

Addressing Fetal Alcohol Spectrum Disorders (FASD) In Women's Residential Substance Abuse Treatment

A Fact Sheet for Administrators and Providers



Individuals with an FASD are often not recognized or accurately diagnosed¹ and are at higher risk than the general population for substance use and other

Potential Positive Impacts of Addressing FASD

- Expanded system and staff capabilities
- Fuller program capacity to address clients from a wraparound perspective
- Improved client outcomes (e.g., client compliance, retention, program completion)
- Improved prevention of future relapse, co-occurring conditions, and alcohol-exposed births
- Possible new funding streams
- Enhanced partnerships in your community

co-occurring disorders². If a woman in residential treatment has an FASD, her brain-based disorder may result in difficulties responding to traditional treatment approaches, reducing the likelihood of successful outcomes. Residential women's substance abuse treatment programs have a vital opportunity to identify women with a possible FASD and to modify treatment approaches to improve outcomes for the individual, family, and agency.

As programs build capacity to identify individuals with an FASD and modify services, they have the opportunity not only to improve treatment outcomes but also to prevent relapse, the onset of co-occurring conditions, and future alcohol-exposed births. In addition, women with appropriate treatment are better equipped to provide support for their children, some of whom also may have an FASD.

- *Fetal Alcohol Spectrum Disorders (FASD) are a range of brain-based conditions that are caused by prenatal alcohol exposure.*
- *Individuals with an FASD are believed to be more prevalent in substance abuse treatment than many realize.*
- *Programs that can identify and address FASD through modified treatment approaches have reported improvements in outcomes.*
- *Effective treatment outcomes also can help to promote recovery, prevent the onset of future co-occurring disorders, and prevent future alcohol-exposed births.*

The SAMHSA FASD Center for Excellence has provided technical assistance (TA) and training to residential women's treatment centers across the country. This Fact Sheet discusses the benefits of identifying and addressing women with a possible FASD in these settings. For substance abuse treatment systems, the presence of a co-occurring FASD presents a major barrier to treatment success and recovery. Taking a few steps in your program can potentially remove that barrier and lead to improved treatment and prevention outcomes.

Flip over to get started!



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention
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Treatment Modifications to Prevent and Address FASD

- Add questions to the intake process to identify a possible FASD in women residents as well as in their children
- Help all staff, including night and weekend personnel, understand that FASD is a brain-based disorder
- Help staff understand the implications of a brain-based disorder for women in treatment, including difficulties following treatment protocols and rules, and differences in learning styles
- Identify modifications in treatment that are more effective for individuals with brain-based disorders:
 - ✓ Use positive reinforcement rather than reward & consequence systems
 - ✓ Use treatment approaches that engage multiple senses and are not entirely verbal (individuals with an FASD can have trouble processing language)
 - ✓ Provide simple directions, one at a time
 - ✓ Review rules and directions repeatedly
 - ✓ Use modeling techniques (e.g., have a woman spend time in the child care center with the children so they can model the actions of the daycare workers)
 - ✓ Teach relaxation methods (clients with an FASD often feel stress and frustration)
 - ✓ Use 'warm handoffs' (i.e., take the client to a referral, do not assume they'll go on their own)
- Help all women avoid future alcohol-exposed births by teaching them about the effects of prenatal alcohol exposure on a fetus

Since the mid 70's, the knowledge base around FASD and brain function has expanded significantly. The FASD Center for Excellence can help programs modify their services to achieve improved treatment outcomes among women with an FASD, and contribute to the prevention of future related negative health outcomes. Through a process of programmatic needs assessment, tailored training and TA, and follow-up coaching and support, your entire staff can develop a greater understanding of effective FASD treatment and prevention.

National FASD training providers (see box, below) can help your program successfully implement these and other modifications. In addition, your staff will learn about:

- ✓ The basics of FASD, and viewing women and their children through an 'FASD lens'
- ✓ How to overcome staff resistance or discomfort with addressing prenatal alcohol exposure
- ✓ How to talk with women about FASD in a supportive manner

- ✓ How to help individuals with an FASD access vital assistance outside of the treatment setting
- ✓ Conditions that commonly co-occur with FASD or tend to be diagnosed instead of an FASD, and how these impact treatment (e.g., ADHD, Oppositional Defiant Disorder, Bipolar Disorder, PTSD)
- ✓ How to identify evidence-based

- programs for reducing alcohol-exposed pregnancies
- ✓ The mandated reporting requirements related to disclosing information about women's alcohol use while pregnant (visit www.childwelfare.gov for state-by-state reporting guidelines)
- ✓ Issues of insurance and reimbursement

SO WHERE TO START? Right here.

Contact the SAMHSA FASD Center for Excellence for training and technical assistance:

- ✓ Visit www.fasdcenter.samhsa.gov
- ✓ Or call (866) STOPFAS

We also recommend the following national resources for FASD training:

- ✓ The FASD Regional Training Centers (RTC's) of the Centers for Disease Control and Prevention (CDC): <http://www.cdc.gov/ncbddd/fasd/training.html>
- ✓ FAS Diagnostic & Prevention Network Training: <http://depts.washington.edu/fasdnpn/htmls/training.htm>
- ✓ The National Organization on Fetal Alcohol Syndrome (NOFAS): <http://www.nofas.org/>

¹ Greenbaum, R. L., Stevens, S. A., Nash, K., Koren, G., & Rovet, J. (2009). Social cognitive and emotion processing abilities of children with Fetal Alcohol Spectrum Disorders: A comparison with Attention Deficit Hyperactivity Disorder. *Alcoholism: Clinical & Experimental Research*, 33(10), 1656-1670.

² Astley, S. J. (2010). Profile of the first 1,400 patients receiving diagnostic evaluations for Fetal Alcohol Spectrum Disorder at the Washington State Fetal Alcohol Syndrome Diagnostic and Prevention Network. *Canadian Journal of Clinical Pharmacology*, 17(1), e132-64.