

# **Best Practice Ideas Across Five Aspects of Transitions among Youths with FASD Lives**

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## **Introduction**

FASD is an area of disability that is becoming more predominant within our communities and there is a need for “best practice” to be developed. The FASD Forum on October 24, 2003 afternoons sessions focused on the development of best practice ideas by leaders, community members, practitioners that assist, support or work with people with FASD. The focus was in youth transitioning from adolescence to adulthood in five specific areas, Independence, Employment, Education, Community Inclusion, and Residential.

This paper will attempt to summarize the question “based on your personal experience/what you have read/ what you have heard, what are solutions/best practices to assist with transition into”.... Independence, Employment, Education Community Inclusion, and Residential. Those five main areas are discussed and supported through the use of literature dealing with FASD.

## **Independence**

Group independence transitioning best practice ideas fall into some main concepts. These main areas are relationships, individualization, support, community, services/programs, and gaps and testing.

### ***Relationships***

Relationships in the transition to independence, will help to form how and who that person is and will become. There needs to be a team approach with continuity of understanding, to all for the good, long term, consistent relationships. To improve independence there should be a multidisciplinary team who can effectively communicate to connect individuals with individually driven supports and services. Doctor (2000) reports “systematic case management (wrap around services) should be facilitated by the person who spends the most time with the individual.” They need to meet every three months to discuss what is going on in the individual’s life and to gain some education about the person. At least one person from each agency involved in the individual’s life needs to be included (paragraph eleven). This team needs to be client

driven, if a team is not possible then at least one professional needs to be in the youth's life to help with the consistency of the message of independence. Planning for independence needs to be focused on the individual, with an emphasis on utilizing natural supports in the process of transition. Connor and Streissguth (1996) also feel that "assisting the family in gaining access to special education, vocational training and other services" (paragraph nineteen) will help in the transition for the youth. Help the individual (before transition starts) be involved in positive circles as opposed to allowing choices to negative circles of influence. Relationships are needed to support a sense of belonging. Relationships and belonging are the primary tools to facilitate change. Mentorship is a way consistency and permanence can be achieved in the youth's social network, this mentor can become an advocate for the transitioning youth. In building a relationship with the mentor, there will be support and guidance in the opportunity to make their own decisions. These supports are important because as a person grows older their interests change and widen, with services being limited due to decreasing funds, if there was no support from mentors then the individual with FASD would fail (Doctor, 2000). Hopefully with the development of a strong positive social network, the transition will be eased, because of the support generated from their friends.

### ***Individualization***

Independence for each person is different and needs to be addressed in different ways. As no two people are alike, neither should the approach be to working with and assisting individuals in transitioning times. There needs to be a goal oriented approach to the transition, with awareness of time but the individual should be making their own goals and stating how they want to achieve them. Through open communication assist them in understanding and appreciating realistic independence goals versus unrealistic ones. For individuals with FASD to "be independent, they also may need to learn to ride buses, prepare meals, use money appropriately, and not only perform a job, but use the social skills necessary to keep it (Burgess & Streissguth 1990 paragraph fifteen). Encourage the person to stay on top of goals and allow

for the flexibility and adjustment of those goals as the individual changes and/or new strengths are developed. To create structure and routine in an individual's life, focus on one role of independence at a time and gradually work towards more complete and complex independence.

Harper (2001) agrees with routines and states:

The best intervention for them is predictable (routine), with a set schedule and a lot of structure. They need to begin to learn about change and adaptation to gain skilled for living and working independently, but this is best done within a structured familiar environment where they are gradually introduced to transitions. (Paragraph sixteen)

Allowing for the individual to have a routine, this may promote some familiarity and success in daily life while in transition, but ensure that the individual is making the choices about that routine. Ensure that alternatives are presented to the individual for the 'thrill' of differentiation, and that all areas of a person's life, education, recreation, leisure etc. are being encouraged and supported in transition. Resources need to be in place to ensure that the person has support and feels that they are not being abandoned to take care of themselves. Give the individual opportunities to take small steps to transition and recognizing steps to support them. Allow the individual freedom to make choices and mistakes, while always focusing on the positive attempts. By trying and failing the individual is creating self-responsibility, the maturity level of each individual should be taken into account when decisions are made regarding furthering independence. Individualization needs to be looked at from different views and every person needs to be looked at differently if transition to adulthood independence will be as successful as it can be.

