	4
5. Willingness/capacity to respond to questions	N/A	1	2	3	4

Please rate this presenter (Insert name)

6. Overall quality of presenter	N/A	1	2	3	4
7. Knowledge of subject matter	N/A	1	2	3	4
8. Enthusiasm for subject	N/A	1	2	3	4
9. Use of examples/clarifying techniques	N/A	1	2	3	4
10. Willingness/capacity to respond to questions	N/A	1	2	3	4

IX. What did you like best about this course? _____

X. What could be improved? _____

XI. What other topics related to FASD would be of most interest to you? _____

Please write any additional comments or suggestions in the space below. Thank you.

Stop and think. If you're pregnant, don't drink.
For more information, visit fasdcenter.samhsa.gov or call 866-STOPFAS.
www.stopalcoholabuse.gov

