

What Strategies Do Australian Psychologists Believe Will Help Manage the Behavioural Symptoms of FASD?

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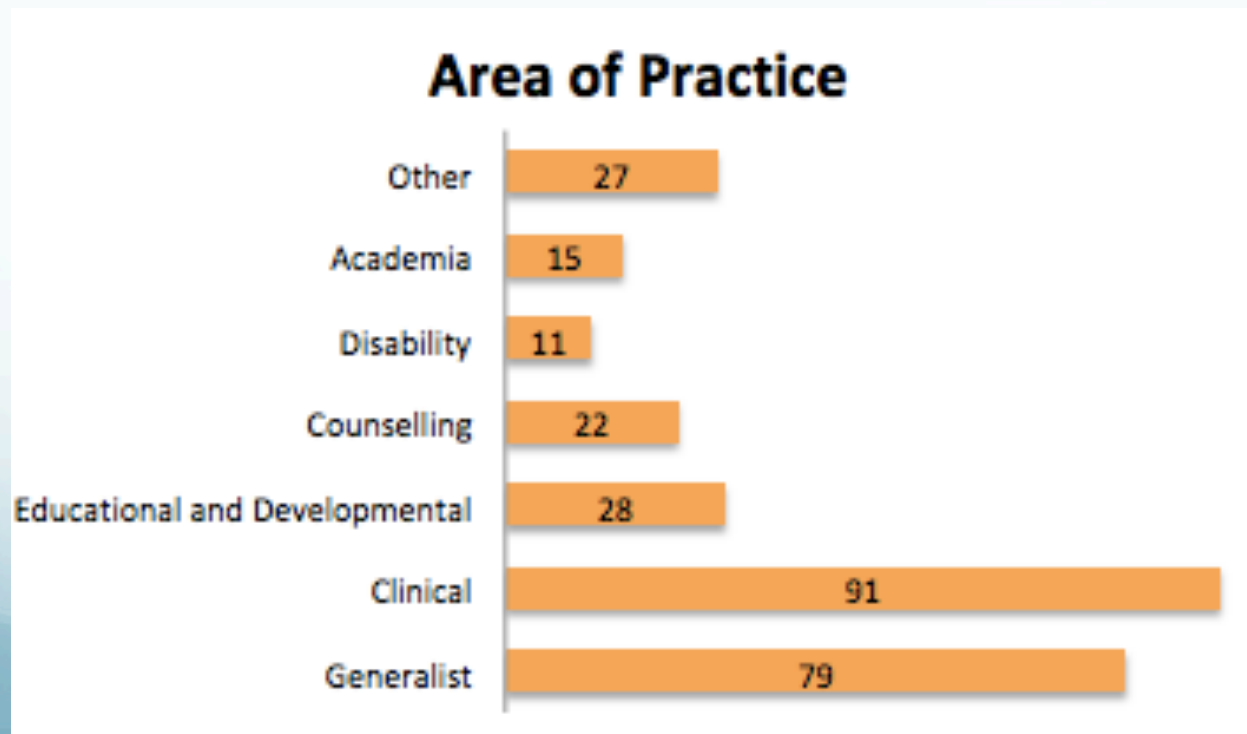
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Why Psychologists?

