2013

Adolescents with Fetal Alcohol Spectrum Disorder: Program for Prevention of Juveniles Entering the Criminal Justice System

Erin Sykora
University of North Dakota

René Warzecha
University of North Dakota

ADOLESCENTS WITH FETAL ALCOHOL SPECTRUM DISORDER: PROGRAM FOR PREVENTION OF JUNVENILES ENTERING THE CRIMINAL JUSTICE SYSTEM

by

Erin Sykora, MOTS
René Warzecha, MOTS

Advisor: Gail Bass PhD, OTR/L

A Scholarly Project

Submitted to the Occupational Therapy Department

of the

University of North Dakota

In partial fulfillment of the requirements

for the degree of

Master's of Occupational Therapy

Grand Forks, North Dakota

May 11, 2013

This Scholarly Project Paper, submitted by Erin Sykora and René Warzecha in partial fulfillment of the requirement for the Degree of Master's of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

_____

Faculty Advisor

_____

Date

PERMISSION

Title	Adolescents with Fetal Alcohol Spectrum Disorder: Program for Prevention of Juveniles Entering the Criminal Justice System
Department	Occupational Therapy
Degree	Master's of Occupational Therapy

In presenting this Scholarly Project in partial fulfillment of the requirements for a graduate degree from the University of North Dakota, we agree that the Department of Occupational Therapy shall make it freely available for inspection. We further agree that permission for extensive copying for scholarly purposes may be granted by the professor who supervised our work or, in her absence, by the Chairperson of the Department. It is understood that any copying or publication or other use of this Scholarly Project or part thereof for financial gain shall not be allowed without our written permission. It is also understood that due recognition shall be given to us and the University of North Dakota in any scholarly use which may be made of any material in our Scholarly Project Report.

Signature_____ Date_____

Signature_____ Date_____

TABLE OF CONTENTS

ACKNOWLEDGEMENTS

The authors wish to express their appreciation to their faculty advisor, Gail Bass for all her help and guidance throughout the development of this project. The authors also wish to thank all of the professors, staff, and peers at the University of North Dakota's Occupational Therapy graduate program, who have all been an essential part of our graduate school education. The authors would also like to thank their family members for their ongoing support and encouragement throughout the program.

ABSTRACT

Purpose: The purpose of the product is to provide adolescents with fetal alcohol spectrum disorder (FASD) who are in a youth juvenile detention center the opportunity to participate in group sessions that will increase their functional occupational performance and decrease behaviors associated with their disorder.

Methodology: An extensive literature review was completed in order to determine the need for services and the information to include within the product. The authors looked at websites related to programming already implemented in Juvenile Centers to gather an idea of how to organize the product. A review of Cole's 7 Steps was done in order to structure and organize each group session (Cole, 2012). The group sessions were designed to flow from a structured to gradually unstructured environment. The theoretical model that guided the development of this scholarly project is the Person-Environment-Occupation model (PEO). The PEO model was developed in order to provide a logical way to analyze complex performance issues that are included in a person's occupations and environments (Strong & Rebeiro-Gruhl, 2011).

Product: A 10-week occupational therapy-based group program was designed for adolescents with FASD who are involved with the Juvenile Justice System. The group sessions address various areas of occupation that have been identified through a review of literature. These areas include; social skills, money management, work and employment,

hygiene, clean and sober, peer pressure/positive affirmations, parenting tips, sleep and rest, impulse control, and a farewell party planning session.

Conclusion/Recommendations: This program provided adolescents with fetal alcohol spectrum disorder who are in a youth juvenile detention center the opportunity to participate in group sessions that will increase their functional occupations and behavior associated with their disorder. The limitations for this program include lack of research, absence of implementation, small sample size, limited context, and limited to one diagnosis. Recommendations for the future include additional research, outcomes measurement, and implementation of program, expanding context, and expansion to other diagnoses with similar behaviors.

CHAPTER I

INTRODUCTION

The prevalence of adolescents with fetal alcohol spectrum disorder (FASD) in the Juvenile Court System is substantial enough according to literature reviewed in Chapter II to develop a program designed to decrease the prevalence of youth entering the criminal justice system as adults. Not only is it important to decrease the numbers of adolescents during the transition phase between the juvenile justice system and the criminal justice system, but it is also important to provide adequate care and accommodations for those specific individuals while they are in detention programs.

The purpose of the product is to provide adolescents with fetal alcohol spectrum disorder who are in a youth juvenile detention center the opportunity to participate in group sessions that will increase their functional occupational performance and decrease behaviors associated with their disorder. The targeted areas of occupation that have been chosen are based on the literature and associated behaviors with FASD that may be a barrier to success in occupational performance. The program developed as the product of this scholarly project consists of ten group sessions that are designed to be carried out by occupational therapists in a juvenile detention center; the program targets middle school adolescents. The group sessions are laid out in one hour blocks with 10 weekly sessions; session frequency can be adjusted to meet the needs of the participants. The final group

session is a parent/caregiver education course where the therapists will provide education, information and materials for parents and caregivers about the disorder and strategies to use with their adolescents.

Theoretical Model

The theoretical model that guided the development of this scholarly project is the Person-Environment-Occupation model (PEO). The PEO model was developed in order to provide a logical way to analyze complex performance issues that are included in a person's occupations and environments (Strong & Rebeiro-Gruhl, 2011). A basic concept of this model is that the person and the environment have a transactive relationship rather than an interactive relationship. The transactive approach presents the occupation and the person as interdependent and cannot be separated from the environment in which it occurs (Turpin & Iwama, 2011). Due to the continual change and shifting as contexts change, a person's behavior changes in order to accomplish goals (Turpin & Iwama, 2011). The desired outcome for this particular model is the transaction of the person, environment, and occupation to produce positive occupational performance (Turpin & Iwama, 2011).

The first domain of the model is the person. Performance components within the person include emotion, cognitive, and physical components. They also address the person's spirituality and how that affects the environment and occupation. Spirituality is a person's beliefs, values, and goals and is a source of self-determination (Strong & Rebeiro-Gruhl, 2011). The second domain of this model is the environment which includes the context that the occupation is carried out in. The different elements of environment include the cultural, physical, institutional, and social. The third and final

domain is the occupation. Occupations are groups of activities and tasks that a person engages in to meet the needs for self-maintenance, expression, and fulfillment (Turpin & Iwama, 2011).

The reason for using this particular model to develop a program for adolescents with FASD is because this model can be used throughout the lifespan which is an important consideration when working with clients who have a life-long disability. The information in the model discusses the change factors that occur with each individual throughout their life including behavioral changes associated with it (Turpin & Iwama, 2011). Adolescents with FASD are in transition between childhood and young adulthood and physical and emotional change is occurring frequently. The consideration of how change in the environment influences changes in behavior and the inclusion of the social aspect of the environment suggests the PEO model is a good fit for this client population.

Another reason why PEO is a good fit is due to how it correlates with goals for occupational therapy. Goals when using PEO are developed to increase desirable, positive occupational performance by the facilitation of fit between the person, environment and occupation (Turpin & Iwama, 2011). Many adolescents with FASD have a higher susceptibility to drug and alcohol use due to the environment in which they were brought up in (British Columbia Ministry for Children and Families, 1999). The concepts from the PEO model being applied to the group program will be implemented by taking the adolescent and the occupations within the group program and applying them in a contrived environment (Turpin & Iwama, 2011). The natural environment is considered and activities in the natural environment may be implemented towards the end

of the program based on facility regulations. Throughout the program the leaders will provide a supportive environment in order to facilitate occupational performance.

This scholarly project includes a literature review on issues impacting adolescents with FASD, the juvenile justice system, and the role of occupational therapy within this emerging practice area. A group program was designed in order to accommodate the needs of adolescents with FASD in a detention center. The program consists of ten group sessions; individual sessions were developed following the guidelines of Cole's Seven Steps (Cole, 2012); the product can be found in its entirety in Chapter IV of this document. Chapter II of this document is the review of current research and literature; Chapter III describes the methodology used to develop the product. In Chapter V of this scholarly project, a description of the limitations, recommendations, and future development of this program are addressed.

CHAPTER II

LITERATURE REVIEW

Fetal Alcohol Spectrum Disorder: Overview

Fetal Alcohol Spectrum Disorders (FASD) is a spectrum that is comprised of four medically recognized disorders that are caused from a mother drinking alcohol during her pregnancy. The first disorder is Fetal Alcohol Syndrome (FAS) which has three characteristic diagnostic signs called a triad, "1) prenatal and postnatal growth retardation; 2) characteristic facial anomalies" which include 'short palpebral fissures, flat philtrum and thon vermilion border of the upper lip'; and 3) central nervous system dysfunction demonstrated by intellectual impairment and/or structural abnormalities, microcephaly, developmental delay and a complex pattern of behaviors" (Stade et al., 2011, pg 1). Partial Fetal Alcohol Syndrome (PFAS) is diagnosed by having maternal alcohol exposure confirmed, the child having some of the characteristic facial features of FAS, and having either evidence of growth retardation, abnormal central nervous system (CNS) neurodevelopmental or a pattern of complex cognitive behaviors (Sampson et al., 1997). Alcohol-Related Neuro-Developmental Disorder (ARND) diagnostic criteria is the confirmation of CNS neurodevelopmental abnormalities, impairments in fine motor skills, impaired hand-eye coordination, neurosensory hearing loss, poor tandem gait and confirmation of a pattern of complex cognitive behavior (Sampson et al., 1997). The

CNS neurodevelopmental abnormalities can include a decrease in cranial size during the child's infancy, and abnormal brain structures (Sampson et al., 1997). The pattern of complex cognitive behavior can include developmental delay, learning, memory, judgment and attention difficulties, decrease in impulse control, lack of social perception, deficits in expressive language and deficits in abstract and metacognition tasks (Sampson et al., 1997). Alcohol Related Birth Defects (ARBD) are diagnosed when there is confirmed maternal alcohol consumption during the pregnancy, yet the child does not fall under any other of the FASD diagnostic criteria (Peadon, Fremantle, Bower & Elliott, 2009). In the past there have also been the diagnoses of Fetal Alcohol Effects (FAE); this term is no longer recognized by the American Medical Association. According to the Center for Disease Control (CDC) there are no known statistics of the exact numbers of people who have FASD, the most current estimates from the CDC for FAS are 0.5to 2.0 cases per every 1,000 live births in the United States (CDC, 2012).

There are physical, emotional, cognitive, and developmental characteristics that are apparent in individuals with FASD. Facial physical symptoms are only apparent in children with FAS and include short palpebral fissures, thin upper lip, absent philtrum. These facial physical symptoms become less apparent as the child ages into adolescence and adulthood (Lupton, Burd, & Harwood, 2004). The CDC states that children with FAS can have a small head size, short stature, low body weight, and can have heart, hearing, and skeletal body complications. These physical symptoms are usually lifelong and the child will present with these at birth (CDC). Paintner, Williams and Burd (2012) states that a child can have mild withdraw symptoms after birth that can include jitteriness, increased respiratory rates, hyperacusis, exaggerated reflexes, and sleep disturbances. In

infancy, physical symptoms that are commonly seen are vision and hearing disorders, abnormal electroencephalograph (EEG) results and seizures (Lupton et al., 2004).

Koren (2011) found that cognition impacts a child's ability to learn and impacts their behavior. In any child that has been diagnosed with FASD cognitive deficits will be present. Many school aged children with FASD will function at a lower level than what is expected of their IQ in a classroom setting due to their difficulties with impulsivity, problem solving, sensory integration, relationships, time management, and attention. Some individuals with an average IQ with FASD will still experience difficulties similar to school aged children who have lower IQ's. Children with FASD who fail out of the educational system will have future failures in every aspect of their life (Koren, 2011). In a research study conducted by Stade et al. (2011), the author interviewed children with FASD to identify common themes related to their daily life. All of the adolescents stated that they understood their disability and how it limited them in their cognition and their daily functioning. Koren (2011) also noted the individuals who received a diagnosis of FASD expressed their relief at discovering the medical reason for why they often struggled in school; this knowledge took the pressure off thus increasing their self-esteem and confidence.

The emotional factors that are seen in children with FASD include a sense of fluctuation in their feelings from day to day. Many of the children who were interviewed in the study by Stade et al. (2011) stated that they "feel different" from others; noting they feel alone, are unable to connect with peers, and often struggle to overcome their disability (Stade et al., 2011, pg. 481). All 22 of the participants stated that they feel well supported by their parents and they are aware of their diagnosis and behaviors associated

with it; but many of these children do not show signs of in-depth close relationships with peers, but all of them stated that they have positive relationships with their parents (Stade et al., 2011). Other emotional characteristics in children with FASD can be extreme hyperactivity, aggressiveness, improper social behavior, and decreased social skills (Peadon et al., 2009; Slate et al., 2011). These emotional characteristics are individualized with each child displaying a variety of the symptoms listed.

Fetal alcohol spectrum disorder is the most common developmental disorder in the world and the most identifiable cause of mental retardation (Paintner et al., 2012). The intellectual symptoms can include decreased memory, decreased ability to judge, a decrease in academic performance, having a low IQ, and specific learning disabilities (CDC, 2010). For children with FAS, the frequent neurocognitive symptoms will include speech and language delays, impairments with abstract thinking, volatile to social peer pressure, learning disabilities, and volatile emotions (Lupton et al., 2004). Around the age of 9-10 years old, children in school are expected to work more independently and curriculum lessons become more abstract. At this time, many children with FASD are unable to achieve these standards for education and tend to fall behind (Koren, 2011). An example of this would be that they are able to complete simple addition and subtraction mathematics problems, but they are struggling with completing multiplication and division problems (Koren, 2011). The developmental deficits seen in adolescents overlaps into young adulthood where a person with FASD may make poor decisions and have difficulty living independently (Paintner et al., 2012).

