

Psychological Issues in Children and Adults with Fetal Alcohol Spectrum Disorder

Presenter: Brenda M. Knight

Date: May 29, 2009



The FASD Learning Series is part of the Alberta government's commitment to programs and services for people affected by FASD and those who support them.

Session Goals

- To review the underlying psychological issues which affect the child's capacity to cope with and enjoy life
- To maximize the emotional safety of the child and increase resilience
- To contribute to developing an approach to meeting the needs of the child while maintaining perspective and reducing emotional stress to the individual and family

Basic Assumptions

Basic Assumptions

- Each person with FASD is unique
- Individuals with FASD may share common characteristics but do not create a homogeneous group
- Each person has value and can make a positive contribution to life regardless of his/her strengths and weaknesses

Basic Assumptions

- Successfully living with FASD has many forms. It is not necessarily a goal to define success as independent living
- Foster, adoptive, and birth parents can have the same commitment to their children and all caregivers deserve to have extensive and gracious support
- It is equally important and a responsibility of the therapeutic team to offer and be able to provide treatment to family members as well as the identified person with FASD

Factors Contributing to Emotional and Behavioural Characteristics of a Child

- Factors Contributing to Emotional and Behavioural Characteristics of a Child
 - Genetics
 - Early Environmental Influences
 - Pre and Post Natal Environment

Factors Contributing to Emotional and Behavioural Characteristics of a Child

- Temperament
- Genetics
- Pre and Post natal environment
- Trauma
- Skill of caregivers

Genetics

Family History of Psychiatric Disorder

- Profile of 80 birth mothers of children with FASD
- 96% had one to ten mental health disorders
 - 59% Major Depressive Episode
 - 22% Manic Episode/Bipolar Disorder
 - 7% Schizophrenic
 - 77% Post Traumatic Stress Disorder

(Astley et al 2000)

Genetics

Family History of Psychiatric Disorder (continued)

- 95% have been physically or sexually abused during their lifetime
- 79% reported having a birth parent with an alcohol problem

(Astley et al 2000)

Genetics

Health issues related to the following:

- Immune system
- Cardiovascular system
- Urinary tract system
- Skeletal system
- Nervous system
- Eating difficulties



Genetics

Physical characteristics including...

- Height
- Weight
- Facial dysmorphia



Early Environmental Influences



Pre and Post Natal Environment

- Poor or absent prenatal care
- Premature birth
- Prenatal drug exposure
- Bonding and attachment
- Emotional abuse
- Physical abuse
- Sexual abuse
- Multiple placements
- Adoption adjustment

Pre and Post Natal Environment

- Adoption disruption
- Medical needs
- Trauma/vicarious trauma
- Perception of FASD
- Grief and loss
- Multiple disabilities
- Institutional abuse
- Drug and alcohol use/abuse

FASD and the Affect on Coping

- FASD and the Affect on Coping
- Processing Information with Poor Receptive Language Skills and Poor Comprehension
 - Poor Impulse Control
 - Poor Memory
- Difficulty Generalizing from Specific
- Extreme Difficulty with Social Judgment
- Perseveration with Behaviour and Language
 - Difficulty with Regulation of Emotions

FASD and the Affect on Coping

Imagine coping with the previous history if you have difficulty with the following:

- Processing information with poor receptive language skills and poor comprehension
- Poor impulse control
- Poor memory
- Poor abstract reasoning skills
- Poor organizational skills
- Poor concept of time

FASD and the Affect on Coping

Imagine coping with the previous history if you have difficulty with the following: (continued)

- Difficulty attaching
- Difficulty learning from consequences
- Poor social skills
- Difficulty generalizing from specific
- Extreme difficulty with social judgment
- Perseveration with behaviour and language
- Difficulty with regulation of emotions

FASD and the Affect on Coping

Imagine coping with the previous history if you have difficulty with the following: (continued)

- Increased tendency toward depression and anxiety
- Tendency to externalize blame

Processing Information with Poor Receptive Language Skills and Poor Comprehension



Poor Impulse Control



Poor Memory



Difficulty Generalizing from Specific



Extreme Difficulty with Social Judgment



Perseveration with Behaviour and Language



Difficulty with Regulation of Emotions



Treatment Considerations

- Effective Therapeutic Intervention and Treatment
 - Approaches to Treatment
 - Goals of Therapy
- Reality-Based Planning for the Future

Effective Therapeutic Intervention and Treatment

Therapeutic intervention and treatment can be effective if the therapists:

- Understand the complexities of FASD
- Review the history of the individual including past trauma, multiple placements, losses, etc.
- Provide an appropriate and consistent therapeutic setting
- Value the reality check of listening to caregivers on an ongoing basis

Effective Therapeutic Intervention and Treatment

Therapeutic intervention and treatment can be effective if the therapists: (continued)

- Is not limited by time constraints for duration of treatment in order to provide treatment over different developmental stages

Approaches to Treatment

- Diagnosis
- Individual psychotherapy
- Behaviour management
- EMDR
- Family support (including extended family and siblings where appropriate)
- Supportive counselling for caregivers
- Psychiatric assessment and consultation

Approaches to Treatment

- Medication (if appropriate)
- Peer support groups
- Anchor person/life interpreter
- Drug and alcohol treatment
- Structured, supportive housing
- Recreational programs
- Employment training

Goals of Therapy

Freedom enhancement paired with structured kind cocooning

- For the client to develop an understanding of FASD at a developmentally appropriate level
- Develop trust with a caring person or professional that the individual will use as a coach, mentor, anchor, interpreter
- Reduction of self-blame and blame toward the birth mother
- Learn to advocate for self even at a basic level

