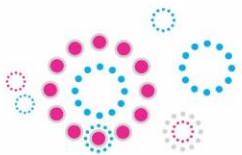


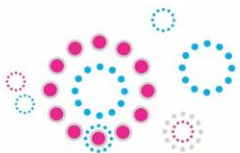
Approaches to AOD interventions with a FASD lens

Presenter: Sophie Harrington
NOFASD Australia



NOFASD Australia

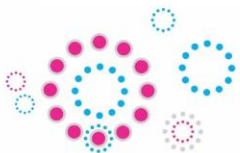
- Established in 1999
- Primary initiator in raising FASD to the attention of medical professionals, researchers and policy makers in our part of the region/world.
- The essential bridge between clinicians, researchers, policy makers and those with lived experience.
- 1800 Helpline 7 days a week



FASD is complex disorder

FASD is a complex learning disorder affecting multiple domains of functioning including working memory, attention, impulsivity, learning, interpersonal relatedness, social skills and language development.

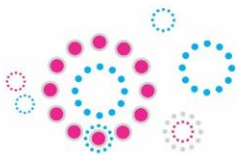
O'Malley 2008



Prevalence



■ FASD ■ Autism ■ Spina Bifida
■ Cerebral Palsy ■ Down Syndrome ■ SIDS



Diagnosis – Shame & Stigma

Negative labels

Parent/carer:

- Bad parent
- Uncaring
- negligent
- Doesn't try
- Lazy

Negative labels

Person with FASD:

- Lazy
- Naughty
- Stupid
- Selfish
- Violent
- Won't change



Missed diagnosis

FASD is often misdiagnosed as

- Autism Spectrum Disorder
- Reactive Attachment Disorder
- Oppositional Defiance Disorder
- Conduct Disorder
- ADHD

Many individuals receive a co-diagnosis of FASD with one or more other disorders



A varied disability

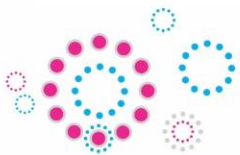
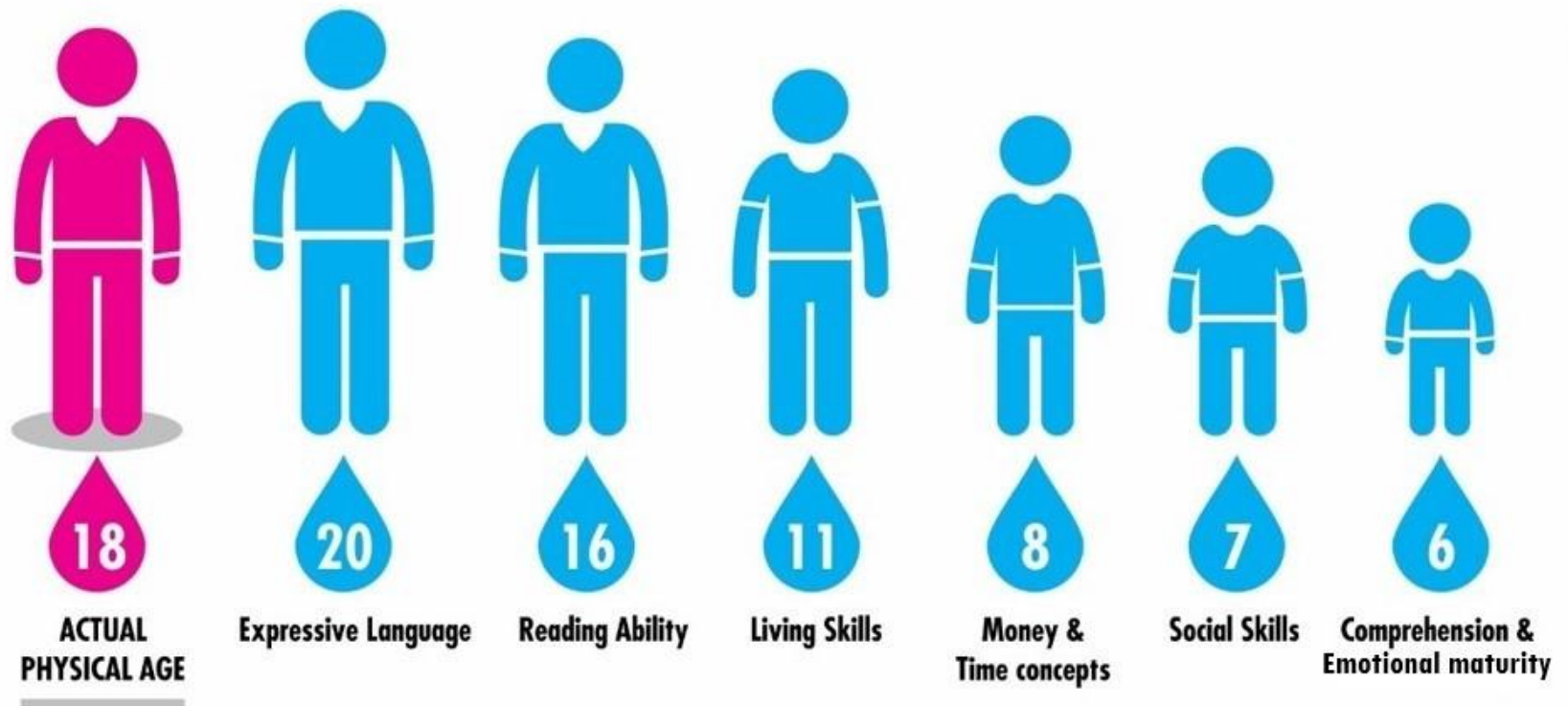
If you know one person with FASD...