Fetal Alcohol Spectrum Disorder: Cause

According to the CDC (2012) FASD can only be caused by a mother drinking alcohol during a pregnancy. Lupton et al. (2004) stated there are common factors in women who have children with FASD, but according to Koren (2011), there is no genetic link. Associated risk factors in women who are at a higher risk for having a child with FASD include: smoking, binge or heavy alcohol drinking, being unmarried, being a victim of physical abuse, and having a poor diet (Lupton et al., 2004). Koren (2011) stated that alcohol usage is found in all ethnicities and at all levels of income and background. Throughout a pregnancy there is no safe time to drink alcohol and prevention of FASD can be attained by not drinking alcohol during pregnancy (CDC, 2010).

Paintner et al. (2012) estimated that 70%-80% of all children with FASD will be separated from their biological parents. Many of these children will be placed in foster care or adoptive placements. Mothers of children with FASD have a history of substance abuse, foster care or adoptive home placements, or they have been in the correctional system (Paintner et al., 2012). After they have found out they are pregnant, approximately 3.3% of women will continue to drink alcohol frequently, which is defined as seven or more drinks per week or they binge drink, which is defined as five or more drinks in any occasion (Lupton et al., 2004). Re-occurring rates of having multiple children with FASD are between 50% and 75% for a mother whose first child has been diagnosed with FASD. The more children a mother has with FASD, the more severe the symptoms will present in each additional child. There is also a strong risk for a child with FASD to grow up and have a child with FASD (Paintner et al., 2012).

Fetal alcohol spectrum disorder is a spectrum of disorders that are caused by prenatal exposure to alcohol. There are many different diagnoses that fall under the spectrum. Each of these diagnoses includes dynamic components that effect an individual's physical, emotional, cognitive, behavioral, and social characteristics. Each individual's situation is unique and all aspects of their diagnosis need to be acknowledged and addressed.

Fetal Alcohol Spectrum Disorder and the Juvenile Justice System

Because the symptoms present in individuals with FASD including: learning disabilities, impulsivity, and poor judgment they exhibit increased susceptibility to criminal behavior and victimization (Fast & Conry, 2004). Without appropriate diagnosis, interventions, and support services throughout the lifespan, individuals with FASD are at high risk for becoming involved either as offenders or victims in the legal system (Popova, Lange, Bekmuradov, Mihic,& Rehm, 2011). They may confess to a crime they did not commit because of their tendencies to want to please people in authority, inability to understand abstract concepts, wanting to get rid of the situation by saying false things, and being mistreated by the plea bargaining of a partner (Fast & Conry, 2004).

In a study done by Timmons-Mitchell, et al. (1997), the researchers examined the prevalence of youth in the juvenile justice system who had a diagnosis of a mental disorder. Study data indicated that 84 % of females and 27% of males presently incarcerated have a mental health need (Timmons-Mitchell, et al., 1997). Fast, Conry, and Loock (1999) in Popova et al. (2011) reported that of the 287 youth in the inpatient unit of the Youth Forensic Psychiatric Services, 23.3% got an alcohol-related diagnosis,

1% had FAS and 22.3% had fetal alcohol effect (FAE). FAE is now considered alcohol related birth defects and alcohol related neurodevelopment disorder (Sampson et al., 1997). Teplin, Abram, McClelland, Dulcan, and Mericle (2002) conducted a study where they interviewed a sample of youth from a variety of ethnic backgrounds who resided in a detention center in Illinois using the Diagnostic Interview Schedule for Children. The results indicated that nearly two thirds of the males and three quarter of the females interviewed met criteria for one or more psychiatric disorders. Substance abuse marked half of the males and almost half of the females. Although there were not specific statistics on individuals with FASD, the study data indicated a high incidence of children in detention centers with psychiatric disorders. These results show that there is a substantial number of youth in Juvenile Detention Centers (JDC) who have psychiatric morbidity and that not only is the transition from the juvenile justice system to the criminal justice system an issue, but so is the transition for youth from detention centers into the juvenile system (Teplin, et al. 2002).

Adolescents with FASD need to have accommodations in the Juvenile Justice System in order for fair treatment to be provided and for added support to be available. Farnworth (2000) conducted a study which examined time use and leisure occupations of young offenders. The study data indicated that personal care occupations took up 21% of their time and only 10% of their time was spent involved in productive occupations such as education or employment. According to Fast and Conry (2009), offenders with FASD should not return to the community worse off than when they left.

Co-morbid diagnoses such as mental illnesses and substance abuse disorders along with FASD need to be addressed and treated. A multidisciplinary approach needs

to be taken when planning the transition from jail to the community. Input should be sought from corrections personnel, caregivers, individuals from the community, and the individual with FASD. Sacks (2004) conducted a study researching co-occurring substance abuse and mental disorders for females in the criminal justice system. The results indicated that females have a better outcome when treated with an integrated treatment rather than with sequential or parallel treatment programs (Sacks, 2004). Williams (2006) found that many professionals who work in the system do not have the skills, knowledge, and training to provide adequate care to individuals with FASD while in the system. Fast and Conry (2009) noted ongoing education of professionals is important in order to help them identify when a person is exhibiting symptoms related to the diagnosis and to facilitate adequate therapeutic interventions for individuals who are struggling with symptoms of FASD.

According to Williams (2006), a fault that is apparent within the Juvenile Justice System is its failure to protect vulnerable and innocent individuals by not taking into consideration their limitations. According to Fast & Conry (2004) there is a need for screening tools for FASD to validate a person's behavior. Concerns arise, however, due to the other diagnoses that present themselves with similar symptoms such as attention deficit hyperactivity disorder (ADHD), learning disabilities, conduct disorder, and oppositional defiant disorder (Fast & Conry, 2004). Many adolescents and adults within the Criminal Justice System have not been diagnosed with FASD, which increases difficulty identifying individuals within the system who need treatment (Williams, 2006).

In conclusion, Williams (2006) stated that in order for justice to be served, changes need to be implemented. These changes include increasing training about FASD

for professionals in the system at all entry points into the system, increasing the number of referrals for diagnosis, becoming more aware of FASD and its included factors, and the development for alternative sentencing options (Williams, 2006).

Individuals with FASD have a higher rate of being incarcerated due to their behaviors and their environmental context (Popova et al., 2011). Situational factors often aggravate the cognitive, social, and behavioral problems which can lead to trouble with the law (Popova, et al., 2011).

Role of Occupational Therapy

Developmental assessments should be used to diagnose FASD as early as possible. These assessments should include evaluations of the home environment and the child's medical history. It is important to look at the social context of the child as multiple foster home placements are detrimental to the child's development (Paintner et al., 2012). When assessing a child with a possible prenatal exposure to alcohol, a multi-disciplinary team approach is recommended. Multi-disciplinary team members should include a pediatrician, child psychologist, neurologist, occupational therapist, physical therapist, speech and language pathologist, psychiatrist, social worker, and a special education provider as appropriate (Paintner et al., 2012).

According to Victor, Worniak and Chang (2008) the typical assessments completed on prospective children with FASD include Wechsler Intelligence Scale for Children, third edition (WISC-III), Woodcock-Johnson Tests of Achievement, third edition (WJ-III), Wisconsin Card Sorting Test (WCST), Test of Variables of Attention (TOVA), and the Achenbach Child Behavior Checklist, Parent Report Form (CBCL)**.** The WISC-III assesses the child's cognitive abilities and intelligence; the scores are

norm-referenced and the assessment is standardized. The WJ-III is a standardized assessment that measures general intellectual ability, oral language, specific cognitive abilities, and the person's academic achievement. The WCST is used to assess perseveration and abstract thinking. It allows the clinician to assess the person's executive functioning and any frontal lobe dysfunction. The TOVA is a computerized test that assesses attention and can be utilized for persons exhibiting symptoms of not only FASD, but ADHD as well. The CBCL is a parent report questionnaire that assesses behaviors that are internalizing and externalizing with sub areas that include somatic complaints, depression and anxiety, social withdraw, destructive behavior, thought problems, social problems, attention problems, aggressive behavior, and delinquent behavior. These assessments are used to confirm a person's diagnosis if the person does not have the facial features and when background information cannot be attained from the mother (Victor et al., 2008).

According to Peadon et al. (2009), the following interventions have a research base for use with children with FASD; virtual reality training, cognitive control therapy (CCT), social skills training, attention processing training, and socialization programs. Virtual reality training has been used to teach children with FASD about home safety while addressing their weaknesses, such as fine motor and visual-spatial deficits. Social skills training programs provide an opportunity for the child to practice social skills and appropriate behaviors within the home and school settings. Attention processing training has a goal of improving attention and the child's non-verbal reasoning skills. Peadon et al. (2009) noted that children who were involved in socialization programs had an increase in positive socialization. The goal of CCT is to address the child's awareness,

body positioning, attention, movement, control, and information processing (Peadon et al., 2009). Occupational therapy should be implemented into the treatment with a focus on establishing long-term goals and developmental interventions (Paintner et al., 2012).

An area of occupation that is difficult for adolescents with FASD is money management. This correlates with the information summarized in the overview section of the literature review about education standards and abstract mathematic skills. According to the Edmonton and Area Fetal Alcohol Network (EFAN, 2007), the ability to understand money on a day to day, week to week or month to month basis requires abstract thinking skills. These skills are important because they are key components to becoming an independent adult. Difficulties include misunderstanding of concepts such as the names and values of coins, counting back change, computing change, and being able to distinguish the value of items (EFAN, 2007).

The average age when most adolescents get their first paid job and are transitioning into the work environment are ages 11-13 years (Braveman & Page, 2012). Work is considered an area of occupation according to the American Occupational Therapy Framework (AOTA, 2008). A reason for recognizing work skills with adolescents who have FASD is because it allows the adolescent to be able to contribute to one's community (British Columbia Ministry for Children and Families, 1999). Work also includes volunteering which provides adolescents with the sense of responsibility, participation, and accomplishment. By starting early with the aspect of work and being a productive member of society, adolescents will ideally be able to establish a routine based around the need to work (BCMCF, 1999).

Adolescents with FASD are commonly diagnosed with having attention deficit hyperactivity disorder (ADHD) due to their inability to control their impulses and restlessness (Henry, Slone, & Black-Pond, 2007). Often times the impulsive behaviors can be reduced and/or controlled through the use of calming techniques and environmental modification (EFAN, 2007). This is a helpful strategy for parents to utilize. According to the Center for Disease Control (2007), children with FASD may not respond to what would be considered usual parenting practices. Education for parents about ways to teach their child skills and coping strategies related with their symptoms is beneficial and can be done in either a group or individual setting (CDC, 2011). Many parents experience frustration and exhaustion when dealing with their children with FASD due to the high demands and special needs (British Columbia Ministry for Children and Families, 1999).

Occupational therapists who have passed the certification examination and who are registered by the National Board for Certification in Occupational Therapy (NBCOT) have also graduated from an occupational therapy academic program that meets the requirements of the Accreditation Council for Occupational Therapy Education (ACOTE). According to ACOTE (2012) "graduates from an accredited master's degree-level program must":

- Be educated as a generalist with a broad exposure to the delivery models and systems used in settings where occupational therapy is currently practiced and where it is emerging as a service.
- Be prepared to articulate and apply occupational therapy theory and evidence-based evaluations and interventions to achieve expected outcomes as related to occupation.
- Be prepared to articulate and apply therapeutic use of occupations with individuals or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings.

- Be able to plan and apply occupational therapy interventions to address the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts and environments to support engagement in everyday life activities that affect health, well-being, and quality of life.
- Be prepared to effectively communicate and work interprofessionally with those who provide care for individuals and/or populations in order to clarify each member's responsibility in executing components of an intervention plan (pp. 1-2).

Additionally, as per the program accreditation standards, graduates of an accredited occupational therapy have the ability to select and "use appropriate procedures and protocols (including standardized formats) when administering assessments" (ACOTE, 2012, p.21) to evaluate clients occupational performance. They also have the ability formulate and implement appropriate intervention plans to meet the occupational needs of a client. According to standard B.5.4 they are able to "design and implement group interventions based on principles of group development and group dynamics across the lifespan" (ACOTE, 2012, p. 23).

Chapter III.

Methodology

The prevalence of adolescents with fetal alcohol spectrum disorder (FASD) in the Juvenile Court System is substantial enough according to literature reviewed in Chapter II of this document to develop a plan of care in order to decrease the prevalence of youth entering the criminal justice system as adults. Not only is it important to decrease the numbers of adolescents during the transition phase between the juvenile justice system and the criminal justice system, but to provide adequate care and accommodations to those specific individuals while doing their time. The purpose of the product of this scholarly project is to provide adolescents with fetal alcohol spectrum disorder who are in a youth juvenile detention center the opportunity to participate in group sessions that will increase their functional occupational performance and decrease behaviors associated with the disorder.

An extensive literature review was completed in order to determine the need for services and the information to include within the product. The authors looked at websites related to programming already implemented in Juvenile Centers to gather an idea of how to organize the product. A review of Cole's 7 Steps (Cole, 2012) was done in order to structure and organize each group session. The group sessions were designed to flow from a structured to gradually unstructured environment, and the final group session

is an educational session for parents and caregivers of the adolescents who have completed the other nine group sessions. The program was designed to be lead by one or two occupational therapists.

The theoretical model that guided the development of this scholarly project is the Person-Environment-Occupation model (PEO). The PEO model was developed in order to provide a logical way to analyze complex performance issues that are included in a person's occupations and environments (Strong & Rebeiro-Gruhl, 2011). The relationship of the theoretical model to the development of the scholarly project and the final product is described in Chapter I of this document.

Based on the literature and research reviewed in Chapter II of this document there is a need for implementing programs that support the development of positive occupational performance for adolescents with FASD and this type of programming correlates positively with the practice of occupational therapy. Without a program of this type, adolescents with FASD may have a decreased potential to not only live independently, but may end up in the criminal justice system as an adult.