### ***Support***

Independence does not mean isolation, therefore there needs to be support and encouragement from the individuals natural support network. The community and family supports needed to be integrated into the individual's daily life. Ideally these supports would be from people who had actual emotional investment in the transitioning youth. Raymond and Bleanger (2000) feel that support circles need to be used with caution, as it is very difficult to find members that are long term, and those that are friends often have a hard time accepting treatment plans if they are not educated as to why it is being done. However, the support did make the focus individual feel important and appreciated. This support system then could informally teach through nurturing, based on the individuals learning style and rate, in a more supportive and safe environment then might be found in schools. The support system could also help by "assessing the ability to shift tasks, maintain complex attention, perform visuospatially mediated tasks, and maintain and manipulate information in working memory despite distractions" (Connor, Sampson, Brookstein, Barr and Streissguth 2000 paragraph thirty nine). If these natural supports were developed early, then the use of them to support people in transition to independence would be much more natural and unnoticed because they would not be forced, it would naturally occur.

### ***Community***

To help with the transition to independence in the community, many things could be done. Currently the communities are supportive in some way both formally and informally. There needs to be more community education, awareness and preparation. Education to the community and the other systems' about FASD regarding the developmental readiness to transition at the age of eighteen may help with acceptance and understanding. This education could take place through resource fairs and /or counselors in the community. Special education/understanding needs to be focused on the police, judicial and educational systems. There needs to be more involvement of the community in assisting people during their transition.

Building a FASD friendly community where services within the community are organized and united to give individualized service.

### *Services/Programs*

Both utilization and evaluation of services can help individuals with FASD transition to independence. Services need to be provided to decrease the gaps in what is currently available. The gap between chronological age and developmental abilities of a person with FASD also needs to be addressed with in the services, as the service guidelines often eliminate FASD individuals from receiving the support even if it is needed. Raymond & Bleanger (2000) report youth often fall through the cracks when their IQ's are over 70, as they do not qualify for government or community aid, but do need services. Services need to move away from the use of IQ testing, and use more intuitive testing by the professionals. This change needs to be advocated by caregivers, individuals with FASD and other supportive agencies. Services should also try to increase the resources that they have available to clientele, to ensure that individual perspectives and values can be addressed and people are not pigeon holed into certain criteria and services. Burgess and Streissguth (1990) state that services received from educational, medical systems as well as assessments needs to be appropriate as well as individualized. A coordination between children service and adult services is needed to help organize funding/resource for the family and individual before the transition occurs. This coordination would also help in the advocacy for children who do not fit in anywhere but who do need services/assistance in their upcoming transitions. Services and agencies should be networking together to help the individual, for example a residential service could help connect an individual with a good vocational program. This needs to be done on an individualized level, and not on a large scale 'every person who uses this residential building will use this vocation setting' concept. To help with a smooth transition, going to the vocational/ educational setting prior to the start date to share information about FASD and some positive approaches to working with the individual would be recommended. In sharing information the individual is taking control and responsibility which helps in the

transition to independence. To help in this transition of employment (which seems to be a big indicator of independence) having a training program for employees or placing people in environments where there is a FASD understanding, may help facilitate the transition.

Rehearsing what the setting of the vocational or education placements might look like may help the person feel less anxious. Utilizing *Leaps* can help prepare the individual for the interviewing process to help them succeed. Services and programs are very intertwined with other aspects of transition; they all play a part in the transition to independence.

