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Broad Approaches to Psychotherapy for Individuals with FASD

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KEY MESSAGES

Many individuals with fetal alcohol spectrum disorder (FASD) experience challenges with their emotional wellbeing and mental health. Despite the significant need for supports, there is very little evidence on the use of psychotherapy with individuals with FASD. In this issue paper, we review the literature on psychotherapy broadly, and summarize the preliminary scientific and clinical anecdotal evidence to identify approaches and potential adaptations that may be used in psychotherapy to best support mental health and wellbeing for people with FASD.

Issue:

Individuals with fetal alcohol spectrum disorder (FASD) experience mental health challenges at high rates across the life span. In a seminal paper published in 1996, researchers reported that more than 90% of individuals with FASD experienced mental health concerns.[1] Since this seminal report, many studies have been conducted to better understand the mental health needs of people with FASD, revealing a wide range of co-occurring diagnoses and difficulties.[2,3] Importantly, when the needs of individuals with FASD are not met, they may be at higher risk for adverse outcomes such as employment challenges, substance use, housing instability, trouble with the law, and suicidality,[4-6] all of which bear significant personal, social, and economic costs.[7] The impacts of FASD on mental health and wellbeing also extend to caregivers and families, who often report high levels of distress related to their caregiving roles.[8] Despite our increasing understanding of the mental health *needs* of individuals with FASD, there is a considerable lack of evidence-informed therapeutic *responses*.[9]

In this paper, we review the existing psychotherapy literature and discuss implications for people with FASD. Given the scarcity of scientific research specific to FASD, we draw upon the broader literature as well as clinical and anecdotal evidence to identify potential adaptations and priorities for best supporting mental health and wellbeing in this population.

Background:

1. General Factors Impacting Therapy Outcomes

Psychotherapy is a broad form of intervention intended to address an individual's emotional and/or behavioural needs and promote mental health and wellbeing.[10] In non-FASD populations, there is extensive evidence to demonstrate the effectiveness of therapy for addressing a wide range of mental health concerns.[11,12] Notably, the specific approach to psychotherapy[i] has less of an impact on outcomes than *common factors* that exist across modalities and create a broad context contributing to healing.[13] One of the most widely studied and empirically supported common factors is the therapeutic alliance, which is a "purposeful and collaborative" relationship between therapist and client.[10,14] Specifically, the variables/elements of task, bond, and goals shape and strengthen this alliance and account for a large variance in therapeutic outcomes.[15] Importantly, the relational strengths of individuals with FASD[16,17] align well with the concept of therapeutic alliance, wherein relationship and collaboration are central. Other important factors impacting outcomes include therapist empathy, genuineness, and positive regard; client expectations; and cultural adaptations.[13] Although this literature is not specific to FASD, it provides a framework of guiding considerations for treatment planning, clinical decision-making, and improving therapy outcomes for individuals with FASD.

2. Psychotherapy Research in FASD

Currently, there is very little research on the use of psychotherapy for individuals with FASD; researchers in only a handful of studies have implemented targeted mental health interventions for this population.[18-22] In these studies, interventions were shown to improve developmental and functional skills in young children with FASD;[22] and enhance coping skills, self-concept, and social support,[20] as well as reduce externalizing behavioural problems and mental illness severity[21] in older children and teens. In one mental health intervention for incarcerated adults with FASD, treatment was reported to improve anger/stress management and coping skills, increase self-esteem and self-awareness, and improve family relationships.[18] Preliminary evidence from one case study suggests that creative modalities such as art therapy, may help individuals with FASD to overcome difficulties with verbal expression in therapeutic contexts.[19] Aside from these targeted studies, most evidence-based FASD interventions that impact mental health do so more tangentially, primarily focusing on behaviour management and skill development.[9,23] Notably, many of the existing FASD interventions related to mental health also incorporate education and support for caregivers,[9] which is critical given the significant impacts that the stressors of raising an individual with FASD can have on the mental wellbeing and quality of life for caregivers and families.[24,25]

These studies have generated important preliminary evidence on some potentially promising approaches to therapy in FASD. Although there is currently insufficient evidence to endorse any specific therapeutic approach, the existing literature reveals that individuals with FASD *can*

[i] Common categories include psychodynamic, behavioural, cognitive, humanistic, and integrative/holistic therapy.[10]

benefit from psychotherapy and positive outcomes are consistency identified across studies. Considering that mental health and psychiatric support are among the most common recommendations for individuals who receive an FASD diagnosis,[26,27] more specific and intentional research, practice, policy work are needed to better understand the ways in which traditional psychotherapy may be implemented or adapted to manage the unique and complex needs of people with FASD.

