



Athabasca
University

ASSESSMENT PROFILES OF A COMMUNITY-BASED COHORT OF ADULTS WITH FASD: RESULTS OF A PILOT CLINIC

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Open. Online. Everywhere.

Introduction and Context

- Bridges Family Programs, FASS, pilot adult clinic (2014-2015)
- Built on a decade-plus history of a successful community-based children's clinic
- Small urban/semi-rural SE Alberta

Adults with FASD

- Conceptualizing adults with FASD moving from “whole body disorder” to “whole person experience”
- Surprisingly little research on lived experience of FASD post age 25
- So-called secondary domains contribute to the complexity of adverse life outcomes

Adult Clinic Format

- Diagnosis using Washington Guidelines
- Core team: Physician, Psychologist, Clinic Coordinator, Occupational Therapist, and other professionals as needed
- “Standard battery” of assessments and clinic process following Badry (2010) and Sparrow et al (2013)

Group demographics

- We acknowledge the small size of the sample:
 - 39 referrals received and 9 completed clinic assessments
- Demographics and group profile (next slide)
- Secondary issues (subsequent slides)
- If ever there was a need for the concept of “spectrum”...

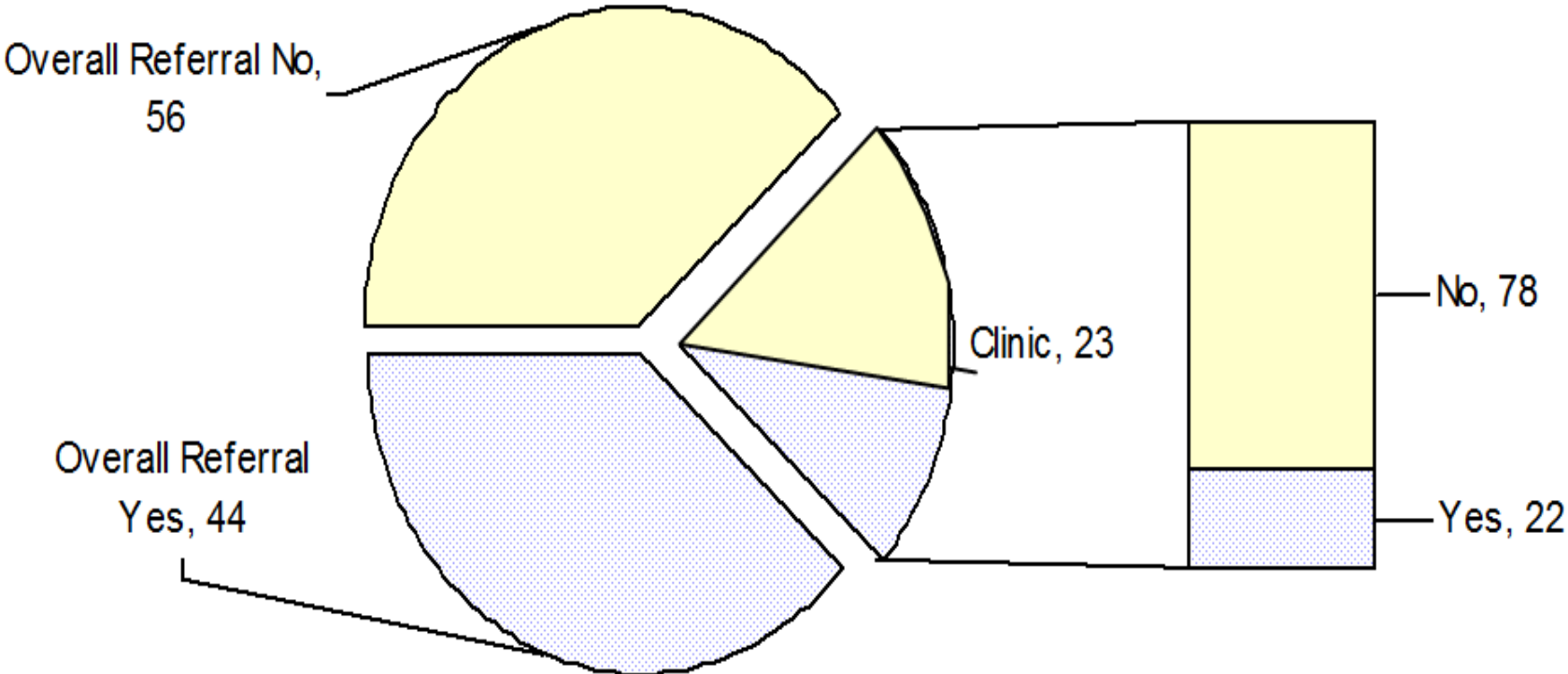
Adult Clinic Participants 1

- Six female and three male clients
- Age range 21 – 40 years, avg = 30.4
(20-29: 33% 30-39: 55% 40-49: 11%)
- IQ WAIS-IV: range 59-85, avg 71.67
- Adaptive: ABAS-2: range 53-93, avg 79.4
- Memory: subtests of WMS-IV: 6 of 9 flagged
- Executive functioning: BRIEF: 4 of 9 flagged

