

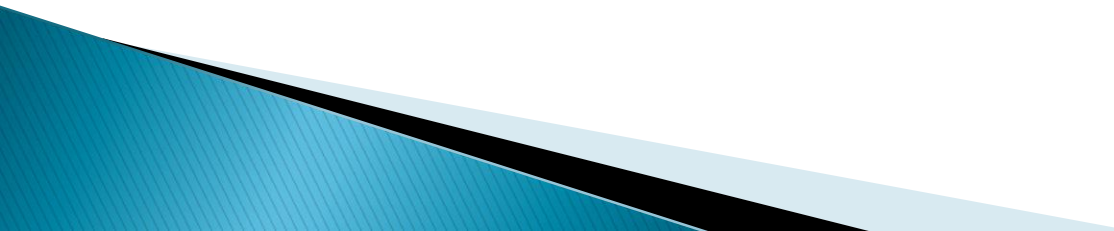
FASD and Addiction Treatment: Improving Outcomes



Motivational Incentives: A promising treatment for those with co-occurring substance use and FASD

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Why do people abuse drugs and alcohol?

- ▶ Because drugs and alcohol feel good
 - ▶ Feeling good acts like a reward that makes people use alcohol and drugs more and more
 - ▶ Rewards are powerful when the rest of a person's life is not rewarding (poverty, unemployment, family conflict, etc.)
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Rewards



- ▶ Teach new behaviors
- ▶ Teach accountability
- ▶ Promote self-esteem and self-confidence
- ▶ Promote positive atmosphere and communication
- ▶ Promote relationships/connection between those giving and receiving rewards

What are motivational incentives?

- ▶ Also called contingency management (CM)
- ▶ Treatment for substance abuse that uses a reward system
- ▶ Urine drug tests assess abstinence
 - Negative urine test = reward
 - Positive urine test = no reward, try again
- ▶ Most powerful behavioral treatment for
 - Achieving and maintaining abstinence during and after treatment



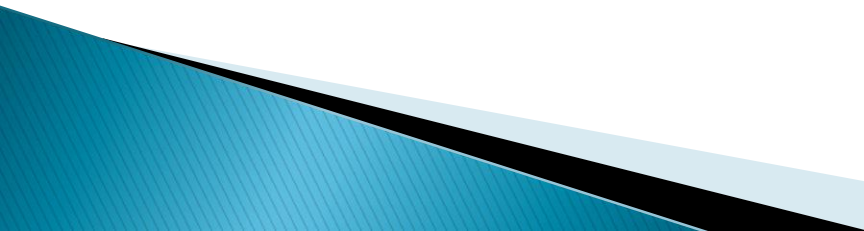
Other Benefits of incentives

- ▶ People who receive motivational incentives have:
 - Lower HIV risk (risky behaviors)
 - Fewer psychiatric symptoms
 - Fewer costly psychiatric hospitalizations
 - Better money management skills (spend their money more wisely)

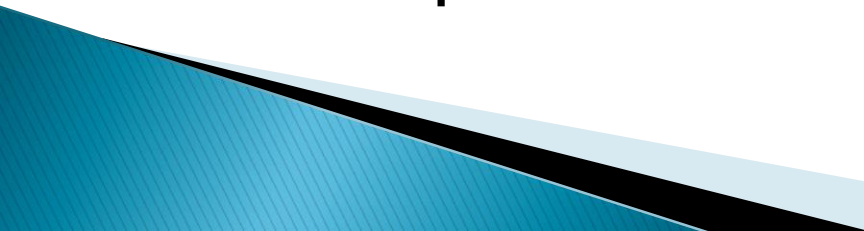
Example of participant visit:

- ▶ <https://www.youtube.com/watch?v=XOv79ifAeCg>


Why try incentives with people who have co-occurring FASD?

- ▶ Is a behavioral (non-talk) therapy
 - ▶ Offers immediate rewards and motivation
 - ▶ Has frequent visits and many sessions
 - ▶ Is a positive, reward based treatment
 - ▶ Uses small and frequent rewards that we know work better for FASD
 - ▶ Builds success and self-esteem
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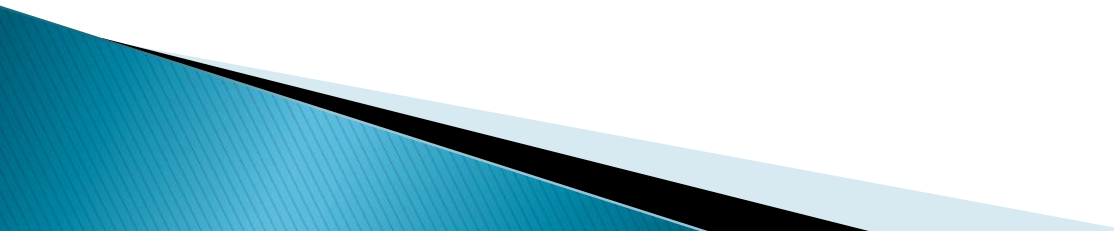
Why try incentives in Native Communities?

- ▶ Emphasizes accountability and self-respect
 - ▶ Is positive and non-judgmental treatment
 - ▶ Builds bonds and sense of community
 - ▶ Enhances available addiction treatments
 - ▶ Can be done by clinicians and non-clinicians
 - ▶ Improves treatment retention and completion
 - ▶ Is inexpensive and sustainable
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Alcohol and motivational incentives in Native communities

- ▶ Few studies have investigated the efficacy of CM for alcohol because there is no suitable alcohol biomarker.
 - ▶ We have found that a biomarker ethyl glucuronide (EtG) can detect low levels of alcohol use for 5 days.
 - ▶ This allows us to develop a feasible CM intervention targeting alcohol – thereby addressing one of major health disparities in Native communities.
 - ▶ Currently working across 5 Native communities in 2 studies on culturally adapted versions of the CM treatment to determine effectiveness intervention on alcohol using individuals.
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More information...