### ***Gaps and Testing***

Gaps and testing indirectly affect how a person can transition to independence. However their significance cannot be forgotten or down played, as their affliction on a person as a whole may limit transition in a different aspect of the person's life. There needs to be an update in the assessment requirements and process. Connor et al. (2000) study found that assessing FASD patients on IQ is not relative to their abilities and is not helpful in assessing a skills range. Some individuals may not be receiving the service they need, because they do not fit certain outdated criteria; while others may be unfairly treated/labeled due to the criteria that they do meet. To assist the professional in an individual who has FASD there needs to be a standardized terminology that focuses on the individual as opposed to the disorder. There needs to be an increase in the funding for resources, so that independence can be achieved more easily. There needs to be some preplanning and early planning done in regards to assessments and diagnosis in a multi-disciplinary setting including looking at functional behaviors both current and relevant to the transitioning phase. There is a necessity to be anticipated planning for life elements at an early stage so that plans are in place for transitions. There needs to be a sense of "bridging the gap"- getting the person involved slowly into social activities before completely transitioning into the community. Gaps and testing need to be addressed in order to better serve people with FASD in their transition to independence.

The transition to independence is very much intertwined with all the other aspects of transitioning, and to fully be independent transitions need to occur across the individual's life. Independent transitioning best-practice ideas covered many areas. The research that is currently available supports many of the best practice ideas developed or stated during the breakout sessions.

### **Vocational/Employment**

Vocational transitions for youth can be a big experience as many of them look for full time employment and are truly venturing out into the world on their own. To be effective in vocational transition there needs to be a close look at many areas especially workplace attitudes, services, and type of employment.

#### ***Workplace attitudes***

Workplace attitudes need to be addressed not only with the potential employer but also with the parent, educator and individual. Relationships need to be built with the employer, so that the individual can be supported properly and given a chance to succeed. These relationships should be utilized through the professionals contacts and networks, keeping in mind the individuality of the individual with FASD and where they would like to work. Utilizing a workplace that is open to disability would be beneficial and reduce the time it would take to convince employers of the potential in a person. But if that is not where an individual holds an interest the placement may be detrimental to both the client and the employer, individuality needs to be considered when looking for a job. Connor et al. (2000) reports that "employment settings in which there is a pressure for rapid production and in which tasks shift frequently with some uncertainty about the requirements of the task would not be a good fit for a person with...[FASD]" (paragraph forty). Due to the societal misinformation and beliefs surrounding FASD, there may be some expectations or non-expectations that an employer would need to be informed about to ensure that there was limited disadvantage to the transitioning youth. Doctor (2000) stresses that we must remember and educate that although a person may remember a skill

one day does not mean they will remember it the next, so constant repetition and reminding is needed. Many employers are already working with other disability groups in the workplace. FASD education could perhaps ‘piggyback’ on that education to inform about FASD in the work place. Expectations from the parents/caregivers, employers and individual need to be congruent and achievable. The transition to employment should be as efficient and positive as possible to help the individual find success at what they like doing. To help with the transition to a new employment spot, having a job coach or support worker may ease the transition. However the support worker should be consistent every time. The job coach could be from an outside agency that slowly filters out support to the individual as they better understand and can accomplish their roles and responsibilities. Another option would be to use a worker from within the workplace as a job coach, which would help to build a support network on the job. Harpur (2001) states that the individual should “receive support from a team of individuals working together to support [...] development and learning” (paragraph ten). Transition to a new job and having to work on workplace attitudes is a lot of change, which can be difficult. There needs to be an adjustment time before evaluation of how well the placement is working out. Workplace attitudes can have a huge influence on the success or failure of a job, and care needs to be taken to help individuals’ transition to an appropriate occupation.

### *Services*

Once again services that provide funding and how they assist in the transition process need to be reevaluated in regards to how they assist in moving into employment. A look should be taken at PDD and AISH to take on responsibility for case management and coordination past their eighteenth birthday, because child welfare stops and will not assist any further. There needs to be more options for funding other than AISH and PDD when an individual is over eighteen. Accessing these services is difficult because individuals with FASD might not fit the criteria, then they are left with limited means. Getting proper assessments/diagnosis to get funding is important, however not necessarily based on the current defining criteria. A general appeal and

redevelopment of PDD qualifications must occur so that those with FASD can gain the services that they need. Better testing is needed; one that is not based on IQ, but that is based on skills and interests. There needs to be changes in legislation criteria to get supports for a lifetime. Burgess and Streissguth (1990) report that “federal funding is required to facilitate [new testing options], and parents and professional advocacy groups must bring this population to the attention of legislators” (paragraph twenty four). Therefore we need a system that is well funded, comprehensive, life-long and flexible. Besides the use of government’s services and funding, use of an individual’s circle of support can assist in the access of employment and help with the transition to it. An inventory of the social network an individual has, should be done to establish everybody’s abilities and their connections can be utilized to help in the vocational transition of the individual with FASD.