Goals of Therapy

- Learn approaches to protect self in situations without support
- Define limitations AND strengths to reduce negative self-image
- Increase capacity to adjust to disability
- Opportunity for catharsis and unpacking of past trauma
- Reconstructing definition of self

Reality-Based Planning for the Future

Below are some examples of areas to consider:

- Sexuality
- Relationships
- Parenting
- Employment
- Spiritual
- Housing
- Recreation
- Health care

Reality-Based Planning for the Future

- Reduce vulnerability and risk of victimization
- Acceptance of limitations of birth parents
- Improved relationship with family (if possible)
- Learn not to repeat patterns of past
- Learn how to share feelings
- Develop understanding of siblings
- Reduce resistance to structure and protective cocoon

Reality-Based Planning for the Future

- Increase openness to understanding and accepting limitations regarding future alcohol use
- Reduce feelings of being “crazy or bad”
- Peel the layers to understand what is a psychiatric disorder....FASD....Substance Abuse...Primary Disabilities...trauma related
- Create a sense of belonging and worth
- Learn to have fun (safely)

Communication Enhancers

- Create Contrasts with Your Voice
- To Increase Comprehension Provide Cues Other Than Voice
 - Communication Enhancers
 - To Change the Subject
 - Use of Humour

Create Contrasts With Your Voice

- To denote the range of seriousness of subject matter
- To contribute to tension release
- To denote change of subject
- To reduce boredom
- To maintain attention



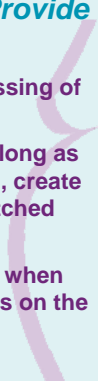
To Increase Comprehension Provide Cues Other Than Voice

- Facial Expressions
- Gestures
- Body movements
- Drawings
- Notes



To Increase Comprehension Provide Cues Other Than Voice

- Allow for silence for receptive processing of language
- Be careful that the silence is not too long as it may replicate waiting for the abuse, create anxiety, or increase fear of being watched and potentially criticized
- Provide for quick transition of topics when necessary to assist the client to focus on the present



Communication Enhancers

- Use short sentences or phrases
- Do not use idioms
- Use syntax similar to American Sign Language (ASL)
- Time-Place-Subject
 - Thus creating a context, frame of reference and set the stage for the discussion

Communication Enhancers

- Repetition of primary focus
- Define the purpose of the communication
- If necessary keep using the subject rather than pronouns
- If necessary change the seating arrangement in order to facilitate transition to another topic

Communication Enhancers

- Write simultaneous BRIEF notes during the process and provide copies to the client and caregiver if possible, to assist with memory and future review
- Explain in visual images, drawing
- Listen carefully to the person's use of language and use the same language

Communication Enhancers

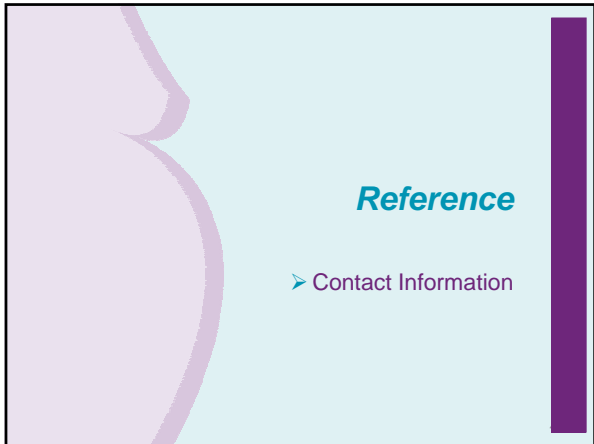
- Use open ended sentences for sentence completion
- Speak with a normal flow with pauses and observe client's eyes to see if they appear to understand
- If it appears that the person does not understand, you may suggest that you have not explained it well
- Provide something to fidget with

To Change the Subject

- State that the subject is finished
- State that the subject is being changed, eg. "Now we are going to talk about..."
- Change body position
- Change voice tone
- Insert transitional distraction between topics

Use of Humour

- To balance emotional intensity
- To reduce anxiety
- To develop rapport
- To motivate person to return
- To demonstrate an approach to dealing with stress
- To close the session with something light hearted and switch gears



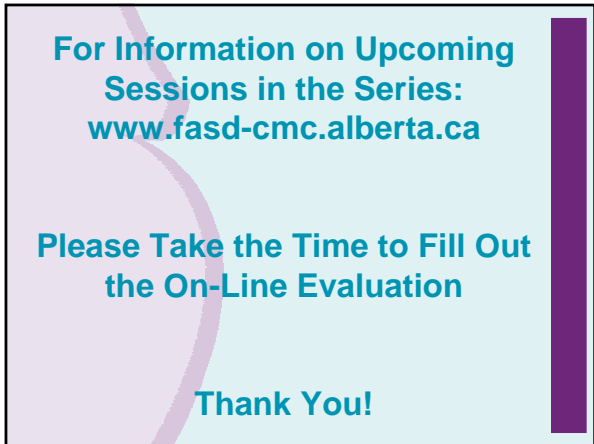
Reference

➤ Contact Information



Contact Information

Brenda M Knight
Registered Psychologist CPBC #00694
325-1200 Burrard Street
Vancouver, British Columbia, V6Z 2C7
Phone (604)662-7755
Fax (604)662-7215
bmknight@telus.net
©2009



**For Information on Upcoming Sessions in the Series:
www.fasd-cmc.alberta.ca**

Please Take the Time to Fill Out the On-Line Evaluation

Thank You!