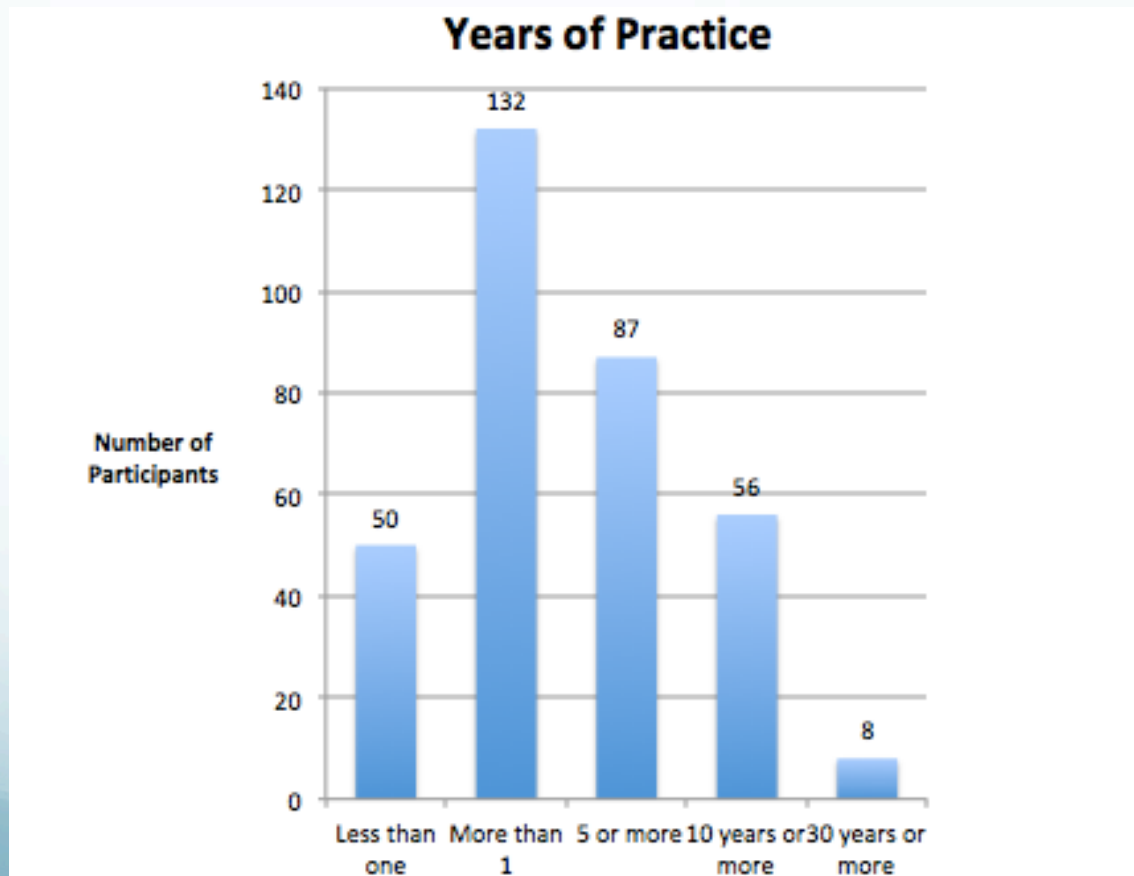
- Personal bias
- There's a lot of us - 34918*
- Limited previous research
- 7/10 brain domains assessed
- They provide assessment and treatment of other mental health alphabet i.e., ADHD, ODD, ASD, Anxiety, Depression, BPD, self harm
- Anecdotally many parents and caregivers feel they are given unhelpful behaviour (symptom) management strategies that don't work well for kids with FASD, particularly those that focus on consequences

Who Were Our Participants?

- 182 participants
- Mostly female (88.5%)
- Mean age 38.5 years
- Mostly clinical and generalist psychologists

