Clinical Intervention: Where Do We Want to Be in 20 Years and How Do We Get There?

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Where Are We Now?

- In terms of services for individuals with FASD and their families
  - We do not have diagnostic capacity to meet the needs
  - If we do not get a confirmed diagnosis, we do not provide the correct supports
  - We do not have enough services for everyone affected by FASD
  - Our service systems do not recognize the impact of FASD
Where Are We Now?

- In terms of services for individuals with FASD and their families
  - Youth in foster care are often sent out on their own at 18 with no supports for them to be safe
    - Including housing, physical and mental health care
  - We continue to stigmatize women who consume alcohol during pregnancy
What Should the Future Look Like?

- Universal acceptance of the impact of FASD on people’s lives
- No stigma related to FASD
- A true continuum of services focused on what people need at the moment
- No eject programs and supports
- Apprentice programs in employment
- Coaches/buddies who understand FASD
What Should the Future Look Like?

- An array of affordable housing choices in safe neighborhoods
- **All** providers truly FASD informed
- Increased social supports for families
- An array of flexible services for people with FASD and their families geared to what they need at the moment
- All services provided regardless of ability to pay
Expansion of modifications in treatment and service provision in all settings including:
- Education
- Mental health
- Physical health
- Substance use treatment
- Corrections
- Child welfare including foster care
- Vocational services
Age specific services
Gender specific services
LGBTQ specific services
Supports for youth in foster care at least until 26 years old with warm handoffs for further support
Implementation of promising practices in prevention of alcohol exposed pregnancies
Treatment rather than criminalization for women who consume alcohol during pregnancy
What Do We Need in Order to Get There?

- Funding practice based evidence
  - In screening, assessment, and service provision

- Funding clinical programs to collect and analyze data and evaluate their outcomes
  - Do not rely only on University based research
  - They can help with the components that clinical programs need
What Do We Need in Order to Get There?

- Funding clinical programs to expand their knowledge of FASD in the provision of services and provide staff training, follow-up and coaching
- Government funding to support individuals with FASD and those who support them
  - Including health care, housing, physical and mental health care
What Do We Need in Order to Get There?

- Mandatory ongoing training, follow-up, and coaching for providers in all systems of care
- Mandatory ongoing training, follow-up, and coaching for all caregivers
  - We know that training alone does not change behavior
- A positive focused system of care
  - A move away from our problem based societies
How People with FASD May Think About Themselves Currently but Should Think

“This is Me” from “The Greatest Showman”
Music and lyrics by Benj Pasek and Justin Paul
Sung by Keala Settle

The first 4 lines are what people with FASD often experience
The rest of this verse is how I hope they will feel about themselves
I am who I’m meant to be,
I am me
Keep In Mind

- We need to support the ability of every person with FASD to feel this way with whatever it takes
- We cannot wait 20 years to for this to happen
- We all have a role