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# How FASD Impacts Mental Health and Substance Abuse Treatment and Prevention

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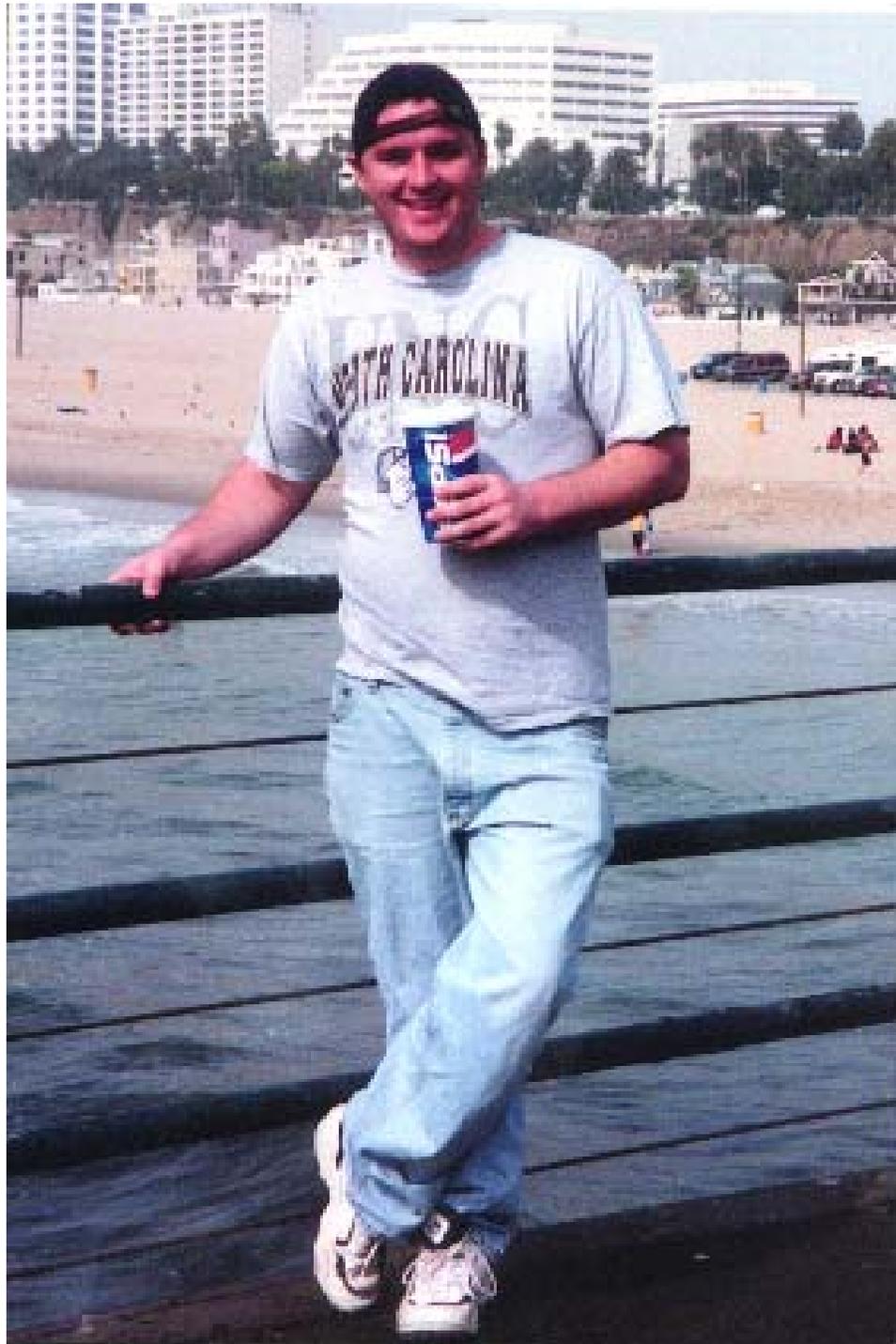


U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
[www.samhsa.gov](http://www.samhsa.gov)



SAMHSA  
Fetal Alcohol Spectrum Disorders  
Center for Excellence







# Fetal Alcohol Spectrum Disorders (FASD)

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- FASD is a spectrum of disorders
- FASD is a descriptive term, **not** a diagnosis
- There is no way to predict how much alcohol will cause how much damage in any individual
- There is a wide range of intellectual capabilities and ways disabilities are manifested in individuals with FASD
- Prenatal alcohol exposure leading to an FASD causes brain damage
- Typical approaches to “difficult” behaviors often don’t work due to the way the brain functions