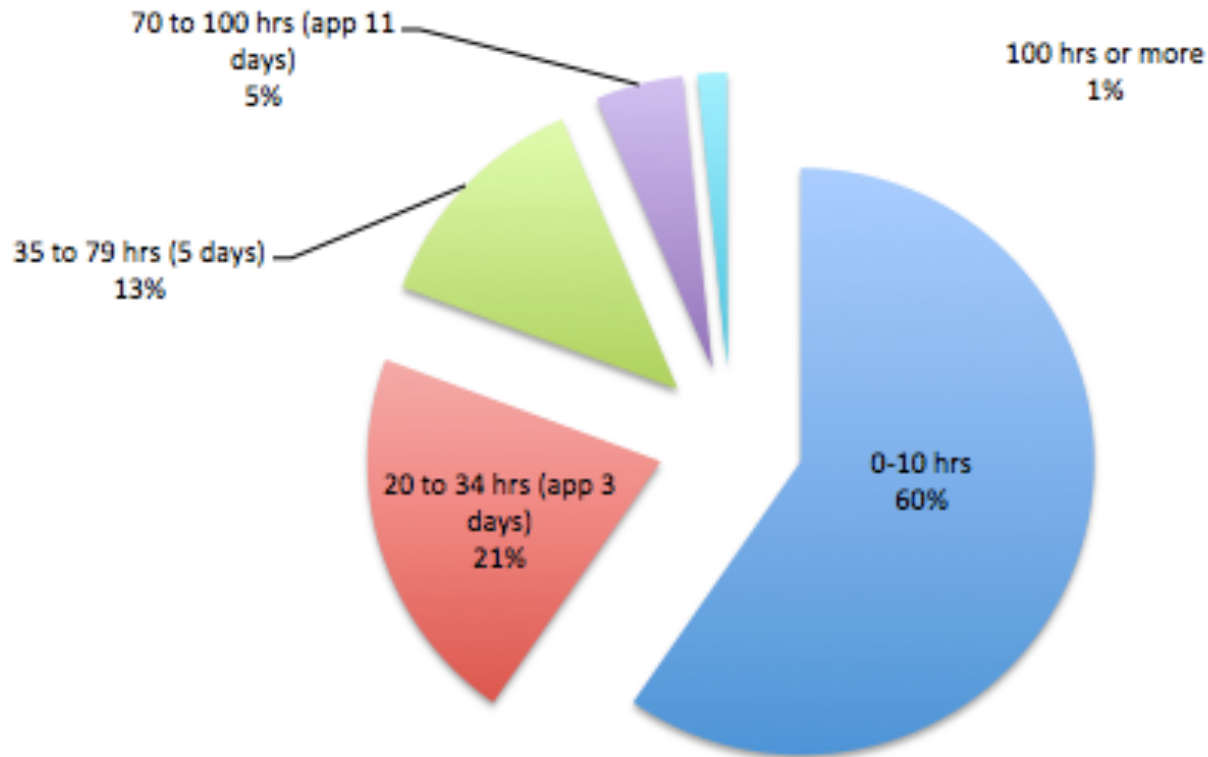


- Most had more than one year of experience as a psychologist, many had 5 years or more
- Average years working as a psychologist was 8.5 years



- Most had no previous training in FASD (70%).
- Those that did typically had 10 hrs or less.