CHAPTER IV

PRODUCT

The purpose of the product is to provide adolescents with fetal alcohol spectrum disorder who are in a youth juvenile detention center the opportunity to participate in group sessions that will increase their functional occupational performance and decrease behavior associated with their disorder. The program is designed to be implemented in a juvenile detention center, but it can also be used as an after-school program. The targeted areas of occupation that have been chosen are based on the literature review in Chapter II and associated behaviors with FASD that may be a barrier to success in the occupational performance. The program developed as the product of this scholarly project consists of ten group sessions that are designed to be carried out by occupational therapists in a juvenile detention center; the program targets middle school adolescents. The group sessions are laid out in one hour blocks with 10 weekly sessions; session frequency can be adjusted to meet the needs of the participants. The final group session is a parent/caregiver education course where the therapists will provide education, information and materials for parents and caregivers about the disorder and strategies to use with their adolescents.

The group sessions address various areas of occupation that have been identified through a review of literature. These areas include; social skills, money management, work and employment, hygiene, clean and sober, peer pressure/positive affirmations,

parenting tips, sleep and rest, impulse control, and a farewell party planning session. The purpose of the social skills group is to build the beginnings of group cohesiveness. It is extremely important that each group member feels comfortable while at group therapy in order to allow him or her to have maximum success. The purpose for the money management group is to introduce the members to the concept of financial management by taking into consideration the adolescent's deficits and to modify the activity in order for them to learn more effectively and then implement the strategies they have learned into their home life. The purpose of the work and employment group is to create a tangible item for the group members to keep with them that promotes their skills and abilities in order to find volunteer work within the detention center. It is anticipated that the volunteer work will increase to their exposure to work, employment and the benefits of being a productive member of society. The purpose of the hygiene group is to increase awareness of the importance of hygiene and to make a tangible item to reinforce good hygiene routines in the context of their own environment. The purpose of the clean and sober group is to expose the adolescents to the risks of consuming alcohol and participating in risky behaviors. The speaker will be chosen from the available resources within the community. Suggested speakers include FASD specialists, counselors, people who have FASD, past group members, or any educational person who can provide the group with information about drug and alcohol prevention specifically related to FASD. The purpose of the peer pressure and positive affirmations group is to address peer pressure through activities related to building health relationships. The purpose will be to 1) explore positive personal qualities, 2) assist in making decisions about developing friendships, and 3) improve facilitated relationships through understanding and

developing healthy boundaries. The purpose of the impulse control session is to educate members on the use of calming strategies that can be implemented in order to control impulsivity. The purpose of the rest and sleep session is to enable members to participate in a meditation activity which could calm behaviors that prevent participation in rest and sleep with a discussion following related to the importance of rest and sleep. Finally, the purpose of the farewell party session is to incorporate all skills learned through the past eight group sessions and integrate them into the final session. The final group session is a parent/caregiver education course where the therapists will provide education, information and materials for parents and caregivers about the disorder and strategies to use with their adolescents.

The theoretical model that was used to guide this scholarly project is the Person-Environment-Occupation model (PEO). The PEO model was developed in order to provide a logical way to analyze complex performance issues that are included in a person's occupations and environments (Strong & Rebeiro-Gruhl, 2011).

The reason for including this particular model with the population of adolescents with FASD is because this model can be used throughout the lifespan which is an important aspect when working with clients who have a life-long disability. The information on the model discusses the change factors that occur with each individual throughout their life and the need to consider behaviors when change is happening. Adolescents with FASD are in transition between childhood and young adulthood where physical and emotional change is occurring frequently. The consideration of how change in the environment influences changes in behavior suggests the PEO is a good fit for this client population.

Another reason why PEO is a good fit is due to how it correlates with goals for occupational therapy. Goals when using PEO are to increase occupational performance by the facilitation of fit between the person, environment and occupation (Turpin & Iwama, 2011). Many adolescents with FASD have a higher susceptibility to drug and alcohol use due to the environment in which they were brought up in (British Columbia Ministry for Children and Families, 1999). The concepts of the PEO are included in the program by taking the person and the occupation with an after-school based program and applying in a contrived context. The natural context is considered and will be implemented towards the end of the program plan due to facilitation limitations. Throughout the program the leaders will provide a supportive environment in order to facilitate occupational performance.

Adolescents with Fetal Alcohol Spectrum Disorder: Program for Prevention of Juveniles Entering the Criminal Justice System

Erin Sykora & René Warzecha

Advisor: Dr. Gail Bass PhD, OTR/L

Table of Contents

Introduction to Program

The purpose of the product is to provide adolescents with fetal alcohol spectrum disorder who are in a youth juvenile detention center the opportunity to participate in group sessions that will increase their functional occupational performance and decrease behavior associated with their disorder. The program is designed to be implemented in a juvenile detention center, but it can also be used as an after-school program. The targeted areas of occupation that have been chosen are based on the literature review in Chapter II and associated behaviors with FASD that may be a barrier to success in the occupational performance. The program developed as the product of this scholarly project consists of ten group sessions that are designed to be carried out by occupational therapists in a juvenile detention center; the program targets middle school adolescents. The group sessions are laid out in one hour blocks with 10 weekly sessions; session frequency can be adjusted to meet the needs of the participants. The final group session is a parent/caregiver education course where the therapists will provide education, information and materials for parents and caregivers about the disorder and strategies to use with their adolescents.

The group sessions address various areas of occupation that have been identified through a review of literature. These areas include; social skills, money management, work and employment, hygiene, clean and sober, peer pressure/positive affirmations, parenting tips, sleep and rest, impulse control, and a farewell party planning session. The purpose of the social skills group is to build the beginnings of group cohesiveness. It is extremely important that each group member feels comfortable while at group therapy in order to allow him or her to have maximum success. The purpose for the money

management group is to introduce the members to the concept of financial management by taking into consideration the adolescent's deficits and to modify the activity in order for them to learn more effectively and then implement the strategies they have learned into their home life. The purpose of the work and employment group is to create a tangible item for the group members to keep with them that promotes their skills and abilities in order to find volunteer work within the detention center. It is anticipated that the volunteer work will increase to their exposure to work, employment and the benefits of being a productive member of society. The purpose of the hygiene group is to increase awareness of the importance of hygiene and to make a tangible item to reinforce good hygiene routines in the context of their own environment. The purpose of the clean and sober group is to expose the adolescents to the risks of consuming alcohol and participating in risky behaviors. The speaker will be chosen from the available resources within the community. Suggested speakers include FASD specialists, counselors, people who have FASD, past group members, or any educational person who can provide the group with information about drug and alcohol prevention specifically related to FASD. The purpose of the peer pressure and positive affirmations group is to address peer pressure through activities related to building health relationships. The purpose will be to 1) explore positive personal qualities, 2) assist in making decisions about developing friendships, and 3) improve facilitated relationships through understanding and developing healthy boundaries. The purpose of the impulse control session is to educate members on the use of calming strategies that can be implemented in order to control impulsivity. The purpose of the rest and sleep session is to enable members to participate in a meditation activity which could calm behaviors that prevent participation in rest and

sleep with a discussion following related to the importance of rest and sleep. Finally, the purpose of the farewell party session is to incorporate all skills learned through the past eight group sessions and integrate them into the final session. The final group session is a parent/caregiver education course where the therapists will provide education, information and materials for parents and caregivers about the disorder and strategies to use with their adolescents.

The theoretical model that was used to guide this scholarly project is the Person-Environment-Occupation model (PEO). The PEO model was developed in order to provide a logical way to analyze complex performance issues that are included in a person's occupations and environments (Strong & Rebeiro-Gruhl, 2011).

The reason for including this particular model with the population of adolescents with FASD is because this model can be used throughout the lifespan which is an important aspect when working with clients who have a life-long disability. The information on the model discusses the change factors that occur with each individual throughout their life and the need to consider behaviors when change is happening. Adolescents with FASD are in transition between childhood and young adulthood where physical and emotional change is occurring frequently. The consideration of how change in the environment influences changes in behavior suggests the PEO is a good fit for this client population.

Another reason why PEO is a good fit is due to how it correlates with goals for occupational therapy. Goals when using PEO are to increase occupational performance by the facilitation of fit between the person, environment and occupation (Turpin & Iwama, 2011). Many adolescents with FASD have a higher susceptibility to drug and

alcohol use due to the environment in which they were brought up in (British Columbia Ministry for Children and Families, 1999). The concepts of the PEO are included in the program by taking the person and the occupation with an after-school based program and applying in a contrived context. The natural context is considered and will be implemented towards the end of the program plan due to facilitation limitations. Throughout the program the leaders will provide a supportive environment in order to facilitate occupational performance.

Session 1: "Getting to Know Others and Yourself"

Group Membership:

Maximum size is 8-10 participants.

Area of Occupation Addressed & Rationale:

The area of occupation addressed in this activity is social participation with a focus on getting to know strangers and building group cohesiveness. According to Martin et al. (2009), when members are in close physical distance of each other there is an increase in cohesiveness, which in turn allows for more opportunities in task and social interactions. According to the *Occupational Therapy Practice Framework: Domain and Process (2nd ed.)*, social participation is a set of patterns of behavior expected out of someone within a social system (American Occupational Therapy Association, 2008). These social systems include the community, family, and peers or friends (AOTA, 2008).

Purpose:

The purpose of this session is to build the beginnings of group cohesiveness. It is extremely important that each group member feels comfortable while at group therapy in order to allow him or her maximum success.

Objectives:

#1- By the end of this session, each group member will demonstrate getting to know other group members and being comfortable by opening up in discussion and participating in the group activity.

#2- By the end of this session, each group member will demonstrate the ability to actively engage in communication and discussion between other group members.

Session Structure:

Step 1: Introduction

Group leaders and members will introduce themselves and a warm-up activity will take place.

Warm up activity:

The group leader will have each group member introduce themselves by having the group member state their name, age and where they are from. After each member introduces themselves that group leader will have the group members create the group rules and expectation. The group rules will be written down and displayed for groups that will follow for the next eight weeks. The warm-up activity will take approximately 10 minutes.

Physical environment:

- Well lit
- Appropriate size table and chairs for the size of the group
- Adequate amount of space between each individual

Group Expectations:

- Confidentiality
- Active participation
- Consequences of misbehaving are three strikes and you are out of the group.
- First time- verbal warning
- Second time- step out of the group
- Third time- member will be ask to leave the session and return next week

Outline of session:

- Intro- 5 minutes
- Warm-up Activity- 10 minutes
- Activity- 30 minutes
- Discussion/conclusion- 15 minutes

Step 2: Activity

This activity will focus on each group member reflecting on themselves including their strengths and weaknesses. Each group member will be given a blank white t-shirt and instructed to write their first name on the upper front side of their t-shirt using the supplies given. From there, the group leaders will instruct the members to decorate the front of their t-shirt with their own strengths and the back with their weaknesses. Leaders will hand out a sheet of paper with sample strengths and weaknesses on them for the group members to use if unable to come up with their own. The group leaders will explain the terms on the worksheet and provide any clarification to the members to ensure their understanding of the terms. The members are suggested to be as creative as they want. When t-shirts are completed, the members will be instructed to hang the shirts up by a tack on the wall with the front side showing emphasizing their strengths.

Step 3: Sharing

- Share strengths with the class
- Present T-shirt
- Leaders go alphabetically through list of members
- Not everyone is required to share, but encouraged

Questions:

- Was it difficult to come up with strengths? Weaknesses? If so, why?
- How did you feel about this activity?

Step 4: Processing

- Group share feelings associated with activity

Questions:

- What were your feelings during this activity?
- How did it make you feel when other group members were sharing their strengths/weaknesses?
- How does this activity make you feel about other group members?
- Are there any other strengths or weaknesses you may have had that were not mentioned?
- How does sharing your strengths and weaknesses help with getting to know your group members?

Step 5: Generalizing

- Relate discussion to goals of activity

Questions:

- What are some commonalities between your strengths and weaknesses with other group members' strengths and weaknesses?
- What did you achieve here in group by talking about your strengths and weaknesses?
- What are some major differences in the group (if any)?
- Were there any surprises? Either good or bad?

Step 6: Application

- Questions to stimulate communication between group members

Questions:

- What was the most interesting thing you found out today either about yourself or someone else?
- How can you look at your weaknesses as strengths?

Step 7: Summary

Concluding Question:

- What is something that you would like to get out of group over the next 8 weeks?

The group leader or volunteer member will summarize what happened during the session highlighting the main points. The group leader should acknowledge those who participated and ask for any further questions, comments, or concerns. The leader should acknowledge those who took risks during the session sharing personal feelings and stories and reiterate the importance of confidentiality. The leader will thank group member for their participation and time. The leader will make sure that the group is concluded after 60 minutes. The leader will mention next week's group session and let everyone know that he or she is looking forward to next session.

Session 2: “Financial Management”

Group Membership:

Maximum size is 8-10 participants.

Area of Occupation Addressed & Rationale:

The area of occupation addressed in this activity is instrumental activities of daily living (IADL) specifically financial management. Many children with fetal alcohol spectrum disorder (FASD) are unable to achieve educational standards and tend to fall behind in school (Koren, 2011). According to Edmonton and Area Fetal Alcohol Network (EFAN, 2007) the ability to understand money on a day to day, week to week or month to month basis requires abstract thinking skills that are key to becoming an independent adult(EFAN, 2007). Difficulties include misunderstanding of concepts such as the names and values of coins, counting back change, computing change, and being able to distinguish the value of items (EFAN, 2007). In this group activity, adolescents will be given the opportunities and tools to enhance their mathematic and decision making skills that affect financial management.

Purpose:

The purpose of this session is to introduce financial management to the group members.

Objectives:

#1- By the end of this session, each group member will demonstrate the ability to understand the basic concept of financial management skills evidenced by participating in group activity.

