

FAS (Fetal Alcohol Syndrome) & FAE (Fetal Alcohol Effect) Symptoms, Treatment, and Self-Forgiveness

EVIDENCE BASED PRACTICES (EBP): Integrated System of Care; Universal Dual Diagnosis Capabilities; Principles of Empathy and Hope; Motivational Interviewing Approach; Stages of Change Model Design; Strength Based; Skill Building; Solution Focused; Neurochemistry Based Disorders of the Brain; Symptom Identification; Symptom Management; EBP Curriculum Topics, i.e. Nutrition, Stress Management, Cognitive Behavioral, and more...

Consistency in the Group Setting

The importance of *consistency* in a treatment setting can't be overstated. This is especially true when people are placed in vulnerable situations. *Inconsistency* can, at best, increase uncertainty and insecurity for the person receiving services. At worst, unpredictability can create a sense of helplessness while simultaneously decreasing a person's development of self-reliance. In fact, all human beings benefit from a dependable approach in the treatment of chronic disorders. When a person learns they can rely on consistency, they are less stressed and more relaxed. Consistency in the group setting includes the group structure, psychoeducational material, and the approach.

Each agency or facility will have different requirements – such as group receipts or paperwork – however, consistency can still include a structure similar to the following:

1. Group members pick up: a. Clip Board, b. Paper, and c. Pencil/Pen as they enter the room.
2. Group facilitator picks up the group receipts from each person in the group, and/or the group facilitator passes out the sign-in sheet for the group members to sign.
3. Group facilitator provides a Positive Group Beginning, Consistent Psychoeducational Material, Consistent Approach, and a Positive Group Closure.

Psychoeducational Groups and Crisis Event Processing (when requested)

Notes to Facilitator(s):

1. *THE BASICS, Second Edition* meets the definitions and goals of Psychoeducational Groups, Skill Building Groups, and Cognitive Behavioral Groups.
2. Group participants who have become accustomed to Interpersonal Processing Groups – as well as staff who have facilitated them – may find it a challenge to now facilitate Psychoeducational Groups.
3. Likewise, facilitators who may have followed a more lecture-style education presentation, may find it challenging to now devote at least 1/3rd of group time to specific topic discussions and interactions.
4. Both types of groups (Interpersonal Processing Groups and Psychoeducational Groups) are extremely important, yet each has different goals and structure.
5. The structure of Psychoeducational Groups, Skill Building Groups, and/or Cognitive-Behavioral Groups in no way means that there will not be *interaction* – far from it. It just means that the interactions, discussions, and exercises will be about the topic(s) of each group.
6. Facilitators *may* – or not – still want to allow time in each group for the group member(s) to discuss a crisis that may have occurred since the last group.
7. We do know, of course, that *every* person in group is typically experiencing many challenges each and every week; however, most of these incidents are often best resolved in ways other than group time where the event does not pertain to every group member.
8. Suggested responses to a challenge, problem, or crisis can also include suggesting the person contact their primary care provider; schedule a 1:1 appointment; reschedule their next 1:1 to an earlier time; or, meet with the facilitator after group to explore options and develop a plan.
9. A facilitator would, of course, not “*grade*” an event as being worthy or not for group time. If a person requests individual time in the group, then that would be accepted as valid and time allotted at the end of the group.
10. Over time, the group begins to understand the differences between a situation, a challenge, a problem, or a crisis and can make decisions to utilize group time or continue with the current psychoeducational topic.

Prepare Professionals

Suggestions for professionals to prepare themselves for group typically includes:

1. Review all content material, appendices, and/or handouts *prior* to group to avoid a lecturing style.
2. Decide beforehand the *key points* to be covered in each group to produce flexibility for group responses, discussions, or questions.
3. Gain an overall understanding of the content so summarizing is possible in order to create an interactive facilitation style.
4. Determine the group structure to achieve the essential balance between education and discussions.
5. Check group room to be sure there are enough clipboards, pencils or pens, and markers or chalk for the board.
6. Make enough copies of any handouts *before* group.
7. Write any group content on the board *prior* to the beginning of group whenever possible.