# Importance of Accurate Diagnosis

## Dubovsky and Knight (2007)

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- Accurate diagnosis of an FASD and all co-occurring disorders and co-occurring issues is essential
  - › If we misdiagnose, we provide the wrong treatment
  - › If we miss an FASD with other disorders, we provide ineffective or only partially effective treatment
  - › If we miss a co-occurring issue, the person may not be able to focus on treatment
    - E.g., housing, income, employment
- **If the person continues to fail and doesn't know why, s/he may develop a self image of just being "bad"**



# Why We Might Miss an FASD in Individuals

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- They often look “normal”
- They tend to be very verbal
- They appear to be more competent than they are
- Their behavior appears to be non-compliant, uncooperative, and unmotivated
  - › They can repeat the rules or instructions they are given
  - › They say they know what they need to do and don't follow through, thereby appearing to “be oppositional”
  - › They are often identified as “treatment failures” or “treatment resistant”, especially in outpatient settings
- We focus only on children

# What to Expect from a Person with an FASD

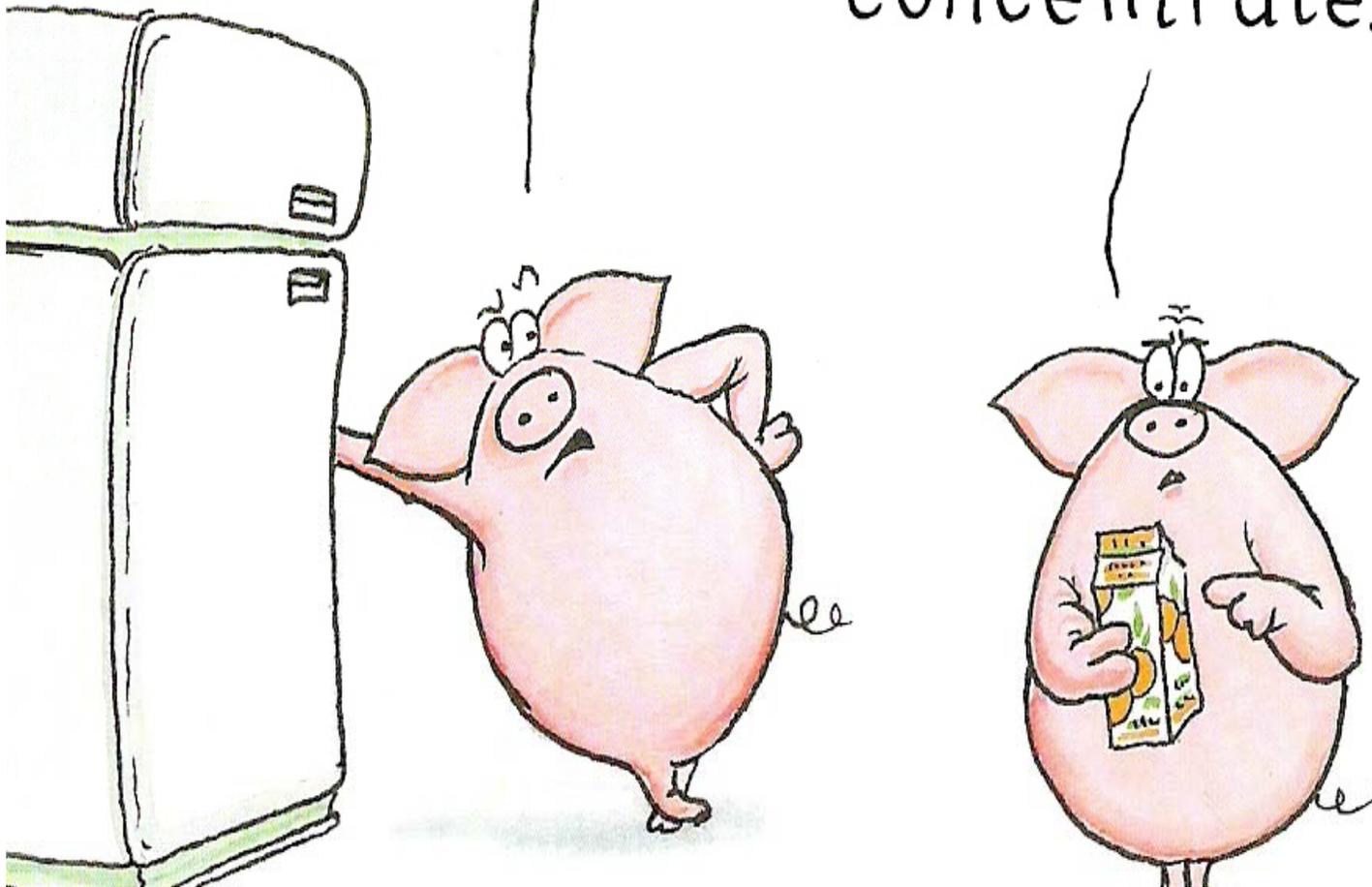
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- Friendly
- Talkative
- Strong desire to be liked
- Desire to be helpful
- Naïve and gullible
- Difficulty identifying dangerous people or situations
- Difficulty following multiple directions or rules
  - › May be able to repeat rules but not know how to follow them
- Interrupt in group activities; act inappropriately; don't follow the course of group discussions
- Literal thinking