#2- By the end of this session, each group member will demonstrate the ability to actively engage in communication and discussion between other group members and sustain attention to the task.

Session Structure:

Step 1: Introduction

Group leaders and members will re-introduce themselves and a warm-up activity will take place.

Warm up activity:

The warm up activity will consist of each group member introducing the person to their right. Once the introduction has been completed, the person will answer the question of "What would you do if you received 100 dollars for you birthday?" They will be given five minutes to discuss with the person their name and the answer to the question. Group leaders will pick a specific group member to start the activity. The leaders will facilitate the conversation by filling in any gaps of time where silence occurs.

Physical environment:

- Well lit
- Appropriate size table and chairs for the size of the group
- Adequate amount of space between each individual

Group Expectations:

- Confidentiality
- Active participation
- Group members will follow the rules set in session 1 by the members and group leaders
- Consequences of misbehaving are three strikes and you are out of the group.

Outline of session:

- Intro- 5 minutes
- Warm-up Activity- 10 minutes
- Activity- 30 minutes
- Discussion/conclusion- 15 minutes

Step 2: Activity

This activity will focus on financial management in the form of BINGO. The group leaders will hand out a BINGO sheet to each member and have them write down the numbers they want on their card (See attached worksheet). Then the leaders will choose random numbers from the list made up of all the numbers on the card (1-50). If the leaders call a number that someone has, they are to read the question or statement and answer it to the whole group. If they are uncomfortable answering the question, they can ask another group member to answer. Then the leaders will call out the next number. The activity will begin with straight line BINGO and continue on with diagonal, 4-corners, 6-pack, and blackout as time allows.

Step 3: Sharing

- Group members will be asked to share about their thoughts of the activity.

Questions:

- How did you feel about this activity?
- What did you like about this activity?
- What did you not like?
- How were you feeling answering the questions?

Step 4: Processing

- Group members will share feelings associated with the activity. Questions to facilitate processing feeling facilitate processing feelings

Questions:

- What were your feelings during this activity?
- How does this activity make you feel about other group members?
- Did it take a lot of thinking to answer the questions?
- What were you thinking about while answering?

Step 5: Generalizing

- Follow up on the group discussion and relate it to the goals of the activity

Questions:

- What are some commonalities between your answers and other people's answers?
- What did you achieve here in group by talking about your money skills?
- What are some major differences in the group (if any)?
- Were there any surprises? Either good or bad?
- What did you learn about other people in the group?

Step 6: Application

- Group leader will ask questions to encourage members to reveal their own strategies for application by using this list of questions:

Questions:

- What was the most interesting thing you found out today either about yourself or someone else?
- What were some strategies used to answer the questions?

- How has this activity helped you?
- How can you apply this activity to your own situation?
- How could you use these skills in other situations?

Step 7: Summary

Concluding Question:

- What is something that you learned today?

The group leader or volunteer member will summarize what happened during the session highlighting the main points. The group leader should acknowledge those who participated and ask for any further questions, comments, or concerns. The leader should acknowledge those who took risks during the session sharing personal feelings and stories and reiterate the importance of confidentiality. The leader will thank group member for their participation and time. The leader will make sure that the group is concluded after 60 minutes. The leader will mention next week's group session and let everyone know that he or she is looking forward to next session.

Money Skills BINGO				
B	I	N	G	O
Name one fun thing you did today for free?	Why do you think it is important to manage your money?	What new hobby, sport, or game would you like to learn? How much would it cost you?	What is your favorite season & what leisure activity do you do during that season? How much does it cost?	If you had 20 dollars and wanted a pair of shoes that cost 16 dollars and a hat that cost 5 dollars…would you have enough money?
Name the most recent movie or TV show you enjoyed.	If you wanted 3 pairs of socks that cost 2 dollars for each pair, how much money would you need?	Where can you go to get money?	Name an activity that requires two or more players.	What are ways you can relax for a low cost of money?
If you had $50.00 to spend on anything, what would you do?	Name two places you can go to for enjoyment that is free.	FREE SPACE	How much is a penny worth? How much is a quarter worth? Ask another group member to state how much a dime is worth?	What is a number one priority for where you spend your money?
Name ways you can take care of yourself for a low cost.	Ask someone in the group if they enjoy your same leisure activity.	What is one healthy way to manage your money?	What would you do if you saw someone drop money on the ground in front of you?	What do you most spend your money on?
Ask another person in the group member what their favorite food is and how much it costs?	Name one thing you have learned in your money management OT group.	Name a fun activity you like to do with friends or family that is of low cost.	What kinds of things do you like to spend your money on the most?	If you got a cheeseburger at McDonald's that cost $3.00 once a month, how much money would that be for the whole year?

Note to group leaders prior to session 3

Prior to this session, clearance will need to be made with the staff personnel in order for group members to complete the activity and homework assignment. If the session is denied due to policies at the detention center, the group members will be directed to complete session 3a. Session 3a will be placed after session 3 in the program. Depending on the policy and decision from the staff personnel, the group leaders will carry out the appropriate session.

Session 3: "Work and Employment"

Group Membership:

Maximum size is 8-10 participants.

Area of Occupation Addressed & Rationale:

The area of occupation addressed in this activity is work. According to the *Occupational Therapy Practice Framework: Domain and Process (2nd ed.)*, work consists of employment interests, pursuits, seeking, and acquisition, job performance, and volunteer exploration and participation (AOTA, 2008). The age when most adolescents get their first paid job and are transitioning into the work environment are ages 11-13 years (Bravemen & Page, 2012), which is the average age of the members in this group. Work includes volunteering; both provide adolescents with the sense of responsibility, participation, and accomplishment (British Columbia Ministry for Children and Families, 1999). By exploring the aspect of work and being a productive member of society early on, adolescents will ideally be able to establish a routine based around the need to work (BCMCF, 1999).

Purpose:

The purpose of this session is to create a tangible item for the group members to keep with them that enhances their skills and abilities to find volunteer work within the detention center.

Objectives:

#1- By the end of this session, each group member will have come up with a flyer to promote their abilities in order to find volunteer work within the detention center.

#2- By the end of this session, each group member will demonstrate the ability to actively engage in communication and discussion between other group members and sustain attention to the task.

Session Structure:

Step 1: Introduction

Group leaders will thank members for being at group today and ask if there are any questions from the prior sessions.

Warm up activity:

The group leaders will have an open discussion with the members about volunteer experiences and/or opportunities. The group leaders will ask this set of specific questions to guide discussion. The group leaders will keep a list of ideas and suggestions mentioned throughout the discussion.

Questions:

- What does being a volunteer mean to you?
- Have you volunteered before? If so, where? How did it make you feel?
- What opportunities do you know of in your community for volunteering?
- What steps would you take in order to do volunteer work?

Physical environment:

- Well lit
- Appropriate size table and chairs for the size of the group
- Adequate amount of space between each individual

Group Expectations:

- Confidentiality
- Active participation
- Group members will follow the rules set in session 1 by the members and group leaders

- Consequences of misbehaving are three strikes and you are out of the group.

Outline of session:

- Intro- 5 minutes
- Warm-up Activity- 10 minutes
- Activity- 30 minutes
- Discussion/conclusion- 15 minutes

Step 2: Activity

This activity will focus on each group member identifying skills, abilities, and strengths that they have and putting them together in a flyer to enhance their ability to apply for volunteer work within the detention center. Group leaders will supply materials needed which include paper, colored pencils, markers, scissors, tape, and extra supplies for decoration. The members will be asked to be creative and think back on the first session where they identified their strengths and weaknesses. With the completed project, the members will be encouraged to complete one volunteer activity during the week prior to the next session. Prior to putting this activity in place, correctional officers and staff will be notified of the week this happens and asked to help by providing the extra structure and support for successfully completing the volunteer experience.

Step 3: Sharing

- Share their skills, abilities, and strengths with the class
- Present the flyers they made
- Leaders will ask the group who would like to share first making it slightly more unstructured.

- Not everyone is required to share what is on his or her flyer, but will be encouraged to do so.

Questions:

- Was it difficult to come up with skills and abilities? If so, why?
- How did you feel about this activity?

Step 4: Processing

- Share feelings associated with the activity.

Questions:

- What were your feelings during this activity?
- How did it make you feel when other group members were sharing their flyers?
- How does this activity make you feel about other group members?
- What types of ideas were you thinking about for volunteering while doing this flyer?

Step 5: Generalizing

- Follow up on the group discussion and relate it to the goals of the activity.

Questions:

- What are some commonalities between your flyer with other group members' flyers?
- What did you achieve here in group by talking about your skills and abilities?
- What are some major differences in the group (if any)?
- Were there any surprises? Either good or bad?
- What did you learn about the importance of work/volunteer?

Step 6: Application

- Group leader will ask questions to encourage members to reveal their own strategies for application

Questions:

- What was the most interesting thing you found out today either about yourself or someone else?
- How will you promote yourself using this flyer within the detention center over the week?

Step 7: Summary

Concluding Statement:

- When volunteering, think about how it makes you feel, any struggles you may have had, and additional thoughts about the experience. Come prepared next week to share.

The group leader or volunteer member will summarize what happened during the session highlighting the main points. The group leader should acknowledge those who participated and ask for any further questions, comments, or concerns. The leader should acknowledge those who took risks during the session sharing personal feelings and stories and reiterate the importance of confidentiality. The leader will thank group member for their participation and time. The leader will make sure that the group is concluded after 60 minutes. The leader will mention next week's group session and let everyone know that he or she is looking forward to next session.

Session 3a: "Alternative Work & Employment"

Group Membership:

Maximum size is 8-10 participants.

Area of Occupation Addressed & Rationale:

The area of occupation addressed in this activity is work. According to the *Occupational Therapy Practice Framework: Domain and Process (2nd ed.)*, work consists of employment interests, pursuits, seeking, and acquisition, job performance, and volunteer exploration and participation (AOTA, 2008). The age when most adolescents get their first paid job and are transitioning into the work environment are ages 11-13 years (Bravemen & Page, 2012), which is the average age of the members in this group. Work includes volunteering; both provide adolescents with the sense of responsibility, participation, and accomplishment (British Columbia Ministry for Children and Families, 1999). By exploring the aspect of work and being a productive member of society early on, adolescents will ideally be able to establish a routine based around the need to work (BCMCF, 1999).

Purpose:

The purpose of this session is to explore employment opportunities through newspaper want ads and through a homework assignment list one or two ads they feel will be applicable to their skill level.

Objectives:

#1- By the end of this session, each group member will know where to find employment ads and what they should be looking for.

#2- By the end of this session, each group member will demonstrate the ability to actively engage in communication and discussion between other group members and sustain attention to the task.

Session Structure:

Step 1: Introduction

Group leaders will thank members for being at group today and ask if there are any questions from the prior sessions.

Warm up activity:

The group leaders will have an open discussion with the members about work experiences and/or opportunities. The group leaders will ask this set of specific questions to guide discussion. The group leaders will keep a list of ideas and suggestions mentioned throughout the discussion.

Questions:

- Where can you find job listings in your community?
- What does being an employee mean to you?
- Have you been employed before? If so, where? How did it make you feel?
- What opportunities do you know of in your community for working?
- What steps would you take in order to do work?

Physical environment:

- Well lit
- Appropriate size table and chairs for the size of the group
- Adequate amount of space between each individual

Group Expectations:

- Confidentiality
- Active participation
- Group members will follow the rules set in session 1 by the members and group leaders
- Consequences of misbehaving are three strikes and you are out of the group.

Outline of session:

- Intro- 5 minutes
- Warm-up Activity- 10 minutes
- Activity- 30 minutes
- Discussion/conclusion- 15 minutes

Step 2: Activity

This activity will focus on each group member identifying skills, abilities, and strengths that they related to employment. The members will be asked to be creative and think back on the first session where they identified their strengths and weaknesses. The group leaders will supply additional education about how to find employment opportunities, what resources he or she may need in order to apply for a job, and positive characteristics that employers will be searching for in prospective employees. Group leaders will provide local resources that are available to their community in order to complete this activity. The members will be given a homework assignment to find one to two employment options that are best applicable for their wants, needs, and skills to discuss at the next group session.

Step 3: Sharing

- Share their skills, abilities, and strengths with the class
- Share what types of employment each group member is interested in.

Questions:

- Was it difficult to come up with skills and abilities? If so, why?
- How did you feel about this activity?
- How will this be challenging for you?

Step 4: Processing

- Share feelings associated with the activity.

Questions:

- What were your feelings during this activity?
- How did it make you feel when other group members were sharing their employment ideas?
- How does this activity make you feel about other group members?
- What types of ideas were you thinking about for work while doing this activity?

Step 5: Generalizing

- Follow up on the group discussion and relate it to the goals of the activity.

Questions:

- What are some commonalities between your interests and with other group members' interests?
- What did you achieve here in group by talking about your skills and abilities?
- What did you learn about the importance of work/volunteer?
- Were there any surprises? Either good or bad?

Step 6: Application

- Group leader will ask questions to encourage members to reveal their own strategies for application

Questions:

- What was the most interesting thing you found out today either about yourself or someone else?
- How will you apply what you have learned about seeking employment to your homework assignment?

Step 7: Summary

The group leader or volunteer member will summarize what happened during the session highlighting the main points. The group leader should acknowledge those who participated and ask for any further questions, comments, or concerns. The leader should acknowledge those who took risks during the session sharing personal feelings and stories and reiterate the importance of confidentiality. The leader will thank group member for their participation and time. The leader will make sure that the group is concluded after 60 minutes. The leader will mention next week's group session and let everyone know that he or she is looking forward to next session.

Session 4: “Healthy Hygiene”

Group Membership:

Maximum size is 8-10 participants.