Adult Clinic Participants 2

DPN summary by Brain code:	
Fetal Alcohol Syndrome	3433
Sentinel Physical Findings, Static Encephalopathy, Alcohol Exposed	3233
Static Encephalopathy, Alcohol Exposed	1233, 1233, 1233, 1233
Sentinel Physical Findings, Neurobehavioural Disorder, Alcohol Exposed	1323
Neurobehavioural Disorder, Alcohol Exposed	1223, 1223

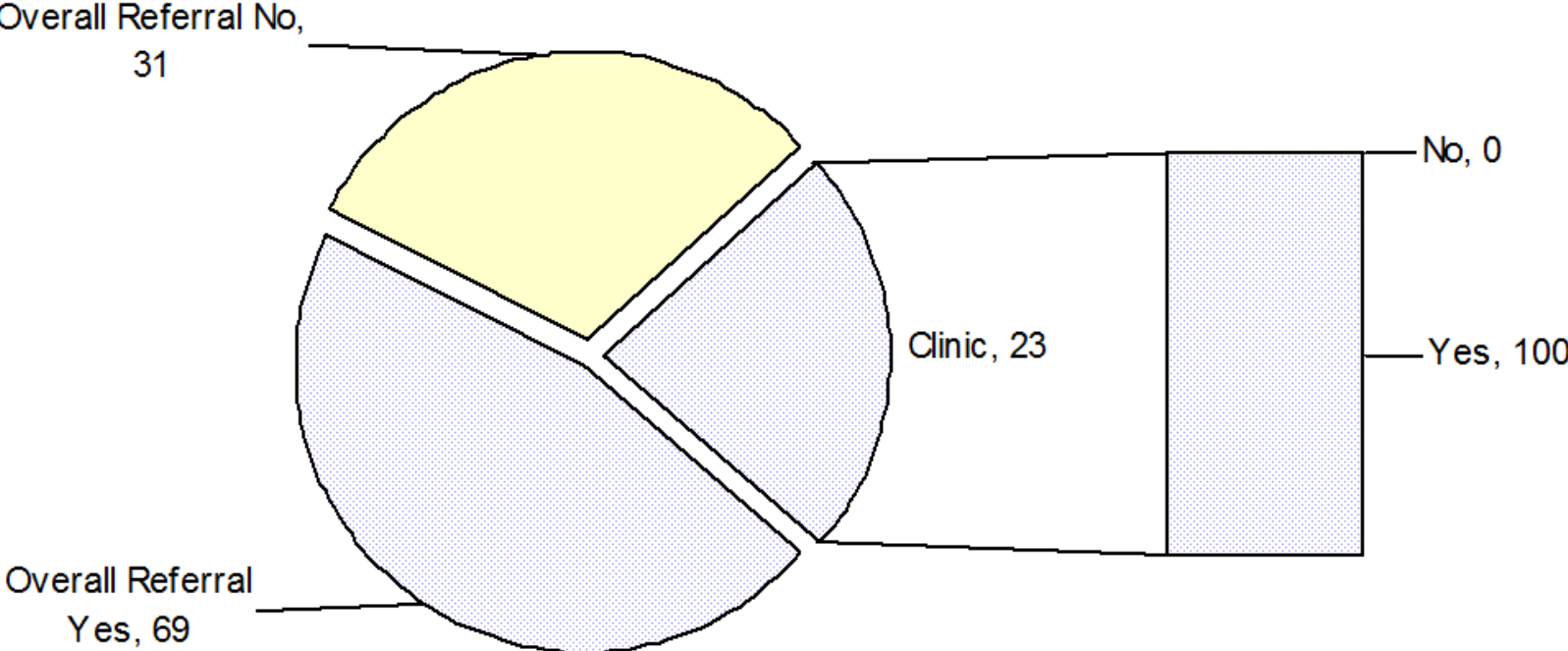
Adaptive Functioning being Identified as an Issue (%)