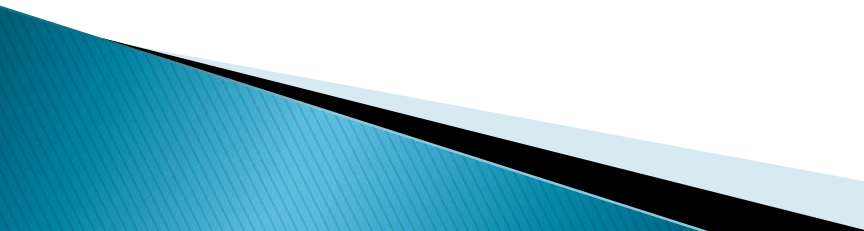
- ▶ If you would like to learn more about how to implement a motivational incentive program in your clinic or community please contact Dr. McDonnell at:
 - ▶ mikemcd@uw.edu (best way to contact) or
 - ▶ 206 744-9971
 - ▶ We have developed a manual that we are willing to share!
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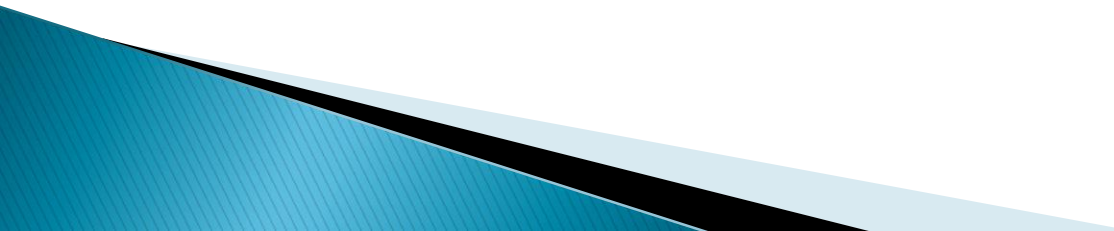
How Do We Recognize Individuals Who May Have an FASD?

- ▶ There is no blood test or other simple test
 - ▶ Diagnostic capacity for adults is limited
 - ▶ A screen can be very helpful
 - ▶ In the ideal world, a positive screen would lead to an assessment and diagnostic evaluation
 - ▶ Lacking that ability, we need to modify approaches
 - ▶ If prenatal alcohol exposure is known, it is very important to document it
- 

Screen for Identifying Individuals with a Possible FASD

- ▶ Called the Life History Screen
- ▶ Published in the International Journal of Alcohol and Drug Research
- ▶ There are 28 questions in 9 categories
- ▶ 11 of the questions are in the Addiction Severity Index
- ▶ The ASI questions are clearly indicated
- ▶ A positive screen leads to modifying approaches
 - Even if the positive screen is due to other neurocognitive impairments, modifications can improve outcomes

Screen for Identifying Individuals with a Possible FASD

- ▶ Categories:
 - Childhood History
 - Maternal Alcohol Use
 - Education
 - Criminal History
 - Substance Use
 - Employment and Income
 - Living Situation
 - Mental Health
 - Day to Day Behaviors
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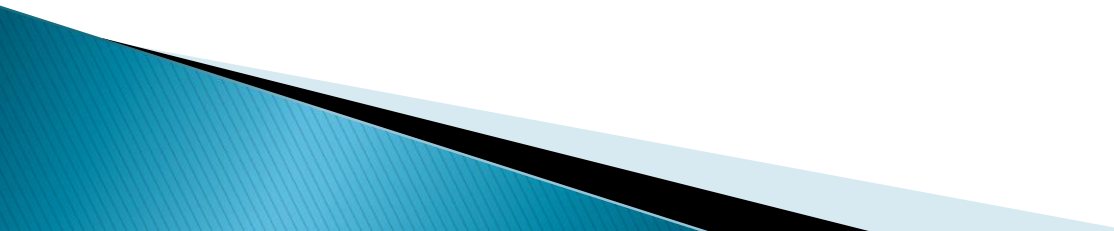
Screen for Identifying Individuals with a Possible FASD