Area of Occupation Addressed & Rationale:

The area of occupation addressed in this activity includes activities of daily living with a focus on personal hygiene and grooming. Adolescents may show some signs of poor self-care such as odors, cuts from shaving, and an overall appearance of poor hygiene. Reasons for poor hygiene may simply be because they forget to shower or brush their teeth (EFAN, 2007). Establishing proper hygiene routines for both morning and night has been shown to be beneficial with children with FASD (BCMCF, 1999).

Purpose:

The purpose of this session is to increase awareness of the importance of hygiene and to make a tangible item for completing a hygiene routine that the members can utilize in the context of their own environment.

Objectives:

#1- By the end of this session, each group member will have made a tangible morning and evening hygiene routine checklist that can be utilized in the context of their own environment.

#2- By the end of this session, each group member will demonstrate the ability to actively engage in communication and discussion with other group members as it relates to the importance of proper hygiene.

Session Structure:

Step 1: Introduction

Group leaders will either ask members to share about their volunteer experience within the Detention Center or about their homework assignment if the alternate group was implemented.

Warm up activity:

Group members will complete a hygiene word find. The activity will be done during the first 10 minutes of the session and if the group members do not finish, they may take them home with them to complete. The purpose of the word find is to get the members thinking about terms associated with hygiene to prepare for the activity and discussion.

Physical environment:

- Well lit
- Appropriate size table and chairs for the size of the group
- Adequate amount of space between each individual

Group Expectations:

- Confidentiality
- Active participation
- Group members will follow the rules set in session 1 by the members and group leaders
- Consequences of misbehaving are three strikes and you are out of the group.

Outline of session:

- Intro- 5 minutes
- Warm-up Activity- 10 minutes
- Activity- 30 minutes
- Discussion/conclusion- 15 minutes

Step 2: Activity

Each group member will be given supplies in order to make two hygiene routine checklists (morning and evening). The supplies will include pictures of different hygiene activities (See Appendix A), card stock, laminating sheets, and dry-erase markers. The members will be required to include the following hygiene activities:

- Showering
- Brushing hair
- Brushing teeth
- Putting on deodorant
- Getting dressed in clean clothes
- Shave face/put on make-up

The leaders will have made sample checklists for the members to look at for ideas. The members will be asked to be as creative as they would like. A sample will be given to show to the members to use as a template.

Step 3: Sharing

- Share checklists with the group
- Members can present in any order they want (unstructured)
- Not everyone is required to share, but encouraged

Questions:

- Was this a difficult activity?
- Do you have trouble remembering to complete hygiene activities at home?
- How did you feel about this activity?

Step 4: Processing

- Group share feelings associated with activity

Questions:

- What were your feelings during this activity?
- How did it make you feel when other group members were sharing their checklists?
- How does this activity make you feel about other group members?
- Are there any other areas of hygiene that you included that was not on the list or sample checklists?

Step 5: Generalizing

- Relate discussion to goals of activity

Questions:

- What are some commonalities between your checklist with other group members' checklist?
- What did you achieve here in group by talking about your personal hygiene?
- What are some major differences in the group (if any)?
- Were there any surprises? Either good or bad?

Step 6: Application

- Questions to stimulate communication between group members

Questions:

- How do you think having a checklist will benefit you?
- How will you use this at home? Or in the coming week?

Step 7: Summary

The group leader or volunteer member will summarize what happened during the session highlighting the main points. The group leader should acknowledge those who participated and ask for any further questions, comments, or concerns. The leader should acknowledge those who took risks during the session sharing personal feelings and stories and reiterate the importance of confidentiality. The leader will thank group member for their participation and time. The leader will make sure that the group is concluded after 60 minutes. The leader will mention next week's group session and let everyone know that he or she is looking forward to next session.

Hygiene Word Find

Q R X L Z B J D I T T W I X
Z A A N A E L C Q Z N A E A
T Z P R N N T D Y O A S J S
R O A E N E I G Y H R H S H
K R O P L H B A T H O O U O
F P S A K C Y Z L C D V I W
A U O P A I Y S D S O G F E
C D O T O B Q P G M E P Z R
E D P E W P Z L Q A D P Q F
W N M L T O O T H B R U S H
A P A I P G P S N K Q X V Y
S X H O J Q Q F H O C A M Q
H B S T P J A H F E V A H S
W P N C O N D I T I O N E R

bath
clean
conditioner
deodorant
facewash
hygiene
razor
shampoo
shave
shower
soap
toilet paper
toothbrush
wash

Session 5: “Clean and Sober”

Group Membership:

Maximum size is 8-10 participants.

Area of Occupation Addressed & Rationale:

The area of occupation addressed in this activity is social participation, specifically related to drug and alcohol use in the community, and education. Many adolescents with FASD have a higher susceptibility to drug and alcohol use due to the environment in which they were brought up in (BCMCF, 1999). By addressing this topic, the group members will have further exposure to the risks and factors associated with how drugs and alcohol affect the body in a negative way.

Purpose:

The purpose of this session is to increase awareness of the importance of not participating in illegal drug and alcohol use.

Objectives:

#1- By the end of this session, each group member will demonstrate the ability to express why participating in illegal drug and alcohol activities is not safe and is harmful by actively participating with the guest speaker.

#2- By the end of this session, each group member will demonstrate the ability to actively engage in communication and discussion between other group members related to drug and alcohol use.

Session Structure:

Step 1: Introduction

Group leaders will ask members to share about their knowledge of drug and alcohol use and how it can affect the body.

Physical environment:

- Well lit
- Appropriate size table and chairs for the size of the group
- Adequate amount of space between each individual

Group Expectations:

- Confidentiality
- Active participation
- Group members will follow the rules set in session 1 by the members and group leaders
- Consequences of misbehaving are three strikes and you are out of the group.

Outline of session:

- Intro- 5 minutes
- Activity- 40 minutes
- Discussion/conclusion- 15 minutes

Step 2: Activity

Group leader will have a guest speaker come in and talk with the group about drug and alcohol prevention. The speaker will be chosen from the available resources within the community. Suggested speakers include FASD specialists, counselors, people who have FASD, past group members, or any educational person who can provide the

group with information about drug and alcohol prevention specifically related to FASD.

The speaker will be asked to talk about these topics:

- Effects of alcohol on the body
- Effects of illegal drugs
- Prevention
- FASD and alcohol/drug use

The speaker will be given 30 minutes total.

Step 3: Sharing

- Thoughts about the speaker

Questions:

- What did you think about the speaker?
- What are your thoughts and feelings after hearing the guest speaker?
- If willing, share about any personal experiences with this topic.

Step 4: Processing

- Group share feelings associated with the speaker

Questions:

- What were your feelings about what the speaker said?
- What were your feelings during the presentation?
- How did it make you feel listening to this topic?
- Are there any other areas that the speaker did not cover that you want to know about?

Step 5: Generalizing

- Relate discussion to goals of activity

Questions:

- How can you take what you have learned here and generalize it to other contexts and situations?

Step 6: Application

- Questions to stimulate communication between group members

Questions:

- How do you think you have benefited from being here?
- How will you use this information in the future?

Step 7: Summary

The group leader or volunteer member will summarize what happened during the session highlighting the main points. The group leader should acknowledge those who participated and ask for any further questions, comments, or concerns. The leader should acknowledge those who took risks during the session sharing personal feelings and stories and reiterate the importance of confidentiality. The leader will thank group member for their participation and time. The leader will make sure that the group is concluded after 60 minutes. The leader will mention next week's group session and let everyone know that he or she is looking forward to next session.

Session 6: “Developing Friendships”

Group Membership:

Maximum size is 8-10 participants.

Area of Occupation Addressed & Rationale:

The area of occupation addressed in this activity is social participation. Behaviors elicited by adolescents with FASD can include developmental delay, learning, memory, judgment and attention difficulties, decrease in impulse control, lack of social perception, deficits in expressive language and deficits in abstract and metacognition tasks (Sampson et al., 1997). Adolescents are often seen as being easily influenced and highly impulsive which can lead to peer manipulation and peer pressure especially in adolescents with FASD due to their behavioral deficits (BCMCF, 1999).

Purpose:

The purpose of this session is to address peer pressure through activities related to building healthy relationships. The purpose will be to explore positive personal qualities, assist in making decisions about developing friendships, and improve relationships by understanding and developing healthy boundaries.

Objectives:

#1- By the end of this session, each group member will demonstrate the ability to identify positive affirmations about themselves and develop boundaries that will be beneficial in times of peer pressure.

#2- By the end of this session, each group member will demonstrate the ability to actively engage in communication and discussion between other group members related to peer pressure and positive affirmations.

Session Structure:

Step 1: Introduction

Warm up activity:

Group members will stand in a circle. The leader will hand a ball of yarn to one member and have him or her throw the yarn while holding on to a piece of it at another group member. The person they throw the yarn ball too has to say something positive about the person who threw the ball. The activity will continue until everyone has had the opportunity to throw the yarn one time and catch the yarn one time. This activity will prepare the group for identifying positive affirmations about themselves.

Physical environment:

- Well lit
- Adequate space for members to form a circle while standing
- Appropriate size table and chairs for the size of the group
- Adequate amount of space between each individual

Group Expectations:

- Confidentiality
- Active participation
- Group members will follow the rules set in session 1 by the members and group leaders
- Consequences of misbehaving are three strikes and you are out of the group.

Outline of session:

- Intro- 5 minutes
- Warm-up Activity- 10 minutes

- Activity- 30 minutes
- Discussion/conclusion- 15 minutes

Step 2: Activity

Group members will complete one worksheet focusing on the ties of friendship and another worksheet on developing boundaries. The group leader will give explanations and instructions for both worksheets and will be around to answer any questions. Discussion to follow after both worksheets have been completed. Additional activity directions at the end of the session.

Step 3: Sharing

- Members will share information from their worksheets
- Not everyone is required to share, but encouraged

Questions:

- Was this a difficult activity? Was any one worksheet harder than the other?
- What parts of the worksheet were hard? What were easy?
- How did you feel about this activity?

Step 4: Processing

- Group share feelings associated with activity

Questions:

- What were your feelings during this activity?
- How is developing boundaries related to healthy relationships?
- What would the world be like without boundaries?
- How can you relate any of the questions or topics on the worksheet to personal experiences?

- What other qualities are positive that you can think of?

Step 5: Generalizing

- Relate discussion to goals of activity

Questions:

- How can you use this information in the future?
- What did you achieve here in group by talking about friendships and peer pressure?
- What are some major differences in the group (if any)?
- Were there any surprises? Either good or bad?
- Who are you most alike from the list of names on the worksheet?
- Who do you respect the most from the list of names on the worksheet?

Step 6: Application

- Questions to stimulate communication between group members

Questions:

- If your parents or siblings were to fill this out about you, how would it be different? How would it be the same?
- How does identifying boundaries and ties of friendship apply to your everyday activities?

Step 7: Summary

Concluding statement:

- State one benefit of establishing limits.

The group leader or volunteer member will summarize what happened during the session highlighting the main points. The group leader should acknowledge those who participated and ask for any further questions, comments, or concerns. The leader should acknowledge those who took risks during the session sharing personal feelings and stories and reiterate the importance of confidentiality. The leader will thank group member for their participation and time. The leader will make sure that the group is concluded after 60 minutes. The leader will mention next week's group session and let everyone know that he or she is looking forward to next session.

Activity:

Ties of Friendship Worksheet

- Explain the focus of today's session (qualities of people we want or need in our lives)
- Ask group members to design own communities by selecting which people they would like in their community by putting 'Y' for yes and an 'N' for no.
- Write the four names of those they would like living close to them inside the four homes next to the 'happy house'
- Encourage sharing ideas and even a healthy debate or a group vote to decide on the twelve most positive qualities
- Ask members to write in the eight desirable personalities in remaining homes
- Discussion at end with questions from above

Developing Boundaries Worksheet

- Distribute worksheet
- Read instructions
- Have members fill out top part (5 minutes)
- Review bottom section (5 minutes)
- Share as a group the limits that need to be established
- Process by reviewing characteristics of healthy vs unhealthy boundaries

Worksheets available from:

Korb-Khalas, K. L. & Leutenberg, E. A. (1996). *Life Management Skills IV : Reproducible Activity Handouts Created for Facilitators.* Beachwood OH: Wellness Reproductions Incorporated.

Korb-Khalas, K. L. & Leutenberg, E. A. (2000). *Life Management Skills IV : Reproducible Activity Handouts Created for Facilitators.* Beachwood OH: Wellness Reproductions Incorporated.

Session 7: "Impulse Control"

Group Membership:

Maximum size is 8-10 participants.

Area of Occupation Addressed & Rationale:

The area of occupation addressed in this activity includes instrumental activities of daily living (IADL) specific to health management and maintenance. According to the *Occupational Therapy Practice Framework: Domain and Process (2nd ed.),* health management and maintenance consists of developing, managing, and maintaining roles for wellness promotion such as decreasing risky behaviors (AOTA, 2008). Adolescents with FASD are commonly diagnosed with having attention deficit hyperactivity disorder (ADHD) due to their inability to control their impulses and restlessness (Henry, Slone, & Black-Pond, 2007). Often times the impulsive behaviors can be reduced and/or controlled through the use of calming techniques and environmental modification (EFAN, 2007).

Purpose:

The purpose of this session is to educate members on the use of calming strategies that can be implemented in order to control impulsivity.

Objectives:

#1- By the end of this session, each group member will demonstrate the ability to express two to three calming strategies to utilize in multiple contexts in order to control impulsivity.

#2- By the end of this session, each group member will demonstrate the ability to actively engage in communication and discussion between other group members and sustain attention to the task.

Session Structure:

Step 1: Introduction

Group leaders will thank members for being at group today and ask if there are any questions from the prior sessions.

