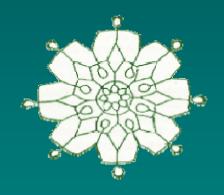
## October 7, 2009 IHE Consensus Development Conference on FASD: Across the Lifespan

# Consequences on the community supporting adults with FASD



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#### 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
- 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**

- Establish a neurobehavioural theoretical platform / paradigm
- 2. Assure conceptual consistency and congruent application across systems
- 3. Achieve and sustain *informed* strengthsneeds 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 <a href="http://www.mcf.gov.bc.ca/fasd">http://www.mcf.gov.bc.ca/fasd</a>
- 4. Sharon Hume and Associates evaluators (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



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