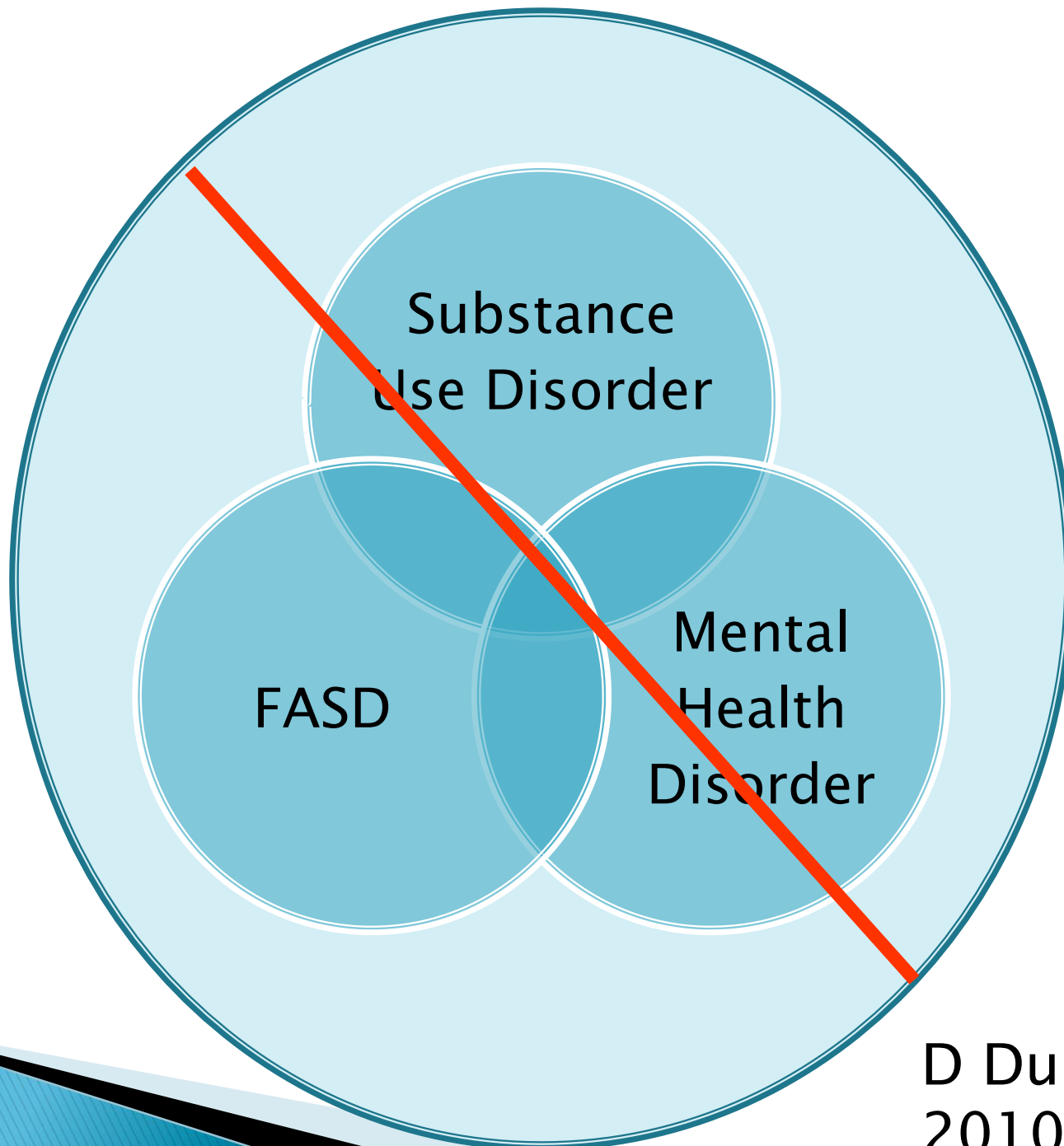
- ▶ There are two methods to screen positive
 - A red flag response for each of the three key life history domains
 - Childhood History; Maternal Alcohol Use; Day to Day Behaviors
 - A red flag response for two of the three key life history domains and a red flag response for at least two of the other six life history domains
- ▶ The cutoff scores for a positive screen are being tested out in treatment settings

Challenges for Professionals in Recognizing FASD

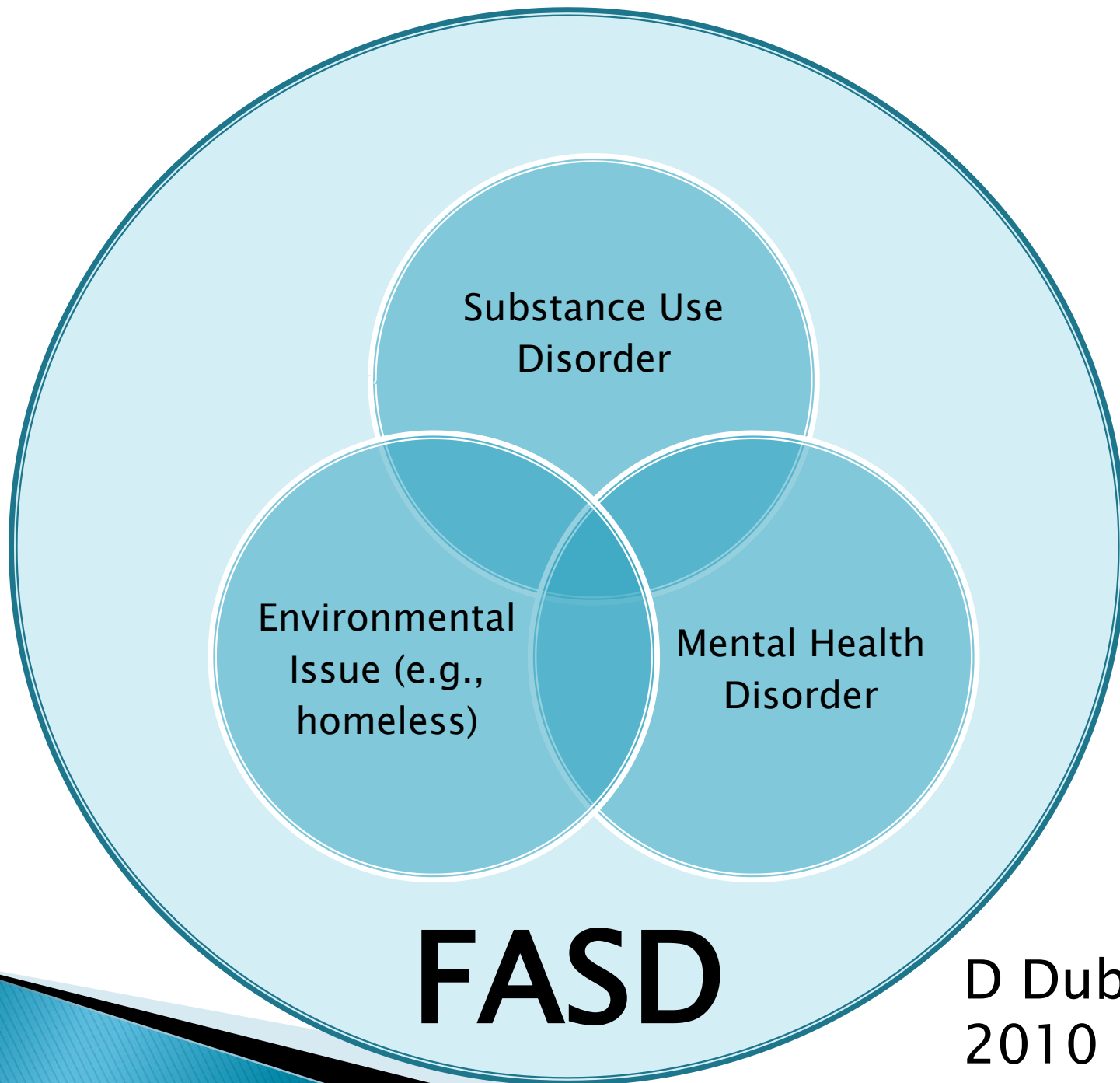
- ▶ Recognizing an FASD challenges the basic tenets of treatment and all interactions
 - That people need to take responsibility for their actions
 - That people learn by experiencing the consequences of their actions
 - That people are in control of their behavior
 - That enabling and fostering dependency are to be avoided in treatment
- ▶ It may bring up issues in our own lives

