Fetal Alcohol Spectrum Disorder and Conduct Disorder: Treatment Considerations

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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
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)

<table>
<thead>
<tr>
<th>Negative behaviour</th>
<th>Misinterpretation- won’t</th>
<th>Accurate interpretation- can’t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-compliance</td>
<td>Willful misconduct</td>
<td>Lose reminder slips &amp; release conditions</td>
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<tr>
<td>Failure to appear</td>
<td>Stubborn</td>
<td>Can’t understand the abstract concept of time</td>
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<tr>
<td>Missing probation meetings</td>
<td>Disregard the rules of court</td>
<td>Have difficulty getting organised</td>
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<tr>
<td>Not abiding with conditions of release</td>
<td>Indifference</td>
<td></td>
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<tr>
<td></td>
<td>disrespectful</td>
<td></td>
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<tr>
<td>Repeatedly making the same mistakes</td>
<td>Willful misconduct</td>
<td>Cannot link cause to effect</td>
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<tr>
<td>Recidivistic actions</td>
<td>Manipulative</td>
<td>Cannot see similarities</td>
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<tr>
<td></td>
<td></td>
<td>Can’t remember</td>
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<tr>
<td>Often late</td>
<td>Lazy, slow</td>
<td>Cannot understand the abstract concept of time</td>
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<tr>
<td>Late for court</td>
<td>Poorly parented</td>
<td>Can’t remember</td>
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<tr>
<td>Late for meetings</td>
<td>Willful misconduct</td>
<td></td>
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<tr>
<td>Late for community service work</td>
<td></td>
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<tr>
<td>Repetitive behaviours</td>
<td>Seeking attention</td>
<td>Neurologically based need to learn by doing</td>
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<td>Hitching &amp; wiggling around in court</td>
<td>Bothering others</td>
<td></td>
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<tr>
<td>Playing with loose change or clicking a pen</td>
<td>Willful misconduct</td>
<td></td>
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<tr>
<td>Poor judgment</td>
<td>Poorly parented</td>
<td>Misinterpret social cues from peers</td>
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<tr>
<td>Inappropriate touching</td>
<td>Willful misconduct</td>
<td>Does not what not to do</td>
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<td>Overly friendly with strangers</td>
<td>Abused children</td>
<td>Easily influenced</td>
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<td>Inappropriate choice of peers</td>
<td>Defiant</td>
<td>Lacks ability to learn from previous consequences</td>
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<td>Commits illogical crimes</td>
<td>Disrespectful</td>
<td></td>
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<tr>
<td>Overly physical</td>
<td></td>
<td>Over or under-sensitive to touch</td>
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<tr>
<td>Inappropriate touching</td>
<td></td>
<td>Cannot relate social cues</td>
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<tr>
<td>Gets too close to others</td>
<td></td>
<td>boundaries</td>
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<td>Abusive, especially if intoxicated</td>
<td></td>
<td></td>
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<td>Assaultive</td>
<td></td>
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<td>Is unable to act independently</td>
<td>Willful misconduct</td>
<td>Chronic health problems</td>
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<td>Can’t perform community service effectively</td>
<td>Passive aggression</td>
<td>Cannot translate verbal directions into action</td>
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<tr>
<td>Needs to be led all the time</td>
<td></td>
<td>Can’t remember</td>
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</table>

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
• 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

Email: vinesh.gupta@albertahealthservices.ca
For information on upcoming sessions in the FASD Learning Series:
www.fasd-cmc.alberta.ca

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

Thank You!