3. Barriers for Individuals with Developmental Disabilities

Across many different diagnostic groups, individuals with developmental disabilities (DDs), including those with FASD, experience high rates of mental health challenges, yet significant barriers to accessing adequate supports. These barriers relate not only to disability-specific factors but also systemic challenges.

Disability Factors

Individuals with DDs, including FASD, experience high rates of mental health challenges, with intersecting needs that warrant special consideration within assessment and treatment.[28,29] Due to differences in abilities such as verbal expression, insight, and behavioural regulation that are often associated with DDs, there has been a long-held belief that individuals with DDs could not benefit from traditional psychotherapy.[30] These misperceptions exist amongst mental health service providers working with individuals with FASD as well, with some clinicians reporting that the disability impacts treatment adherence, duration, and effectiveness.[31] Relatedly, anecdotal reports of individuals with FASD being disqualified or refused access to traditional mental health services may stem from therapist reluctance or lack of confidence in how to navigate clients' cognitive limitations and other complex needs.

Systemic Factors

People with DDs also face systemic obstacles to accessing mental health supports, such as limited availability, organizational barriers, lack of relevant and effective services, and poor knowledge among service providers.[32] For people with FASD specifically, added challenges include a lack of support outside of crisis situations, challenges qualifying for and maintaining services, difficulty navigating siloed services to meet their complex needs, and lack of FASD-informed service providers across systems.[33-35] These multi-layered barriers have contributed to an historical neglect of and inadequate care for mental health needs[30,36,37] as well as a critical lack of research on traditional psychological interventions for people with DDs.[34,36,38-40]

4. Emerging FASD-Informed Approaches

Promisingly, there is growing evidence that individuals with DDs, including those with FASD, can and do benefit from psychological interventions.[36,40,41] To account for the unique needs of individuals with DDs in psychotherapy, flexible, creative, and adapted approaches are needed.[30] Specific issues such as disrupted attachment; differences in sexual development and health; dependence across the lifespan; and experiences of stigma, trauma, grief, and loss may all be particularly relevant in the context of psychotherapy for those with DDs broadly,[37] and

especially those with FASD.[42,43] Along with these issues, therapists may also be a need to address coping with and understanding genetic counselling, managing suspiciousness, moderating emotional lability, and enhancing abstraction among clients with FASD.

Adapted Responses

Scholars have recently developed an integrated model for FASD-informed clinical practice, suggesting that therapy with individuals with FASD may be enhanced, broadly, through ongoing reflection, communication, and action.[44] First, they recommend that clinicians engage in *reflection* by grounding their approach in strong theoretical and practical knowledge; using an FASD lens to better understand client behaviours, ensuring realistic and potentially modified expectations, and addressing complex concerns; considering new ways of defining and assessing success for clients with FASD; establishing appropriate therapy goals; and reflecting on their own self-efficacy and roles as clinicians. *Communication* through open discussion and connection is encouraged between clinicians, other service providers, supervisory staff, and FASD consultants. This ongoing exchange is important for supporting rapport building, understanding of the client, knowledge transfer, continuity of care, clinician competence, and broader capacity building. Finally, *action* should be taken through hands-on learning experiences that facilitate better understanding of practical strategies that may work best for clients with FASD.[44]

Importantly, the wide variability of needs and strengths experienced by individuals with FASD may require therapists to "think outside the box" and be willing to adapt, work flexibly, patiently, and creatively with respect to their expectations and approaches to treatment.[42,43] Emphasizing person-centered approaches and being willing to better understand clients with FASD will help clinicians to "meet clients where they're at" and support them to succeed.[43,44] Moreover, treatment plans and strategies may be more effective when tailored around client needs, strengths, and preferences[43] and may require coordinating multiple services.[31,43,44] Therapy approaches should involve clients in treatment planning, goal setting, and modification, and create an environment for the individual to develop trust and connection with the therapist.[43,44]

Practical Strategies

In terms of more practical strategies, emerging evidence in the FASD field parallel some of the adapted approaches recommended in the general DD literature. For example, potentially helpful modifications for working with clients with FASD may include using concrete language and simplified treatments; offering repetition, consistency, and structure; providing frequent reminders; identifying specific functional difficulties that require accommodation; using multiple approaches to support learning and conversation (e.g., auditory, visual, experiential, and tactile methods); considering the sensory environment and its impact on clients; and emphasizing skill-building.[31,43,44] Addressing FASD-related needs in therapy may also involve calming strategies; allowing more time for supportive listening and therapeutic goal setting; providing opportunities for role play and practicing new skills and behaviours; and engaging "third party" support to assist the individual to practice and generalize the progress made

during therapy.[42-44] Incorporating elements of mindfulness to enhance the therapeutic process may also be helpful. For some individuals with FASD, the focus during early stages of treatment may be on addressing concerns about vulnerability, safety, and basic needs.[43] Later in the therapeutic process, clinicians may consider engaging in future planning with their clients with FASD, arranging transitional support, and connecting clients with community resources.[43]

