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IHE Consensus Development Conference on FASD: Across the Lifespan

# Consequences on the community supporting adults with FASD



Diane V. Malbin, MSW  
FASCETS, Inc.

# Consequence

1. "A conclusion derived through logic," or, the logical extension of beliefs and activities
2. "Something produced by a cause or necessarily following from a set of conditions."

Merriam-Webster dictionary



# Considerations for adults with FASD

Consequences for adults with  
FASD and communities:

Two alternative trajectories

# Trajectory one: Prevailing paradigm / approach

1. Multiple diagnoses over time
2. Greater number of providers involved
3. Escalating symptoms in spite of all efforts
4. Increasingly expensive interventions
5. Disproportionate representation in multiple systems
6. Shared frustration, hopelessness



# Analysis

1. Identification: Behavioural symptoms
2. Learning theory and related techniques target behaviours for change
3. Research on FASD as a brain-based physical disability is not systematically incorporated into practice or program design
4. Fit between research on FASD and practice principles is poor



**“Problems are never solved at the level  
of thinking that created them.”**

Einstein

## Consequences trajectory one: Adults and community

1. Failure to recognize physical disability
2. Ineffective, inefficient, increasingly expensive interventions
3. Blame, frustration, systems deterioration
4. Compromised collaboration
5. Shared beliefs that consequences of FASD are invariably negative



# Consequences trajectory one

Ethics, human and economic  
costs and waste



# Consequences trajectory two

Neurobehavioural platform

## Trajectory two: Neurobehavioural approach

1. Etiology recognized: FASD as a brain-based *physical* condition with behavioural symptoms
2. Effective, efficient, appropriate and relevant accommodations recognize nature of condition, fewer resources and providers necessary
3. Increased understanding, reduced frustration, resolution of secondary behavioural symptoms
4. Enhanced collaboration
5. Conceptually congruent application in all systems



# Analysis

1. Research to *theory* to practice
2. Redefinition of problems and solutions in a manner consistent with research on FASD
3. Shift from pathologizing and targeting the person for change to *achieving* improvements through provision of appropriate accommodations
4. Practice, program design and policy congruent with research



# A word about theory

1. Considering theoretical framework is frustrating
2. However, theory goes to etiology
3. Recognition of etiology assures fidelity between research and practice



# Different consequences: Examples of success

- Artist, musician
- Architect model builder
- Warehouse person
- Electrician
- Boat builder
- Mechanic
- Child care worker
- Animal rescue worker
- Drummer, dancer
- Business person
- Office worker
- Special ed. teacher
- Counselor
- Massage therapist
- Truck driver
- Delivery person
- Farmer
- Adult care worker
- Husband, wife, parent
- Grocery checker



# Opportunities

1. Establish a neurobehavioural theoretical platform / paradigm
2. Assure conceptual consistency and congruent application across systems
3. Achieve and sustain *informed* strengths-needs wrap-around systems of care. See policy implications



# BC Cross-Ministry Program

1. Provincial scope
2. Neurobehavioural approach
3. Key Workers and Parent to Parent program  
<http://www.mcf.gov.bc.ca/fasd>
4. Sharon Hume and Associates evaluators  
([sharhume@shaw.ca](mailto:sharhume@shaw.ca))
5. Clear trends toward improvement
6. Ambitious, promising



# Consequences on the community supporting adults with FASD:

## Trajectory two

Strengthen all systems

Improve outcomes

Healing and prevention



# Three recommendations

1. Systematically evaluate professional curricula, practice, program design, policy and legislation for congruence with research on FASD as brain-based condition
2. Standardize a neurobehavioural screening tool
3. In addition to diagnostic consistency assure team member *conceptual* consistency and neurobehaviourally-informed recommendations



# FASCETS

Fetal Alcohol Syndrome Consultation  
Education and Training Services, Inc.

PO Box 83175  
Portland, Oregon 97283  
Phone/fax: 503-621-1271

[www.fascets.org](http://www.fascets.org)  
[dmalbin@fascets.org](mailto:dmalbin@fascets.org)