Challenges for Professionals in Recognizing FASD

- ▶ People with an FASD are often challenging to work with
 - They repeat the same negative behavior
 - They are always surprised when in trouble
 - They appear to be non-compliant, uncooperative, resistant, manipulative, and unmotivated
 - ▶ We have to change our thinking and approaches
 - ▶ Treatment of co-occurring issues must be different if a person also has an FASD
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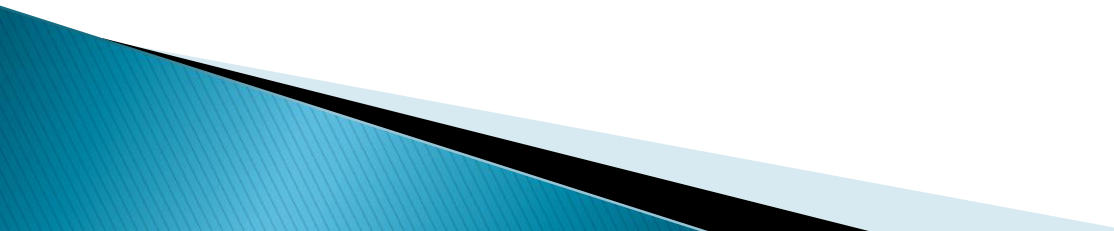


D Dubovsky
2010

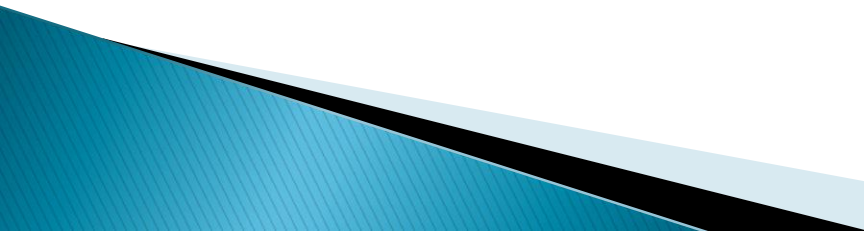


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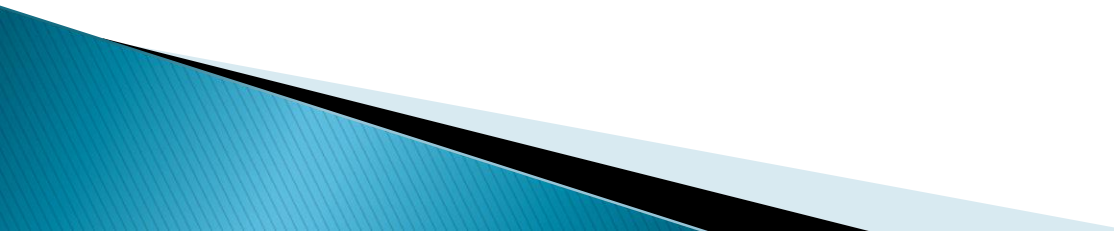
Likely Co-occurring Disorders with an FASD

- ▶ Attention-Deficit/Hyperactivity Disorder
 - ▶ Schizophrenia
 - ▶ Depression
 - ▶ Bipolar disorder
 - ▶ Substance use disorders
- 

Likely Co-occurring Disorders with an FASD

- ▶ Sensory integration disorder
 - ▶ Reactive Attachment Disorder
 - ▶ Separation Anxiety Disorder
 - ▶ Posttraumatic Stress Disorder
 - ▶ Traumatic Brain Injury
 - ▶ Risk for Borderline Personality Disorder
 - ▶ Medical disorders (e.g., seizure disorder, heart abnormalities, cleft lip and palate)
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Possible Misdiagnoses for Individuals with an FASD