### ***Type of Employment***

Transition to employment should be more of a focus than staying in school long term or strictly doing volunteer work. Professionals have a responsibility to find employers for each individual and to have those options across different areas (i.e.. non-profit, social responsible companies, labour jobs, technology jobs.) The options presented to the individual need to be carefully examined to ensure that they do not put the person in a devalued role or one that is stereotypical of a person with a disability. There is more than one opportunity when it comes to employment and all of those options should be researched and discussed with the individual (i.e.. apprenticeship, work experience, workshops etc.). Burgess and Streissguth (1990) report, “training in the community or “community-based” instruction is particularly appropriate [...]” (paragraph twenty-two). It is important that the employer is always addressed and considered in placement, as they need to feel the transition will be without complications or stress on them. Education around different types of jobs should be prepared so that when approaching different occupations, immediate education can take place. Connor et al. (2000) suggests that contingency plans are developed in regards to what may happen on the job site, to avoid problems that may

arise. There should also be information gathered from them about starting pay, opportunities for advancement and what criteria is needed to advance. This way all information can be taken into account when picking a job that fits for the individual.

There are programs offered at CVS or Columbia that can assist in getting resources or helping to find the occupation the individual wants to participate in. There is also the Disability Related Employment Support (DRES) program through HRDC that pays for accommodation that a person needs on the job, such as tutor, scribe academic aid, etc. Utilization of these service can help find a good placements for the individual, which will ease in transition. There needs to be ongoing education to the public to increase the knowledge and increase acceptance about abilities in individuals with FASD.

Vocational transitioning best-practice ideas are focused on education and compatible job placements based on individual skills and preferences. The research in this area is limited, as most research focuses on children with FASD. However the research that is available supports what was developed as best practices. More research could be done in regards to vocational placements and how to better prepare an individual for the demands that are associated with that occupation.

## **Educational**

Educational transition is a big transition for people that have FASD, as many of them find post-secondary opportunities limited, or more difficult than they were prepared for. There were three main areas for best practice in education established, early intervention, support and service criteria.

### ***Early Intervention***

Early intervention should occur through assessments and assimilation of a number of reports and reassessment to ease in transition and provide a better, clearer more holistic look at the individual. Harpur (2001) states that there is a “greater success with early, consistent intervention” (paragraph four). Although there is a ‘code’ system in the schools, there is little money to run it properly due to the under funded education system. The youth that is transitioning may lose that label in moving to post-secondary schooling, causing a loss of identity, as they were always the FASD child. The process of coding children at a younger age needs to be reexamined and recreated to be less harmful to children and their identities. There are a number of excellent multi-grade curriculums that have been developed and presented to teachers at conventions. This sort of adapting and ability to be flexible is needed within all school systems so that children are given more freedom to learn at a level they need to. In the high schools there needs to be career centers with better more efficient linkages to/with post-secondary options.

### ***Support***

Support for the educational transitions may involve having an advocate. One that is aware of how to access accommodations in educational institutions. This advocator needs to teach the judicial system, parents, educators and the general public about the impact of FASD to help increase awareness for the disorder. The advocator also needs to be able to access resource and accommodations for the individual who is transitioning to further educational opportunities to ensure that they are given a chance to succeed. Support needs to be given to allow for

exploration of what it is that the individual would like to get from attending further education. An ideology of having to ‘start over’ versus ‘failing’ in the educational system needs to be adopted. Harpur (2001) suggests the importance of encouraging the youth, as it can go along way. Encouragement through a difficult or tedious task may help for the youth to complete the task. There also needs to be better access to disability resources centers and offices, throughout the individual’s transition to further education.

