Welcome!

tools for treatment
Family-focused Behavioral Health Support for Pregnant & Postpartum Women

ATTC | Center of Excellence
ATTC Center of Excellence on Behavioral Health for Pregnant and Postpartum Women and Their Families

ATTC Regional Center Partners:
- Great Lakes ATTC
- Mid-America ATTC
- New England ATTC
- Southeast ATTC

Purpose:
The Center was established to develop a family-centered national curricula, web-based toolkit, and provide support for national training and resource dissemination.
Understanding Fetal Alcohol Spectrum Disorders (FASD): Implications for Women’s Treatment

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CoE PPW Webinette 1
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Webinette Overview

• Fetal Alcohol Spectrum Disorders (FASD) in a Nutshell

• Implications for Women’s Treatment Programs
Alcohol’s Potential Effect on Pregnancy
Severity of effects depends on:

- dose
- pattern
- timing
What is Fetal Alcohol Syndrome (FAS)?
Fetal Alcohol Syndrome

A specific, yet variable, combination of abnormalities seen in some individuals who were exposed to high levels of alcohol during gestation.
Major signs leading to a diagnosis of FAS

- Central Nervous System effects
- Small size and weight
- Specific facial features
Fetal Alcohol Spectrum Disorders (FASD)

• An umbrella term used to describe the range of effects that can occur in individuals who were prenatally exposed to alcohol

• Effects may be physical, mental, behavioral and or learning disabilities

• *NOT* intended as a clinical diagnosis

**FASD Center for Excellence**
Diagnoses under the Umbrella

- Fetal Alcohol Syndrome (FAS)
- Partial FAS (pFAS)
- Alcohol-related neurodevelopmental disorder (ARND)
- Alcohol-related birth defects (ARBD)
DSM-5

Section II

Neurodevelopmental disorder associated with prenatal alcohol exposure (p. 86)

315.8 (F88)

Section III: Conditions for Further Study

Neurobehavioral disorder associated with prenatal alcohol exposure (p. 798)
Podcast: The Clinical Exam

https://www.youtube.com/watch?v=044Zxy3_0u8
Podcast: Foundations of FASD

https://www.youtube.com/watch?v=ARPgT26dg24
How big of a problem is this?
Fetal Alcohol Syndrome

0.2-1.5 per 1,000 live births
May & Gossage, 2001
Review of data from multiple surveillance studies

6 to 9 per 1,000 first graders
May et al., 2014
Screened 70.5% of all first graders with ≤25% height/weight/head circumference
Fetal Alcohol Spectrum Disorders

24 to 48 per 1,000 children
2.4-4.8%
May et al., 2014
Specific High Risk Populations

Juvenile Justice

1% FAS
22.3% FAE (old term)
Fast et al., 1999

Screened 287 youth remanded for forensic psychiatric evaluation (in system >1 year)
Specific High Risk Populations, cont.

Children in Foster Care

10-15 per 1,000 children
10-15x greater than general population (their assertion)
Astley et al., 2002

Adult women in AODA Treatment Programs

22 outreach clinics conducted over 5 years
76 referrals of adult women at risk
34% diagnosed with one of FASDs
Wisconsin FASD Treatment Outreach Project
Cautions

Methodology varies across studies
Populations are highly selected/screened
Criteria for FASDs may vary
What are the Effects?
Review of Brain Structures/Functions

- **Frontal lobe**: Executive functions, thinking, planning, organising and problem solving, emotions and behavioural control, personality.
- **Motor cortex**: Movement.
- **Sensory cortex**: Sensations.
- **Parietal lobe**: Perception, making sense of the world, arithmetic, spelling.
- **Occipital lobe**: Vision.
- **Temporal lobe**: Memory, understanding, language.

http://www.headwaywearsides.org.uk/about.html
Implications of PAE

Sensory or regulatory effects

Developmental delays

Deficits in neurocognitive functioning
   Across all domains
      • Visual/spatial abilities
      • Math skills
      • Visual-motor integration
         ▪ Drawing/writing

Hyperactivity/Distractibility

Memory deficits
Implications of PAE, cont.

• ADHD/Impulsivity

• Difficulty with executive functioning/abstracting abilities
  • Poor comprehension of social rules, expectations, boundaries
  • Easily influenced by others
  • Difficulty predicting or understanding consequences of behavior
  • Concrete thinkers

• Mental health issues
Also consider...

Genetics of biological parents
  • Including mental health disorders

Environment
  • Second-hand exposures
  • *Trauma*
Implications for Treatment and Recovery
Disabilities are common in the U.S.

