

BEST PRACTICES IN EMPLOYABILITY/EMPLOYMENT AND LIFE MANAGEMENT FOR ADULTS/ADOLESCENTS WITH FASD

Brian Mader- Career and Employment Consultant

- Comprehensive assessment/diagnosis and reassessment when necessary. Focus assessments on situational needs (employability/life management).
- Secure positive life management supports for affected individuals. (Trusteeship/guardianship, assured and stable income support, secure/stable living situations).
- Help affected individuals establish structure and routine in their life, work and education/training.
- Use focused advocacy skills (keeping the big picture in mind), use collaborative case planning and case management and establish transitional planning activities and supports across systems.
- Utilize practical career development strategies such as job tryouts and job shadowing rather than more “academic” forms of career planning (Interest tests, CHOICES etc.).
- Set up non-competitive employment situations rather than fully competitive employment. (These include individually tailored jobs, supported work, niche, enclave and sheltered work situations).
- Set up supervised work situations rather than fully independent work situations.
- Use job coaching, mentoring and peer support activities on the job to ensure success.
- Provide employer education and support about FASD and working with individuals with FASD. This includes full disclosure of sensitive information about the client.
- Encourage and support individuals with FASD to choose practical rather than highly academic training and educational programming and interventions.
- Assure that individuals with FASD get educational and training compensations, accommodations and modifications when and where necessary.
- Accommodate, modify, and compensate through all systems for success.
- Define success differently. Adjust outcome and success measures to match the individual rather than the group.
- Accept that work, education and training interventions may be for secondary gain (i.e. Self-esteem improvement, structure, community connection) rather than primary gain (self-sufficiency/ independence).
- Include the support system of the individual with FASD where you can in the process of providing service. This may include birth parents, adoptive and foster parents, extended family, spouses and significant others). Also include the professionals, who have an active interest in the individual’s life. (This may include a physician, counselor/therapist, career/employment counselor, teacher, parole officer etc.).
- Respect confidentiality but share information to build effective support networks.
- Practice person centered life planning/management.

FASD/ARND Screening and Diagnostic Survey 1998-2002 – Brian Mader

Total referrals (diagnosed or suspected FASD/ARND): 112

Confirmed FASD/ARND Diagnosis at Intake: 12

Suspected FASD/ARND at Intake: 100

Confirmed FASD/ARND Diagnosis by Assessment: 59

Confirmed other diagnoses by assessment: 26

Awaiting assessment/diagnosis: 8

No Shows – could not comply: 7

Clients available for survey = 71

Age distribution:

16-24 45 (63%)

25-30 21 (09%)

31-36 3 (4%)

37-45 2 (3%)

45+ 0 (%)

Secondary Disabilities in FASD/ARND Clients

Mental Health Problems – 64 (90%) (S¹ = 90%)

Disrupted School/Training - 63 (88%) (S=60%)

Problems with Employment – 63 (88%) (S=80%, T²=95%)

Dependent Living Situations – 43 (61%) (S=80%)

Trouble with the Law – 31 (44%) (S=60%)

Confinement – 15 (21%) (S=50%)

Substance Abuse Issues – 28 (39%) (S=30%)

Child Welfare Involvement/History – 37 (52%)

¹ Seattle – University of Washington/CDC – FASD and Secondary Disabilities Study 1996

² Tucson Family Resource Center – unpublished survey 2000

Life and Career Development Issues **for adults/Adolescents with FASD**

Brian Mader

- Unable to keep up with and cope with age and stage developmental expectations. Fall behind peer group and “plateau” early.
- Significant adaptive functioning issues.
- Unable to become self-directed or self-sufficient. Lack of conation.
- Lack of insight into themselves or others. Not getting “it”- not seeing the big picture.
- Low boredom tolerance, low frustration tolerance and resistance.
- Gravitation to negative peer influences and activities.
- Involvement in high-risk behavior (crime, substance abuse).
- Victimization by others, victimization of others.
- Relationship difficulties and failures.
- Lack of ability to self-advocate, lack of ability to access effective advocacy support.
- Housing/homelessness and transience.
- Personal safety /security issues.
- Compliance issues.
- Education/training and employment failures and difficulties.
- Overestimation of modest/marginal strengths by self and others.
- Marginal employability skills and adaptive (personal) skills to support competitive employment.

Five Critical Success Measures for Young Adults/ Adolescents with FASD

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They are:

- 1) Alive (suicide, accident or terminal illness have not occurred)
- 2) Not involved in activities with significant negative consequences (sex trade/other criminal activities)
- 3) Healthy (physical, mental health, financial health, substance abuse)
- 4) Interdependent (connected and supported)
- 5) Managed

Secondary Disabilities in FASD/ARND

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- ◆ Mental Health Problems
- ◆ Disrupted education/training experience(s)
- ◆ Trouble with the law
- ◆ In-patient treatment/confinement
- ◆ Alcohol and drug problems
- ◆ Inappropriate sexual behavior(s)
- ◆ Dependant living
- ◆ Problems with employment
- ◆ (Having children that you cannot care for)

FASD - The Eight Magic Keys

D Eversen/J. Lutke

Developing successful interventions for individuals with FASD

- ❖ Concrete
- ❖ Consistency
- ❖ Repetition
- ❖ Routine
- ❖ Simplicity
- ❖ Specific
- ❖ Structure
- ❖ Supervision

Ninth and Tenth Elements - added by Brian Mader

- ❖ Patience
- ❖ Compassion