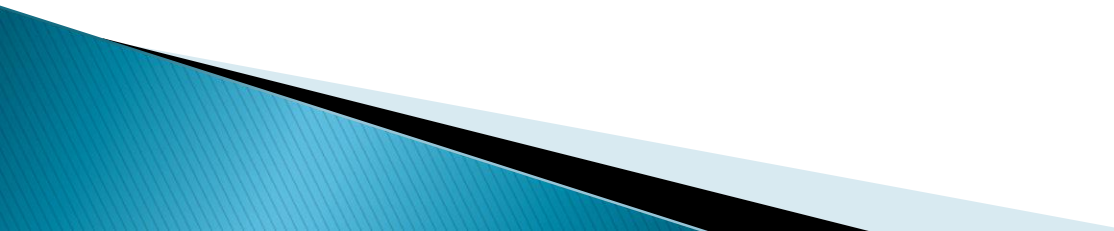
- ▶ ADHD
 - ▶ Oppositional Defiant Disorder
 - ▶ Conduct Disorder
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Comparing FASD, ADHD and ODD

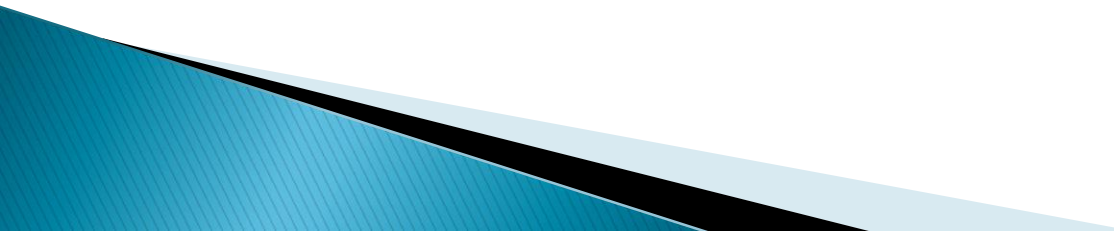
(D Dubovsky 2002)

	FASD	ADHD	ODD
Behavior	Does not complete tasks		
Underlying cause for the behavior	<ul style="list-style-type: none"> • May or may not take in the information • Cannot recall the information when needed • Cannot remember what to do 	<ul style="list-style-type: none"> • Takes in the information • Can recall the information when needed • Gets distracted 	<ul style="list-style-type: none"> • Takes in the information • Can recall the information when needed • Chooses not to do what they are told
Interventions for the behavior	Provide one direction at a time	Limit stimuli and provide cues	Provide positive sense of control, limits, and consequences

Possible Misdiagnoses for Individuals with an FASD

- ▶ Adolescent depression
 - ▶ Bipolar disorder
 - ▶ Intermittent Explosive Disorder
 - ▶ Autism/High Functioning Autism
 - ▶ Reactive Attachment Disorder
 - ▶ Traumatic Brain Injury
 - ▶ Antisocial Personality Disorder
 - ▶ Borderline Personality Disorder
- 

A Strengths Based Approach to Improving Outcomes

- ▶ Identify strengths and desires in the individual
 - What do they do well?
 - What do they like to do?
 - What are their best qualities?
 - What are your funniest experiences with them?
 - ▶ Identify strengths in the family
 - ▶ Identify strengths in the providers
 - ▶ Identify strengths in the community
 - Include cultural strengths in the community
- 

