

In Collaboration with SAMHSA FASD Center for  
Excellence

FETAL ALCOHOL SPECTRUM DISORDER

TWO DAY CONFERENCE

SPONSORED BY NOFAS WASHINGTON STATE

Tuesday February 28 and Wednesday February 29, 2012

EVERETT PUD AUDITORIUM 2320 California Street Everett, WA 98201

COST \$100.00 early bird registration

COST \$125.00 if registering after February 10, 2012

8:30am **Registration** Tuesday and Wednesday

9:00am to 10:30am “Improving Outcomes for Individuals, Families, Agencies, and Systems of Care by Recognizing Fetal Alcohol Spectrum Disorders and Other Underlying Neurocognitive Disorders”

10:30am to 10:45am **Break**

10:45am to 12:15pm “Improving Outcomes for Individuals, Families, Agencies, and Systems of Care with FASD (continued)”

12:15pm to 1:30pm **Lunch on your own**

1:30pm to 3:00pm “Improving Outcomes for Individuals, Families, Agencies, and Systems of Care with FASD (continued)”

3:00pm to 3:15pm **Break**

3:15pm to 4:45pm “Improving Outcomes for Individuals, Families, Agencies, and Systems of Care with FASD (continued)”

4:45pm to 5:00pm **Closing, evaluations, certificates**

**See below for description/abstract, outline, objectives, and speaker bios**

**CEUs and training hours will be available.**



## Outline for NOFAS Washington February 28-29, 2012

**Title:** “Improving Outcomes for Individuals, Families, Agencies, and Systems of Care by Recognizing Fetal Alcohol Spectrum Disorders and Other Underlying Neurocognitive Disorders”

**Abstract:** In our current economic climate, improving outcomes for individuals and families has taken on an added importance. In addition to being a matter of improving the quality of people’s lives, it is incumbent on service providers to be able to demonstrate that their services result in reduced overall cost. A key component of being able to accomplish this is the accurate recognition of all issues with which a person is dealing and providing the most effective interventions for that individual and family. When individuals are not correctly diagnosed; or co-occurring issues or disorders are not recognized, interventions are often less than optimal.

One of the most frequently missed diagnoses has been fetal alcohol spectrum disorders (FASD). Although research has identified the prevalence of FASD as being between 1 in 25 and 1 in 100 individuals in the overall population, making it more common than autism or many other diagnoses, FASD is often unrecognized and undiagnosed. When this occurs, people with an FASD frequently fail with typical approaches and are labeled as non-compliant, uncooperative, and unmotivated.

In the case of FASD, the behaviors that lead to this labeling may well be due to brain damage caused by prenatal alcohol exposure. This damage, that spans the intellectual spectrum, affects the way individuals process information and respond. Therefore, evidence based practices that rely on verbal interactions, cause and effect (e.g., reward and consequence systems), and individuals taking responsibility for their actions are most often not successful and set those with an FASD and their families up to fail. In order to provide optimal outcomes for these individuals and families, and those who treat them, it is essential to recognize the FASD and modify approaches, including the use of medication, to improve outcomes.

This presentation presents an overview of FASD and the importance of prevention of alcohol exposed pregnancies, and addresses the damage to the brain that often occurs with prenatal alcohol exposure, how individuals with an FASD manifest this damage through their behaviors. Strategies for modifying approaches to improve outcomes in various settings, including home, school, treatment, child welfare, and corrections, are highlighted, as well as hearing firsthand what it is like to live with an FASD and to raise an individual with an FASD.

