

Adolescents with Prenatal Substance Exposure: Critical Considerations for Youth in Child Welfare

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FASD: A Spectrum Disorder

- Polysubstance Exposure
- Umbrella term
 - Fetal Alcohol Syndrome
 - Fetal Alcohol Effects
 - Alcohol Related Neurodevelopmental Disorder (ARND)
 - Alcohol Related Birth Defects

FASD: A Spectrum Disorder

- Can affect multiple domains of functioning, in varying degrees:
 - Executive functioning
 - Physical/motor
 - Regulatory
 - Emotional/behavioral
 - Cognitive



FASDs and the Adolescent Transition



The Adolescent Transition

- Passage from childhood to adulthood
- Concludes with the acceptance of adult responsibilities
 - Completing school
 - Finding employment/education
 - Securing semi- or independent living
- Challenging time for even “typically” developing adolescents and families

Adolescent Development

- “Typical” vs. “desirable”
- Practicing for the adult years
- Development is non-linear
- Development is diverse and varied from one person to the next

The Changing Brain

- Development of higher order cognitive skills...
 - Abstraction, Relativity, Self-Reflection
- We also see....
 - Risk-taking Behavior
 - Sensation Seeking
 - Here and now thinking
 - Egocentrism
 - Invulnerability
 - Magical thinking

The Changing Brain and FASD

- Poor abstraction
- Self-reflection often impaired
- Black and white thinking
- Impaired judgment & cause and effect thinking
 - Risk-taking behavior & sensation seeking
- Problems with temporal reasoning
 - Time, budgeting, money, deadlines

FASD & Executive Dysfunction

- Not entirely measurable by traditional IQ tests
- Difficulty applying what one knows to day to day situations
- Impairments include:
 - Working memory
 - Cognitive shift
 - Impaired inhibition
 - Poor emotional/behavioral control
 - Planning/organization
 - Problem solving
 - Self-monitoring

Identity Development

- Feelings about self
- “Trying on” different identities
- Family environment provides foundation
- Some distancing from family is normal
- Increase in peer influence
- Autonomy
- Intimacy/sexuality

Identity Development & FASD

- Social relationships increase in complexity
 - Problems with generalization, abstraction, social problem-solving
- Trying on Different Identities
 - Increased vulnerability to negative peer influence
- Feelings about self
 - Depression, low self-esteem, anxiety

Moral Development

In young children...

- Pre-conventional reasoning
- *self-interest
- *rewards and punishments
- *right vs. wrong

In young teens...

- Conventional reasoning
- *impressing peers
- *hypothetical reasoning
- *begin to look at how their behavior will be perceived by others
- *emphasis on fairness
- *emphasis on loyalty

Moral Development and FASD

- Reasoning remains pre-conventional
- Emphasis on right vs. wrong
- Impaired reflection = problems with motivation
- Lack of “remorse” =
 - Lack of perspective/possibilities
 - Impaired verbal/nonverbal communication
 - Difficulty generalizing

Social Relationships & FASD

- Trouble recognizing and interpreting verbal and nonverbal social cues
- Difficulty learning social conventions and applying them appropriately
- Problems understanding the consequences of behavior
- Vulnerable to negative peer pressure, bullies, etc.

FASD and Adaptive Functioning

How effectively an individual conforms to life demands in comparison to his/her age group

- Communication
- Social
- Home living
- Health and Safety
- Community living
- Work/academics
- Daily living skills, etc.

Adaptive Struggles

- IQ and Adaptive Behavior usually similar
- FASDs = significant deficits in adaptive behavior, even for individuals with average IQ
- Of 295 individuals with FAE
 - Average IQ= 90 (Low Average to Average Range)
 - Average AQ= 67 (Adaptive MR)

(Streissuth et al., 1996)

Adaptive MR

- Low Average to Average IQ = Do not qualify for services through Developmental Disabilities
- Despite intact cognitive abilities, can not function independently at 18-21 years
- Difficulties with budgeting, holding down a job, taking care of daily living skills, etc

FASD and the Child Welfare System

- 70%-80% of cases in CWS in Illinois involve substance abuse
- Many youth have histories of PSE
- Many youth with documented histories of PSE are also alcohol exposed
- FASDs go unrecognized and untreated

Adolescents, FASD, & the CWS: Identifying the Pieces

- Multiple risk factors:
 - Familial mental health histories
 - Multiple losses
 - Placement disruptions
 - Histories of abuse, neglect, witness to violence
 - Multiple school disruptions



Adolescents in Child Welfare System

- Successful transition impeded by:
 - Decreased support/resources
 - Lack of coordination amongst service systems
 - Substance abuse
 - Limited education
 - Unemployment
 - Involvement with the judicial system
 - Teen pregnancy

Multiple Moves, Multiple Losses...