You've been staring at that carton of orange juice for half an hour. What's the problem?

Sssh! It says concentrate.



# What to Expect from a Person with an FASD

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- Heightened response to stress
- Poor coping skills
- Difficulty managing money
- Modeling the behavior of those around them
- Inconsistent in abilities
- Don't hold a grudge
- Do better one on one
- Difficulty correctly reading social cues
- Issues of trauma, loss, and grieving
- Possibility of repeated homelessness
- Possibility of repeated interactions with the law





“Hey, I’m not crazy. ... Sure, I let him drive once in a while, but he’s never, never off this leash for even a second.”

# Language Issues in FASD

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- Early language development may be delayed
- Often verbal but without a lot of content
- Verbal receptive language is more impaired than verbal expressive language
  - › A person with an FASD may be able to talk a good game but not be able to process or use all of what they hear
  - › They will often do what they think they need to based on the pieces that they have processed
    - This frequently looks like purposeful oppositional or uncooperative behavior
- Verbal receptive language is the basis of most of our interactions with people





# Situations That Rely on Verbal Receptive Language Processing

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- Parenting techniques
- Elementary and secondary education
- Child welfare
- Judicial system
- Treatment
  - › Motivational interviewing
  - › Cognitive behavioral therapy
  - › Group therapy
  - › AA/NA groups
  - › Wilderness components
- Awareness campaigns



# Why We Need to Consider an FASD in Treatment Settings

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- If an FASD is not recognized, a misdiagnosis may be made due to the observed behaviors
  - › Treatment will most often not be effective
- If an FASD is not recognized as a co-occurring disorder, typical treatments for the disorder are used
  - › Treatment will often not be effective due to information processing issues in FASD
- If an FASD is not recognized, expectations for the individual may not be appropriate, thus setting the person up to fail



# Co-occurring Issues for Individuals With an FASD and Their Families

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- Most likely, a significant percentage of people with an FASD have co-occurring mental health disorders
  - › The 1996 Secondary Disabilities study found over 90% of those with an FASD had mental health problems
  - › A number of mental illnesses have a strong genetic link
  - › About 50% of those with mental illness use substances
  - › Illnesses with high rates of co-occurring substance use include ones with a strong genetic link
  - › Canada has identified that the majority of those who are homeless likely have an FASD

# Profile of 80 Birth Mothers of Children With FAS

(Astley et al 2000)

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- 96% had one to ten mental health disorders
  - › 59%: Major depressive episode
  - › 22%: Manic episode/Bipolar disorder
  - › 7%: Schizophrenia
  - › 77%: PTSD
- 95% had been physically or sexually abused during their lifetime
- 79% reported having a birth parent with an alcohol problem



# Possible Misdiagnoses for Individuals With an FASD

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- Fetal alcohol spectrum disorders are frequently misdiagnosed
- The behaviors that we see in FASD are also seen in a number of other disorders
- Accurate diagnosis is essential for optimal treatment



# Recognition of an FASD Informs Interventions

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- Do not rely on verbal processes
- Be careful about the words
  - › Be literal, not abstract
- Do not expect the individual to think about things on their own and make decisions about their life
- Break things down to one step or rule at a time
- Utilize supportive psychotherapy rather than cognitive behavioral therapy approaches
- Recognize suicide risk



