

Approaches to Treatment: Family Therapy

Presenter: Willard Fewer

Date: November 25, 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

- Participants will learn of typical issues experienced by differing types of families that are raising one or more children living with an FASD
- Participants will learn of some types of interventions, offered at the family level, that can make a difference for these families
- Participants will learn of the value of helping a family to develop a realistic, sense of hope for their future and specifically for their child

Types of Families Affected by FASD and Issues Affecting These Families

- Biological Parent(s) and Child(ren)
 - Adoptive Families
 - Foster Families
- Grandparents Raising Their FASD Affected Grandchildren

Biological Parent(s) and Child(ren)

- Feelings connected to having hurt their child(ren) in utero
- Current addictions or struggles to stay clean and sober
- Difficulty trusting professionals (who may have apprehended the children earlier)

Biological Parent(s) and Child(ren)

- Own mental health difficulties (possibly including undiagnosed FASD themselves)
- The challenges of raising children with neurological, physical, and mental health challenges – with the need to interact with a variety of professionals on the child’s behalf

Adoptive Families

- Grief/anger when it is apparent that the child brings long-term challenges to the family (v. “Love will overcome all”) and is not the child dreamed of
- Challenges of managing the multitude of appointments with professionals
- Feeling judged as a “not good enough” parent

Foster Families

- Constant vigil
- Effects on marriages
- Child management
- Parental issues
- Interactions with professional community
- Emancipation concerns
- Medical implications

(from Morrisette, 2001)

Grandparents Raising Their FASD Affected Grandchildren

- Fatigue
- Resentment toward own child who is not assuming parenting responsibilities/ guilt feelings about “failing” as a parent
- Most of the previously mentioned challenges

Family Interventions That Help

- Education and Training about FASD
 - Good Health Care for the Child
 - Respite for Caregivers and Siblings
 - Therapy
 - Repair Work and Strengthening of Relationships
 - Reduce “Expressed Emotion”
 - Create a “Holding Environment”
- Emotion Modulated and Worked with in Session
- A Sense of Hope for a More Positive Future

Education and Training about FASD

- Help the care givers to understand the reason for misbehaviors
 - Poor executive functioning in their child
 - Reduce anger
 - Sense of defeat
 - Demoralization

Good Health Care for the Child (Physical and Mental)

- Avoid pessimistic messages but give realistic prognoses that helps all to have hope (“a pervasive therapeutic nihilism” O’Malley, 2008)
- Team approach: care givers/ psychiatrist/ child therapist/ family therapist/ case worker (not adversarial)
- Be mindful of avoiding an overwhelming number and frequency of appointments

Respite for Caregivers and Siblings

- Regular
- Scheduled and “prn”
- Capable substitute care providers
- Positive experience for child as well as for parents

Therapy

To assist individuals with their individual mental health conditions

- Depression
- Anxiety
- Compassion fatigue

To assist caregivers to use more effective behavior management strategies with the affected child

Repair Work and Strengthening of Relationships within the Family

- Caregiver couple relationship
- Parent-child relationships
- Sibling relationships (peer or adult sibs)

Reduce “Expressed Emotion”

- Work with family members on self-control, better executive functioning in caregivers and in child
- Stress and executive functioning capability are related inversely
- Stress is “contagious”

Create a “Holding Environment”

- A time and place where affect and behavior can be contained, so
- Family members feel safe enough to work on the tough issues, and
- Are able to learn and practice better ways or relating, and
- Get support for their efforts to do better as people and as a family

Emotion Modulated and Worked with in Session

- Create a sense of order
- Support for difficult feelings
- Work on regulation of self
- Learn to choose a helpful way of responding to others when they are “not at their best”

Relationships Repaired and Rebuilt

- Express and let go of old pain
- Accept and give support from others in the family
- Interpret misbehavior more realistically
 - Impulsive or “thoughtless” rather than assume it is a personal comment

Help Grow a Sense of Hope for a More Positive Future

- For the family and for the individuals
- Notice small steps toward healing/growth
- Realistic expectations for progress
- On-going connection as a possibility

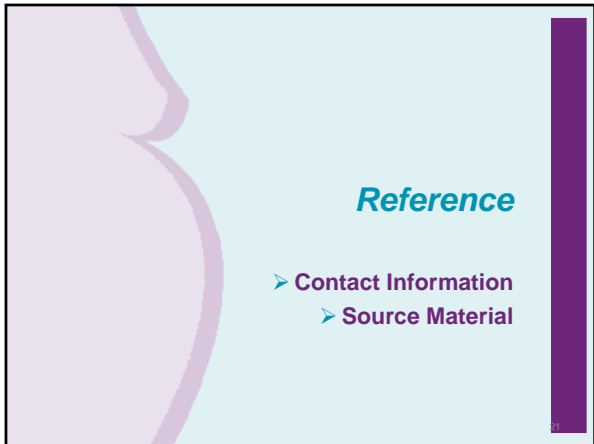


Summary



Reference

- Contact Information
- Source Material



Contact Information

Willard Fewer

CASA Child, Adolescent, and Family Mental Health

780-415-6684

wfewer@casaservices.org

Source Material

- Morrissette, Patrick J. (2001). Fetal Alcohol Syndrome: Parental Experiences and the Role of Family Counselors. The Qualitative Report, Vol. 6, Number 2, June 2001
<http://nova.edu/ssss/QR/QR6-2/morrissette.html>
- O'Malley, Kieran D. (2009). FASD and Mental Health Treatment: A Multimodal Approach to Transgenerational Issues. FASD Learning Series, May 13, 2009

Source Material

- O'Malley, Kieran D, (2008). Multi-modal Management Strategies Through the Lifespan, in ADHD and Fetal Alcohol Spectrum Disorders. Nova Science Publishers Inc.

***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!
