

Presenter Disclosure

Katherine Fitzpatrick

- No Relationship with commercial interests

Managing Potential Bias

Katherine Fitzpatrick

- No bias to report.

Current State of an FASD System of Care

- Individuals with FASD often have “secondary conditions”
- Community mental health centers do not have FASD-Informed Care (but are a prime location because they serve many foster & adopted children)
- Families, & especially providers, lack knowledge of FASD & effects of PAE
- Diagnostic clinics are overwhelmed
- Screening & FASD-informed services for those with confirmed PAE & behavior/learning problems do not occur in settings where these children are seen
- There are many barriers to care... & action on this problem is needed (e.g., Olson, 2016; Petrenko et al., 2014ab)

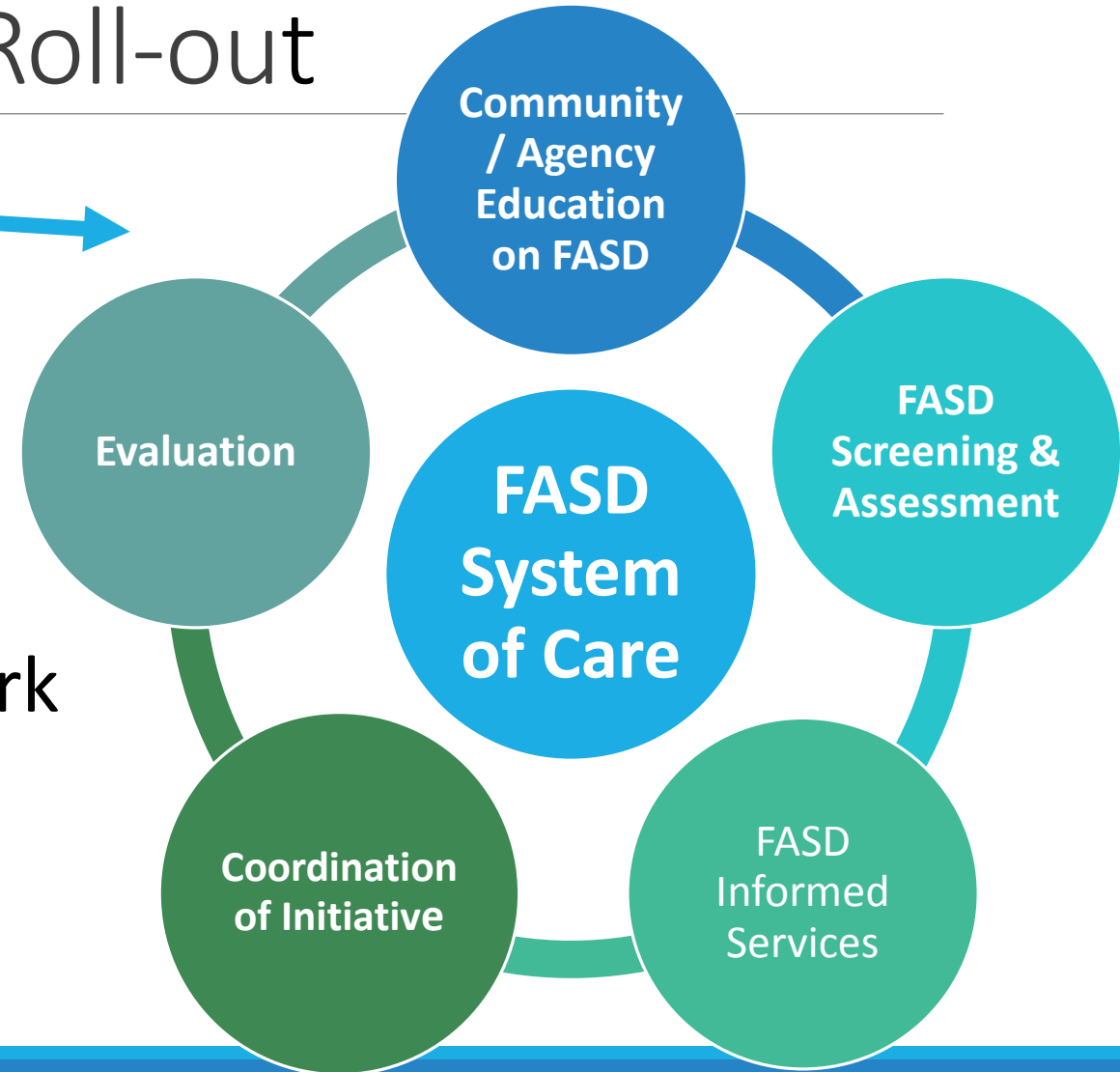
FASD Initiative: Systematic Goals

(built on experience & research)

- 1 Educate Community Mental Health staff on FASD and PAE
- 2 Develop standardized S & A tools and protocol for Community Mental Health staff and train them on use of tools and accompanying protocol.
- 3 Train and implement “FASD-informed services” for children birth to 18 within Community Mental Health system.

FASD State Initiative: A “Multiple Component” Roll-out

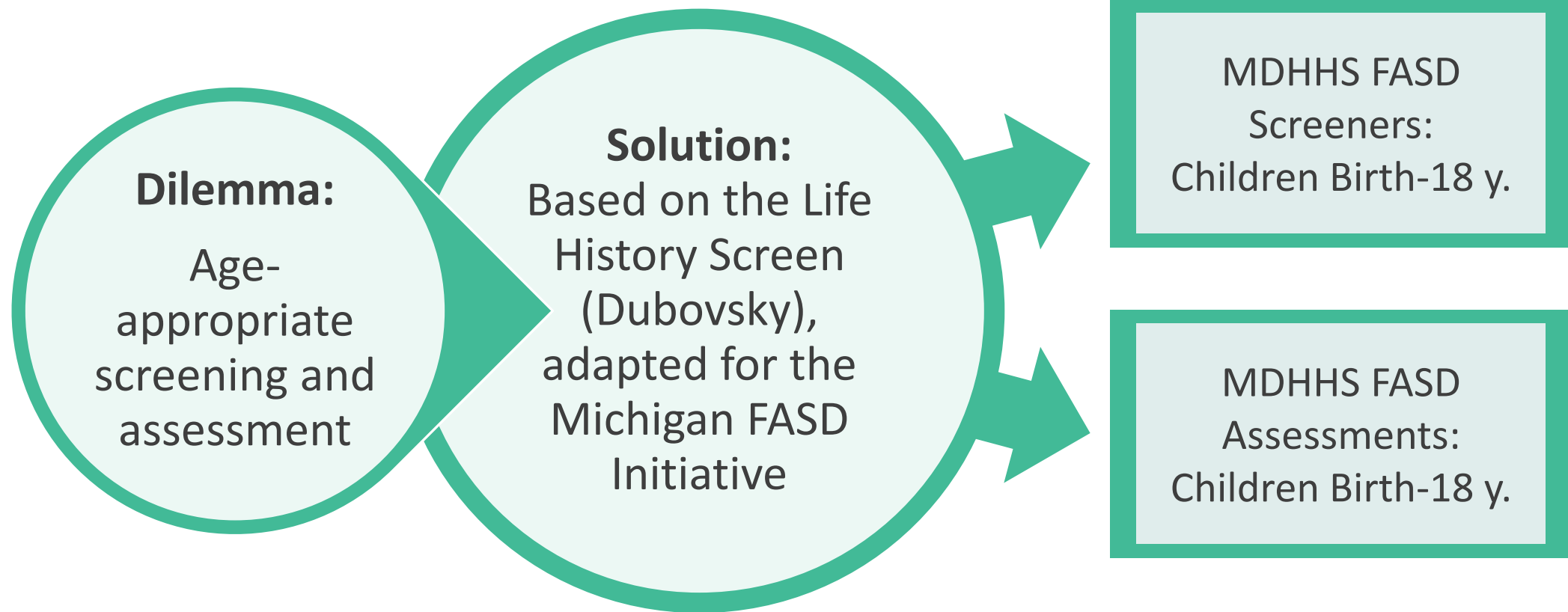
- Multiple components needed
- Each has been operationalized, & might be useful elsewhere
- All components put in place to work synergistically
- Has multiple benefits!



