

Ethical Considerations in Working with an Individual impacted by FASD

Janice Gordon-White, LCMHC

Tami Eller, ACMHC

Cottonwood Treatment Center

Disclosure to Audience

No one involved in the planning or presentation of this activity has any relevant financial relationships with a commercial interest to disclose

The following are North Star Behavioral Health's Content Controllers:

Janice Gordon-White, LCMHC and Tami Eller, ACMHC - Presenter

Dr. Andy Mayo, CEO

Dr. Ruth Dukoff, System Medical Director

Lori Hoffman, QIRM Director

Denise Gleason, CME Coordinator

Evelyn Alsup, Education Director

Medical Staff:

Dr. Phillip Neuberger

Dr. Manuel Rodriguez

Dr. Elizabeth Baisi

Dr. David Hjellen

Dr. Judith Bautista

Education Committee:

Sabrina Ben, HRD

Carla MacGregor, Administrator

Ron Meier, PRTC Administrator

Melanie Nelson, Administrator

Sarah Skeel, PRTC Administrator

Business Development Department:

Elke Villegas, Director of Business Development

Becky Bitzer, Clinical Community Liaison

Sarah Twaddle, Clinical Community Liaison

Wayne Jackson, Clinical Community Liaison

Fetal Alcohol Spectrum Disorders Diagnoses

- Fetal Alcohol Spectrum Disorder
- Partial Fetal Alcohol Spectrum Disorder
- Alcohol Related Neurodevelopmental Disorder
- Neurobehavioral Disorder Alcohol Exposed
- Alcohol Related Birth Defects
- Static Encephalopathy Alcohol Exposed
- Neurodevelopmental Disorder Associated with Prenatal Alcohol Exposure

Prevalence of FASD

- Fetal Alcohol Spectrum Disorder is the leading cause of Developmental Disability within the Western World.
- Fetal Alcohol Spectrum Disorder(FASD) is only caused by prenatal exposure to alcohol. Alcohol is a teratogen and is more toxic than any illicit drug.
- There is NO SAFE amount of alcohol consumed during pregnancy.
- Fetal Alcohol Spectrum Disorder is brain damage therefore it is an *Invisible Physical Disability*.
- Philip Mays, Ph.D. estimates that FASD affects 1/20 individuals in the general population. This is more common than Autism Spectrum Disorder which is currently estimated at 1/87 individuals.
- It is estimated that between 90 to 100% of FASD is undiagnosed.
- Only 10% of those impacted by FASD will have the facial features characteristic of Fetal Alcohol Spectrum Disorder and those features only develop between day 18 and 21 of gestation.
- 80 to 90% of individuals with FASD will meet diagnostic criteria for ADHD, but only 50% will respond to stimulant medication.
- 90% of individuals with FASD will experience Sensory Processing Disorder.
- Average IQ is 74 with a range of 20 to 130.

Ethics Codes

- American Psychological Association
- National Association of Social Workers
- American Counseling Association

Beneficence and Nonmaleficence

- Working toward the good of the individual.
- Strive to benefit those working with.
- Take care to do no harm.

Fidelity and Responsibility

- Establish relationship of trust and not to exploit that relationship.
- Uphold professional standards of conduct.
- Honor commitments and keep promises.

Justice

- Treat individuals equitably and foster fairness and equality.
- Fairness does not mean equal.

Respect for People's Rights and Dignity

- Respect the dignity and worth of all individuals.
- Recognizes a person's right to privacy, confidentiality, and self-determination.
- Respect culture, age, gender, gender identity, race, ethnicity, culture, national origin, sexual orientation, disability, language and socioeconomic status and take into consideration those factors when working with an individual.

Competence

- Practice within one's scope of knowledge and expertise.
- Seek out consultation and education.
- Refer out for services if unable to meet the needs of the individual.
- Knowing enough information to be dangerous.