...then you know one person with FASD



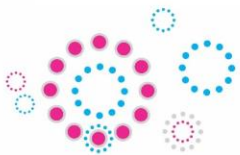
Age dysmaturity



Executive functioning

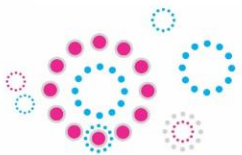
The most common impact of FASD is on the brain's 'executive functions' – the ability to:

- plan
- learn from experience
- generalise, and
- control impulses



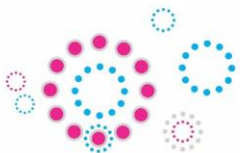
Primary characteristics

- Impaired Judgement
- Lack of understanding cause and effect
- Inability to learn from mistakes
- Mood swings (confused, distorted thinking, anger management issues, anxious)
- Attention problems

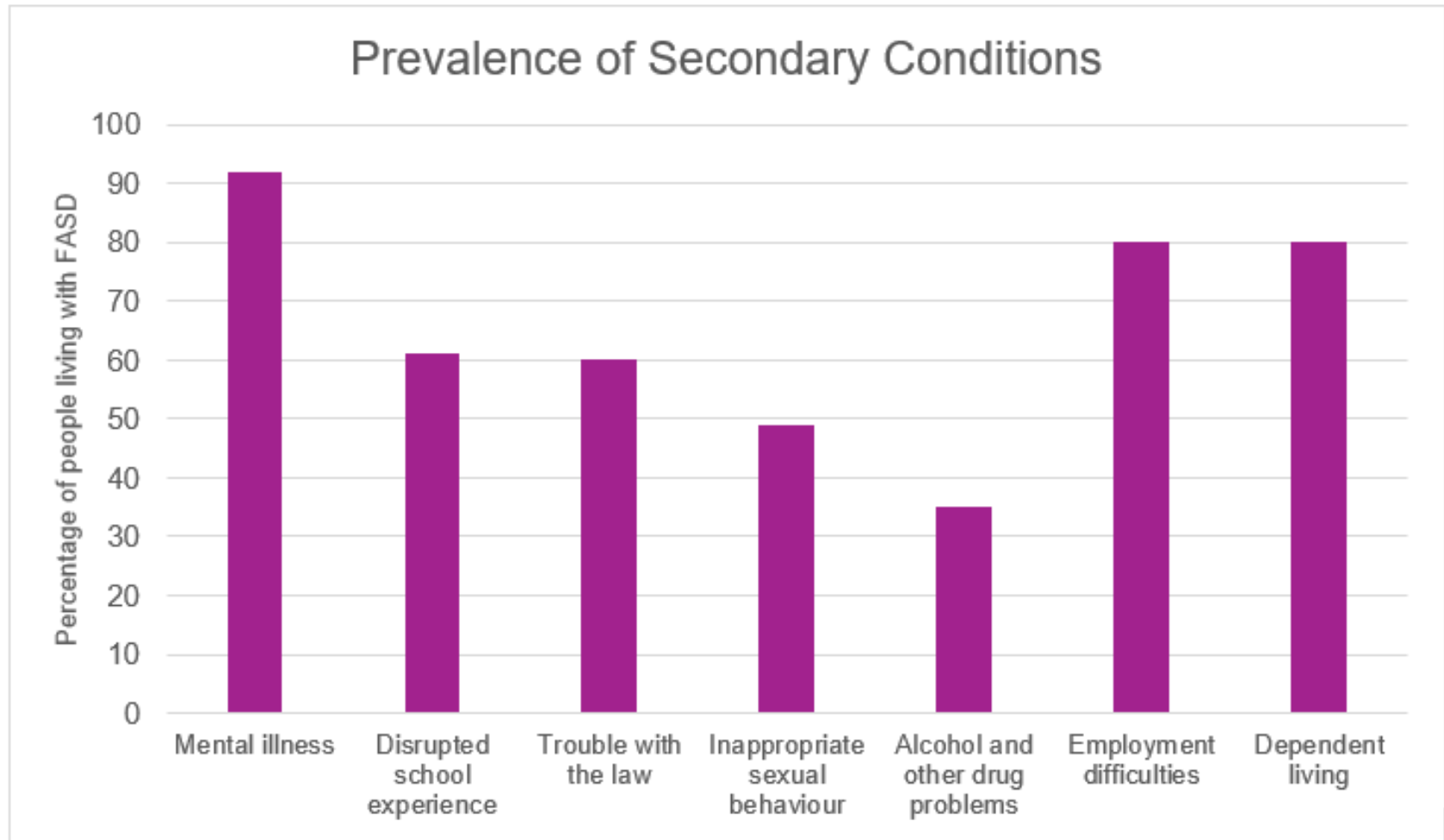


Primary characteristics

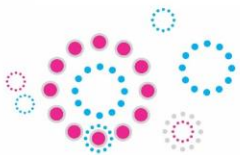
- Impulsivity, lack of self control
- Confabulation without deception
- Stealing without deception
- Inner locus of control faulty or missing
- Unable to take responsibility for actions – often blame others



Secondary conditions

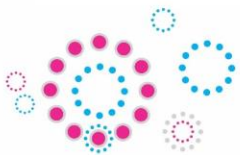


(Streissguth et al., 2004)



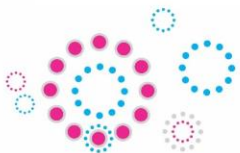
FASD - a carers story

Kate



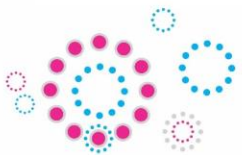
FASD - a carers story

- Kate's dependency on alcohol is different
- Kate doesn't need a lot of alcohol,
One drink = triple the effect
- Environmental factors influence Kate's drinking
- Harm minimisation doesn't work for Kate



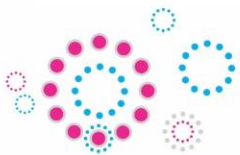
FASD - a carers story

- Kate doesn't remember what she's agreed
- Kate has no/little insight
- Will respond with the 'right' answers when questioned
- Kate is not 'stuck' in the pre-contemplative stage



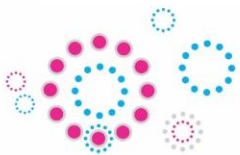
Practise based evidence tells us

- Group therapy -traumatic & overwhelming