Strengths of Persons With an FASD

▶ Friendly

▶ Likeable

▶ Verbal

▶ Helpful

▶ Caring

▶ Hard worker

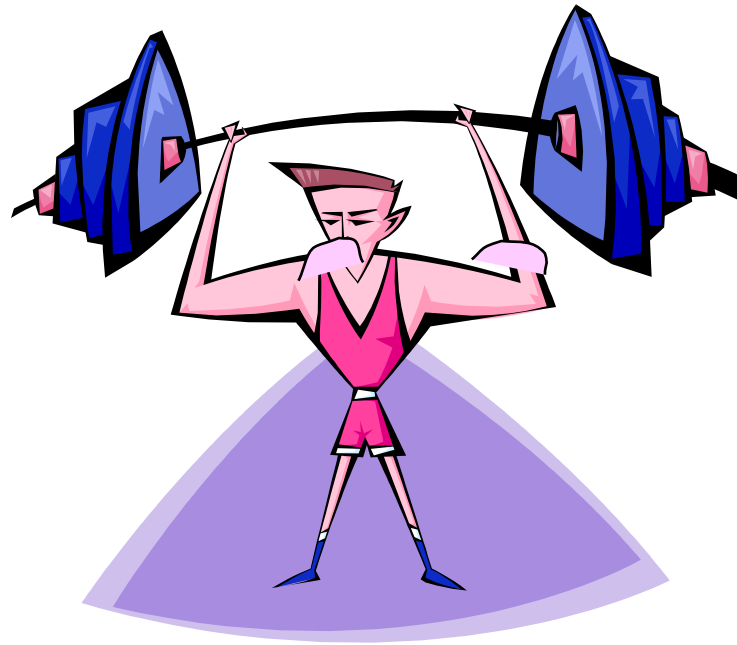
▶ Determined

▶ Have points of insight

▶ Good with younger children*

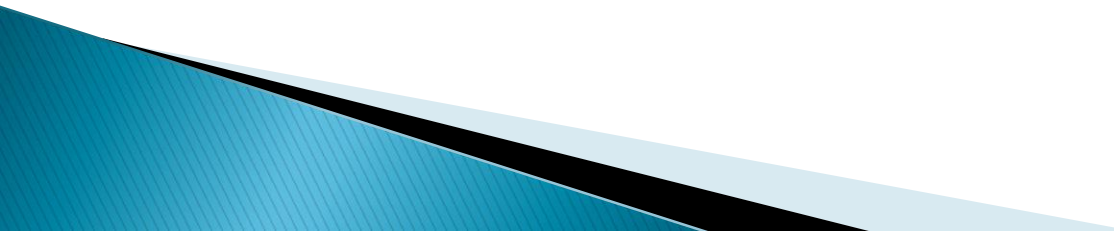
▶ Not malicious

▶ Every day is a new day



*D. Dubovsky, Drexel University College of Medicine
(1999)*

Modifications to Treatment for Individuals with a Probable FASD

- ▶ Modifications are based on scientific knowledge of brain damage in FASD
 - ▶ All modifications do not need to be used with every person
 - ▶ The treatment team should identify the modifications to be implemented for a particular person
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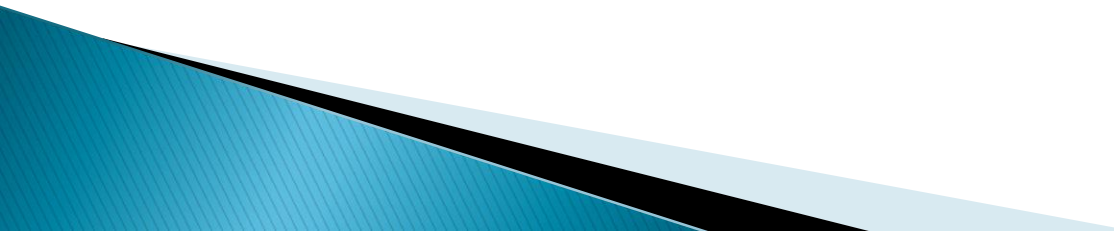
Modifications to Treatment for Individuals with a Probable FASD

- ▶ Be consistent in appointment days and times, activities, and routines
 - For groups, therapy appointments, probation appointments, meetings with child welfare, etc.
 - Limit staff changes whenever possible
 - Prepare the person for any changes in personnel or schedule often
 - Work with the person to set reminders of when they have to leave for their appointments on their cell phone
- ▶ Have short, frequent sessions (daily preferred)

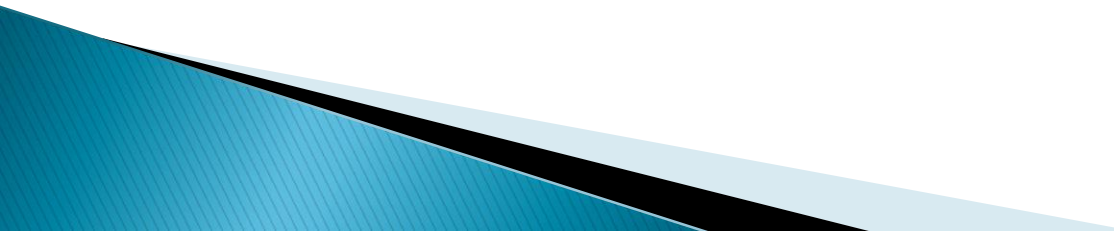
Modifications to Treatment for Individuals with a Probable FASD

- ▶ Be careful about using verbal instructions and treatment approaches
 - Use multiple senses (visual, auditory, tactile)
 - Break things down to one step at a time
 - Always check for **true** understanding
 - What does this rule mean? How would you follow this rule? How would you complete this?
- ▶ When a rule is broken, identify how to help the person remember the rule when he or she needs it

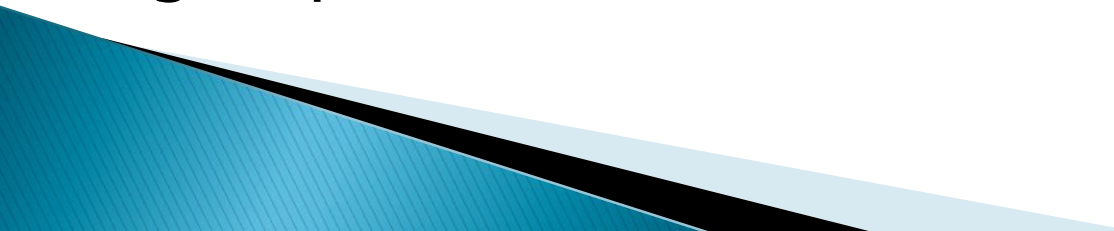
Modifications to Treatment for Individuals with a Probable FASD

- ▶ Designate a point person for the individual to go to whenever she has a question or a problem or does not know what to do
 - ▶ Identify a mentor or treatment buddy for the person to model
 - ▶ Repeatedly role play situations the person may get into, modeling how you would like her to respond
 - ▶ Much repetition and consistency due to damage to working memory
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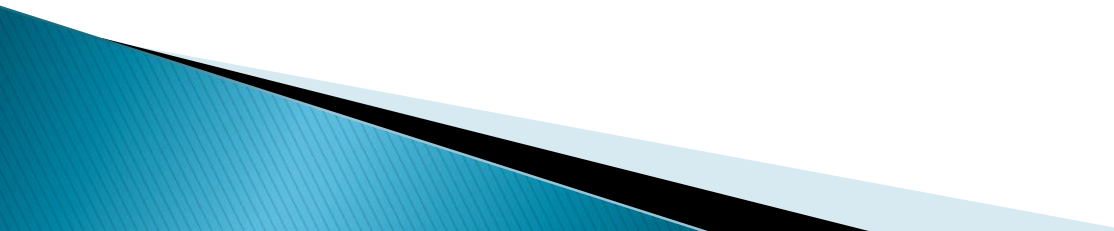
Modifications to Treatment for Individuals with a Probable FASD

