

Promising approaches to improve substance use treatment and care for women with FASD

The project identified a number of promising approaches, which are discussed in the project reports.

FASD education and training for all service providers involved in alcohol and drug counselling, mental health services, social work and child welfare, and other related health and human service professions.

Programs being grounded in FASD-informed and women-centred theoretical frameworks that feature:

- a relational approach, wherein women feel respected and safe, and not judged, blamed or shamed;
- wholistic and collaborative approaches, attending to women's needs in various areas of their life;
- mothering-informed approaches (i.e., appreciating women's needs and issues as a mother—potentially of a substance-exposed child—including issues of shame, guilt, grief, and involvement with child welfare);
- individualized one-to-one support, combined with group/peer support or mentoring; and
- a harm reduction approach.

Care providers making FASD-informed accommodations to their communication and practice, including: using clear and concrete language; paying attention to pace; breaking goal-setting and other activities into small, do-able steps; and continually checking to ensure comprehension.

Programs making FASD-informed accommodations to their process and environment, including:

- reducing noise level and visual clutter
- consistency in time of day; attention to length of session to prevent fatigue or hunger
- reminder calls and transportation assistance
- flexibility for late arrivals or missed appointments, and in when and where women access services
- extended timeframes for program duration

Care providers receiving ongoing FASD-focused education, supervision, and mentoring, and programs resourced to enable smaller caseloads and additional staffing as needed.

Three reports from this project have been produced and may be accessed electronically or in paper copy:

Gelb, K. & Rutman, D. (2011). *Substance Using Women with FASD and FASD Prevention: A Literature Review on Promising Approaches in Substance Use Treatment and Care for Women with FASD*. Victoria, BC: University of Victoria.

Rutman, D. (2011). *Substance Using Women with FASD and FASD Prevention. Voices of Women with FASD: Promising Approaches in Substance Use Treatment and Care*. Victoria, BC: University of Victoria.

Rutman, D. (2011). *Substance Using Women with FASD and FASD Prevention: Service Providers' Perspectives on Promising Approaches in Substance Use Treatment and Care for Women with FASD*. Victoria, BC: University of Victoria.

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Substance Using Women with FASD and FASD Prevention

Project Summary • Spring 2011

THE SUBSTANCE USING WOMEN WITH FASD AND FASD PREVENTION PROJECT

About FASD

Fetal Alcohol Spectrum Disorder is an invisible and lifelong disability, and while its manifestations are varied, they include a range of physiological, cognitive, behavioural and social effects.

The invisibility of FASD contributes to the numerous social and systemic challenges and barriers that people with FASD face in daily life.

Women with FASD

Previous research shows that women who have FASD are at high risk of having concurrent substance use, violence and trauma experiences, mental health problems, and of having a baby with FASD.

From the perspective of FASD prevention, women with FASD need to be viewed as a group warranting particular attention.

Purpose of this Project

To bring together existing research evidence, the perspectives of service providers who work with women suspected of having FASD, and the voices of women with prenatal alcohol exposure, in relation to promising substance use treatment approaches for women with FASD.

Project Findings

A key message of this project is the critical importance of marrying what is known about promising practices for women with what is known about promising practices for adults with FASD, and ensuring that all programming is developed and delivered based on *both* women-centred *and* FASD lenses.

Practice Frameworks

Existing programs and services that were successful shared a number of features:

- **FASD-informed** – Understanding of “problem” behaviours as resulting from physical disability and use of appropriate accommodations in communication, physical environment, program activities and rules
- **Relational** - Relationship between a woman and her service provider is key to fostering growth and change
- **Wholistic & Integrated** - Multi-faceted programming and care that support women with a range of issues (e.g., substance use, parenting, housing, wellness, income security) over the long-term
- **Family accessible** – Remove barriers related to women’s concerns about their children’s care while they attend services

Promising practices for women with FASD and substance use issues require combining women-centred (gender lens) and FASD-informed (disability lens) perspectives

As part of the project, women with prenatal alcohol exposure, suspected of having FASD, described good experiences with services and supports. Here are some of their comments excerpted from the *Voices of Women* report.

What Works from Women’s Perspective

The Moms Group has been incredible — individual support and peer support. Workshops, people would come in from the community, art therapy. Lots of laughs, lots of information sessions on FASD. They were there for all of us, 24/7. Helping other women in the group was fantastic—it is good for my recovery.

I’m now in a program - it’s like a foster home but instead of just taking in children, they take, like, a mother with a child. The family is really nice.

He had faith in me. I kept screwing up, but he kept supporting me. Even though he was tough, I have a lot of respect for him.

Support, support, support from people who understand how important practical support is. Getting a phone bill paid, a grocery voucher, daycare so we can go to meetings. Help in raising kids with FASD – or any kids.

Longer detox and program stays.

As another component of the project, service providers identified practice accommodations that they found useful in working with women with FASD.

Practice tips in Working with Women with Substance Use Issues and FASD

- In group work, using a stop watch or egg timer can help women gauge the length of time they have to talk.
- Asking women to use colours or animals to describe their feelings if it is hard for them to use feeling words.
- Using a concrete representation of things, such as:
 - having a big blue beach ball to represent the guilt that the women carry around;
 - having wool laid out on the floor to show the concept of boundaries.
- Having pictures of the counsellors on the counsellors’ office door.
- Not making the writing of an alcohol & drug history mandatory. Also, allowing the history to not be sequential, or having it be only highs and lows.
- Allowing women who get restless to get up and walk around.
- Helping women break their goals down into smaller pieces, with concrete steps.