Warm up activity:

Group members will make “slime”. “Slime” is considered a fidget for the members to utilize when behaviors associated with impulsivity arise. The group leader will provide the materials necessary. These materials include:

- water
- white glue (like Elmer's)
- borax
- food coloring (unless you want uncolored white slime)
- Zip lock bags to place slime in

Directions:

- Mix 1tsp Borax with 1 Cup water (Stir to dissolve the borax)
- In another container mix ½ cup of glue (4 oz glue) with ½ cup of water-Add food coloring to this mixture.
- Pour the second container into the first container
- Store in plastic bag to keep from drying out

Physical environment:

- Well lit
- Appropriate size table and chairs for the size of the group
- Adequate amount of space between each individual

Group Expectations:

- Confidentiality
- Active participation
- Group members will follow the rules set in session 1 by the members and group leaders
- Consequences of misbehaving are three strikes and you are out of the group.

Outline of session:

- Intro- 5 minutes
- Warm-up Activity- 10 minutes
- Activity- 30 minutes
- Discussion/conclusion- 15 minutes

Step 2: Activity

The group leader will ask for a volunteer member to start the activity. The member will draw a stick figure on the white board or chalk board of another person in the group. They may choose any member they wish. Each member is given 3 sticky notes. The member drawn on the board will write down on separate sticky notes 3 instances where impulsivity is expressed. The remaining group members will write down 3 ideas or suggestions for the group member to do instead of the negative behavior. Each group member will place the sticky notes on the board next to the picture drawn. The group member who's stick figure is on the board will read through his sticky notes first and then through the other group members' sticky notes. Once completed, the next stick figure will be drawn on the board and new sticky notes will be handed out. The group member will be asked to keep the positive sticky notes and throw away the negative.

Step 3: Sharing

- Questions to be asked DURING the activity.

Questions:

- What makes you act out in these impulsive behaviors?
- Was it hard to come up with the impulsive behaviors?
- Are you aware of these behaviors?
- How do you feel having others share alternative behaviors for you?

Step 4: Processing

- Share feelings associated with the activity.

Questions:

- What were your feelings during this activity?
- How did it make you feel when other group members were sharing their suggestions?
- How does this activity make you feel about other group members?
- How can you use your suggestions for others on yourself?

Step 5: Generalizing

- Follow up on the group discussion and relate it to the goals of the activity.

Questions:

- What are some commonalities between your impulsive behaviors with other group members' impulsive behaviors?
- What did you achieve here in group by talking about your impulsive behaviors?
- What are some major differences in the group (if any)? Similarities?
- Were there any surprises? Either good or bad?

- What did you learn about the importance of controlling your impulsive behaviors?

Step 6: Application

- Group leader will ask questions to stimulate members to reveal their own strategies for application

Questions:

- How can your "slime" be utilized in different contexts? (Home, School, etc.)
- How will you apply these strategies to real life situations?
- In what ways have you already utilized some of these strategies? If any?

Step 7: Summary

Concluding Statement:

- When losing control, think about how it makes you feel, any struggles you may have had, and additional thoughts about the experience.

The group leader or volunteer member will summarize what happened during the session highlighting the main points. The group leader should acknowledge those who participated and ask for any further questions, comments, or concerns. The leader should acknowledge those who took risks during the session sharing personal feelings and stories and reiterate the importance of confidentiality. The leader will thank group member for their participation and time. The leader will make sure that the group is concluded after 60 minutes. The leader will mention next week's group session and let everyone know that he or she is looking forward to next session.

Session 8: "Rest and Sleep"

Group Membership:

Maximum size is 8-10 participants.

Area of Occupation Addressed & Rationale:

The area of occupation addressed in this activity includes rest and sleep. According to the *Occupational Therapy Practice Framework: Domain and Process (2nd ed.)*, rest and sleep includes activities to support healthy engagement that include rest, sleep, sleep preparation, and sleep participation (AOTA, 2008). Adolescents with FASD may have withdrawn symptoms after birth that affect sleep and carry throughout their lifespan (Paintner et al., 2012).

Purpose:

The purpose of this session is to enable members to participate in a meditation activity which could calm behaviors that prevent participation in rest and sleep with a discussion following related to the importance of rest and sleep.

Objectives:

#1- By the end of this session, each group member will actively participate in a meditation activity that could allow for increased participation in rest and sleep.

#2- By the end of this session, each group member will demonstrate the ability to actively engage in communication and discussion between other group members while sustaining to the task.

Session Structure:

Step 1: Introduction

Group leaders will thank members for being at group today and ask if there are any questions from the prior sessions.

Warm up activity:

Open discussion between group members related to sleep patterns. Questions to facilitate warm-up discussion:

- How many hours of sleep do you get at night?
- How many should you get at night?
- What distracts you from sleep?
- What enables you to sleep more/better?

Physical environment:

- Well lit
- Appropriate size table and chairs for the size of the group
- Adequate amount of space between each individual

Group Expectations:

- Confidentiality
- Active participation
- Group members will follow the rules set in session 1 by the members and group leaders
- Consequences of misbehaving are three strikes and you are out of the group.

Outline of session:

- Intro- 5 minutes

- Warm-up Activity- 10 minutes
- Activity- 30 minutes
- Discussion/conclusion- 15 minutes

Step 2: Activity

Group members will complete a 30 minute meditation led by the group leader. The meditation will consist of a series of meditation exercises such as guided relaxation, mindful breathing, and progressive muscle relaxation.

Step 3: Sharing

- Questions to be asked after the activity.

Questions:

- Have you ever tried meditation before? If so, was it similar? Different?
- What did you think about meditation?
- How are you feeling after meditation?

Step 4: Processing

- Share feelings associated with the activity.

Questions:

- What were your feelings during this activity?
- How do you feel compared from before to after meditation?

Step 5: Generalizing

- Follow up on the group discussion and relate it to the goals of the activity.

Questions:

- What did you achieve here in group by participating in meditation?
- How can this be a useful technique to use other than for just rest and sleep?

- When would be an appropriate time to utilize meditation techniques at home? At school?
- In what other contexts could you utilize meditation?

Step 6: Application

- Group leader will ask questions to stimulate members to reveal their own strategies for application

Questions:

- How can you apply meditation in order to decrease impulsive behaviors?
- How can meditation help with other areas of your life that have been a part of the past groups?

Step 7: Summary

The group leader or volunteer member will summarize what happened during the session highlighting the main points. The group leader should acknowledge those who participated and ask for any further questions, comments, or concerns. The leader should acknowledge those who took risks during the session sharing personal feelings and stories and reiterate the importance of confidentiality. The leader will thank group member for their participation and time. The leader will make sure that the group is concluded after 60 minutes. The leader will mention next week's group session and let everyone know that he or she is looking forward to next session. With the extra ten minutes left in the group, the members will start the planning process for the farewell party. In this discussion, the group members will talk about what type of food they would like to have, who they would like to invite, and the type of decorations. Each group

member will be advised to invite one personnel from the detention center to their farewell party.

20 Minute Meditation Activity

Progressive Muscle Relaxation:

- Begin lying down comfortably.
- Begin at your feet, tighten and squeeze the muscles as much as possible for 10 counts and fully release them.
- Then, for 10 counts, pay attention to the way that region of your body feels without labeling the feeling.
- Proceed upward to your calves and repeat the same exercise for every muscle group until you've reached your head.
- This technique actively promotes mindfulness by bringing your alertness to the places where tension is held in your body.

Guided Relaxation:

- Engage your mind and body into a state of deep and complete relaxation.
- Visualize a safe, peaceful environment
- Hold that image in your mind and just let any frustrations or stress escape your body
- Focus on this image for 5 minutes.

Mindful Breathing:

- Begin lying in bed and keep your awareness focused on the feeling of the breath in your abdomen.
- Pay attention to the rise and fall of your belly.
- Keep your attention on your abdomen as opposed to your chest, throat, etc. (This is the most soothing area to focus upon your breathing.)
- Give more attention to your exhalation rather than your inhalation
- Begin to count during each exhalation.
- Continue counting the exhalations until you fall asleep.

Saran, S. (2011). Meditation techniques for sleep. Retrieved from http://www.livestrong.com/article/103745-meditation-techniques-sleep/

Note to group leaders prior to session 9

Prior to this session, permission will need to be made with the staff personnel in order for group members to complete the activity. If the session is denied due to policies at the detention center, the group members will need to find an appropriate way to finish the last session of the program. Depending on the policy of the detention center, the group leaders will make the appropriate accommodations.

Session 9: "Farewell Party"

Group Membership:

Maximum size is 8-10 participants.

Area of Occupation Addressed & Rationale:

The area of occupation addressed in this activity includes leisure and social participation. According to the *Occupational Therapy Practice Framework: Domain and Process (2nd ed.)*, leisure is an intrinsically engaging and motivational activity that a person participates in (AOTA, 2008). Social participation is characteristics of organized behavior that is expected of an individual in any social system (AOTA, 2008). Adolescents with FASD have a decrease in social participation due to their inability to interact with peers and their ongoing struggle to overcome their disability (Koren, 2011; Stade, et al., 2011).

Purpose:

The purpose of this session is to incorporate all skills learned through the past eight group sessions and integrate them into the final session.

Objectives:

#1- By the end of this session, each group member will demonstrate the ability to positively interact socially with other group members and staff by initiating inviting staff to their party and choosing an appropriate selection of games to play at the party.

#2- By the end of this session, each group member will demonstrate the ability to self-reflect on their personal experiences during the program both positively and negatively. Each group member will vocalize goals to continue growing in a positive and supportive manner.

Session Structure:

Step 1: Introduction

Group leaders will thank members for participating in this program and will ask if any member has questions, comments, or concerns about the past eight sessions. The group leader will facilitate a short discussion focusing on the group members successes through the program and goals for their future prior to beginning to plan their farewell party.

Physical environment:

- Well lit
- Appropriate size table and chairs for the size of the group
- Adequate amount of space between each individual

Group Expectations:

- Confidentiality
- Active participation
- Group members will follow the rules set in session 1 by the members and group leaders
- Consequences of misbehaving are three strikes and you are out of the group.

Outline of session:

- Intro- 10 minutes
- Activity- 40 minutes
- Discussion/conclusion- 10 minutes

Step 2: Activity

The activity in this group will consist of the group members decorating the room, setting out the food, and inviting the one guest of their choice in preparation for their farewell party, which will take place during this last group session.

Step 3: Sharing

- Questions to be asked after the party.

Questions:

- Share your thoughts about the last session.
- Share your thoughts about the past 8 sessions.
- How did you like this program?
- Do you feel it was a benefit or a detriment to you?

Step 4: Processing

- Share feelings associated with the group.

Questions:

- What were your feelings during this party?
- What are your feelings about the program coming to an end?
- How have you grown throughout the program?
- In what areas can you continue to grow?

Step 5: Generalizing

- Follow up on the group discussion and relate it to the goals of the group

Questions:

- How can you take the skills learned in this program and apply them to your life?
- What did you learn?

- What have you achieved in this program? How can you relate this to your future?
- What skills and strategies do you find most helpful for your potential once out of the detention center?

Step 6: Application

- Group leader will ask questions to stimulate members to reveal their own strategies for application

Questions:

- How are you going to implement and apply your goals for success in the future?
- What is your plan to continue utilizing skills learned through group?

Step 7: Summary

A volunteer member will summarize what happened during the session highlighting the main points. Another volunteer will summarize the entire program over the last eight sessions highlighting the main points. The group leader will then conclude the program with an emphasis on the importance of carrying out the skills learned through group in order to ensure a successful future for the group members. The group leader will reassure members about different community supports available for them to attend once out of the detention center. The group leader should acknowledge those who participated and ask for any further questions, comments, or concerns. The leader should acknowledge those who took risks during the session sharing personal feelings and stories and reiterate the importance of confidentiality. The leader will thank group member for their participation and time. The leader will make sure that the group is concluded after 60 minutes.

Session 10: “Parenting Tips”

Group Membership:

Varies depending on family size (16-20)

Area of Occupation Addressed & Rationale:

The area of occupation addressed in this activity includes education. Education will be provided to the parents of the group members. According to the (CDC, 2011), children with FASD may not respond to what would be considered usual parenting practices. Education for parents about ways to teach their child skills and coping strategies related with their symptoms is beneficial and can be done in either a group or individual setting (CDC, 2011). Many parents experience frustration and exhaustion when dealing with their children with FASD due to the high demands and special needs (BCMCF, 1999).

Purpose:

The purpose of this session is to educate parents on strategies to use with their child along with strategies to use for themselves.

Objectives:

#1- By the end of this session, parents will be exposed to strategies to utilize with their child that are effective in increasing parent-child relationships.

#2- By the end of this session, parents will be exposed to specific strategies to utilize for themselves in order to lessen the frustration and exhaustion that many parents exhibit.

Session Structure:

Step 1: Introduction

Have each parent introduce themselves and share a little about their child.

Warm up activity:

Physical environment:

- Well lit
- Appropriate size table and chairs for the size of the group
- Adequate amount of space between each individual

Group Expectations:

- Confidentiality
- Active participation

Outline of session:

- Intro- 5 minutes
- Warm-up Activity- 10 minutes
- Activity- 30 minutes
- Discussion/conclusion- 15 minutes

Step 2: Activity

- Educating parents on the diagnosis (Handout 1)
- Educate parents on structure, supervision, simplicity, steps, and context (Handout 2)
- Educating parents on how to talk to their adolescent (Handout 3)
- Educate parents on structuring routines (Handout 4)

- Throughout entire activity, allow parents to ask questions at any time.

Step 3: Sharing

- This will be the time after the handouts have all been gone through where discussion will take place.

Questions:

- Share your personal experiences related to the topics.
- What strategies have you already tried that worked? Failed?
- What advice do you have for other parents?

Step 4: Processing

- Group share feelings associated with education.

Questions:

- How does learning more about your child and their diagnosis make you feel?
- How did it make you feel when other parents were sharing their experiences?
- What advice can you take home from this session?
- Is there anything that was not brought up that has worked for you?