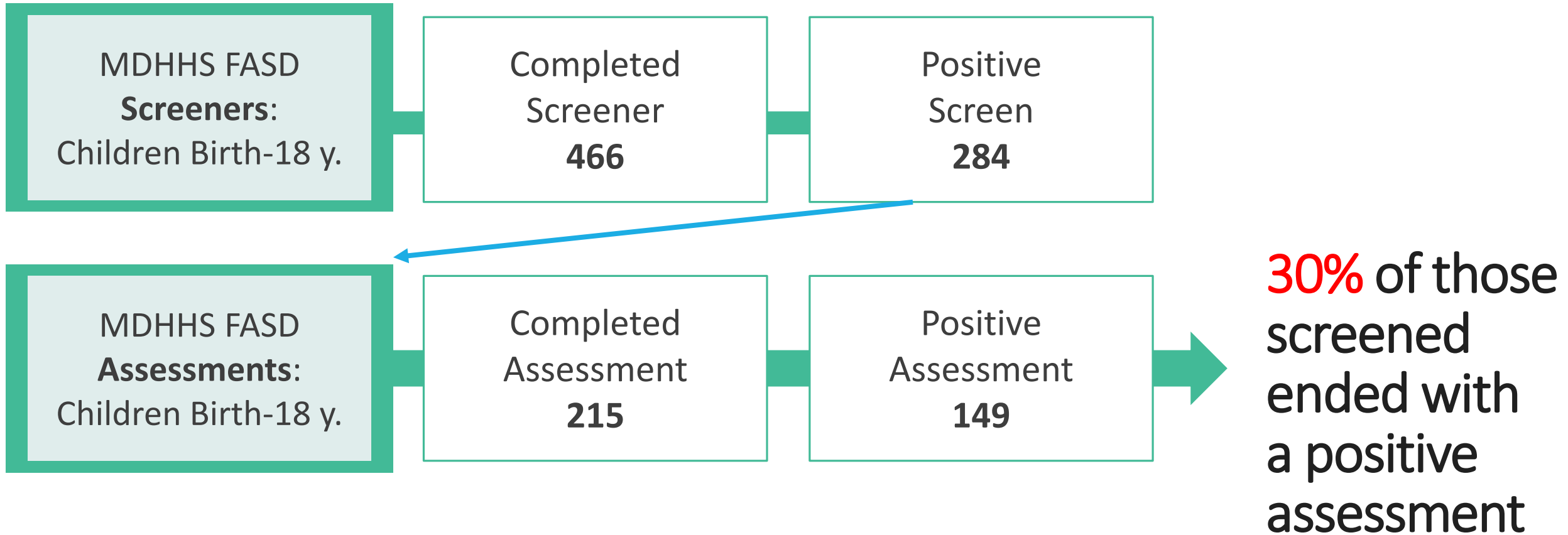
Goal #1: Provide agency/community education on FASD