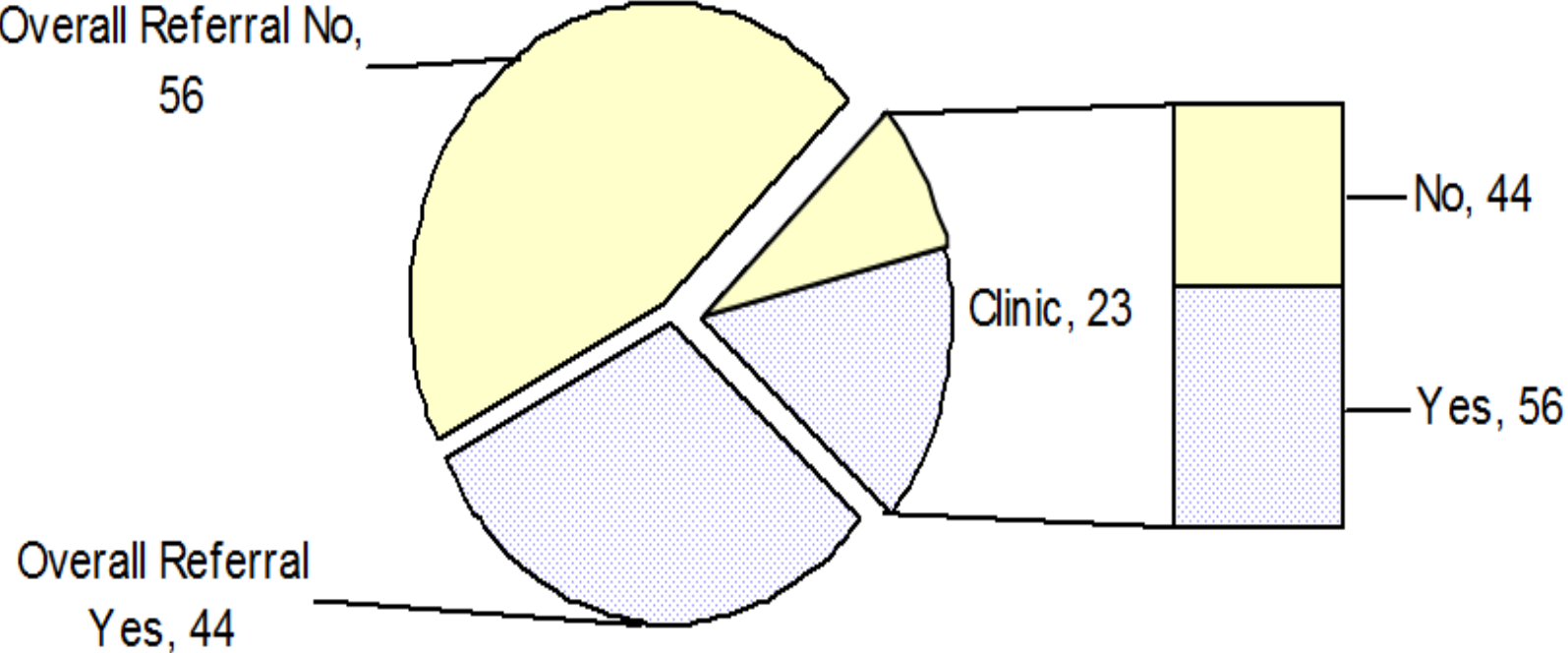
Adaptive Functioning

- Most of the individuals were referred to the clinic by a service provider.
- Speculation:
 - Those with more severe deficits are not accessing help (and did not make it onto the referral list?)
 - Due to the lack of support in their life, these individuals learned and mastered the adaptive functioning skills?

Mental Health Issues at Intake (%)