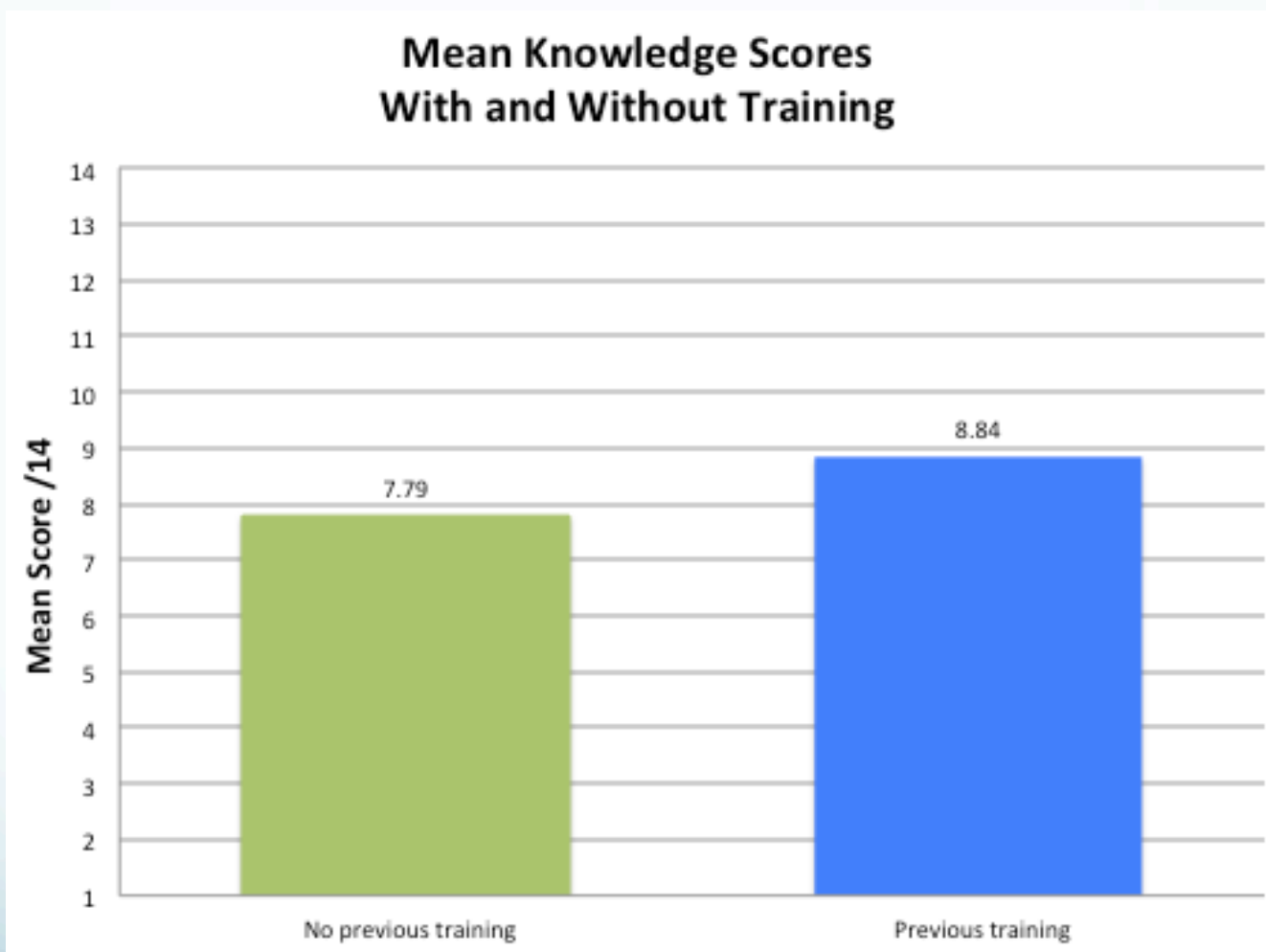
Hours of FASD Training Recieved



Perceived Abilities

- 65% of psychologists rated themselves as either somewhat or very unable to identify and work with someone with FASD
- Over 80% felt unable to diagnose someone with FASD
- Those with **previous training** (33.3%) rated themselves as **more able** to:
 - identify individuals with FASD ($p=0.000$)
 - diagnose individuals with FASD ($p=0.000$)
 - competently provide services to children and families affected by FASD ($p=0.000$)

Knowledge of FASD



On average, those with previous training had higher knowledge scores than those without previous training ($p=.001$).

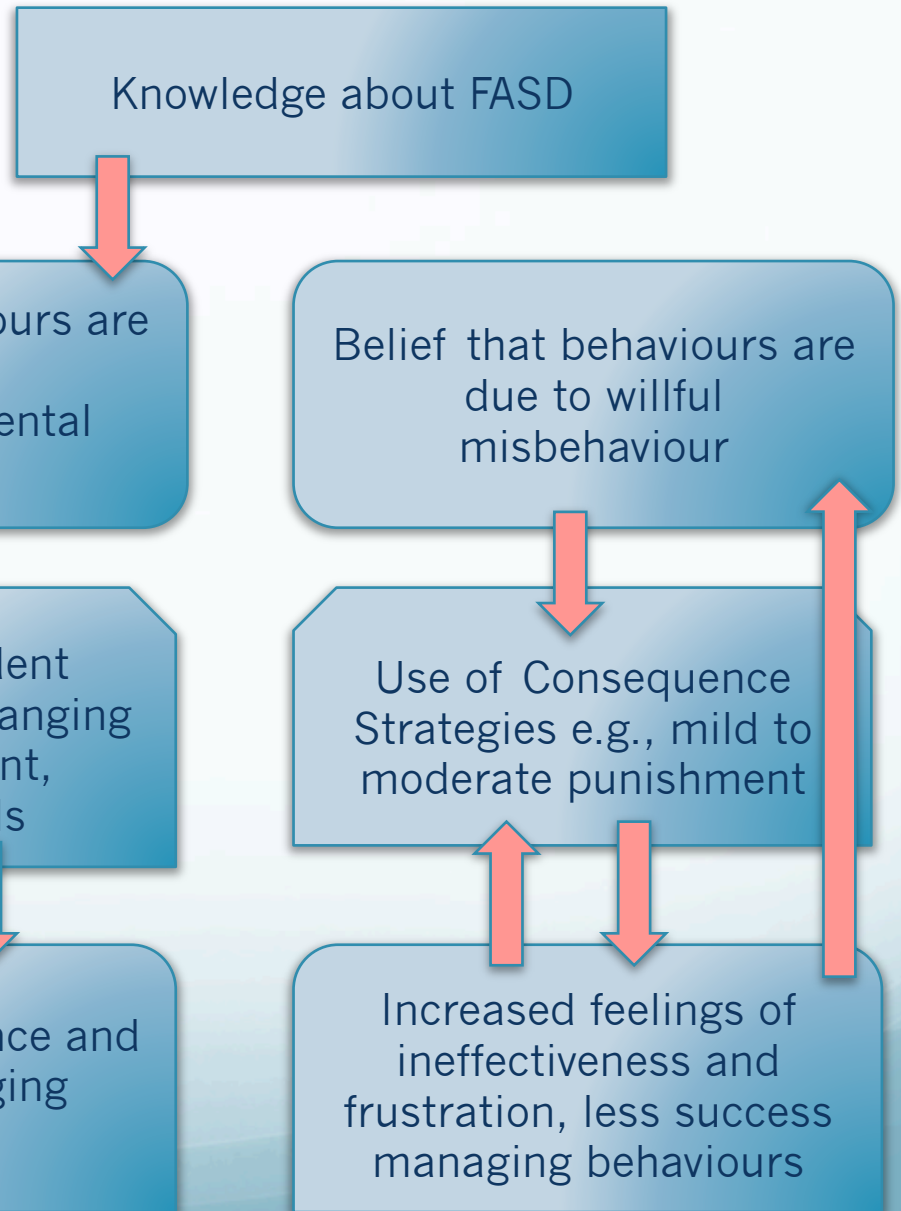
How Knowledge Influences Beliefs, Strategies Used To Manage Behaviours/ Symptoms And Parenting Outcomes