# Recognition of an FASD Informs Interventions

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- Do not take lack of follow through as lack of motivation
- Identify possible buddies (e.g., family, friends, church or other organizations), to ensure the person gets to their appointments, etc.
- Establish a mentor/coac
- Change rewards based systems (e.g., point, level, or sticker systems)
- Re-assess concepts of dependency and enabling
- Approaches need to be modified

# Approaches That Need to be Modified for Those with a Co-occurring FASD

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- Individual therapy
- Group therapy
- Family work
- Point, star, sticker, and level systems
- Motivational interviewing
- Cognitive behavioral therapy (CBT)
- Screening for alcohol use





# Approaches That Need to be Modified for Those with a Co-occurring FASD

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- Parenting
- Education
- Prevention efforts
- 12 step programs
- Any approach that relies on verbal receptive language processing
- Zero tolerance policies
  - › E.g., in halfwayhouse programs



# A Strengths Based Approach to Improving Outcomes

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- Identify strengths and desires in the individual
  - › What do they do well?
  - › What do they like to do?
  - › What are their best qualities?
  - › What are your funniest experiences with them?
- Identify strengths in the family
- Identify strengths in the providers
- Identify strengths in the community
  - › Include cultural strengths in the community

# Strengths of Persons With an FASD



- Friendly
- Likeable
- Verbal
- Helpful
- Caring
- Hard worker
- Determined
- Have points of insight
- Good with younger children\*
- Not malicious
- Every day is a new day



*D. Dubovsky, Drexel University College of Medicine (1999)*

# Strategies for Improving Outcomes for Individuals With an FASD



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- Be aware of, and discuss, misinterpretations of words or actions of others when they occur
  - *Find something that the person likes to do and does well (that is safe and legal) and arrange to have the person do that regardless of behavior*
  - Recognize that fair  $\neq$  equal
  - Create “chill out” spaces in each setting
  - Use literal language
  - Use person first language

# Person First Language

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- “He’s a child with FAS” not “he’s an FAS kid”
- A person affected by prenatal alcohol exposure, not “the affected person”
- A mother with FAS, not “an FAS mom”
- “She has mental retardation” not “she is mentally retarded”
- “He has a mental illness” not “he is mentally ill”
- “He has schizophrenia” not “he is a schizophrenic”
- No one “is” FAS although a person may have FAS

# Strategies for Improving Outcomes for Individuals With an FASD



- Recognize that people with an FASD in treatment often need much direct hands-on support
- Prepare for transitions and changes early and often
- Warm hand offs are best for follow through
- People with an FASD often do better one-on-one than in a group
- Establishing a mentor approach can be very effective
- Do not use zero tolerance programs
  - › They increase the risk of people with an FASD being homeless, in jail, or dead

# Recognizing a Possible FASD in an Individual

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- A person might have an FASD if he or she:
  - › Doesn't seem to learn from mistakes
  - › Has periodic outbursts that seem to come out of nowhere and when they are over, the person is fine
  - › Is erratic in performance
    - Seems to “get it” one day but not another
  - › Repeats the same negative behavior and is always surprised when in trouble
  - › Has the lowest number of points or stars or is on the lowest level fairly consistently
  - › Has a history of substance use in the family
    - We must ask about possible prenatal alcohol exposure in assessments



# Recognizing a Possible FASD in an Individual

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- A person might have an FASD if he or she:
  - › Doesn't follow multiple directions
  - › Wants to do well but consistently “messes up”
  - › Seems to not understand why he or she is in trouble
  - › Can “talk the talk” but not “walk the walk”
  - › has a history of substance use in the family

# Final Thoughts to Keep in Mind

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- The spectrum of FASD are much more common than many other disorders such as Autism
  - › The incidence in systems of care is significantly higher
  - › Most individuals with an FASD will not be diagnosed
- Correctly recognizing and addressing FASD (in terms of prevention and treatment) can reduce long term costs
  - › It costs a minimum of about \$850,000 U.S. to raise one individual with FASD

# Final Thoughts to Keep in Mind

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- Correctly identifying and addressing FASD can improve outcomes for individuals, families, agencies, and systems
- It is impossible to work successfully in most settings without having a firm working knowledge of FASD
- Recognizing and addressing FASD can save people's lives