### Outline:

- Person First Language
- Overview of FASD
  - Myths and facts
  - True spectrum
  - Terminology
  - Prevalence
- Prevention of alcohol exposed pregnancies

- Importance of prevention
  - Evidence based prevention approaches
- Issues in not diagnosing an FASD in an individual
- Issues in not diagnosing an FASD in caregivers
- Brain research and implications for working/living with individuals with an FASD
- Possible mitigating factors to the effects of prenatal alcohol exposure
- Co-occurring disorders and misdiagnosis
  - Challenges for behavioral health practitioners
  - Importance of accurately identifying why an individual is experiencing what he or she is experiencing
  - How a co-occurring FASD is different than having other co-occurring disorders in terms of intervention
- Behaviors often seen in persons with an FASD
- Issues at home
- Issues in systems of care
  - School
  - Corrections
  - Vocational services
  - Treatment settings
- Issues regarding suicide and sexually transmitted infections
- A strengths based approach to improving outcomes
- Strategies for individuals with an FASD and their families
- Strategies in specific arenas: modification of approaches
  - Home
  - School
  - Treatment settings
  - Corrections
  - Child welfare
  - Vocational services
  - Medical settings
- Working with family members of an individual with an FASD
- Working with family members who may have an FASD
- Recognizing an individual with a possible FASD
  - Questions to ask
- Psychopharmacology: a brief overview for non-psychiatrists
  - Groupings of medications used in psychiatry
  - Issues in adherence to medication
  - Questions to ask a prescriber of medication
- A panel of representatives of Washington systems to discuss and brainstorm the existing supports and the needs from our state perspective

- Where do we go from here

**Objectives:**

By the end of this presentation, participants will be able to:

1. Use person first language in their everyday life;
2. List behaviors that are often seen in individuals with an FASD;
3. Explain the importance of recognizing an FASD as a co-occurring issue;
4. Describe modifications in behavioral health treatment that could improve outcomes for individuals with an FASD and their families;
5. Identify questions that can be asked to identify an individual with a possible FASD;
6. Examine strategies to improve outcomes in various settings.

**Dan Dubovsky, M.S.W** has worked for over 35 years in the field of mental health. He has worked as a therapist in residential treatment, inpatient psychiatric hospital, outpatient, and community settings and as an Instructor in Psychiatry for the Drexel University College of Medicine Division of Behavioral Healthcare Education. He has been involved in the field of Fetal Alcohol Spectrum Disorders (FASD) for over 20 years. Mr. Dubovsky is a nationally recognized speaker on FASD who is routinely invited to make presentations in the United States and internationally. For the past 9 years, he has brought this expertise to the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) FASD Center for Excellence as the FASD Specialist, providing content expertise to the Center and training and technical assistance to individuals, families, agencies, communities, States, and Provinces to address the prevention and treatment of FASD. He is the author of articles that have appeared in the *Journal of FAS International* (JFASInt. 2005; 3:e9-March 2005) and in Fetal Alcohol Syndrome: A Resource Guide, published by Children Awaiting Parents. Mr. Dubovsky brings the unique perspective of a professional in the field of mental health and FASD and a family member who raised a son with mental illness and an FASD.

**Julie Gelo, BSHS/M** is the legal mother to 16 children ranging in age from 6 to 45. She and her husband, Lynn, live in Bothell, Washington with the youngest seven children and are licensed foster parents. Eleven of Julie's children have been diagnosed with Fetal Alcohol Syndrome or Related conditions, including all seven who live at home. Julie has been the Family Advocate for the Washington State Fetal Alcohol Syndrome Diagnostic and Prevention Network core team at the University of Washington for 16 years. She is also a foster parent co-trainer with the Resource Family Training Institute with the Department of Social and Health Services. She is the Executive Director for the Washington State affiliate to the National Organization on Fetal Alcohol Syndrome (NOFAS Washington State) and the co-founder of the FAS Friends FASD Community Support Network. She presents workshops and trainings on Fetal Alcohol Syndrome and Effective Advocacy throughout the US, Canada, and Europe

**Washington state organization representatives** to be determined and finalized prior to conference.

For additional information/driving directions/parking instructions see web site [www.nofaswa.org](http://www.nofaswa.org) or call Julie Gelo at 206-940-2832

PayPal/credit card payment is available on the home page of the website [www.nofaswa.org](http://www.nofaswa.org)

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Name: \_\_\_\_\_

Organization/Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
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Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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Make check payable to NOFAS Washington and mail to  
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