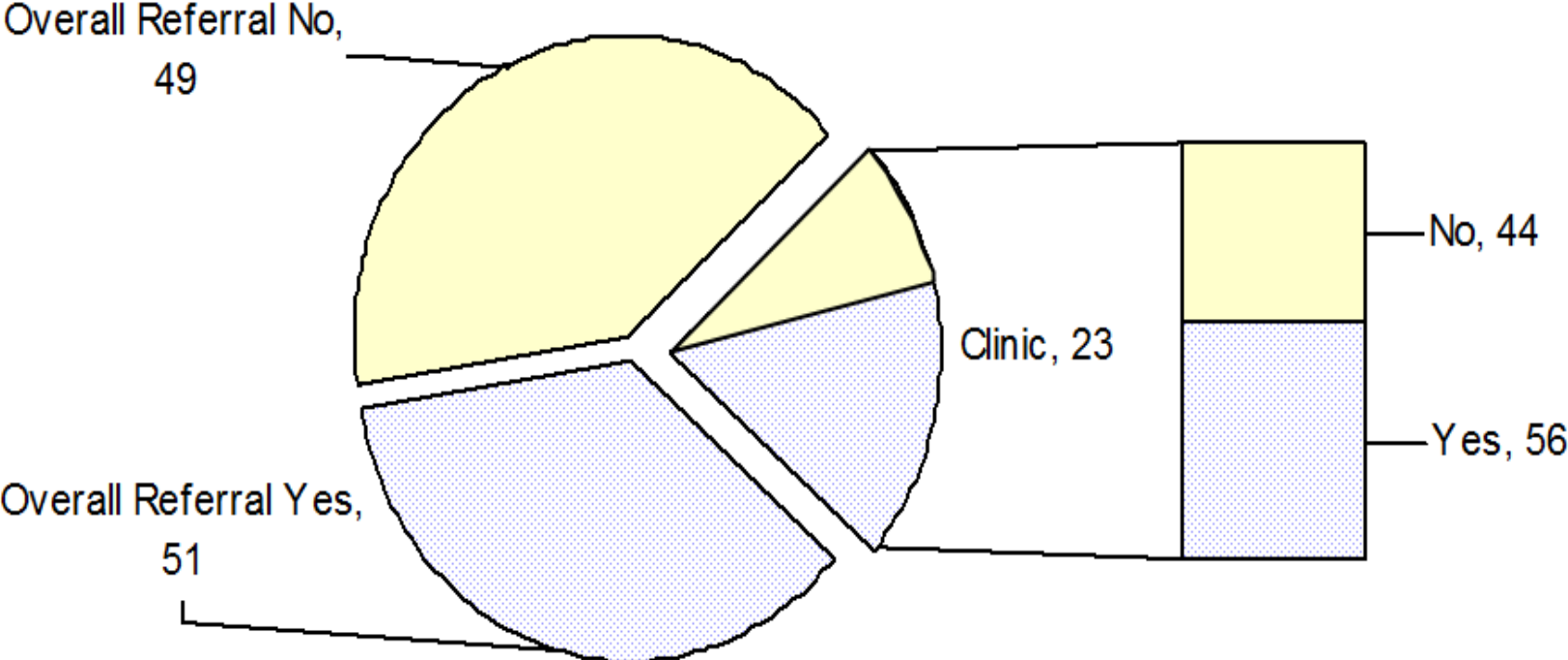
Addictions Issues at Intake (%)



Mental Health - Outcomes

- Clinic recommendations:
 - Appropriate strategies for counselling
 - Ways to modify the session to meet the client's needs
 - Strategies to build healthy relationships (e.g., social and psycho-ed groups through Bridges and Women's Shelter.)
- At least 3 clinic participants were able to access mental health services again.
- At least 1 clinic participant continues to access mental health and addictions services 3 years later.

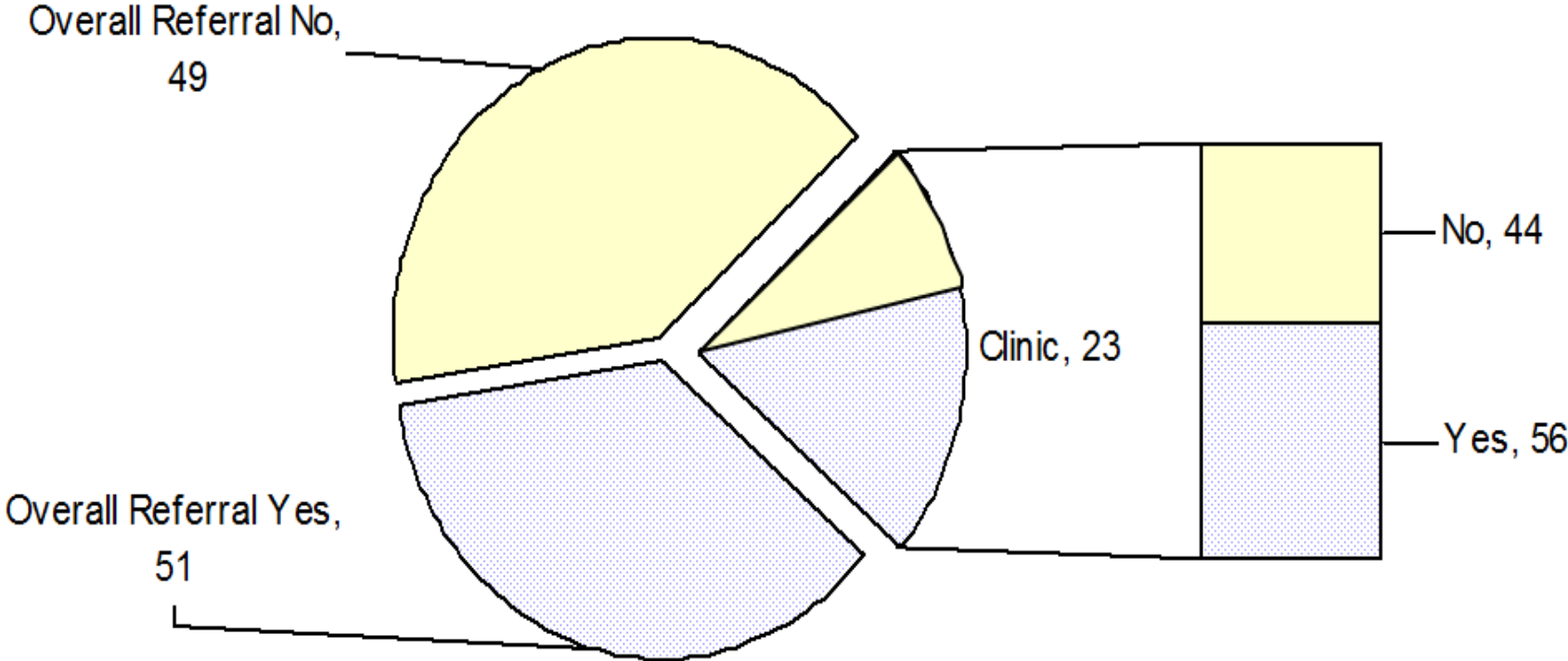
Physical Health at Intake (%)



