

Fetal Alcohol Spectrum Disorder and Conduct Disorder: Treatment Considerations

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**Government
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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

- Identify the salient treatment needs of youth with co-morbid FASD and CD
- Examine risks and formulate a practical care plan for safer community existence
- Discuss the role of multiple agencies in treatment planning



Consistency

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Environment

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Identify risk factors

- Is there a crisis that needs to be dealt with
- Reason for referral:
 - Escalating behavioural difficulties
 - School issues
 - Changed living environment
 - Attempts to harm self or others
 - Recent neglect or abuse
 - Emergent mental illness

Family and carers

- Address family environment
 - Substance misuse
 - Violence
 - Lack of supervision
 - Role models
 - Neglect or abuse
- If needed consider change of carers
 - Extended family or friends
 - Mobility might increase involvement with anti-social peers

Family

- Consider family therapy
- Support family with practical help
 - Youth worker
 - Engage with FASD services
 - Consider religious and cultural issues
 - Involve religious leaders if considered helpful
 - Might help to engage through local religious youth groups

Carers

- Group home staff should be provided with education and training
- If possible identify one or two key staff
- Help promote consistent relationships
- Made aware of difficulties with impulsivity, attention and hyperactivity
- Sleep difficulties
- Difficulties with expression and comprehension of language

Academic issues

- Generally have specific or global learning difficulties
- Identify and code according to those deficits
- If possible look at smaller classroom
- Teaching aide or other extra support
- Shorter instruction times
- Ensure understanding of concept
- Concerns around truancy and non-attendance should be addressed

Sleep difficulties

- May have difficulties with sleep
- Identify the pattern and treat accordingly
- Initially by use of better sleep hygiene
- Establish a routine prior to bedtime
- Identify any other issues that might be affecting sleep: fear, mental illness
- Do not use the bedroom for punishment
- Should be identified as a safe place by the youth

Relationships

- If living within family then identify positive relationships
- Should have a safe place
- Crisis plan if needed
- In group home, may have:
 - Blurred boundaries: sexual abuse
 - Lack of trust/close relationships
 - May be dependant
 - Looking for acceptance

Impulsivity/hyperactivity

- Is it severe enough to require intervention
- Use behavioural management, attention enhancing tasks: knitting, clay
- Positive/negative reinforcement rather than punishment
- Identify reinforcers with the youth
- If needed use medication:
 - Stimulants- long and short acting
 - Non-stimulants

Mental Health

- Mood disorder or psychosis: secondary to substance misuse
- May or may not need hospitalisation: generally long standing problems
- Anger outbursts are not mood fluctuations
- Attachment issues
- Substance use disorders
- Physical, sexual or emotional abuse
- School and occupational difficulties

Social interactions

- Generally have low self esteem
- Difficulties in forming and maintaining relationships
- More likely to be accepted by anti-social peer group or likely to be isolated
- Social skills as well as looking at enhancing self esteem
- Provide support in forming appropriate relationships through leisure activities, engagement in community programs and local youth groups
- Mobility is likely to increase engagement with anti-social peer groups

Relapse Prevention Plan

- May be part of individual or group therapy
- Have difficulty generalisation and require re-enactment in various settings
- Need a number of repetitions: memory difficulties
- May need visual cues: circumstances, places or people

Practical steps

- Provide a cell phone
 - Alarm for appointments
 - Crisis contact numbers
 - Provides escape route
 - Readily available calendar

Practical support

- Set up appointment and not expect them to organise themselves to be there
- Preferably same time and same day of every week
- Organise an educational or job placement
- Visual reminders of Probation appointments and conditions
- Set up appointments for follow up for therapist and physician (if applicable)

Involvement with CJS

- Request a comprehensive medico-legal assessment
- Ensure that the specific cognitive deficits are highlighted
- May present as having an understanding of the concepts but may not actually comprehend the information being provided
- Better expressive language skills
- Tend to forget even if do comprehend information

Involvement with CJS continued

- Lack understanding of others feelings and emotions, though not psychopaths
- May be useful to work on facial recognition
- Ensure that they understand the charges before entering a plea
- Discuss the reasons for entering a plea