“Hidden” conditions may affect up to 40% of clients in treatment programs

Individuals with disabilities are less likely to complete treatment

Helwig & Holicky, 1994
Think in terms of hidden disabilities when discussing routine subjects:

**Example:** Incorporate follow-up questions when discussing medical history, success in school, participation in other social service programs

- *Did you ever have special classes or tutoring in school?*

- *Have you ever had problems...? Concentrating? Getting your point across?*
Functional limitations can interfere with treatment progress

Don’t assume:

- Lack of progress = lack of motivation
- Not following directions = noncompliant
- Lack of concentration = ambivalence
- Inability to recognize negative consequences = denial

_Sometimes the biggest barrier is our attitude..._
Treatment Considerations
Recommendations

• Screen women for FASD during intake
• Conduct adaptive functioning assessment
• If warranted, refer for diagnostic assessment
• Modify treatment plan based on individual characteristics

Meet a woman where she’s at!
Screening

- Use (or develop) screening tool for consistent use
- Use collateral information as needed
- Consider family history in screening

Do parents have cognitive/mental health concerns?
## Screening for FASDs

**FASD Prescreen**

**Date:**

**Patient knows s/he is being assessed for FASD:** Yes / No

**Name of Individual:**

**Date of Birth:**

**Address:**

Primary Caregiver(s):

- Self
- Birth Parent
- Adoptive Parent (at age ___)
- Foster Parent (at age ___)
- Other

**Age of first placement outside birth family home:**

**Number of Days/Weeks Using Frequency:**

- No
- 1 Day
- 2-3 Days
- 4+ Days

**Quantity:**

- None
- 1 drink
- 2-3 Drinks
- 4 Drinks

**Alcohol Use By Trimester:**

- 1st
- 2nd
- 3rd
- Unknown

**Other:**

**Notes:**

**Birth/Developmental History:**

- Preterm Pregnancy
- Yes / No
- Week
- Delivery Complications
- Other

- Birth Weight
- Other
- Birth Length
- Other
- Current Weight
- Other
- Current Height
- Other

- Major Birth Defects
  - Heart
  - Cleft Palate
  - Other
- Have Any of the Following Been Diagnosed?
  - Delayed Speech & Language Development
  - Seizures
  - Attentional Motor Skills
  - Intellectual Disability
  - Developmental Disabilities
  - FASD/ND-PAI
  - ASD
  - Learning Disabilities
  - ADHD/OCD
  - Other

**Nutritional Concerns:**

- Comments

**Behavioral Health:**

- Regular
- NOD
- OCD
- Anxiety
- Depression
- FASD
- Other

**Psychological Assessment:**

- Date

**Neuropsychological Assessment:**

- Date

**Education History:**

- Birth to Three
- Early Childhood
- Special Education
- LD & OD
- EBD
- OHI
- SLD & ASD
- IEP Plan or 504
- Social Concerns
- Current School
- Grade: ___ Graduated?

**Behavioral, Therapies, Medication:**

- Comments

**Notes:**

1. Prenatal Exposure
2. Child's Strengths
3. Medical/ Hospitalizations/Injuries/ Nutritional Concerns
4. School History
5. Behavioral/Therapies/Medication
6. Family
7. Additional Comments

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**Family-focused Behavioral Health Support for Pregnant & Postpartum Women**
Conduct Adaptive Functioning Assessment

Consider:
- *Vineland Adaptive Behavior Scales-II*
- Good evidence base with FASD

Adaptive functioning data provides:
- How women navigate their environment can bring challenges to light
- Starting point for treatment planning
Collect Additional Information

Medical records

School records

Observation

Formalized assessment of:

• Executive function
• Intellectual capacity
• Sensory processing function
Screening does not mean diagnosing

- Suspensions do not equal a diagnosis

Refer to experts for assessment, diagnosis

National Resource Directory: [www.nofas.org](http://www.nofas.org)

*Few physicians are comfortable/trained to diagnose FASDs in adults!*
What Conditions should be Considered?

Fetal Alcohol Spectrum Disorders
   History may be more important than physical features

Learning Disabilities/Mental Retardation
   Backed up by school/psych records

Traumatic Brain Injury
   Accident/violence-induced

Korsakoff’s Syndrome
   Watch for sudden onset of memory problems

Co-Occurring Mental Health Issues
Addressing the Needs of Clients with FASDs

References to review:

- Treatment Improvement Protocol (TIP) #58

- Grant et al., 2013: The Impact of Prenatal Alcohol Exposure on Addiction Treatment (J Addict Med, Vol 7, No 2)
Strategies for Working with Women in Treatment

- Environmental
- Counseling/Therapy
- Educational
- Physical Health/Medical
Environmental

- Structure
- Predictability
- Monitored level of stimulation
Modify counseling to accommodate cognitive disability:

- Individual vs. group counseling
- Plan session times
  - Time of day
  - Length of session
  - Number of sessions per week
- Consider insight of client vs. actual behavior
- Concrete vs. insight-oriented counseling
Educational

- Accommodate information processing, comprehension and retention deficits
- Multi-modality instruction
- Use concrete, practical language
- Appropriate reinforcement techniques
- Repetition
Behavior may be related to (or exacerbated by) other health issues.

Consider:
- Sleep disorders
- Sensory processing disorders
- Exercise
- Diet
- Medication
CAUTION: What to Watch For

Don’t assume if a client can repeat rules that she understands them and is capable of following them

- Information processing
- Expressive vs. Receptive language
- “Masking” (i.e., waiting for others to go first)
- Clue gathering
For More Information

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