- ▶ Utilize a positive reinforcement system rather than a reward and consequence system
 - Think again anytime you start a sentence with “if” or “when”
 - ▶ If consequences need to be used, they should be immediate, related to what occurred, and over preferably within the same day
 - ▶ Any time you need to tell someone “you can’t” you must also say “but you can”
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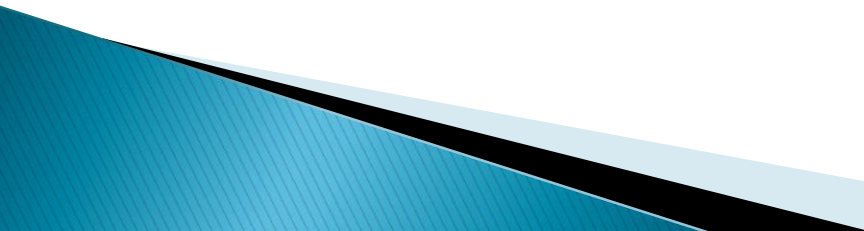
Modifications to Treatment for Individuals with a Probable FASD

- ▶ Limit the number of plans and goals for the person has
 - One overall integrated treatment plan is best
 - ▶ Plan carefully for groups
 - Shorter groups may be better
 - It may be helpful to have the person sit next to the facilitator in group
 - Review what happened in group and what it means for them after group
 - They may need to take a break in the middle of group
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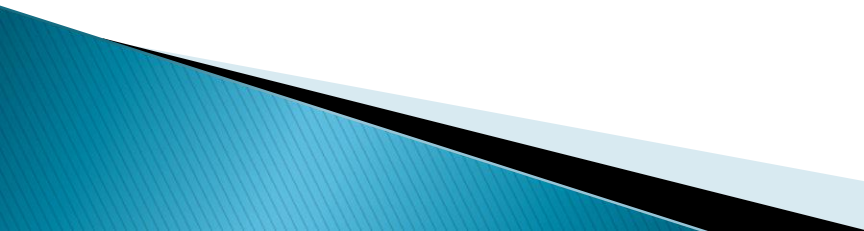
Modifications to Treatment for Individuals with a Probable FASD

- ▶ Use a calendar for daily planning with all appointments
 - Put appointment time and when to leave for appointment on the calendar
 - Identify clearly how the person will get to outside appointments
 - Set reminders for appointments
 - Place the calendar where it is easily seen regularly
 - Review the calendar with the person often as a support until it is routine to look at it
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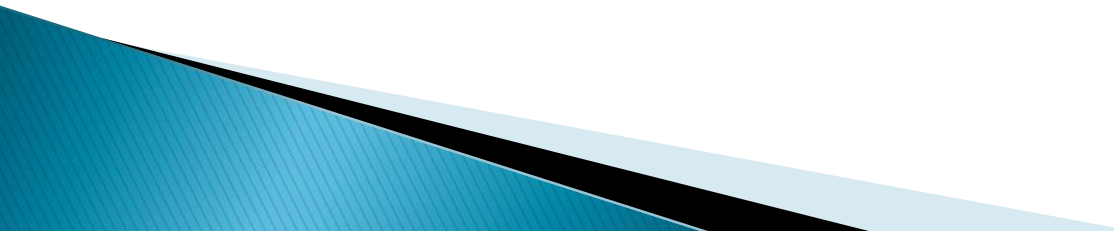
Modifications to Treatment for Individuals with a Probable FASD

- ▶ Use literal language
 - Do not use metaphors, similes, or idioms
 - Ensure the person understands what you are saying
 - ▶ If you joke with the person, let her know you are joking
 - ▶ Point out when others are joking with the person
 - ▶ Teach the person to check out whether someone is kidding or serious
 - ▶ Use person first language
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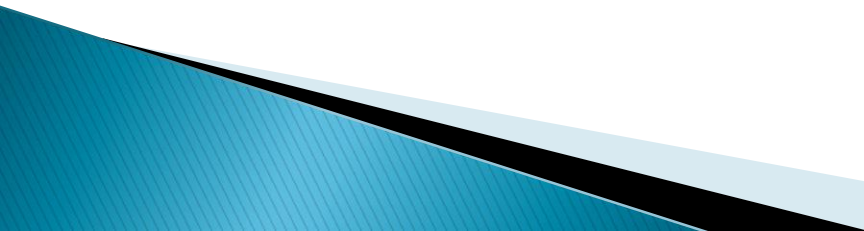
Modifications to Treatment for Individuals with a Probable FASD

- ▶ Evaluate the person's ability to manage money
 - Natural consequences often set the person up to be homeless
 - Consider a representative payee if necessary
 - ▶ Evaluate the possible need for a guardian
 - ▶ Complete forms and applications **with** the person
 - Go to appointments with the person when needed
- 

Modifications to Treatment for Individuals with a Probable FASD

- ▶ Identify signs that the person is beginning to get stressed or anxious
 - ▶ Identify one or two things that help the person calm down when he or she gets upset
 - ▶ Talk with the person about the importance of recognizing when he or she is beginning to get upset and doing what helps her calm down at that moment
 - ▶ Point out when you see the person starting to get upset and say “why don’t you ...”
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Modifications to Treatment for Individuals with a Probable FASD