Petrenko et al., 2016

Beliefs about cause of behaviours

Parenting Strategies

Parenting outcomes



Sam is 8 years old and in year 3 at primary school. During play time, Sam gets frustrated when they lose at a game they are playing with peers. There is an incident. In their frustration Sam swears loudly and repeatedly and then threatens to destroy the game. Sam hits a nearby window, breaking it. Nobody is hurt.

Scenario 1: No further information about Sam is provided

Scenario 2: Sam has been diagnosed with FASD

2. How much overall responsibility did psychologists attribute to Sam for their behaviour/symptoms? Did previous training make a difference to their beliefs?

Combined six items to obtain an overall responsibility score.

Included questions about perceptions of responsibility, intent and control for Sam such as:

- “Is Sam responsible for the way they behaved?”
- “Did Sam act this way on purpose?””
- “Could Sam have chosen to behave another way?”

3. What kinds of management strategies did psychologists suggest to best manage Sam's behaviours/symptoms?

Regardless of school policies and rules what would be the most appropriate and effective management of Sam's behaviour. For each of the following strategies indicate how likely you would be to use/endorse this response by placing a mark on the line at the appropriate spot.

Strong Consequences - Punishment e.g suspension, expulsion



a. Consequence Strategies

- Strong Consequences e.g., suspension, expulsion
- Mild to Moderate Consequences – e.g., time-out, in-school suspensions

b. Antecedent strategies

- Modify Sam's Environment e.g., provide supervised play
- Teach Sam needed skills e.g., emotional regulation training
- Positive reinforcement of appropriate behaviours