### *Service Criteria*

Change need to occur in the criteria from PDD and within admittance to educational institutions that is more understanding and accepting of differences; a more flexible evaluating criteria. The criteria for a FASD label in the educational system are different across different regions, which make providing equality services difficult. Education systems in one region may be more accepting and liberal than the post-secondary option in another region. The process and criteria for a label should be more connected and broad banded across the province. There needs to be dissemination and greater application of excellent an acceptable FASD education. A reformatting is needed in the mindset that at eighteen you are out of the high school system and can now go onto post-secondary schooling. FASD individuals may need more time to learn a concept and should not be forced out because of age. Education needs to invest in the future success of it pupils, by educating them on FASD and how to prevent it, through drinking awareness campaigns and health classes. Connor and Streissguth (1996) stress that education needs to occur in school aged populations in order to lower or eliminate the cases of FASD, with education women can make informed decisions.

Education transitions can be difficult, as options may seem limited to the individual with FASD. However through a change in the system, early assessment and support for those individuals, the transition into education can be accomplished. Educational transitioning best-practice ideas are varied from actual student education, to curriculum changes to advocating for inclusion within

the post-secondary educational system. The research done in education is limited to interventions in the elementary or junior high levels. Transition to post-secondary education was not touched upon in many studies, this area of support is missing valuable research and support for the best practice discussed and developed with in the breakout groups.

### **Community Inclusion**

Ideally transition into the community would not be as difficult as some of the other facets. As an individual would have been involved in the community throughout their lives, so the only transition would be from youth programs or activities to adult ones. However this is not always the case and transitions into the community is an area that does need to be addressed.

There are many ways to increase community inclusion for those with FASD and ways to go about such inclusion. As a society/community there needs to be a multifaceted assessment of strengths versus challenges rather than a blanket diagnosis. “Generic categories do little to define individuals needs or appropriate interventions. [...] Separate funding categories [are needed] for FASD diagnosis” (Burgess & Streissguth 1990 paragraph fourteen). An increase in diagnostic/assessment services that focus of functional ability rather than IQ will help to include people for what they are able to do. The assessment would be a flexible mandate that looks at the needs of the individual. Assessments need to be updated, with outdated ones holding no weight, as they would no longer be an accurate representation of who the individual is now. To help with inclusion there needs to be a legitimizing of FASD, and have more funding provided to it to help increase education and knowledge about it. A transitional slush fund of money and human resources should be established to assist in the primary steps of transitioning. Ideally there would be full inclusion of people regardless of abilities. There needs to be a trained, competent community at all levels in prevention, professional development, care and support. Kleinfeld and Westcott (1993) suggest that “integration and coordination of the family, schools and other community services can be beneficial in working with the [youth]” (as reported in Connor, Streissguth, 1996, paragraph twenty-four). Operating systems within our community need to

have a working knowledge of FASD. More emphasis needs to be placed on diversion projects in the justice system by beginning early. To included those with FASD in the community there needs to be a balance between being able to make their own decisions and choice but ensuring safety and by educating on risks that they may not foresee. More resourcing, case planning and meeting between the professions and individual need to occur, to ensure that the individual is receiving what is needed to be included in the community. Opportunities outside of the box need to be presented to the individual such as mentorship, tutoring or work experience. The mentorship programs should be based on individuals needs, so that the partnership is very individualistic and likely to succeed. Keep member of the individuals network ‘in the know’ to help with transitions within the community and their role within it. Doctor (2000) states “it takes a village [to raise a child][...] FAS [is] a community problem [...] responsibility belongs with the entire community” (paragraph thirteen).

Community inclusion has many transitions that may occur. The many emphasis of community inclusion is to change the systems that label people as they do and build a well educated accepting community based on people’s abilities. Community inclusions transitioning best-practice ideas are supported in the research. Inclusion and involvement in the community is an area with a large amount of research in it that addresses the lifespan.

