

A Clinician's Perspective of Crisis Intervention with Individuals with Fetal Alcohol Spectrum Disorder (FASD): Lessons learned from an Individual with FASD in crisis

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FASD Case Setting

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- A homeless shelter in an inner city in the Canadian province of Alberta
- A social detox is attached to the shelter where people stay in detox for 5 - 7 days
- The shelter intake begins at 8 pm and ends at 6:30 am

Realities of Homelessness (Trauma)

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- **High mortality rate – 39 year life expectancy** (Hwang, 2001)
- **Forty per cent of homeless citizens are assaulted** (Gelberg & Linn, 1989)
- **Mental Health - schizophrenia, depression, bipolar disorder, addiction, and much more** Hwang, Stergiopoulos, Campo, and Gozdzik, (2012)

Shelter Life: Rules and Control

- Stark (1994) described the homeless shelter as having become an institution
- The client engagement style, Rule Enforcement, is highly visible in Stark's research that spanned 10 years
- Quoting a shelter director “the only thing that makes it possible to run this shelter...is to have a set of rules that pretty much governs everything that goes on in here. It's the only way we have to control the situation” (Stark, 1994, p. 555)

FASD-Homeless:Some Symptoms

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- Clients who can not keep track of their daily schedules
- Have unexplained temper issues
- Have unexplained memory problems
- Have highly sexualized thoughts
- Often unable to link actions with consequences

□ Streissguth, A. P., Bookstein (2004)

Operational Ejection

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- Some clients with FASD (On the worker's caseload)
 - ▣ Remember rules some days and not other days
 - ▣ Sometimes cannot link consequence to action
 - ▣ Are highly impressionable and manipulated by others
 - ▣ Make inappropriate sexual comments to staff/members
 - ▣ Take some time to settle into a routine

- Clients with FASD ejected for rule infractions

Challenges for Shelter/Detox Staff

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- Lack knowledge and education about FASD
- Hesitation to operate on a case by case basis
- Resistive to producing options for persons with FASD who live in shelters
- Homelessness and FASD often results in incarceration or admission to an institution

The Case of Jim Smith

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- In November, 2016, Jim (a fictitious name) entered my office. He was a slender man, about 6 feet tall, and he was admitted to detox
- His eyes blinked continually like a facial tick and he also presented with a constant hand tremor
- As he was suspected of having severe anxiety, I proceeded carefully
- He repeatedly described certain points he tried to make in several ways

The Case of Jim

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- Jim has no known homeless experience and has been abandoned by his family
- He expressed suicidal desires
- He is connected to drugs and gang activity and has a 9 month history of crystal meth use

The Case of Jim

- Family refused to take him back
- Jim was diagnosed with FAS by a doctor (GP) when he was a child but there is no paper trail
- The family does not understand his struggles, the father denies there is an issue, and his mother asks questions about a cure
- Jim is homeless and the social worker has one week to create options for Jim

Some FASD Realities

- A majority of people living with FASD will experience addictions, mental health problems, trouble with the law FasWorld, (2015)
- Clients living with FASD who are not well supported regularly go to jail, are victimized, manipulated, and struggle with mental health problems, and trauma (Observations by the social worker)
- FASD is overrepresented in correctional institutions, addiction treatment centres, and mental health facilities (Fast& Conry, 2009)
- Sooner or later, we have to understand that this is not acceptable

Response

- The manager was consulted and the case was transferred to the social worker (including policy control)
- Jim's detox bed was made long term (His idea when offered)
- Building a therapeutic relationship between Jim and the social worker became a priority
 - ▣ Trauma informed, client centered, narrative therapeutic approaches were used to encourage Jim to recognize his strengths

Developing a Plan

- Jim needed an official FASD assessment in order to gain access to disability funding (A year wait)
- The Plan: Find stability for Jim somehow (Long wait for housing first programs)
- Finding a way to help prevent FASD symptoms from causing his removal from a placement

The Scramble for Allies

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- A month resulted in no supportive options for stability
- Jim was connected with an FASD social worker/professional and mental health supports
 - These connections turned out to be very valuable in the long term (Support Workers and Housing)

Problems with Shelter Staff

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- Shelter staff attempted to discharge Jim
 - Accused of having food in his bed
 - Accused of keeping Tylenol in his pillowcase
 - Accused of accessing the kitchen without permission

- It seemed that Jim needed defended from every direction (Rule enforcement, lack of knowledge)

A Reluctant Partner Emerges

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- Jim was eventually accepted into a transitional housing program on conditions:
 - ▣ The social worker had to
 - visit the program every two weeks to check on Jim
 - had to help intervene if Jim was in crisis
- The social worker agreed to the long term interventions although only a short term, clinically trained crisis worker

An Overwhelming Effort

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- Jim struggled in the placement as the social scenario was complex (problems with abstraction)
- Because of the successful efforts to build trust, when the social worker intervened, Jim would listen
 - ▣ “The relationship is everything” (Can FASD)
- The placement lasted twelve months before Jim was discharged (it was enough)

The End – Everything in Place

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- After discharge from transitional housing, his assessment began (Met criteria for FASD)
- FASD support began because he was back in the city of Edmonton (Bissell Center FASD program)
- He was held in detox until his assessment was finished, then FASD Support housed him
- Today he is happy, he is sober and remaining so, he is reconnecting with family, he has goals and dreams

What the Social Worker Learned ?

- The case example of Jim ended positively because he was able to secure an advocate and the resources necessary for a positive outcome
- Although Alberta does offer services for clients with FASD, the programs are not sufficient to immediately protect a person with FASD who is in crisis and homeless
- There are many cases similar to the case of Jim. His case proves, it can be done. His outcome suggests that with appropriate services, similar cases can be directed to positive results

When to Make the Additional Effort for One Client?

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- Jim presented as being in difficulty; however, he also presented as having the skills to achieve improvement
- He appreciated those who respected him and worked with the social worker to achieve better outcomes
- He stayed sober after his first day in detox
- He persisted in trying to understand his social world despite the fact that he had problems with abstraction

Recommendations

- We need more FASD housing, transitional and permanent
- Shelters need direct access to FASD appropriate transitional housing placements
- Homeless and related services, in general, need far more knowledge and resources in order to become effective partners in the battle to mitigate the oppressive realities of this disability

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