Physical Health - Outcomes

- X-ray and blood work requisitions
 - Untreated fractures
 - Vitamin deficiency
 - IBS
- Genetic testing
- Occupational Therapy
- Physical Therapy
- At least 3 clinic participants have a family doctor
- All completed medications review

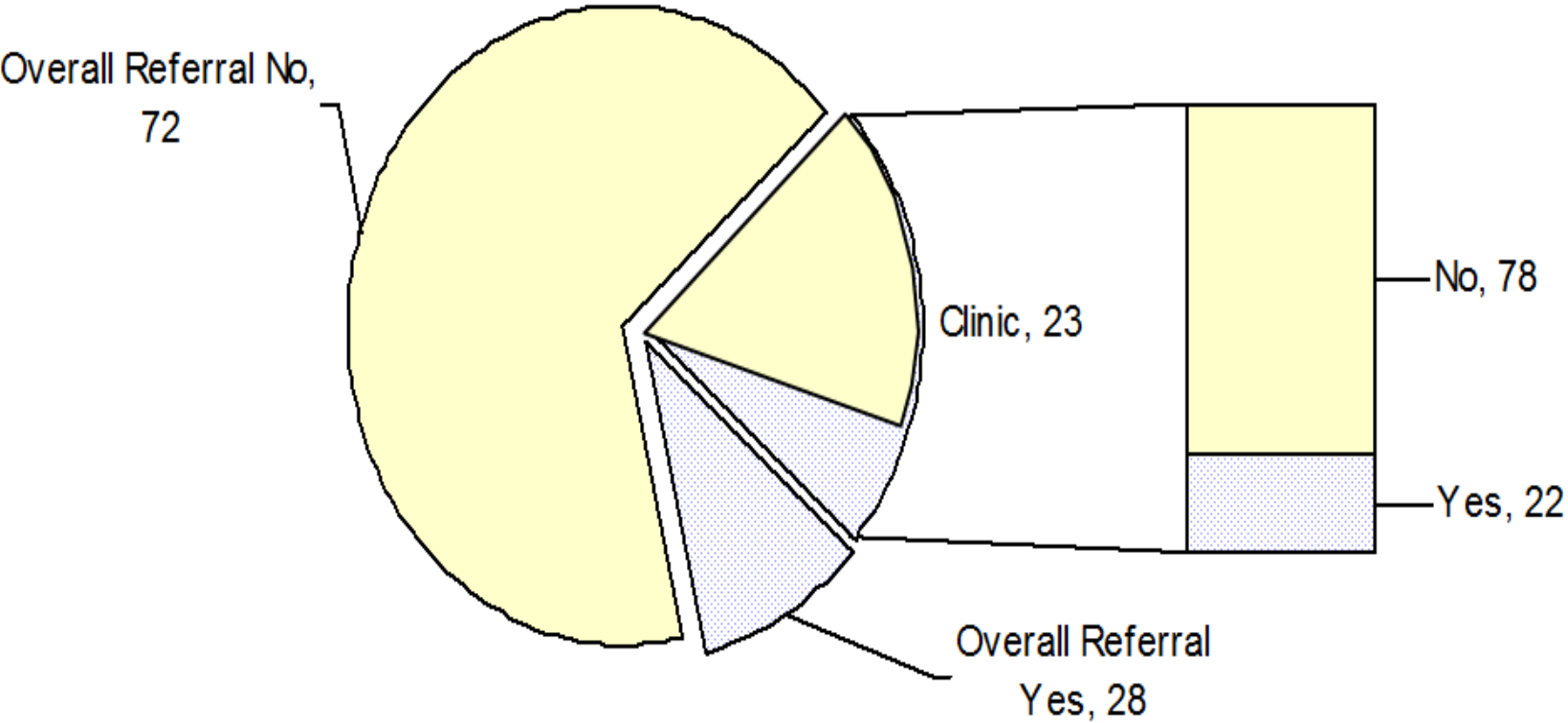
Financial Issues at Intake (%)