- Frequently bounced from home to home
- Can not learn skills needed for a job
- Have to re-learn routines and rules at each new home or residential placement
- School credits do not transfer
- Often do not qualify for IEPs in high school
- New school = new social challenges

Additional Challenges

- Cook (1990) found multiple problems amongst transitioning youth:
- 50% with substance abuse histories
- 32% involved in legal system
- 38% with emotional problems
- 2/3 had not completed GED or HS
- 61% had no job experience
- 17% of females were pregnant

2 1/2-4 years later...

- Only about 1/2 had a HS diploma,
- Less than 1/2 had jobs
- About 1/4 had been homeless for at least 1 night

Adolescence, FASD, and the CWS

- Difficult to tease apart the impact of abuse, neglect, and loss from the effects of PAE
- Early diagnosis = more positive outcomes in adolescence
- Late diagnosis or no diagnosis at all = years of being misunderstood & mislabeled
- Difficult to internalize good habits and routines in context of multiple moves and losses

The Invisible Disability

- “Real world” can not see the disability
- High IQ and verbal skills mask executive dysfunction and deficits in adaptive functioning
- Often thrown into complete independent living situations, with no support
- Lack the “street smarts” sometimes observed in kids in CWS

Shame, FASD, and the CWS

- History of separation
- Internalize feelings of rejection and feelings of being unwanted & unloved
- Feelings of inadequacy
- Always in trouble due to behavioral problems
- Peer rejection/trouble making and keeping friends
- Poor academics

**Addressing the Needs of
Children and
Youth with FASDs
and Prenatal Substance
Exposure**

Current Interventions

- **The Systems of Care Approach (SOC)**
 - * Comprehensive spectrum of mental health & other necessary services
 - * Coordinated network of service providers

SOC

- Focuses on needs of child and family
- Encourages partnership between professionals and family
- Based on the collaboration between multiple agencies
- Incorporates individualized services
- Aims for culturally responsive supports and services
- Requires ongoing evaluation & accountability

SOC

- Used by several states
- California : Reported children are getting better
- South Carolina: The Village Project of Charleston. Dorchester CMH, reported a reduction in children placed in foster care & better coordinated services for families
- Wisconsin: Wraparound Milwaukee, noted that children are able to remain in their communities & receive services (SAMHSA's National Mental Health Information Center).

SOC : Needs for Further Development

- Need to improve access to services
- Internal evaluation and quality of programs
- Requires closer monitoring
- Screening for FASDs and prenatal substance exposure often not included as part of routine systems of care

FASDs and Systems of Care

- **SOC MODEL**

Proposed as a viable model to incorporate intervention and services for youth with FASDs by Department of Child and Family Studies & Louis de la Parte Florida Mental Health Institute at the University of South Florida (Lipien, 2004).

SOC & FASD

- University of Wisconsin has incorporated integrating multidisciplinary diagnostic centers into Systems of Care
 - * Identify the important disciplines
 - * Formulate their teams
 - * Identify community partners
 - * Provides assessment and refer to partners
- (Wilton, 2006)

Other Interventions for FASD

- Socio-cognitive Habilitation Model/ Marcus Intervention Project in Atlanta Georgia
- Improving mathematical functioning for children between ages 3 and 9 years (Coles et al., 2006)

**Children's Research Triangle:
Transdisciplinary Approach to
Assessing and Providing
Interventions
to
Children and
Adolescents with
Prenatal Substance Exposure**

Transdisciplinary Treatment Team

- Child welfare case manager
- Foster/adoptive caregivers
- Physician
- Psychologists
- Social workers
- School Advocates
- Other specialists:
psychiatrist, speech and language pathologist,
occupational therapist trained in sensory integration,
dentist/orthodontist

Intensive Case Management Service

- Focuses on the recommendations of the comprehensive diagnostic assessment
- Maintains collaboration with the transdisciplinary team
- Identifies local and community services
- Seeks out state services for long term support