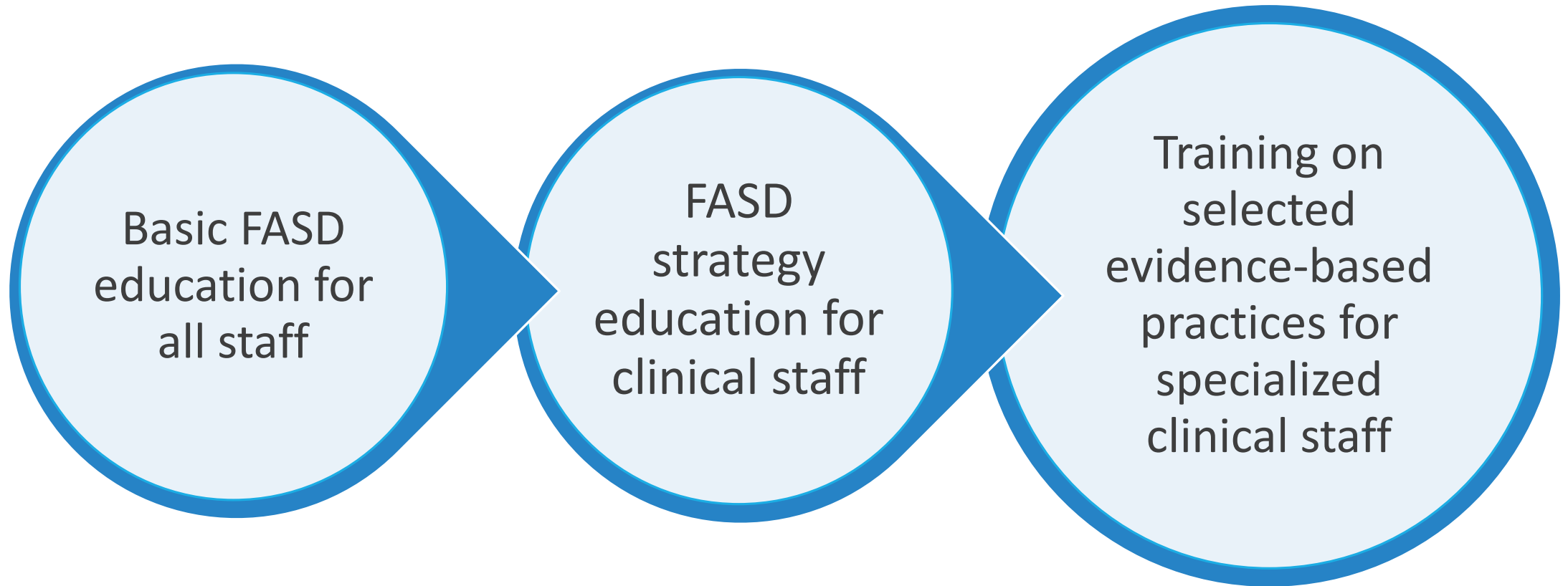
Goal #2: Develop standardized S&A tools & protocol and implement protocol with Community Mental Health agencies.