Finances - Outcomes

- Clinic negotiated for PT assessment for 1 individual to help with AISH and PDD application (in addition to clinic report)
- 9 out of 9 qualified for AISH (provides funding)
- 5 out of 9 qualified for PDD (provides services)
- 1 with IQ below 70
 - Never assessed as a child and lived without major support until after clinic

Housing Issues at Intake (%)



Housing Issues - Outcomes

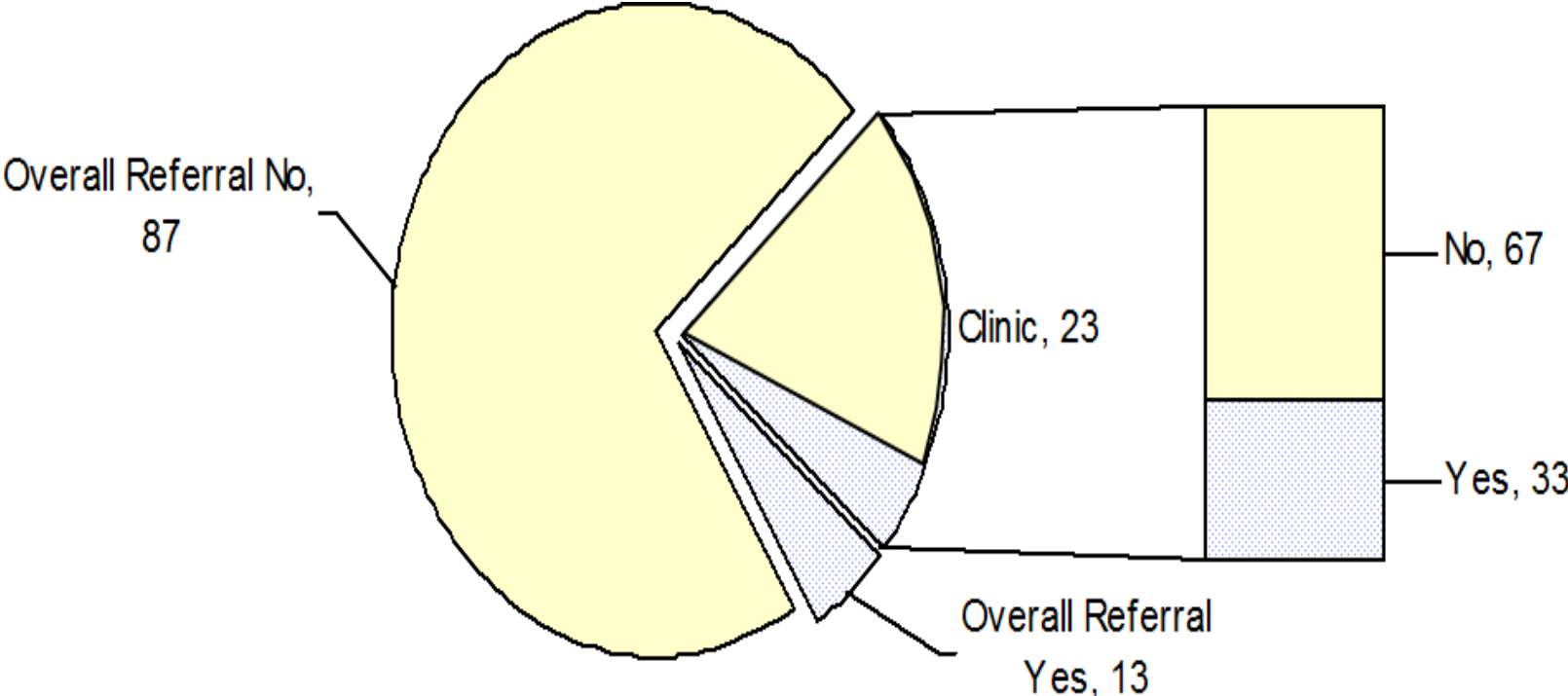
Pre-Clinic:

- 3 had stable housing
- 4 in and out of homeless shelter
- 2 'couch surfing'

Post-clinic:

- No clinic participants were homeless post clinic.
 - 1 bought a small place and continues to maintain this place to date

