toolsfortreatment
Family-focused Behavioral Health Support for Pregnant & Postpartum Women
ATTC | Center of Excellence

Understanding Fetal Alcohol Spectrum Disorders (FASD): Implications for Women's Treatment

CoE PPW Webinette 1: January 12, 2016

Frequently Asked Questions

	FAQs
Q 1	*What do you do when you are working with a pregnant woman who confides prenatal alcohol use to you? Do you contact the pediatrician once the baby is born?*
Response 1	Georgiana: It is important to understand your State's reporting requirements regarding alcohol use during pregnancy. However, I don't believe any include contacting a specific pediatrician. Also, referring if you suspect FASD (based on developmental delays, cognitive challenges, behavioral issues, etc.) is very different than referring on a simple disclosure of drinking during pregnancy. If you are a clinician that learns this information, it may be recorded in medical records and subsequently available to the pediatrician. It is, however, important to familiarize yourself with available resources to help the woman (if drinking continues) and encourage her to be open with her child's pediatrician and discuss with her/him all exposures during pregnancy. The astute pediatrician will ask about exposures during an initial appointment—but that does not always happen.
Q2	*Could you talk a little more about how I need to adjust my counseling style with a client diagnosed with FAE disorder?*
Response 2	Georgiana: While each individual with an FASD is different—possessing varying strengths and challenges—typically insight-oriented therapeutic styles may have to be adapted to be more concrete. In addition: • Allow more time for information processing—and for clients to respond to questions. Don't be afraid of silence. • Be as concrete as possible. For example, if using motivational interviewing techniques make sure they are not too abstract. • Frequent check-in to see if you are being understood. • Don't rely on techniques that assume a client can understand cause and effect. • Decrease stimulation in the counseling environment

	• Plan session times around client (i.e., if sleep is an issue, avoid early morning sessions). • Don't expect generalizability. • Review any 'rule book' thoroughly with the client. Don't expect them to read it and sign that they understand without some follow-up. • Engage family/significant others to support plan if appropriate. As with all clients, meet them where they're at.
Q3	*If you could focus on one piece of advice for women's treatment providers, what would it be?*
Response 3	Georgiana: Simply consider the possibility of FASDs (or other cognitive limitations) in the clients you serve. Don't assume every client can follow protocols without some modification (especially understanding the rule book).
Q4	*What has been your experience when screening women for FASD? Are they receptive or defensive?*
Response 4	Georgiana: We haven't experienced defensiveness when screening women to see if THEY have an FASD. Sometimes there is caution on a woman's part if we are assessing her children for FASD (i.e., asking her about her drinking during pregnancy). That discomfort can be minimized by treating the woman with respect, asking about alcohol exposure in a non-threatening way, and reinforcing that the information is to provide the best possible care for her child. Of course, if there are reporting requirements, those should be disclosed to the woman.
Q 5	*Curious about age range of women that you see in your clinic and are found to have any of the FASD diagnoses.*
Response 5	Georgiana: In our outreach clinics, we have assessed women from 18 up to their 50s. Clients have been diagnosed in all age ranges.
Q6	*Are male and female children affected differently?*
Response 6	Georgiana:

	I am not aware of research indicating male and female children are affected differently (i.e., to different degrees). It does appear that weight concerns during and after adolescents are more common in girls/women.
Q7	*A client in our SUD outpatient program has a traumatic brain injury diagnosis. She can be disruptive in groups and individual sessions and her behaviors seem very similar to those clients with a FASD diagnosis. We want to investigate the cause of these behaviors in order to develop an effective therapeutic approach. What should we consider when referring this client to a mental health clinician and/or primary care provider for a more in-depth assessment?*
Response 7	Georgiana: You raise a very important point! There is no specific behavior that is associated with only FASD. There will always be overlap and similarities between behaviors of many psychological and physical conditions. Even if a client has a diagnosis on the FASD spectrum, not all of their behaviors will be due to the FASD. I would recommend a neuropsychological exam to help understand how the behavior is related to brain function. In addition—pay attention to when and why behavior is triggered. It may be a simple environmental trigger. Even if no 'cause' is determined by the neuropysch results, continue to meet the client where she is at.
Q8	*Due to a recent high number of opioid use with pregnant woman in our community, do you have any information and resources available?*
Response	ATTCs?
Q9	*How might I locate facilities in my community that assist with withdrawal/detox for pregnant women?*
Response	ATTCs?

Requests:

1. Copy of slide set
2. Link to recorded and edited webinar
   https://umkcsonhs.adobeconnect.com/p2ql51209wv/
3. Pre-screening tool Georgiana referred to in presentation