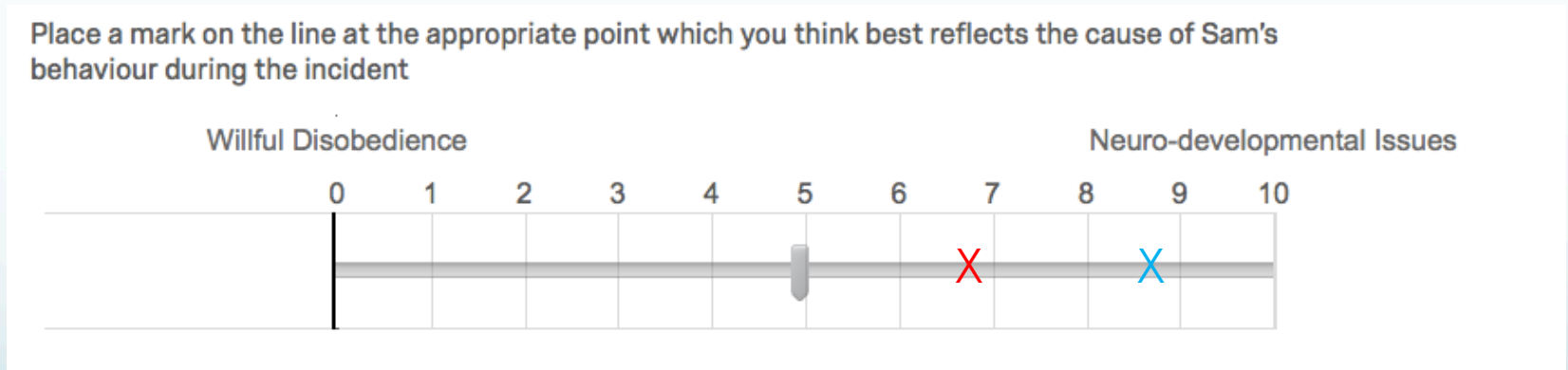
4. Was there a relationship between increased knowledge and the kinds of strategies endorsed (e.g., was higher levels of knowledge associated with greater use of antecedent strategies and visa versa for consequence strategies?)

1. How did psychologists view the cause of Sam's behaviours/symptoms? Did previous training make a difference?

Scenario 1 (No-FASD): M=6.85 (X)

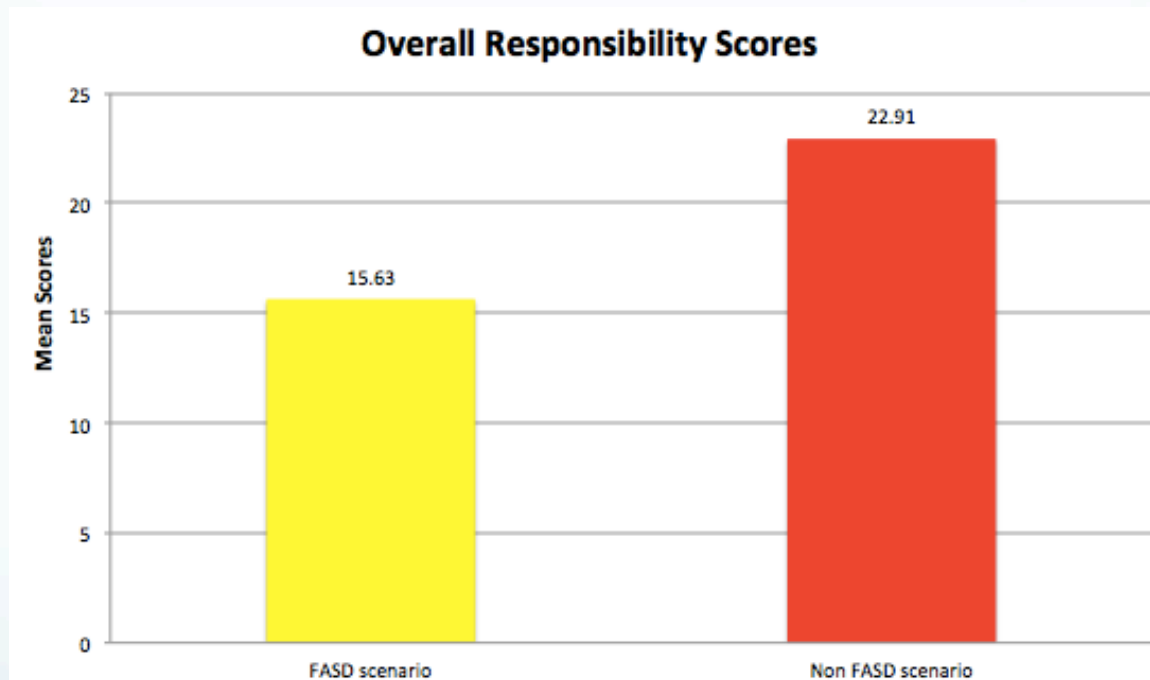
Scenario 2 (FASD): M=8.61 (X)