Primary Characteristics

1. Social-Emotional Development is delayed and about half their chronological age – think 1st grader in a teenage body.
2. Sensory systems – Over sensitive to common sensory input, under sensitive to common sensory input, or a combination of both.
3. Language and communication – Difficulty with non-verbal communication, and often expressive language is better than receptive language.
4. Processing pace: How fast the brain works is greatly impacted. These are 1 minute kids in a ten second world.
5. Learning and memory – Working Memory is compromised (on the tip of my tongue) – difficult to hold information to be used at that specific time although may not have difficulty storing information in short or long-term memory. This leads to inconsistent recall and confabulation.
6. Abstract thinking – Sees the world in very concrete, black and white terms. Does not see the grey in life, or the forest for the tree. Also does not understand analogies, irony or sarcasm.
7. Executive functioning – Unable to link cause and effect, generalize from one situation to a similar situation, make decisions, organize information, project outcomes, plan, etc.

Secondary Characteristics

- Easily tired, fatigued
- Anxious
- Lonely, isolated
- Shut down; flat affect
- Fearful, withdrawn
- Depressed
- Frustrated, short fuse, angry

Tertiary Characteristics

- Trouble in school
- Social services involvement
- Involvement with justice
- Homelessness
- Addictions/ mental health issues, suicide

Protective Factors

- Living in a stable nurturing home for most of one's life - i.e. over 72% of the time
- Early identification of FASD, especially before the age of 6
- Not a victim of violence
- Being found eligible for DD services

Overlapping Diagnoses

- Attention Deficit Hyperactivity Disorder
- Autism Spectrum Disorder
- Oppositional Defiant Disorder
- Reactive Attachment Disorder
- Bipolar Disorder I and II
- Post-Traumatic Stress Disorder
- Major Depressive Disorder
- Generalize Anxiety Disorder

Treatment Considerations

- What exactly are we treating – Primary or Secondary Characteristics?
- Goal of treatment?
- Treatment Modality?
- Family Involvement?
- Accommodations?

Outside Referrals

- Diagnostic Team
- Occupational Therapy
- Speech Therapy
- Intellectual Developmental Disability Services
- Neurofeedback

Resources for Additional Training

- NoFAS: www.nofas.org
- FASD Center for Excellence:
www.fasdcenter.samhsa.gov
- Fetal Alcohol Syndrome Consultation,
Education and Training Services, Inc. :
www.fascets.org
- Arctic FASD Regional Training Center:
<http://www.uaa.alaska.edu/arcticfasdrtc/>

Case Study

- Please divide into five groups.
- Each group will be given a case study.
- Read the case study and identify the specific ethical considerations and how they would apply to this specific case.
- Identify the various symptoms of FASD that are primary and secondary.
- Identify a treatment approach for this individual.

North Star BHS – CME Activity Course Evaluation Form

Date: April 23, 2015

Agency/Location: North Star Behavioral Health Holistic Healthcare Conference

Topic: **Ethical Considerations in Working with an Individual impacted by FASD**

Presenter(s): Tami Eller, ACMHC and Janice Gordon-White, LCMHC

At the conclusion of this activity, participants should be able to:	Not at All	Slightly	Moderately	Mostly	Completely
Identify and utilize the overlapping symptoms of FASD and the disorders that are commonly misdiagnosed instead of FASD – then evaluate and treat an individual impacted by FASD Ethically					
Implement an overall perspective of the potential accommodations they can offer and a resource list of ideas					
Determine if a client may be impacted by prenatal exposure to alcohol and develop a specific individualized treatment plan					

Was the presentation commercially biased in any manner? Yes No

Based on this activity, what will you do differently in your practice? _____

Topics of Interest for future Seminars: _____

Printed Name of CME participant: _____ Physician Yes No

Signature of CME participant: _____

Agency/Organization: _____

Email: _____

Are you on our email distribution list? Yes No

If not – do you wish to be added for future CME events? Yes No

Developmental stages of “getting it” – Self Assessment

This is to be applied to you as an opportunity to explore where you truly are in your own developmental stages of “getting it”. Starting at the bottom (first stage) list the time you believe you were in each specific phase and the catalyst that propelled you into the next phase.