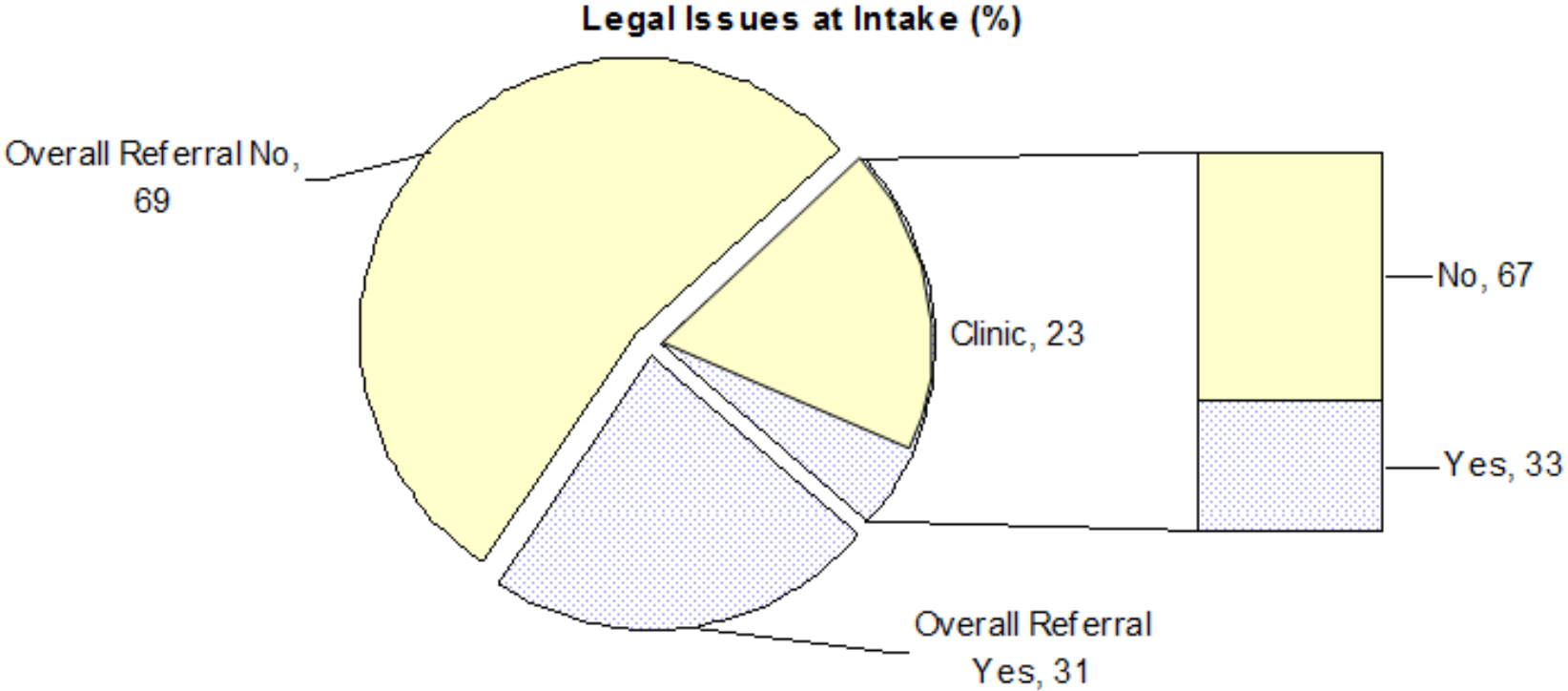
Family Violence at Intake (%)



Family Violence - Outcomes

- The funding these individuals received post clinic gave them the means to live independently
- Clinic team supported the clients in accessing DV services through community agencies.
- All of the clinic participants who experienced family violence relocated to the shelter and eventually to a stable home away from the violent relationship.

Legal Issues at Intake (%)