The difference was significant $p=0.000$



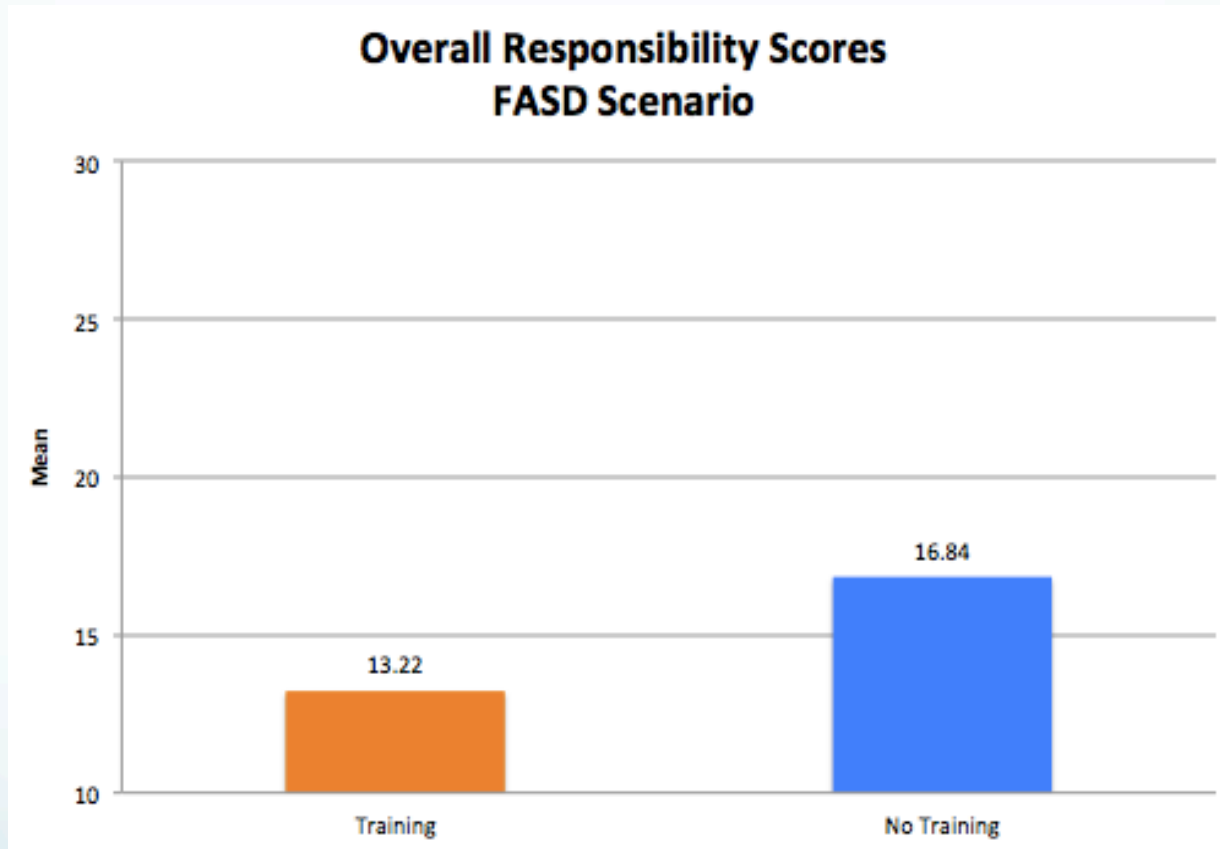
Previous training was not found to reveal any significant differences.