Master Guide & Master Tips to Professionals

Note: *The Master Guide* (located at the beginning of Volume I & II) and the *Master Tips to Professionals* (located at the back of Volume I) have many topics to assist in the group process like Master Tip #39: Suggestions For Managing Handouts For Groups (pages Master Tips 64-67). Other tips include:

1. Master Guide: Interactive Style (pages Master Guide 10-11)
2. Master Tip #1: Suggestions for Beginning Group (pages Master Tips 1-4)
3. Master Tip #3: Empathetic Treatment Approach (pages Master Tips 7-9)
4. Master Tip #4: Promoting Hope (page Master Tips 9)
5. Master Tip #5: Maintaining a Consistent, Nonjudgmental, and Positive Attitude (pages Master Tips 10-13)
6. Master Tip #12: Responding to Requests for Copies of APPENDICES (pages Master Tips 27-29)
7. Master Tip #13: Depth of Psychoeducational Content (pages Master Tips 29-30)
8. Master Tip #14: Group Closure Suggestions (pages Master Tips 30-31)
9. Master Tip #16: Motivational Interviewing (pages Master Tips 31-32)

Present Curriculum/Topic

1. It is extremely important that each group participant leave every group with more Psychoeducation than they came in with – which may also include discussing a “familiar topic” yet with a “present-day” focus. Psychoeducational Groups are designed to provide education about all areas related to the management of Substance Use Disorders and Psychiatric Disorders. Psychoeducational Groups are not Interpersonal Processing Groups – even though interaction and processing the particular *psychoeducational topic(s)* is essential to individualizing the topic(s) or skill(s) presented.
2. It is recommended that a minimum of 1/3rd of group time be devoted to interaction (therapeutic counseling *topic* discussions). This can be accomplished – depending on the individual style of the group facilitator(s) – by any “present education-interact/discuss – present education-interact/discuss” combination while still structuring the group to include the curriculum/topic education to be covered.
3. The presentation of material will, of course, be modified by the facilitator to match the functioning skills of group participants. It is important to note, however, that *THE BASICS, Second Edition* was written in a conversational language while taking into consideration a wide-range of symptom acuity and severity. Persons with co-occurring psychiatric and substance disorders benefit from learning about their disorders and how to manage them, as do all individuals with any chronic disorder(s). Each group participant will retain what is meaningful to them at the present time.

Group Beginning Suggestions



A positive group beginning (and ending) is extremely important. There are many ways to begin (and end) a group in a positive way. Suggestions to choose from can include:

1. Reading the Thought For The Day from a meditation book. (Note: Meditation books that also contain an index at the end of the book – such as *Easy Does It* – are helpful in choosing a specific reading that matches the topic(s) presented in group like Self-Esteem.), or
 2. Reading an inspirational or humorous curriculum handout from *THE BASICS, Second Edition*, or
 3. Practicing a deep breathing or a stretching exercise, *or*
 4. Sharing of one thing that each person is grateful for today, *or*
 5. Sharing of one positive thing that he/she did that contributed to their recovery in the past few days, or
 6. Reading an AA Slogan with a brief explanation or AA/NA/Dual Recovery inspirational reading.
- * Recommended Beginning: Breathing Exercise (located on page Master Tips 3)


Practice Curriculum/Topic

Practicing subject material is the best way participants can internalize and personalize the curriculum content. Practice includes the group interactions, worksheets, exercises, handouts, and content discussions.

FAS (Fetal Alcohol Syndrome) & FAE (Fetal Alcohol Effect) Symptoms, Treatment, and Self-Forgiveness Volume II; Subject Four; Pages: APPENDIX IVB-1 – IVB-12