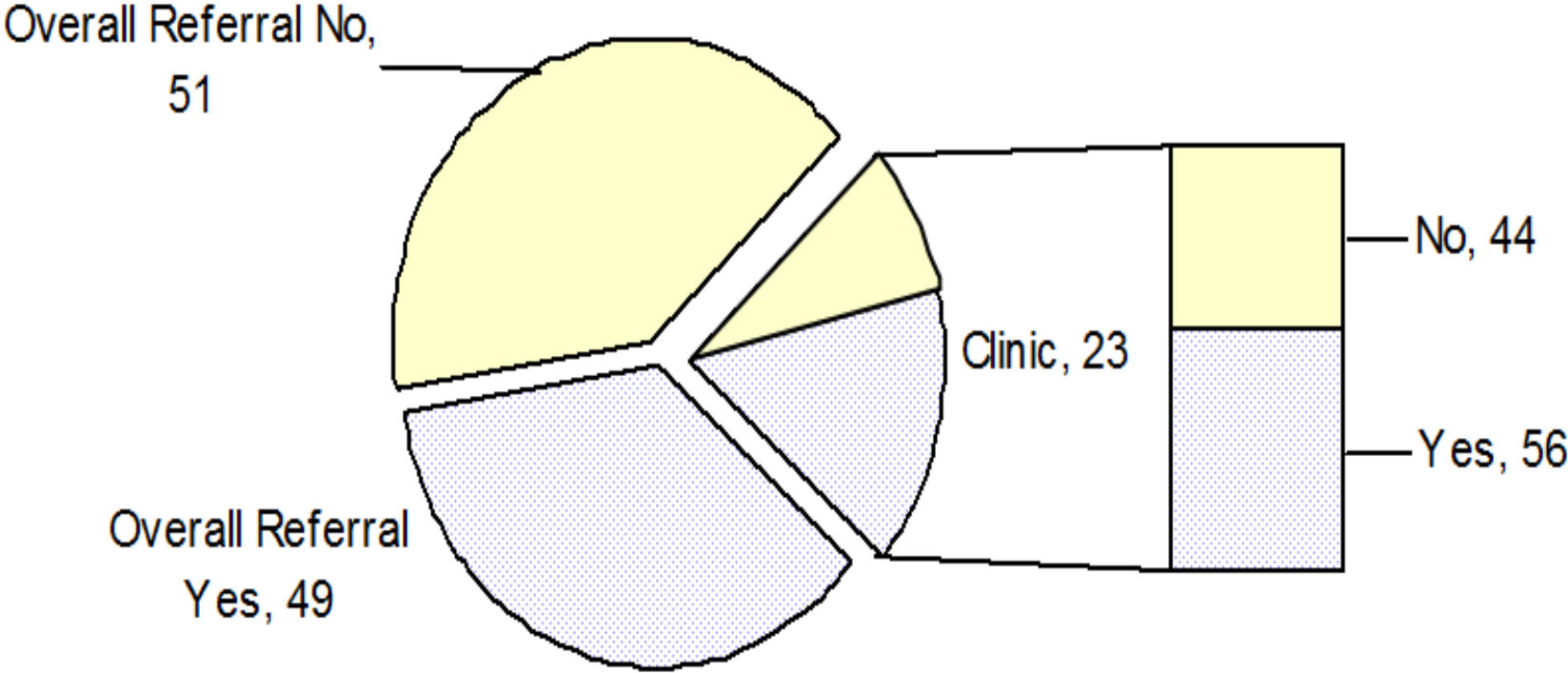
Legal Issues - Outcomes

- The clinic reports were successfully used to advocate for some clients during sentencing reporting
- Unfortunately, not everyone with current legal issues was able to access and benefit from this clinic.

Challenges:

- One client was scheduled for clinic assessment while remanded. After multiple attempts to gain access and provide the assessment for this individual, the team was denied and unable to provide assessment

Employment Issues at Intake (%)



Employment - Outcomes

- Clinic recommendations:
 - Practical suggestions on how to ensure successful and supportive work environment for these individuals.
- Along with support staff hired from PDD services:
 - 2 have stable employment
 - Others depend on assistance received resulting from clinic reporting

Baltes' notion of wisdom:

the Berlin wisdom paradigm

- “...wisdom as an expertise in the conduct and meaning of life” (2000, p125)
- Factual knowledge
- **Procedural knowledge**
- Lifespan contextualism
- Relativism of values
- **Managing uncertainty**

Applying Baltes' "wisdom" to the "whole person experience" of FASD

- Adaptive functioning vs IQ
- The role of executive functioning as the grounding for "...expertise...in life..."
- Managing external supports
- Wisdom and managing risk

Benefits of adult clinic participation

Reduction in secondary domain concerns

- Access to health services
- Access to mental health and addictions services
- Support for reducing exposure to violence
- Support for employment

Without these people...

On our behalf, thanks to...

- Our physician
- Our OT
- Funders willing to try a pilot project

Selected References

- Badry, D. (2010). Assessment and diagnosis of FASD among adults: A national and international systematic review. Public Health Agency Canada <http://www.phac-aspc.gc.ca/fasd-etcaf/index-eng.php>
- Baltes, P. B., & Staudinger, U. M. (2000). Wisdom: A metaheuristic (pragmatic) to orchestrate mind and virtue toward excellence. *American Psychologist*, 55 (1), 122-136.
- Sparrow, J., Grant, T., Connor, P., Whitney, N. (2013). The value of the neuropsychological assessment for adults with Fetal Alcohol Spectrum Disorder: A case study. *International Journal of Alcohol and Drug Research*, 2(3), 79-86 doi: 10.7895/ijadr.v2i3.107
- Sternberg, R. (2008). *Wisdom: Its nature, origins and development*. Cambridge University Press.