### **Residential**

As residential refers to many things, independent living, living with a room mate, living in a group home or staying with the caregiver but as an adult, there were many best-practice ideas established. Most of those best practices fall into three areas, support, education and individualization.

### ***Support***

Support was established as a need in a wide scope of the transition. Support is needed within formal settings such as services provided but also in natural groups and circles, to provide “natural support” to an individual.

### ***Natural Supports***

Some such natural supports that were needed for the individual to transition more smoothly were from the family/caregiver environment. Those natural supports need to be maintained and continually developed within the community. Another supportive transition should be in the form of an advocator that can be supportive towards that family/caregiver unit. Often the family/caregiver units can be steam rolled by services and do not have a voice as to what they know is best for their child. This advocator should also have similar beliefs/wants to that of the caregiver and the individual that is being supported in the transition, and should try to match the client to residence whenever possible. Having that advocator or caregiver with knowledge about the different types, settings and kinds of residential settings and which resources are available to them so they can have an active choice in the transition steps. Raymond and Bleanger (2000) stress the importance of finding an advocator that knows about FASD and all of its complexities as very little knowledge and competence is common place in large advocacy agencies regarding FASD. A wrap-around approach was another type of natural support that was established as being important for residential transitioning. This wrap around approach utilized people from the community to utilize the resources available to aid in daily living skills, parents, past supports and current supports/friends.

### ***Service Support***

Service supports come from the very basic level that all supports need to be accessible to all individuals with developmental disabilities. Continuing the option of respite availability, would help the caregivers continue to provide a quality of life to the transitioning youth without

becoming as overwhelmed. If the transition is out of the caregivers' home into a formal setting such as a group home (which ideally would be small in numbers to be able to provide more personal service), then to help the transition, workers/staff need to buy into the treatment plan and provide consistent delivery of services and supports. Ensuring that there is a good match with staff that allows there to be a relationship is important to the transitioning process. There should be planning in place at such residents so that the supports are ready and prepared for the transition. Options of sleeping over at the transition site before that actual move to familiarize and reduce friction when the move occurs may allow for better transition. This method also allows the staff to familiarize themselves with the client beforehand also they can develop a more individualized interaction scheme. One way to help with that transition in services is to gradually reduce the level of dependence to increase independence. To do this there could be a step down approach to supportive living; start with a small number of supported individuals, then reduce support from worker, then reduce number of people living together so that there is semi-independence, gradually removing the amount of time spent directly supporting the individual until they are at an appropriate level of independence. Services need to be able to allow time for this process to occur, and change the timeline and goals ideology.

Other supportive measures for transitioning involve an overlap of service so that eighteen does not equal a magical number for transition. This overlap should come in child welfare, mental health, PDD funding etc., so that the services overlap and there are less cracks. There also needs to be some early planning in regards to the transition, in that there should be assessments done on an individuals strengths to provide the most appropriate support and to ensure the transition is to the most practical place for the individual. Testing IQ alone and using that as the sole deciding factor in regards to independent living is not appropriate and does not give a whole picture of capabilities of an individual (Raymond & Bleanger, 2000). To be supportive of individuals information needs to pass amongst those that are supporting them to ensure that there is consistency to expectations, service and level of support. Support for an individual in regards

to residential comes in natural supports, services supports and those that bridge both concepts.