Based on a 2-Hour group: Two 50 minute segments	Time-Frame
Group Beginning	20 Minutes Total
Positive group beginning (suggestions are located on the previous page).	5 Minutes
<ol style="list-style-type: none"> 1. Brief Group Introductions: (Note: The <i>interactions</i> in a psychoeducational group are discussions about the <i>topics</i>, not interpersonal processing or case management questions which do not apply to the entire group.) <ol style="list-style-type: none"> a. Ask the group members to tell the group their name. b. Welcome any group members who are new to this group or phase. 2. Crisis Processing (when requested and optional): <ol style="list-style-type: none"> a. Ask the group if anyone has experienced a crisis since their last group, and if they need/want additional time in this group to discuss it, i.e. what happened, how they managed the crisis, and/or explore options and develop a plan. b. Let the person(s) know that you will allow time at the end of this group for them to share their experience and receive support from their fellow group members. 	10 Minutes 
<p><u>Summarize Introduction of the Group Topic and Why It's Important (Subject APPENDIX IV-1):</u></p> <p>Discussing Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Effect (FAE) can each have the <i>potential</i> to create a range of emotional responses that can vary from being simply <i>informed</i> to being <i>uncomfortable</i> to being very <i>upsetting</i>.</p> <p>It's important to mention that a psychoeducational group – like this one – is not the same as a process group. This group will not have the time to fully discuss the feelings and experiences of any one group participant in the same way a “one to one” counseling session does. An education group also doesn't provide the atmosphere where intimate and personal information can be discussed completely.</p> <p>This group is meant to provide <i>education</i>. Please let us know if you want or need to discuss FAS or FAE in more depth and we will make suggestions and arrangements to do that. We are here to support you.</p>	5 Minutes 




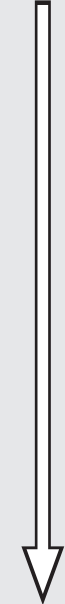
FAS (Fetal Alcohol Syndrome) & FAE (Fetal Alcohol Effect) Symptoms, Treatment, and Self-Forgiveness; Volume II; Subject Four; Pages: Appendix IVB-1 – IVB-12

Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time- Frame
<p><u>To the Facilitator(s):</u></p> <ol style="list-style-type: none"> Perhaps more than any other topic, the subject of FAS (Fetal Alcohol Syndrome) and FAE (Fetal Alcohol Effect) should be presented in an informative manner without judgment or a fear-producing emphasis. It's important to remember if scare tactics worked, treatment centers would be vacant. Always present this type of information in an empathetic, hopeful, and educational manner. In other words, in the same way you would to any person who is learning about their life-threatening disorder or disease. In the front of APPENDIX IVB – as in each of the APPENDICES – you will find suggestions for declining requests for copies. Declining copies is essential for this material because of the potential to create despair when not being discussed in an atmosphere of encouragement, support, and hope. It can help to decline copies if you explain this as well as the fact it is copyright protected. <p><u>To the Group:</u></p> <ol style="list-style-type: none"> We are interested in whatever, you want to share. However, please don't feel that you need to share anything you are uncomfortable sharing at this time. Again, we are here to support you! 			<p>30 Minutes</p> 
Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effect (FAE) Are Sensitive Topics	APPENDIX IVB-1	<ol style="list-style-type: none"> Summarize first paragraph and the four points in the text. Summarize remaining paragraph. 	
Education Results in Better Choices	APPENDIX IVB-1	Summarize two paragraphs.	
Diagnosing FAS or FAE	APPENDIX IVB-1 – IVB-2	Summarize two paragraphs.	
Criteria of Diagnosis	APPENDIX IVB-2	<ol style="list-style-type: none"> Summarize first paragraph and the three points in the table located in the text. Summarize three remaining paragraphs. 	
Myths and Facts About FAS	APPENDIX IVB-3 – IVB-4	<ol style="list-style-type: none"> Summarize introduction to the table. Summarize as many of the myths and the corresponding facts from the list of twelve located in the text as time allows. 	
Recovery and Hope	APPENDIX IVB-4	Summarize three paragraphs.	
<p><u>To the Group:</u></p> <ol style="list-style-type: none"> What comments do you have? Remember, there is hope and recovery! Hope for adults with FAE/FAS. Hope for children with FAE/FAS. Hope and forgiveness for mothers. 			
Break			<p>10 Minutes</p>

FAS (Fetal Alcohol Syndrome) & FAE (Fetal Alcohol Effect) Symptoms, Treatment, and Self-Forgiveness; Volume II; Subject Four; Pages: Appendix IVB-1 – IVB-12

Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing												
Learning About FAS and FAE Is Important	APPENDIX IVB-4 – IVB-5	Summarize six points in the table located in the text.														
Prevention <i>Always</i> Includes Planning Pregnancies	APPENDIX IVB-5 – IVB-6	<ol style="list-style-type: none"> 1. Summarize introduction to the graphic below. 2. Summarize the five examples of statistics located in the text. 3. Summarize remaining paragraph. 			15 Minutes	20 Minutes										
Drinking ⇒ Unprotected Sex ⇒ Unexpected Pregnancy ⇒ Child at Risk																
Treatment of Children With FAE or FAS	APPENDIX IVB-6	<ol style="list-style-type: none"> 1. Summarize one paragraph. 2. Summarize the eight therapy and treatment techniques in the table located in the text. 														
Educational Placement For FAS/FAE Children	APPENDIX IVB-7	<ol style="list-style-type: none"> 1. Summarize two paragraphs. 2. Summarize the seven points in the table located in the text. 3. Summarize remaining paragraph. 														
Cultural Support For Families, Parents, and Foster Parents	APPENDIX IVB-7 – IVB-8	Summarize four paragraphs.														
Skill Building Exercise and Discussion - Suggestions for topic discussion:																
<u>To the Group:</u>																
<ol style="list-style-type: none"> 1. What comments do you have? 2. Remember, there is hope and recovery! Hope for adults with FAE/FAS. Hope for children with FAE/FAS. Hope and forgiveness for mothers. 																
Psychoeducation Part II: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing												
The Path To FAS or FAE Varies	APPENDIX IVB-8	<ol style="list-style-type: none"> 1. Summarize one paragraph. 2. Summarize the five points located in the table in the text. 														
Effects of Alcohol on Infants Through Their Adulthood	APPENDIX IVB-10 – IVB-12	<ol style="list-style-type: none"> 1. List the main categories in the text shown in the table below. 2. Give a <i>few</i> examples of each located in the text. 			15 Minutes	20 Minutes										
<table border="1" style="margin-left: auto; margin-right: auto;"> <tbody> <tr> <td style="width: 5%;">1</td> <td style="width: 35%;">Physical Development</td> <td style="width: 5%;">4</td> <td style="width: 55%;">Personality and Mood</td> </tr> <tr> <td>2</td> <td>Major Organ and System Distress</td> <td>5</td> <td>Behavioral Problems</td> </tr> <tr> <td>3</td> <td>Brain and Thinking</td> <td>6</td> <td>Life-Long Mental Health Problems</td> </tr> </tbody> </table>					1	Physical Development	4	Personality and Mood	2	Major Organ and System Distress	5	Behavioral Problems	3	Brain and Thinking	6	Life-Long Mental Health Problems
1	Physical Development	4	Personality and Mood													
2	Major Organ and System Distress	5	Behavioral Problems													
3	Brain and Thinking	6	Life-Long Mental Health Problems													

FAS (Fetal Alcohol Syndrome) & FAE (Fetal Alcohol Effect) Symptoms, Treatment, and Self-Forgiveness; Volume II; Subject Four; Pages: Appendix IVB-1 – IVB-12

Psychoeducation Part II: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Self-Forgiveness Is Key To Healing Parent and Child	APPENDIX IVB-8 – IVB-10	<ol style="list-style-type: none"> 1. Summarize one paragraph. 2. Read “Self-Forgiveness By Mercedes Alejandro.” 3. Summarize remaining two paragraphs. 	 continued	 continued
Skill Building Exercise and Discussion - Suggestions for topic discussion:				
To the Group: <ol style="list-style-type: none"> 1. What comments do you have? 2. Would you like additional support? 3. Would you need or want additional time to discuss this topic more – perhaps with your primary provider, therapist, or counselor? 4. Can the group offer more support to you at this time? 5. How will you protect your recovery today? 6. Remember, there is hope and recovery! Hope for adults with FAE/FAS. Hope for children with FAE/FAS. Hope and forgiveness for mothers. 				
Crisis Processing			Time-Frame	
<ol style="list-style-type: none"> 1. Ask the group member(s) to tell the group what happened. 2. Explore options and/or develop an immediate plan for coping. 3. Allow the group to offer support. 			10 Minutes	
Group “Paper Work”			Time-Frame	
Group participants fill out Group Notes.			5 Minutes	
Group Closure			Time-Frame	
<ol style="list-style-type: none"> 1. Ask each group member to share one thing they are grateful for in their recovery today, <i>or</i> 2. Ask each person to share what one thing they will do this week to strengthen their recovery, <i>or</i> 3. Ask each group member to compliment themselves out loud for the hard work they are doing as their brain and body heal – like “I’m doing good!” “I’m proud of myself today!” etc., <i>or</i> 4. Read an inspirational reading of your choice for the day. 			5 Minutes 