Consideration of Complex Needs

Finally, considering the disproportionate impacts of the social determinants of health on people with disabilities[45] as well as the unique biopsychosocial complexities of FASD,[46] therapy approaches should consider the broader socio-cultural and political factors that influence mental health and wellbeing.[47] Specifically, therapy approaches for people with FASD should be holistic, ecologically relevant, and focus on all aspects of an individual's life that may impact mental health.[43] In addition, to reduce the systemic barriers that individuals with FASD often face in seeking mental health support, access may be enhanced through the provision of community-based services, employing service providers with specialized training and education, and providing extended treatment which may include coordinated case management, outreach and advocation, crisis and emergency support, and potential for in-home, residential, or family-focused services.[48] Moreover, simplified referral pathways, tiered care models, and cross-agency collaboration and communication would all increase access to effective mental health support for individuals with FASD.[32,49]

Recommendations:

Based on the existing psychotherapy and DD literature, as well as clinical, anecdotal, and emerging scientific evidence in the FASD field, the following recommendations are made for clinicians, researchers, and policymakers:

- ***Common ingredients***. Regardless of which specific approach is taken to support the mental health needs of clients with FASD, it is important to consider the common elements or "ingredients" that have been shown to enhance therapeutic outcomes across populations. Prioritizing the core elements of effective therapy such as relationship building, working alliance, and collaborative goal setting will help to ensure goodness of fit and improve treatment outcomes. These broad priorities will also allow for fluid and responsive adaptation of therapeutic approaches to meet the immediate and evolving needs of clients with FASD.
- ***Special issues***. Clinicians should be aware of specific issues that may be particularly relevant for clients with FASD. For instance, clinicians may need to intentionally focus on relationship building and maintenance with consideration of potential trauma and disrupted attachment in client presentation and throughout the delivery of therapy. In addition, approaches may need to be modified based on individual needs and engagement, so that the chosen intervention will align with the client's unique characteristics and presentation.
- ***Targeted studies***. More research is needed on specific forms of mental health treatment that may be effective for people with FASD, and the ways in which existing evidence-based treatments may be adapted to be more appropriate and effective for clients with FASD.

Research is also critically needed on how strengths and protective factors may be leveraged to promote mental health and wellbeing for people with FASD and their families.

- ***Service provider training***. Specific and targeted training is needed to educate mental health care providers on FASD and ways of best supporting clients with FASD in therapy. These initiatives may include the development of communication tools to facilitate advocacy. Therapist supervision should also be sought to ensure competent FASD-informed practice.
- ***Screening***. Improved FASD screening tools and processes in mental health settings are needed to ensure that the complex needs of individuals with FASD are identified and addressed early, and treatment approaches are tailored accordingly.
- ***Caregiver support***. Proactive efforts are needed to develop and increase access to effective mental health supports for caregivers and families of individuals with FASD.
- ***Comprehensive prevention and intervention***. Early intervention to protect against the development of mental health challenges among individuals with FASD is critical. Intentional and targeted practice and policy efforts are needed to promote mental wellbeing beginning in the earliest stages of life. These responses should incorporate holistic and wrap around services incorporating support for co-occurring needs. Recognition of the broader psychosocial, environmental, and systemic factors that complicate treatment for people with FASD is also imperative.

Conclusion:

The significant impacts of FASD on mental health and wellbeing for individuals and their families are well-established, but specific research on psychotherapy for people with FASD is limited. However, insight can be gleaned from clinical and anecdotal evidence in the FASD field along with the broader literature to identify potentially promising approaches for FASD-informed psychotherapy. Consideration of a wide range of individual, relational, clinical, community, and systemic factors is necessary to understand and address the mental health needs of people with FASD. Broad factors known to be important across therapeutic modalities, such as person-centered, strengths-based, relational approaches; collaborative, flexible, and purposeful goal setting; clear communication strategies; and holistic integration of cross-disciplinary supports are all likely to better meet complex needs and improve therapy outcomes of people with FASD. Moving forward, targeted research, practice, and policy efforts continue to be needed to develop and implement effective treatment for supporting wellbeing and healthy outcomes for people with FASD, their families, and their communities.

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