### ***Education***

Education needs to occur on many levels with the transition of FASD people in regards to residence. There needs to be some research done to establish appropriate placements, based on the landlords, other tenants, staffing, community knowledge surrounding FASD as well as looking into funded and non-funded options. That research should be done early on so that when transition will occur, there is no panic about where will they go? Education should be given to the landlord/supports if they do not have a good solid understanding of FASD, as there is generally limited and improper knowledge circulating in society. Connor and Streissguth (1996) report that “intervention strategies that have been used for other populations is vitally important in helping to tailor home, alcohol, and community treatment programs to the problems that are commonly found in people with FAS” (paragraph twenty seven). Education to the landlord and tenants could surround such aspects of repetition, modeling and understanding through practice. Connor et al (2000) suggests” discussion and instruction should be concrete with little ambiguity. Information will probably need to be repeated several times, and multiple modalities of presentation should be considered” (paragraph forty). As well a shifting of the paradigm from our concept of ‘success and failure’ to a position of ‘trying again’ needs to occur. There needs to be increased education and advocacy so that current resources can be utilized more effectively, and help to better prepare for assimilation into the community. “Educational goals [...] should [...] target skills to be used not only in school, but in homes and communities as successful, productive citizens” (Burgess & Streissguth, 1990 paragraph sixteen). Through this education hopefully there would be a reduction in stigma, fear of the community, and an increase in the confidence and capability of young people. Establishment of a crisis team to assist the landlords and youth if situations occur that they feel over their head in or need assistance in regards to working through situations. Having weekly/monthly opportunities for landlords and roommates to have their questions answered and to establish how the individual is doing will

ensure that current knowledge levels are accurate and that everybody is getting the support and education they need to continue to help the person in transition. Education with the parents/caregivers also needs to occur so that the relationship is maintained and maybe improved. Education needs to be given so that there are well-trained caregivers who can focus on the individual not the label.

### ***Individualization***

Having personalized service for transition into residential settings, encompass both education and support but also allows for further person-centered approaches. Working with the person, not for them is an important focus of individualization, asking them what they would like as far as services, residential lifestyle etc. Available funds to run and sustain a house, need to be assured, therefore respite availability, AISH and PDD funding need to be looked into and established whether that is in the best interest of this particular person. Support for the family and for the youth, if staying at home is the option that they choose needs to be maintained. Many nonFASD children stay at home with their parents until later in adulthood, why is there such pressure for 'diagnosed' people to move out at eighteen? The funding structure could also perhaps be more flexible so that family members/caregivers who perform the roles of 'professional' can maintain that role without undue financial hardship. Families often remain in crisis, because the residential options are not appropriate and there is no money for adequate care at home, support for these types of families is needed (Raymond & Bleanger, 2000). There needs to be a re-channeling of available funding to 'best' residential situation for the individual, when the need exceeds financial capabilities of the family/caregivers. Services need to be more flexible, so that they are adaptive to each individual. There should be a holistic, wrap around approach that removes expectations and that starts where the person is. Education may be needed here for the youth to learn more appropriate or different life skills at their level. For the individual there needs to be education done through modeling, role-playing, routines, ridged structure or simply through discussion. There always needs to be positive reinforcement that are

inclusive and come from the people that make a difference for that individual. Allowing the individual to have choices regarding their housing placement, which staff they will work with, also allows for individuality to be respected and upheld. The individual should also get to voice when increased independence is appropriate with them, although this may not always be an appropriate move as Connor et al (2000) points out individuals with FASD may “have great difficulties with independent living and will often need a caretaker to assist them with many life activities” (paragraph forty.) An individual needs to have freedom of choice and self-autonomy as long as education has occurred in regards to their appropriate options. Establishment of a network of service that is individualized to the client, will help ensure that their needs are being met, not the needs/goals of a residential house. Giving choices where possible to tie-in with the idea/concept of the individual buying into the treatment plan/goals. Look at the individual’s plans/goals and plan from there, also focus on their strengths and dreams. Perhaps the most important way to individualize is to see the person as that, not as a client. Residential transitioning best-practice ideas are vast; they focus mainly around services, education and individualization. The research supports many of the ideas put forth. However, the research regarding residential options and FASD is again limited due to the focus on children with FASD.

### **Conclusion**

Throughout all aspects of a persons life transitions occur, and those transitions are all connected and interrelated. As the information collected from the sessions suggests that support, better service and funding as well as individualization is what is currently the focus of best-practice needs when assisting transitions of people who have FASD. The best practice ideas put forth in the forum match and exceed those ideas currently in the literature. Research could be done in all spectrums of an adult individuals life, as there is very limited literature on this age group. As a whole the ideas put forth in the breakout sessions surpassed the current literature’s recommendations and was filled with very forward thinking, progressive, person centered work.

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