CRT Adolescent Project

- Subcontract through Northrop Grumman
- Of 65 youth screened in 2005-2006, 57% met criteria for FASD
 - 20% FAS
 - 37% ARND
- Definitive diagnoses not possible in some cases due to lack of prenatal history

**CRT Adolescent
Project: Preliminary
Findings**

Adolescents with FASD: A Group Therapy Model (Session 1-3)

Parent Group

- Welcome & Intro
- Parenting the Adolescent with FASD: Part I
- Parenting the Adolescent with FASD: Part II

Adolescent Group

- Welcome & Intro
- Brief Intro to FASD
- All of our Brains Work Differently: Brain-based strengths and weaknesses

Adolescents with FASD: A group Therapy Model (Session 4-6)

Parent Group

- Self-monitoring and self regulation
- FASD & Emotional Regulation
- Communication and FASD

Adolescent Group

- Self-monitoring and self-regulation
- Identifying and expressing emotions
- Communication: verbal and nonverbal

Adolescents with FASD: A group Therapy Model (Session 7-10)

Parent Group

- Helping your Teen Manage Difficult Social Situations
- Sexuality, Intimacy, and Boundaries
- Review and Party

Adolescent Group

- Sticky Social Situations
- Boundaries and Relationships
- Review and Party

CRT Adolescent Project: Intensive Case Management

- School problems
- School suspensions
- Transferred to alternative schools
- Inpatient treatment facilities
- Long-term care facilities
- Behavior problems
- Psychotherapy
- Family therapy services

Utilizing Federal and State Services Support

- Adolescents with prenatal alcohol and drug exposure can meet criteria for support through:
- Special Education Programs
- State Vocational Rehabilitation Services
- Social Security Administration
- Department of Mental Health
- Developmental Disability Services.
- Corrections System

Special Education Programs

Special Education Services

Adolescents with FASD and other prenatal substance exposures often qualify with a :

- 1) Diagnosable physical or learning disability affecting learning
- 2) Require interventions, supports, and services to improve their performance

Other Health Impairment:

Adolescents with memory, attention, hyperactivity, judgment, behavior, and sensitivity problems which adversely affect their performance according to IDEA, (Grice, 2002).

Other Health Impairments

Other Health Impairment (Grice 2002):

- 1) Chronic or acute health impairment
- 2) Results in limited strength, vitality, or alertness; or heightened alertness to general environmental stimuli and the adolescent's alertness in the educational environment
- 3) Student's educational performance is adversely affected by the limited or heightened alertness
- 4) Disability creates a need for special education services

Importance of Monitoring Students in Special Education

Wagner & Blackorby (1996)

- National Longitudinal Transition Study Of Special Education Students (NTLS)
- Findings of 8000 youth with disabilities across 300 school districts nationwide ages 15-21 for the 1985- 86 school year

HIGH DROP OUT RATES

30% of these youth dropped out of high school

8% dropped out before entering high school

- Average drop out age was 18 years
- Earned less than half of the credits to graduate

Vocational Rehabilitation Services

- State Vocational Rehabilitation vital for youth with an FASD due to complexity and impact of disability upon their capacity for independent living
- Lutke & Antrobus (2004) noted that for an adult with FAS over 21:
 - 80% are unable to obtain or retain a job, regardless of IQ
 - FAS - MEN : 72% WOMEN : 96%
 - PFAS/ ARND – MEN: 76% WOMEN: 65%

Vocational Rehabilitation

- Streissguth et al. (1996) reported that persons with FAS experienced the following problems in employment:

■ Easily frustrated	65%
■ Poor task comprehension	57%
■ Poor judgment	55%
■ Social problems	54%
■ Fired	50%
■ Unreliable	42%
■ Anger Management	42%
■ Problems with supervisor	40%
■ Lying	33%
■ Lose jobs without understanding why	30%

Vocational Rehabilitation Services

- Easily accessed by phone
- Utilize the results of the comprehensive assessment
- Combine with vocational skill testing to determine strengths and weaknesses, needs, and appropriate vocational services

Vocational Rehabilitation Services

Services may include:

- Supported work experiences
- Job coaches
- Vocational skill training
- Academic support and tutoring
- College support services, i.e., tutors, note takers
- Assistive Technology

Social Security Disability Benefits

- Extremely important financial base and support system
- Support Personal Care attendants and homemaker services, medical services, and qualifying supported living arrangements
- Supplementary income benefits for supported work experiences
- The comprehensive assessment is the basis for documentation of the disability

