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Therapeutic Interviewing and Interventions with a Person with Fetal Alcohol Spectrum Disorder

A person with Fetal Alcohol Spectrum Disorder (FASD) or other neurobehavioral condition (NB) has a physical disability. Brain structure and function has changed. Addressing these changes provides the best opportunity for successful outcomes. Imagine the necessity of a wheel chair and ramps for someone without typical use of the legs. The same necessity for accommodations exists when working with people with FA/NB—an invisible, physical disability.

FASCETS neurobehavioral screening tool can assist understanding the unique individual's brain function. I recommend having the caregiver bring a completed screen to the initial appointment as well as completing the screen with the client once initial rapport has been built. Noticing patterns of 3's and 5's increases understanding of actual ability vs apparent ability for therapist, caregiver and client and creates a common language. Awareness of strengths offers important starting points for strategic and successful intervention.

The following are possible considerations and accommodations in areas affecting therapeutic settings. (Areas of functioning are relevant for treatment based on the unique description provided by the neurobehavioral screening tool.)

Dysmaturity: Assess functional developmental age at each appointment. Recognize uneven development in different areas and access strengths in treatment planning.

Sensory systems: Ask client what they notice in the environment and adjust distractions as possible: fluorescent lights buzzing, too many colors/images on walls, cold/hot so need blanket or fan, etc. Have sensory toys available. Is eye contact possible or is listening improved without eye contact?

Language and communication: Asking "How was your week?" or "What is the most pressing issue for you today?" might not produce helpful information because of communication/memory/abstraction issues. A person with FASD might create stories to answer your question (confabulation) but not have access to relevant information. Some therapists have found it helpful to set goals jointly with caregiver and client every 4-6 weeks and then begin each session reminding the client what the goals of the session are. It is often important to check for true understanding of words/concepts rather than basing your assessment on nonverbals or simple affirmations.

Slow processing pace: Some clients only hear every few words of communication at typical speed. Consider giving permission for the client to ask you to slow down or pause so they can catch up. Check for understanding/ missed information at regular intervals. Caregivers can often tell you what it looks like when their child has "zoned out." Some therapists have found it is more effective to meet with clients at the same time twice a week (e.g., Tuesday/Thursday at 10:00) for 25 minutes rather than once a week for 50.

Learning and memory: Understanding learning styles is imperative as some people with FA/NB won't be able to absorb or offer information outside of areas of strength. Daily variability in access to memory is common as well. Imagine having a loose wire on a radio: sometimes the station comes in clearly, other times fuzzy or not at all. Is today an on or off day? Creating action plans based on clients remembering and utilizing multi-step tools may be ineffective. Is the plan concrete, concise and written?

Abstract thinking and executive functioning: Metaphors and idioms are ineffective for literal thinkers. Regularly check for understanding. Making plans and predicting outcomes challenges many people with FA/NB. Offering several options/suggestions can help if needed. Changes in environment or routine may cause stress. Prepare clients ahead of time and process the stress.

For support with the screening tool and other problem solving tools, please contact Lynn Alsup, LMSW.