Relationship

Time when I entered into relationship and things became easy, warm, accepting, mutual and resilient, enhancing communication and collaboration: _____

Catalyst that propelled me into the next phase: _____

Acceptance

When acceptance happened and things made sense: _____

Catalyst that propelled me into the next phase: _____

Understanding and application

When I clearly understood that FA/NB was a physical disability and that I began using techniques, accommodations and interventions taking primary symptoms in account: _____

Catalyst that propelled me into the next phase: _____

Link: Brain function with behaviors

When my "Ah-ha!" moment happened: _____

Catalyst that propelled me into the next phase: _____

Knowledge

Time when I had just enough information regarding FA/NB to be dangerous: _____

Catalyst that propelled me into the next phase: _____

Recognition

Time when I discovered FA/NB: _____

Catalyst that propelled me into the next phase: _____

Dark ages and lack of information of FA/NB

Time when I was in the Dark Ages and lacked information on FA/NB: _____

Catalyst that propelled me into the next phase: _____

Overlapping Behavioral Characteristics & Related Mental Health Diagnoses in Children

Overlapping Characteristics & Mental Health Diagnoses	FASD	ADD/ADHD	Sensory Int. Dys.	Autism	Bi-Polar	RAD	Depression	ODD	Trauma	Poverty
	Organic	Organic	Organic	Organic	Mood	Mood	Mood	Mood	Environ	Environ
Easily distracted by extraneous stimuli	X	X	X							
Developmental Dysmaturity	X			X						
Feel Different from other people	X				X					
Often does not follow through on instructions	X	X					X	X	X	X
Often interrupts/intrudes	X	X	X	X	X		X			X
Often engages in activities without considering possible consequences	X	X	X	X	X					X
Often has difficulty organizing tasks & activities	X	X		X	X		X			X
Difficulty with transitions	X		X	X	X					
No impulse controls, acts hyperactive	X	X	X		X	X				
Sleep Disturbance	X				X		X		X	
Indiscriminately affectionate with strangers	X		X		X	X				
Lack of eye contact	X		X	X		X	X			
Not cuddly	X			X		X	X			
Lying about the obvious	X				X	X				
No impulse controls, acts hyperactive	X		X		X	X			X	
Learning lags: "Won't learn, some can't learn"	X		X			X			X	X
Incessant chatter, or abnormal speech patterns	X		X	X	X	X				
Increased startle response	X		X						X	
Emotionally volatile, often exhibit wide mood swings	X	X	X	X	X	X	X	X	X	
Depression develops, often in teen years	X	X				X			X	
Problems with social interactions	X			X	X		X			
Defect in speech and language, delays	X			X						
Over/under-responsive to stimuli	X	X	X	X						
Perseveration, inflexibility	X			X	X					
Escalation in response to stress	X		X	X	X		X		X	
Poor problem solving	X			X	X		X			
Difficulty seeing cause & effect	X			X						
Exceptional abilities in one area	X			X						
Guess at what "normal" is	X			X						
Lie when it would be easy to tell the truth	X				X	X				
Difficulty initiating, following through	X	X			X		X			
Difficulty with relationships	X		X	X	X	X	X			
Manage time poorly/lack of comprehension of time	X	X			X		X			X
Information processing difficulties speech/language: receptive vs. expressive	X			X						
Often loses temper	X		X		X		X	X	X	
Often argues with adults	X				X			X		
Often actively defies or refuses to comply	X				X			X		
Often blames others for his or her mistakes	X	X			X		X	X		
Is often touchy or easily annoyed by others	X				X		X	X		
Is often angry and resentful	X						X	X		

Accommodations Grid**Setting: Mental Health Treatment**

1 Setting	2 Brain has to	3 Primary symptoms	4 Secondary behaviors	5 Strengths	6 Accommodations
Be on time	Manage time, plan ahead	Difficulty with time management	Frustration, avoidance	Concrete, visual, willing	Cell phone alarms, other assistive technology
Cognitive behavioral techniques	Abstract, analyze	Concrete, literal	May not finish assignments	Artistic, experiential	Art, drama, music, role modeling
Communicate	Process language	Slow processing pace	Anger, frustration	Determined, creative	Art, drama, music, poetry,
Apply new knowledge	Store, retrieve and generalize	Memory problems, difficulty generalizing	Defensive	Relational	Teach in different settings, use mentor