Step 5: Generalizing

- Relate discussion to goals of activity

Questions:

- How will these strategies help lessen frustration and exhaustion?
- What did you achieve here in group by talking about your experiences with having a child with FASD?
- What are some major differences between parenting styles (if any)?
- Were there any surprises? Either good or bad?

Step 6: Application

- Questions to stimulate communication between group members

Questions:

- How do you think having this information will help you at home
- How can you apply the handouts to your own personal life?
- In what ways can you alter the handouts?
- Who will you share this information with?

Step 7: Summary

The group leader will provide the group with Words to Live By (Worksheet 5). The group leader or volunteer member will summarize what happened during the session highlighting the main points. The group leader should acknowledge those who participated and ask for any further questions, comments, or concerns. The leader should acknowledge those who took risks during the session sharing personal feelings and stories and reiterate the importance of confidentiality. The leader will thank group member for their participation and time. The leader will make sure that the group is concluded after an hour. If parents would like to ask more questions, the time limit may be extended.

Structure, Supervision, Simplicity, Steps, and Context

Structure:

Create a structured environment for children with FAS which includes choices within clear
and predictable routines.

Supervision:

Carefully supervise children with FAS so that they do not get into trouble or place themselves
in dangerous situations.

Simplicity

Offer simple directions and orders, stated briefly in simple language that you know the child
understands, rather than the elaborate verbal justifications and explanations often given by
parents and teachers.

Steps

Break down tasks into small steps and teach each step through repetition and reward.

Context

Teach skills in the context in which the skills are to be used, rather than assuming children
will generalize from one context to another or understand in which situations the behaviour is
appropriate and when it is not.

Adapted from:

British Columbia Ministry for Children and Families. (1999). *FAS: Parenting children affected be FAS: A guide for daily living.* Retrieved from: http://www.fasaware.co.uk/education_docs/daily_guide_for_living.pdf

How to talk to your adolescent:

Talk honestly, realistically, and constructively about the dilemmas posed by the condition.

Discuss possible options. Questions need to be answered honestly and respectfully. Be direct. Adolescents generally hate to be patronized—they have low tolerance for adults who beat around the bush.

Teens may want to know what to tell their friends if asked. Encourage simple, honest discussion. (e.g. “I do it this way instead because that works better for me. Everybody’s different and people do things different ways.”) Walk it through and role play if the adolescent wants to, or explore situations in your own life and ask for your teen’s advice as a teachable moment.

Help them set clear boundaries—let them know that they get to choose what they want others to know (e.g. only telling helpers but not peers if the teen is worried about being teased.) Respect choices about disclosure.

Adolescents may benefit from talking with other adolescents or even adults who are successfully coping with FAS. This will not only help the teen feel less alone, but also provide an opportunity for them to learn from role models who embody “togetherness” and good functioning. Peer support groups are also helpful, as they can provide guidance and mutual encouragement while supporting diversity.

Retrieved from:
British Columbia Ministry for Children and Families. (1999). *FAS: Parenting children affected be FAS: A guide for daily living.* Retrieved from: http://www.fasaware.co.uk/education_docs/daily_guide_for_living.pdf

Edmonton and Area Fetal Alcohol Network. (2007). *FASD: Strategies not solutions.* Retrieved from: http://www.child.alberta.ca/home/documents/fetalalcoho l/FAS0040 _StrategiesNotSolutions.pdf

Routines:

Daily routines are essential. They help maintain consistency, and build structure and security into the child's day. Without them, little gets done.

- Break down daily activities into specific steps. Plan mini-routines within the larger routine.
- Do everything in the same way and in the same order every day. For example, wake

The child up at the same time and in the same predictable way every morning. This could look something like this:

- enter room and say *"Chris, time to get up."*
- open drapes
- turn on light
- gently nudge, stroke child
- pull covers back to ease transition from sleep to awake
- aid child in sitting up; make sure their feet are on the floor
- tell them what comes next
- Use calendars in the kitchen and bedrooms to list events. Write down or diagram what

Needs to be done, for example, morning needs before school might be listed like this:

- get up
- get dressed
- eat breakfast
- personal hygiene (wash face, brush teeth, comb hair)
- get school things together (books, backpack)
- prepare a lunch
- put on coat and shoes

Post key family rules in simple words:

- no hitting
- gentle hugs
- sit when eating
- Alternate active times with relaxation. Limit the time the child is expected to work quietly at a desk. Take "action" breaks.
- Prepare the child for school the night before:
- choose clothes
- make lunch
- put homework in a designated spot

Adapted from:

British Columbia Ministry for Children and Families. (1999). *FAS: Parenting children affected be FAS: A guide for daily living.* Retrieved from: http://www.fasaware.co.uk/education_docs/daily_guide_for_living.pdf

Words to Live By

• Create structure, routine and consistency.

• Be positive; laugh whenever you can.

• Argue with them less.

• Engage them in activities that they enjoy.

• Hug them and tell them you love them, even when you are upset or angry.

• Crying is OK.

• Monitor and regulate what they watch on television, video, computer, internet, etc.

• Focus on positive decisions they make.

• Set realistic expectations; do not ask too much of them.

• Get enough sleep, good food, and exercise. They need you to be at your best to help them be their best.

• Get support for yourself!

• Never give up!!!!

Retrieved from:
Edmonton and Area Fetal Alcohol Network. (2007). *FASD: Strategies not solutions.* Retrieved from: http://www.child.alberta.ca/home/documents/fetalalcoho l/FAS0040 _StrategiesNotSolutions.pdf

Fact Sheet for FASD

Prevalence: According to the Center for Disease Control (CDC) there are no known statistics of the exact numbers of people who have FASD, the most current estimates from the CDC for FAS are 0.5to 2.0 cases per every 1,000 live births in the United States (CDC, 2012)

The Spectrum that composes FASD:

Fetal Alcohol Syndrome (FAS): has to have growth retardation, the 10th percentile or lower, the characteristic facial anomalies, and central nervous system dysfunction.

Partial Fetal Alcohol Syndrome (PFAS): has to have maternal alcohol exposure confirmed and only 2 of the 3 characteristics found in a person with FAS.

Alcohol Related Neuro- Developmental Disorder (ARND): confirmed CNS abnormalities, impaired fine motor skills, hand-eye coordination, neurosensory hearing loss, tandem gait and a pattern of complex cognitive behavior.

Alcohol Related Birth Defects (ARBD): has to have maternal alcohol exposure confirmed and does not need the criteria of the other disorders in the spectrum.

Physical deficits: Facial physical symptoms are only apparent in children with FAS and include short palpebral fissures, thin upper lip, absent philtrum, small head size, short stature, low body weight, and can have heart, hearing, and skeletal body complications.

Cognition deficits: May have a lower than average IQ but some will not, other deficits that can be found in a person with FASD are impulsivity, problem solving, sensory integration, relationships, time management, and attention

Emotional deficits: fluctuation in thoughts and feelings, extreme hyperactivity, aggressiveness, improper social behavior, and decreased social skills.

Information retrieved from

Koren, G. (2011). Understanding fetal alcohol spectrum disorder: Bring schools and teachers on board. *Journal Popular Therapy Clinic Pharmacology 18*(2), pp. 242-244.

Sampson, P. D., Streissguth, A. P., Bookstein, F. L., Little, R. E., Clarren, S. K., Dehaene, P….& Graham, J. M. (1997). Incisence of fetal alcohol syndrome and prevalence of alcohol-related neurodevelopmental disorder. *Teratology, 56* pp. 317-326

References

American Occupational Therapy Association (AOTA). (2008). Occupational therapy practice framework: Domain and process (2nd ed.). *American Journal of Occupational Therapy, 62,* pp. 625-683.

Braveman, B. & Page, J. (2012). Work promoting participation and productivity through occupational therapy. Philadelphia, PA: F.A. Davis Company.

British Columbia Ministry for Children and Families. (1999). *FAS: Parenting children affected be FAS: A guide for daily living.* Retrieved from: http://www.fasaware.co.uk/education_docs/daily_guide_for_living.pdf

Centers for Disease Control, (2011). Fetal alcohol spectrum disorders: Treatments. Retrieved from http://www.cdc.gov/ncbddd/fasd/treatments.html

Henry, J., Sloane, M., Black-Pond, C. (2007). Neurobiology and neurodevelopmental impact of childhood traumatic stress and prenatal alcohol exposure. *Language Speech Hearing Service School (38)* 2, pp. 99-108.

Korb-Khalas, K. L. & Leutenberg, E. A. (1996). *Life Management Skills IV : Reproducible Activity Handouts Created for Facilitators.* Beachwood OH: Wellness Reproductions Incorporated.

Korb-Khalas, K. L. & Leutenberg, E. A. (2000). *Life Management Skills IV : Reproducible Activity Handouts Created for Facilitators.* Beachwood OH: Wellness Reproductions Incorporated.

Koren, G. (2011). Understanding fetal alcohol spectrum disorder: Bring schools and teachers on board. *Journal Popular Therapy Clinic Pharmacology 18*(2), pp. 242-244.

Martin, L.J., Burke, S.M., Shapiro, S., Carron, A.V., Irwin, J.D., Petralla, R., Prapavessis, H., & Shoemaker, K. (2009). The use of group dynamics strategies to enhance cohesion in a lifestyle intervention program for obese children. *BMC Public Health, 9*(277). Doi: 10.1186/1471-2458-9-277.

Paintner, A., Williams, A. D., &Burd, L. (2012). Fetal alcohol spectrum disorders-implication for child neurology, part two: Diagnosis and management. *Journal of Child Neurology 0,* 1-8. doi: 10.1177/0883073811428377

Sampson, P. D., Streissguth, A. P., Bookstein, F. L., Little, R. E., Clarren, S. K., Dehaene, P….& Graham, J. M. (1997). Incisence of fetal alcohol syndrome and prevalence of alcohol-related neurodevelopmental disorder. *Teratology, 56* pp. 317-326

Saran, S. (2011). Meditation techniques for sleep. Retrieved from http://www.livestrong.com/article/103745-meditation-techniques-sleep/

Stade, B., Beyene, J., Buller, K., Ross, S., Patterson, K., Stevens, B.,… Koren, G. (2011). Feeling different: The experience of living with fetal alcohol spectrum disorder. *Journal of Popular Therapy Clinical Pharmacology, 18,* e475-e485.

Appendix A

CHAPTER V

SUMMARY

This program was designed to provide adolescents with fetal alcohol spectrum disorder who are in a youth juvenile detention center the opportunity to participate in group sessions that are designed to increase their functional occupational performance and decrease behaviors associated with their disorder. The program includes ten group session that meet on a weekly bases; frequency can be modified to meet the needs of the facility. The topics of the program included social skills, money management, work and employment, hygiene, drug and alcohol prevention, peer pressure and positive affirmations, impulse control, a farewell party, and an educational session for parents and caregivers.

A main limitation of this program is the lack of research available that addresses this population in this particular setting. There was, however, research that has identified the types of behaviors that an adolescent with FASD will commonly display. A second limitation is that this type of program has not been implemented by occupational therapists before, therefore there is a lack of input from these professionals on the effectiveness of the program and this cannot be determined until implementation has occurred. Another limitation of this program was the authors being limited to only having one context researched for the program to be implemented in.

The authors will market this program by providing in-services to Occupational Therapists who work with adolescents in the mental health setting. The authors are willing to participate in local and national conferences where the information will be presented to other professionals. By targeting health care professionals, the authors wish

to expand awareness of the specific accommodations and considerations needed for adolescents with FASD in the Juvenile Detention Center.

Recommendations for the future include: additional research on occupational therapy treatment implemented with adolescents who have FASD within the Juvenile Justice System, measure outcomes of the adolescents' progress throughout the program by utilizing an outcome measure, include a more diverse population that includes other diagnoses with the same behavior problems seen in adolescents with FASD, and expanding services to other contexts such as schools, home, and community.

Appendix A

References

Accreditation Council for Occupational Therapy Education (2012). 2011 *Accreditation Council for Occupational Therapy Education (ACOTE®) standards and interpretive guide: Accreditation standards for a master's degree-level Educational program for the occupational therapist.* Retrieved from http://www.aota.org/Educate/Accredit/Draft Standards/50146.aspx?FT=.pdf

American Occupational Therapy Association (AOTA). (2008). Occupational therapy practice framework: Domain and process (2nd ed.). *American Journal of Occupational Therapy, 62,* pp. 625-683.

Braveman, B. & Page, J. (2012). Work promoting participation and productivity through occupational therapy. Philadelphia, PA: F.A. Davis Company.

British Columbia Ministry for Children and Families. (1999). *FAS: Parenting children affected be FAS: A guide for daily living.* Retrieved from: http://www.fasaware.co.uk/education_docs/daily_guide_for_living.pdf

Centers for Disease Control. (2010). Fetal alcohol spectrum disorders: Fact sheet. Retrieved from: http://www.cdc.gov/ncbddd/actearly/pdf/parents_pdfs /FASD_english_spanish.pdf

Centers for Disease Control, (2011). Fetal alcohol spectrum disorders: Treatments. Retrieved from http://www.cdc.gov/ncbddd/fasd/treatments.html

Center for Disease Control. (2012). Fetal Alcohol Spectrum Disorders. Retrieved from: http://www.cdc.gov/ncbddd/fasd/

Cole, M.B. (2012). *Group dynamics in occupational therapy: The theoretical basis and practice application of group intervention.4th Edition.* Thorofare, NJ: SLACK Incorporated.

Edmonton and Area Fetal Alcohol Network. (2007). *FASD: Strategies not solutions.* Retrieved from: http://www.child.alberta.ca/home/documents/fetalalcoho l/FAS0040 _StrategiesNotSolutions.pdf

Farnworth, L. (2000). Time use and leisure occupations of young offenders. *American Journal of Occupational Therapy(54),* 3. pp 315-325.