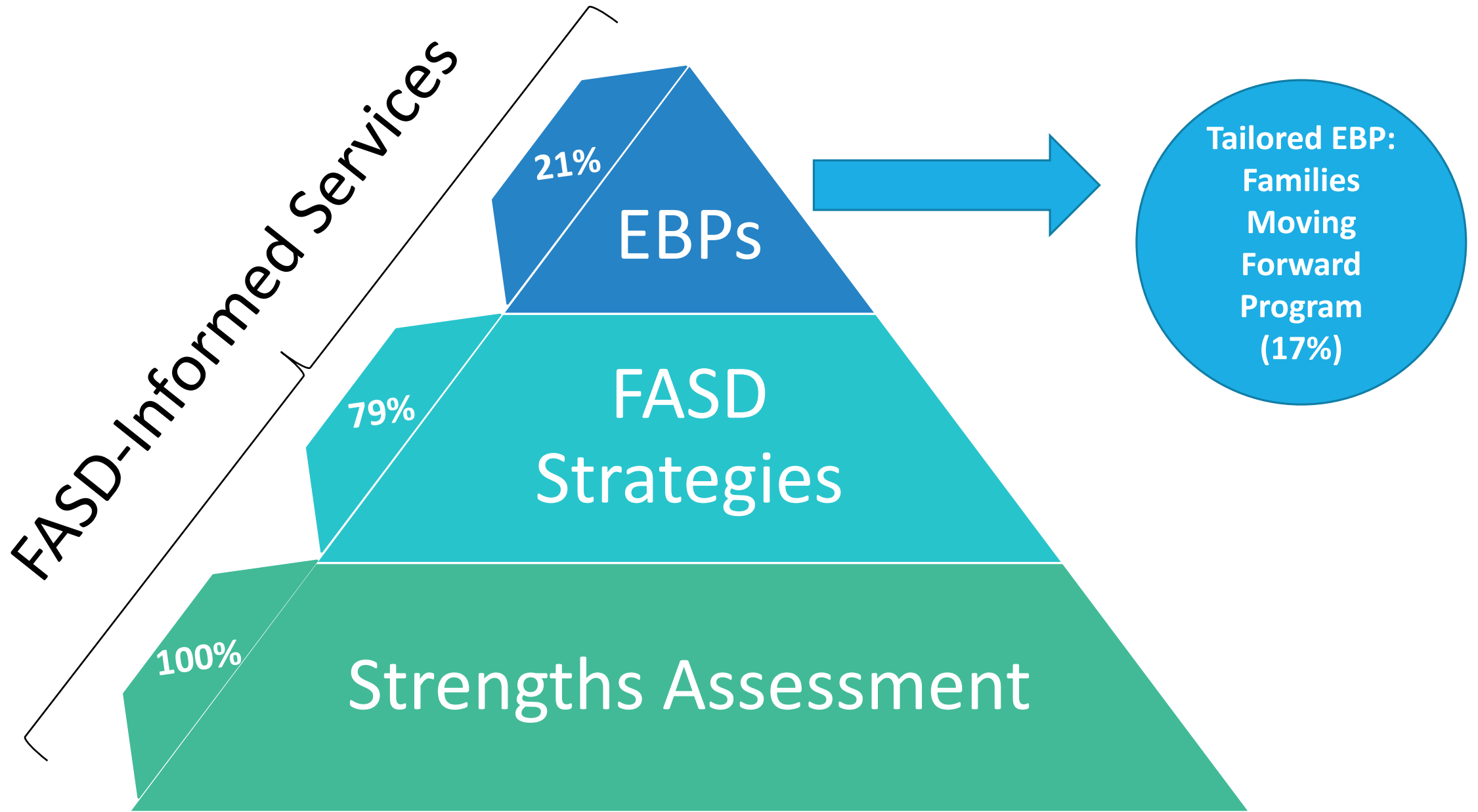


Goal #2: Develop a standardized S&A protocol and implement protocol with CMH



Goal #3: Provide training on FASD-Informed services





FASD Strategies

FASD Strategies: Initial 6 hour Training
167 clinicians trained in 3 organizations

FASD Strategies Checklist:
Two caregiver versions: Birth - 5 and 6 – 18
One youth version: 12 - 18

FASD Strategies Guidelines: Six-step process

Supported
with monthly
consultation
calls

Evidence Based Practice (EBP) Chosen: Standard Families *Moving Forward* Program



- Validated positive parenting program specifically designed for children aged 3-13 years
 - Most appropriate for children with clinically significant problems
- Feasible, low-intensity, sustained model of supportive consultation & psychoeducation
 - Used with caregivers (parent coaching with child can be included)
 - All materials developed & free on a private website once a clinician is trained
- Intervention lasts 7 to 11 months, 15+ sessions, 90-minute & 60-minute versions
- Services carried out by mental health providers with specialized training
 - **Training program available (see table in Exhibit Hall)**

Michigan Evaluation of Families *Moving Forward* Program: Design



- Pilot project in 3 Michigan counties (1st cohort)
 - 1 community mental health agency in each county (N=3)
 - 11 FMF Specialists, 3 FMF Supervisors
- Attention to support for successful implementation
- RedCap Database: N=26 families (so far)
 - Demographic data collection underway
 - 76% boys, mean = 8
 - FASD assessment results: 33% diagnosed FAS
 - Pre-post intervention data collection underway