Mental Health

Youth must be linked to local and community mental health clinics with professionals trained in the treatment and coordination of services of persons with an FASD given the high incidence of co-occurring disorders (Streissguth, 1996)

Meeting the Criteria for a Developmental Disability

Developmental Disabilities Assistance and Bill of Rights Act Amendments of 1987 (U.S. Dept of HHS, 1990), defines a developmental disability as severe, chronic, and:

1. Attributable to a mental or physical impairment or a combination of mental or physical impairments
2. Manifest before age 22 years
3. Likely to continue indefinitely

Developmental Disability Criteria

4. Results in substantial functional limitations in 3 or more of the following areas of major life activity:
 - a. self care
 - b. receptive and expressive language
 - c. learning
 - d. mobility
 - e. self direction
 - f. capacity for independent living
 - g. economic self-sufficiency

Developmental Disability Criteria

5. Reflects a person's need for a combination and a sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned or coordinated

Corrections System

- Burd, Martsoff & Juelson, (2004) – 60% of persons with an FASD are in trouble with the law
- Many legal decisions have assumed that low IQ and facial features need to be present in order for the diagnosis for FASD to be made (FAS/FAE Legal Res.Ctr., 2003).
- Persons incarcerated with an FASD are most likely to be homeless upon release from prison, least likely to apply for social assistance, and have lost family support. (Lutke & Antrobus, 2004)
- The criminal justice system has become the refuge for adolescents and adults with an FASD as it provides shelter, food, and structure

Fetal Alcohol Spectrum Disorders

**Critical Considerations for
Child Welfare:
What's Next?**

Identifying the Red Flags

Providers within the CWS should be taught to identify Red Flags that signify referral for a diagnostic assessment

- History of prenatal exposure to alcohol
- Sibling with FASD
- History of prenatal drug exposure
- Characteristic pattern of facial features
- Growth impairment
- CNS difficulties, as evidenced by school or behavior problems

The Diagnostic Assessment

- Diagnostic interview
- Cognitive
- Achievement
- Speech and language
- Sensory profile
- Adaptive behavior
- Executive functions
- Emotional
- Parent report forms
- Medical Evaluation

Final Considerations

- Many youth in the child welfare system are likely to have been affected by prenatal exposure to alcohol and illicit substances
- Early identification and screening are necessary in order to improve successful outcomes
- Comprehensive assessment is VITAL to develop an effective plan of treatment
- Transdisciplinary treatment planning and implementation are ESSENTIAL !

Final Considerations

- Interagency supports hold important keys to formulating a support system
- Transition planning for adulthood should be individualized
- Critical supports in adaptive living skills, parenting, prevocational, and vocational training help to optimize independent living capacity for substance-exposed youth

Final Considerations

- Supported living, group homes, and alternative living settings, in addition to guardian care, enable many persons affected by prenatal substance exposure to achieve a graduated level of transitioning which increases successful outcomes
- It is imperative that school services, vocational rehabilitation services, social security services, mental health, and correctional services be well coordinated

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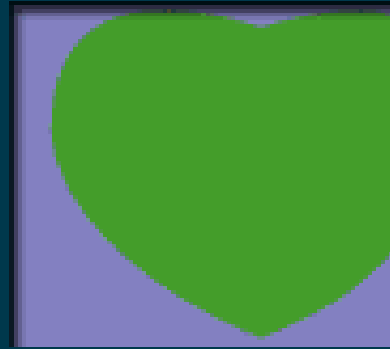
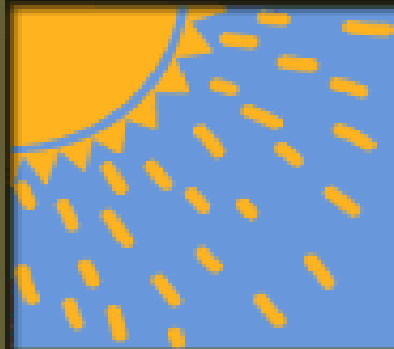
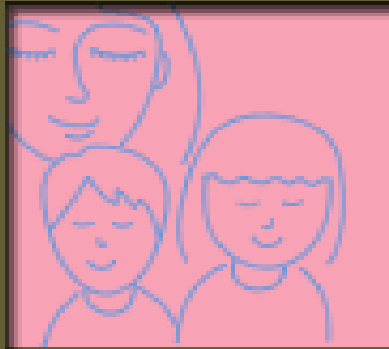
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