- Insight Therapy is too cognitive
- CBT must be appropriate for developmental/emotional/social age.



Strategies for success

- Remember FASD is a brain injury
- Individuals are unable not unwilling
- Don't learn from experiencing consequences
- Behavioural control and informed choices



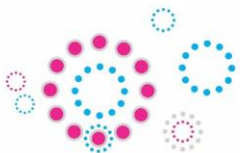
Strategies for success

- Modify counselling sessions – increased frequency
- Concrete language – directive, use visuals
- Reality based therapy – role play, social stories
- Consistency – appointments, staff & reminders



Strategies for success

- Primary treatment goals are realistic
- Relapse prevention = increased supervision
- Ongoing lifetime supports
- A positive “try again” attitude

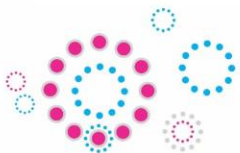


Helpful phrases to remember

- “Can’t not won’t”
- “Ten second people in a one second world”
- “Gravel roads not highways”
- “Brain, not blame”
- “Adapt the environment not the person”
- “Slow, same, simple, short”

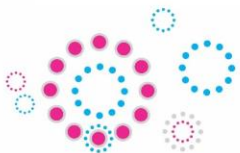
Phrases accredited to:

FASD: Essential Strategies A resource for frontline professionals.



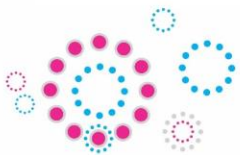
Where to from here?

- Upskill staff on FASD
- Value parent/carer experience
- Understand FASD across the lifespan
- Key worker/agency for case management

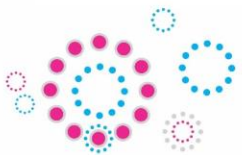


Where to from here?

- FASD crosses every system of care
- Correctly recognising & addressing FASD
- Intervention for substance using women who have FASD



Realistic expectations



Thank You

National Organisation for
Fetal Alcohol Spectrum Disorders

Helpline: 1800 860 613

admin@nofasd.org.au

www.nofasd.org.au