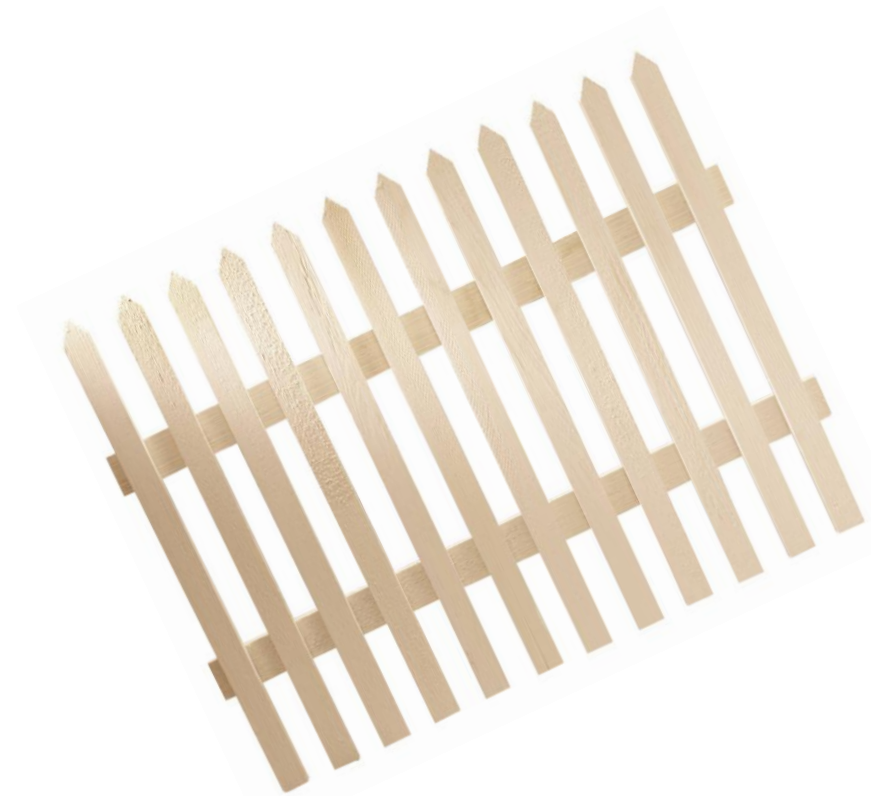
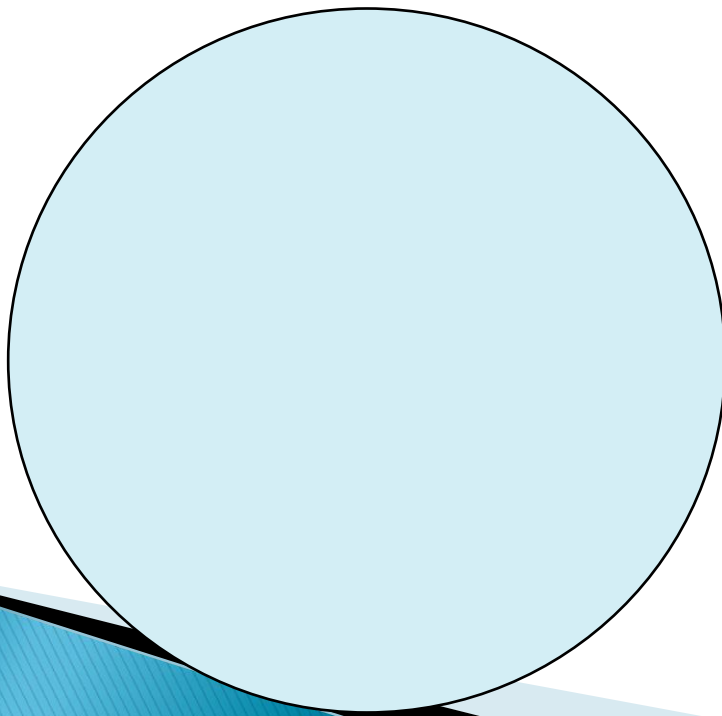
- ▶ Reduce stimuli in their environment
 - Their room
 - Treatment settings
 - Visuals
 - Sounds
 - ▶ Use softer lighting and colors
 - Avoid fluorescent lights
 - ▶ Develop a “chill out” space
 - ▶ Identify strengths in the individual, family, providers, and community
 - ▶ Identify safe and unsafe people and situations
- 

Circle and Fence

N Whitney 2010

- ▶ Who is helpful to you and who is someone who is not good for you (e.g., has gotten you in trouble or has encouraged you to do things you should not)

Circle of Support



Voices of Women with an FASD

D. Rutman (2011)

- ▶ Women's needs
 - Affordable, safe and/or supported housing
 - Income
 - Mothering-related support
 - Greater availability of mental health and trauma-related services and counseling
 - Employment readiness, job search, and life skills

Voices of Women with an FASD

D. Rutman (2011)

- ▶ Women's positive experiences
 - Readiness for change is crucial
 - Immediacy of support is necessary
 - Relational approach
 - Holistic, coordinated supports
 - One-to-one care from a skilled professional

Voices of Women with an FASD

D. Rutman (2011)

- ▶ Women's positive experiences
 - Peer-based support
 - Linkages with FASD-related programs and organizations
 - Supportive housing
 - Flexibility in extending a program's duration and longer term programs
 - Support from family and/or partner

Final Thoughts to Keep in Mind

- ▶ Creativity is essential in the identification of services needed for a person with an FASD and his or her family
 - ▶ Identifying and supporting strengths and validating accomplishments is essential
 - ▶ Developing true collaborative relationships between agencies and systems is essential as FASD crosses every system of care
 - ▶ Recognizing and addressing FASD is a matter of life or death
- 