Fast, D.K. and Conry, J. (2004).The challenge of fetal alcohol syndrome in the criminal legal system. *Addiction Biology (9),* pp. 161-166. DOI: 10.1080/13556210410001717042

Fast, D.K. & Conry, J. (2009). Fetal alcohol spectrum disorders and the criminal justice system. *Developmental Disabilities Research Reviews (15),* pp. 250-257.

Fast, D.K., Conry, J. & Loock, C. A. (1999). Identifying fetal alcohol syndrome among youth in the criminal justice system. *Journal of Developmental Behavior Pediatrics, 20,* pp. 370-372.

Grisso, T., Barnum, R., Fletcher, K., Cauffman, E., and Peuschold, D. (2001). Massachusetts youth screening instrument for mental health needs of juvenile justice youths. *American Academy of Child and Adolescent Psychiatry (40)*

Henry, J., Sloane, M., Black-Pond, C. (2007). Neurobiology and neurodevelopmental impact of childhood traumatic stress and prenatal alcohol exposure. *Language Speech Hearing Service School (38)* 2, pp. 99-108.

Korb-Khalas, K. L. & Leutenberg, E. A. (1996). *Life Management Skills IV : Reproducible Activity Handouts Created for Facilitators.* Beachwood OH: Wellness Reproductions Incorporated.

Korb-Khalas, K. L. & Leutenberg, E. A. (2000). *Life Management Skills IV : Reproducible Activity Handouts Created for Facilitators.* Beachwood OH: Wellness Reproductions Incorporated.

Koren, G. (2011). Understanding fetal alcohol spectrum disorder: Bring schools and teachers on board. *Journal Popular Therapy Clinic Pharmacology 18*(2), pp. 242-244.

Lupton, C. Burd, L. & Harwood, R. (2004). Cost of fetal alcohol spectrum disorders. *American Journal of Medical Genetic Part C, 127C,* 42-50.

Martin, L.J., Burke, S.M., Shapiro, S., Carron, A.V., Irwin, J.D., Petralla, R., Prapavessis, H., & Shoemaker, K. (2009). The use of group dynamics strategies to enhance cohesion in a lifestyle intervention program for obese children. *BMC Public Health, 9*(277). Doi: 10.1186/1471-2458-9-277.

Paintner, A., Williams, A. D., &Burd, L. (2012). Fetal alcohol spectrum disorders-implication for child neurology, part two: Diagnosis and management. *Journal of Child Neurology 0,* 1-8. doi: 10.1177/0883073811428377

Peadon, E. Fremantle, E., Bower, C., & Elliott, E. J. (2008). International survey of

diagnostic services for children with fetal alcohol spectrum disorders. *BMC Pediatrics, 8,* 12. doi: 10.1186/1471-2431-8-12

Popova, S., Lange, S., Bekmuradov, D., Mihnic, A. Rehm, J. (2011). Fetal Alcohol Spectrum Disorder prevalence estimates in correctional systems; A systematic literature review. *Canadian Journal of Public Health, (102)* 5 pp. 336-340

Sacks, J.Y. (2004). Women with co-occurring substance use and mental disorders (COD) in the criminal justice system: A research review. *Behavioral Sciences and the Law (22),* pp. 449-466

Sampson, P. D., Streissguth, A. P., Bookstein, F. L., Little, R. E., Clarren, S. K., Dehaene, P….& Graham, J. M. (1997). Incisence of fetal alcohol syndrome and prevalence of alcohol-related neurodevelopmental disorder. *Teratology, 56* pp. 317-326

Saran, S. (2011). Meditation techniques for sleep. Retrieved from http://www.livestrong.com/article/103745-meditation-techniques-sleep/

Stade, B., Beyene, J., Buller, K., Ross, S., Patterson, K., Stevens, B.,… Koren, G. (2011). Feeling different: The experience of living with fetal alcohol spectrum disorder. *Journal of Popular Therapy Clinical Pharmacology, 18,* e475-e485.

Strong, S. & Rebeiro Gruhl, K. (2011). Person-Environment-Occupation Model in C. Brown & V. C. Stoffel (eds.), *Occupational Therapy in Mental Health: A Vision for Participation*, (pp 31-46). Philadelphia, PA: F.A. Davis Company.

Teplin, L.A., Abram, K.M., McClelland, G.M., Dulcan, M.K., and Mericle, A.A. (2002). Psychiatric disorder in youth in juvenile detention. Arch Gen Psychiatry (59), 12, pp.1133-1143. doi:10.1001/archpsyc.59.12.1133

Timmons-Mitchell, J., Brown, C., Schulz, C., Webster, S.E., Underwood, L.A., and Semple, W.E. (1997). Comparing the mental health needs of female and male incarcerated juvenile delinquents. *Behavioral Sciences and the Law (15),* pp. 195-202.

Victor, A., Worniak, J. R., & Chang, P. N. (2008). Environmental correlates of cognition and behavior in children with fetal alcohol spectrum disorder. *Journal of Human Behavior in the Social Environment, 18,* 288-300.

Williams, S.J. (2006). Is there justice in the juvenile justice system? Examining the role of fetal alcohol spectrum disorders. *Justice Policy Journal (3),* 1. pp. 1-15.

References

Accreditation Council for Occupational Therapy Education (2012). 2011 *Accreditation Council for Occupational Therapy Education (ACOTE®) standards and interpretive guide: Accreditation standards for a master's degree-level Educational program for the occupational therapist.* Retrieved from http://www.aota.org/Educate/Accredit/Draft Standards/50146.aspx?FT=.pdf

American Occupational Therapy Association (AOTA). (2008). Occupational therapy practice framework: Domain and process (2nd ed.). *American Journal of Occupational Therapy, 62,* pp. 625-683.

Brain Gym International (2011). Retrieved from www.braingym.org

Braveman, B. & Page, J. (2012). Work promoting participation and productivity through occupational therapy. Philadelphia, PA: F.A. Davis Company.

British Columbia Ministry for Children and Families. (1999). *FAS: Parenting children affected be FAS: A guide for daily living.* Retrieved from: http://www.fasaware.co.uk/education_docs/daily_guide_for_living.pdf

Centers for Disease Control. (2010). Fetal alcohol spectrum disorders: Fact sheet. Retrieved from: http://www.cdc.gov/ncbddd/actearly/pdf/parents_pdfs /FASD_english_spanish.pdf

Centers for Disease Control, (2011). Fetal alcohol spectrum disorders: Treatments. Retrieved from http://www.cdc.gov/ncbddd/fasd/treatments.html

Center for Disease Control. (2012). Fetal Alcohol Spectrum Disorders. Retrieved from: http://www.cdc.gov/ncbddd/fasd/

Cole, M.B. (2012). *Group dynamics in occupational therapy: The theoretical basis and practice application of group intervention.4th Edition.* Thorofare, NJ: SLACK Incorporated.

Edmonton and Area Fetal Alcohol Network. (2007). *FASD: Strategies not solutions.* Retrieved from: http://www.child.alberta.ca/home/documents/fetalalcoho l/FAS0040 _StrategiesNotSolutions.pdf

Farnworth, L. (2000). Time use and leisure occupations of young offenders. *American Journal of Occupational Therapy(54),* 3. pp 315-325.

Fast, D.K. and Conry, J. (2004).The challenge of fetal alcohol syndrome in the criminal legal system. *Addiction Biology (9),* pp. 161-166. DOI: 10.1080/13556210410001717042

Fast, D.K. & Conry, J. (2009). Fetal alcohol spectrum disorders and the criminal justice system. *Developmental Disabilities Research Reviews (15),* pp. 250-257.

Fast, D.K., Conry, J. & Loock, C. A. (1999). Identifying fetal alcohol syndrome among youth in the criminal justice system. *Journal of Developmental Behavior Pediatrics, 20,* pp. 370-372.

Grisso, T., Barnum, R., Fletcher, K., Cauffman, E., and Peuschold, D. (2001). Massachusetts youth screening instrument for mental health needs of juvenile justice youths. *American Academy of Child and Adolescent Psychiatry (40)*

Henry, J., Sloane, M., Black-Pond, C. (2007). Neurobiology and neurodevelopmental impact of childhood traumatic stress and prenatal alcohol exposure. *Language Speech Hearing Service School (38)* 2, pp. 99-108.

Korb-Khalas, K. L. & Leutenberg, E. A. (1996). *Life Management Skills IV : Reproducible Activity Handouts Created for Facilitators.* Beachwood OH: Wellness Reproductions Incorporated.

Korb-Khalas, K. L. & Leutenberg, E. A. (2000). *Life Management Skills IV : Reproducible Activity Handouts Created for Facilitators.* Beachwood OH: Wellness Reproductions Incorporated.

Koren, G. (2011). Understanding fetal alcohol spectrum disorder: Bring schools and teachers on board. *Journal Popular Therapy Clinic Pharmacology 18*(2), pp. 242-244.

Lupton, C. Burd, L. & Harwood, R. (2004). Cost of fetal alcohol spectrum disorders. *American Journal of Medical Genetic Part C, 127C,* 42-50.

Martin, L.J., Burke, S.M., Shapiro, S., Carron, A.V., Irwin, J.D., Petralla, R., Prapavessis, H., & Shoemaker, K. (2009). The use of group dynamics strategies to enhance cohesion in a lifestyle intervention program for obese children. *BMC Public Health, 9*(277). Doi: 10.1186/1471-2458-9-277.

Paintner, A., Williams, A. D., &Burd, L. (2012). Fetal alcohol spectrum disorders-implication for child neurology, part two: Diagnosis and management. *Journal of Child Neurology 0,* 1-8. doi: 10.1177/0883073811428377

Peadon, E. Fremantle, E., Bower, C., & Elliott, E. J. (2008). International survey of

diagnostic services for children with fetal alcohol spectrum disorders. *BMC Pediatrics, 8,* 12. doi: 10.1186/1471-2431-8-12

Popova, S., Lange, S., Bekmuradov, D., Mihnic, A. Rehm, J. (2011). Fetal Alcohol Spectrum Disorder prevalence estimates in correctional systems; A systematic literature review. *Canadian Journal of Public Health, (102)* 5 pp. 336-340

Sacks, J.Y. (2004). Women with co-occurring substance use and mental disorders (COD) in the criminal justice system: A research review. *Behavioral Sciences and the Law (22),* pp. 449-466

Sampson, P. D., Streissguth, A. P., Bookstein, F. L., Little, R. E., Clarren, S. K., Dehaene, P….& Graham, J. M. (1997). Incisence of fetal alcohol syndrome and prevalence of alcohol-related neurodevelopmental disorder. *Teratology, 56* pp. 317-326

Saran, S. (2011). Meditation techniques for sleep. Retrieved from http://www.livestrong.com/article/103745-meditation-techniques-sleep/

Stade, B., Beyene, J., Buller, K., Ross, S., Patterson, K., Stevens, B.,… Koren, G. (2011). Feeling different: The experience of living with fetal alcohol spectrum disorder. *Journal of Popular Therapy Clinical Pharmacology, 18,* e475-e485.

Strong, S. & Rebeiro Gruhl, K. (2011). Person-Environment-Occupation Model in C. Brown & V. C. Stoffel (eds.), *Occupational Therapy in Mental Health: A Vision for Participation,* (pp 31-46). Philadelphia, PA: F.A. Davis Company.

Teplin, L.A., Abram, K.M., McClelland, G.M., Dulcan, M.K., and Mericle, A.A. (2002). Psychiatric disorder in youth in juvenile detention. Arch Gen Psychiatry (59), 12, pp.1133-1143. doi:10.1001/archpsyc.59.12.1133

Timmons-Mitchell, J., Brown, C., Schulz, C., Webster, S.E., Underwood, L.A., and Semple, W.E. (1997). Comparing the mental health needs of female and male incarcerated juvenile delinquents. *Behavioral Sciences and the Law (15),* pp. 195-202.

Victor, A., Worniak, J. R., & Chang, P. N. (2008). Environmental correlates of cognition and behavior in children with fetal alcohol spectrum disorder. *Journal of Human Behavior in the Social Environment, 18,* 288-300.

Williams, S.J. (2006). Is there justice in the juvenile justice system? Examining the role of fetal alcohol spectrum disorders. *Justice Policy Journal (3),* 1. pp. 1-15.

Brushing Your Teeth

1. Gather tooth brush and tooth paste
2. Wet the end of the toothbrush with water
3. Put the toothpaste onto the toothbrush
4. Begin to brush your teeth
5. Get all areas in your mouth (including your tongue)
6. Spit the toothpaste out into the sink
7. Rinse mouth with water
8. Rinse toothbrush with water
9. Put toothpaste and toothbrush away
10. Wipe mouth

Pictures retrieved from google.com

Grooming Routine

1. Brush your teeth

2. Comb your hair

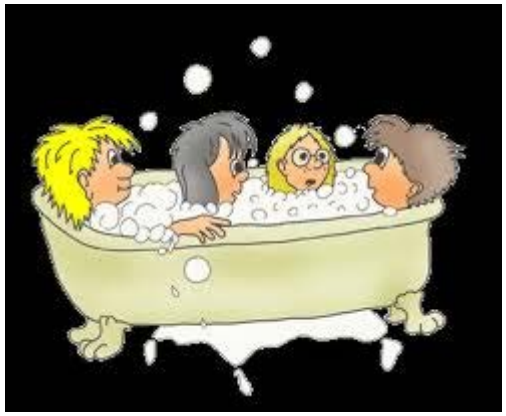
3. Put on deodorant

4. Get dressed

5. Put on cologne/perfume

- Pictures retrieved from google.com

Bathing Routine



- Wash face
- Wash under arms
- Wash right arm
- Wash left arm
- Wash chest
- Wash stomach
- Wash bottom
- Wash right leg
- Wash left leg
- Wash right foot
- Wash left foot
- Rinse entire body