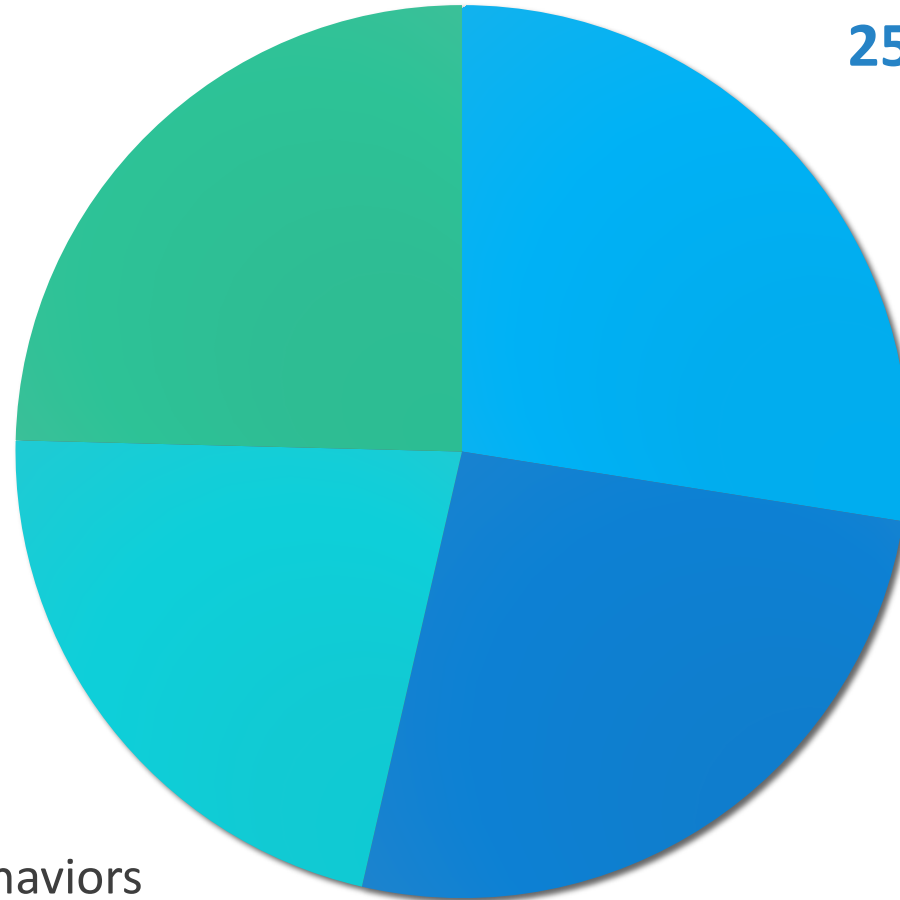
Michigan Evaluation of Families *Moving Forward* Program: Problem Behaviors

22.9% Aggressive behaviors

- Physical/verbal aggression
- Destructive behavior
- Anger

20.3% Other problematic behaviors

- Escaping behaviors
- Body-focused behaviors
- School-oriented behaviors
- Fixative & perseverative behaviors



25.6% Non-compliant behaviors

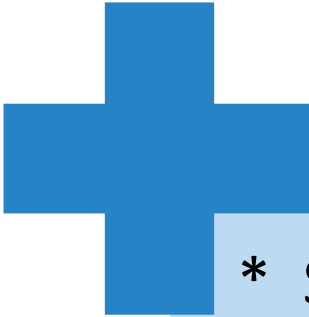
- Refusing daily tasks
- Following directions
- Irritability during transitions


24.3% Tantrum-like behaviors

- Emotional outbursts
- Whining

FASD Initiative: Facilitators & Barriers

Implementation Science & the TIP are helpful resources

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- * State commitment to FASD
 - * Expert FASD consultation/supports
 - * Agency commitment to FASD
 - * Leadership involvement/support
 - * “Ah-ha” moments

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- * Organization-level
 - Miscommunication
 - * Clinician-level
 - Caseload capacity
 - * Agency time/resource limitations
 - * Child/Family-level
 - Misinformation/stigma

Creating an FASD System of Care: Lessons Learned



Persistence, persistence, persistence



Promote FASD System of Care in person to potential agency leadership



Coordinate with other state agency prevention & promotion activities



Choose qualified, interested agencies to champion the FASD System of Care



Set realistic expectations: Go step by step

Contributors:

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