Sentencing

- Punitive measures may not serve as deterrent
- Change of living or social situations
- Extra-judicial sanctions or healing circles
- Delays in sentencing might lead to difficulties in connecting the act to the consequence
- Treatments only aimed at behavioural changes may not improve outcome


Considerations for the CJS (Reframe behaviours)

| Negative behaviour | Misinterpretation- won't | Accurate interpretation- can't |
|--|-------------------------------|---|
| Non-compliance | Willful misconduct | Lose reminder slips & release conditions |
| Failure to appear | Stubborn | Can't understand the abstract concept of time |
| Missing probation meetings | Disregard the rules of court | Have difficulty getting organised |
| Not abiding with conditions of release | Indifference Disrespectful | |
| Repeatedly making the same mistakes | Willful misconduct | Cannot link cause to effect |
| Recidivistic actions | Manipulative | Cannot see similarities Can't remember |

| | | |
|--|--|---|
| <p>Often late</p> <p>Late for court</p> <p>Late for meetings</p> <p>Late for community service work</p> | <p>Lazy, slow</p> <p>Poorly parented</p> <p>Willful misconduct</p> | <p>Cannot understand the abstract concept of time</p> <p>Can't remember</p> |
| <p>Repetitive behaviours</p> <p>Hitching & wiggling around in court</p> <p>Playing with loose change or clicking a pen</p> | <p>Seeking attention</p> <p>Bothering others</p> <p>Willful misconduct</p> | <p>Neurologically based need to learn by doing</p> |



| | | |
|---|---|--|
| <p>Poor judgment</p> <p>Inappropriate touching</p> <p>Overly friendly with strangers</p> <p>Inappropriate choice of peers</p> <p>Commits illogical crimes</p> | <p>Poorly parented</p> <p>Willful misconduct</p> <p>Abused children</p> <p>Defiant</p> <p>Disrespectful</p> | <p>Misinterpret social cues from peers</p> <p>Does not know what not to do</p> <p>Easily influenced</p> <p>Lacks ability to learn from previous consequences</p> |
| <p>Overly physical</p> <p>Inappropriate touching</p> <p>Gets too close to others</p> <p>Abusive, especially if intoxicated</p> <p>Assaultive</p> | <p>Willful misconduct</p> <p>Deviancy</p> <p>Angry</p> | <p>Over or under-sensitive to touch</p> <p>Cannot relate social cues boundaries</p> |




| | | |
|---|--------------------|--|
| Is unable to act independently | Willful misconduct | Chronic health problems |
| Can't perform community service effectively | Passive aggression | Cannot translate verbal directions into action |
| Needs to be led all the time | | Can't remember |

Source: **Teaching Students with Fetal Alcohol Syndrome/Effects, A Resource Guide for Teachers, Appendix 3, 1996**

Adapt the environment

- Check out the individual's understanding of what he or she is being asked
- Verify the person's story
- Don't assume that what you see is indifference
- Prepare the person repeatedly for court
- Provide one direction or rule at a time
- Use a lot of repetition
- Establish a mentor/buddy/ role model system

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- Develop and utilize diversion programs
 - Use simple reminder slips
 - Provide phone calls to remind the person of court appearances and meetings
 - Utilize support persons
 - Use simple wording on release forms and probation orders
 - Be consistent in probation / parole follow up – Every day at the same time is best.

Adapted from: <http://fasdjustice.ca/what-works/adapt-the-environment.html>

ROLE OF MULTIPLE AGENCIES

- Can not be achieved by a single agency
- Mental health services
- Probation services
- Child Welfare and FSCD
- Substance misuse/ addictions services
- Voluntary organisations
- John Howard society
- Youth support worker/mentor organisations
- Youth Criminal Defence Office
- Youth Criminal Justice System

FOOD FOR THOUGHT

- Is there opportunity for collaborative working in your area and if yes how do you organise it, if not then what do you need to do to facilitate it?
- What training do you believe is needed for local professionals to facilitate effective intervention with youth with FASD?

Presenter Contact Information

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**Please take the time to fill out the on-line
evaluation**

Thank You!