2. How much overall responsibility did psychologists attribute to Sam for their behaviour/symptoms?



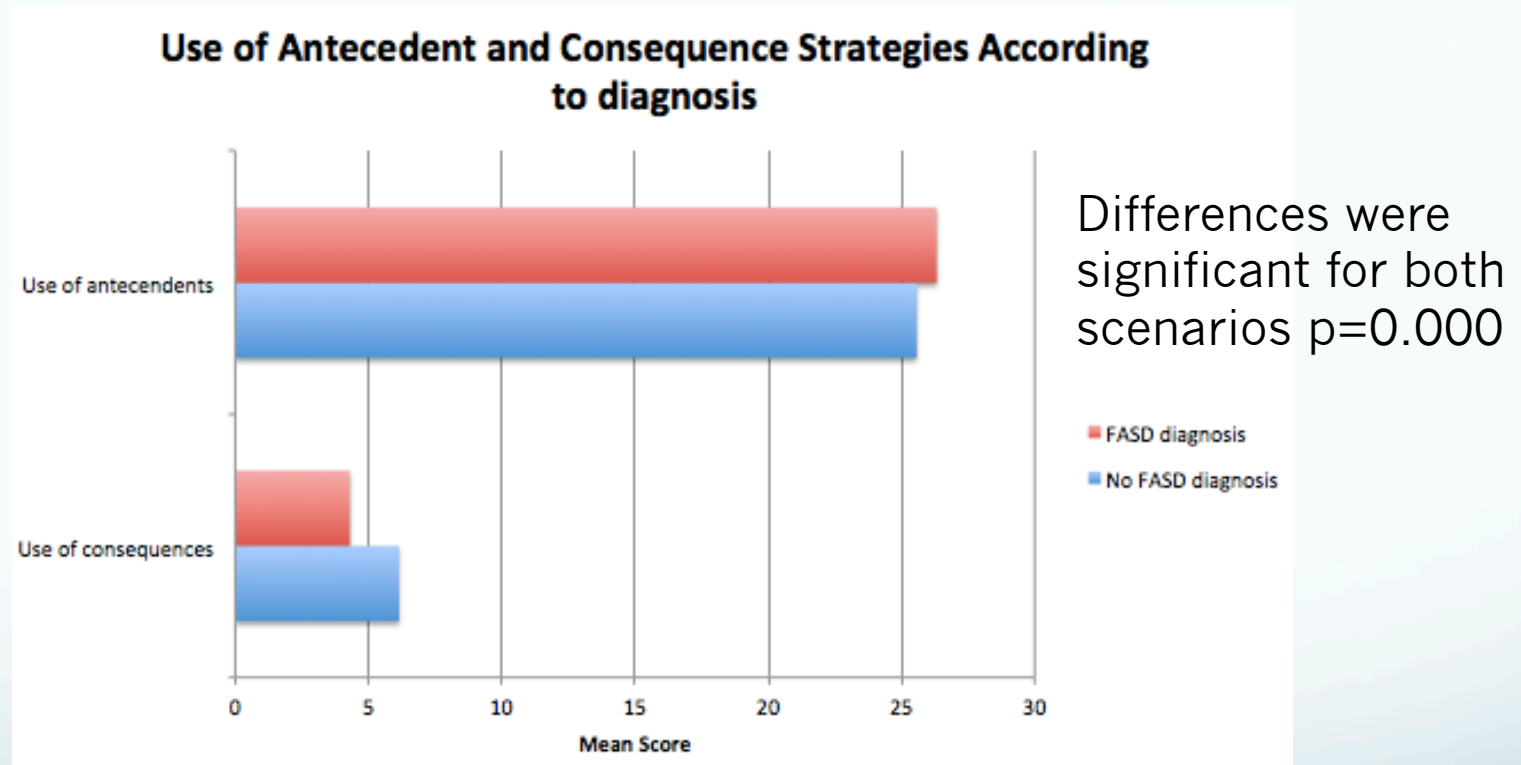
Sam was seen as having less responsibility overall in the FASD scenario (Scenario 2) than the non-FASD scenario (Scenario 1). Difference is significant ($p=.000$)

Did previous training make a difference to their beliefs?



Those with previous training in FASD had lower average responsibility scores than those without training for the FASD scenario. Difference is significant ($p=0.049$).

3. What kinds of management strategies did psychologists suggest to best manage Sam's behaviours/symptoms?



Did previous training make a difference?

- Previous training made no difference to management strategies suggested

4. Was there a relationship between increased knowledge and the kinds of strategies endorsed (e.g., was higher levels of knowledge associated with greater use of antecedent strategies and visa versa for consequence strategies?)

No significant relationships were found

Why?

- Psychologists were already endorsing use of antecedent strategies strongly, possibly due to previous use with other people with disabilities and their training
- What they do in theory may be different to what they do in practice

What's Next?

- Continue training Psychologists about FASD particularly helpful intervention strategies
- Refine our questionnaires
- Research with carer's about their experiences with the kinds of management strategies they find helpful, what strategies they are given and by whom
- What do teachers believe will help to manage the behavioural symptoms of FASD? (281,948)
 - First and most enduring contact with young people

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