



# Fetal Alcohol Spectrum Disorder - Across the Lifespan


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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



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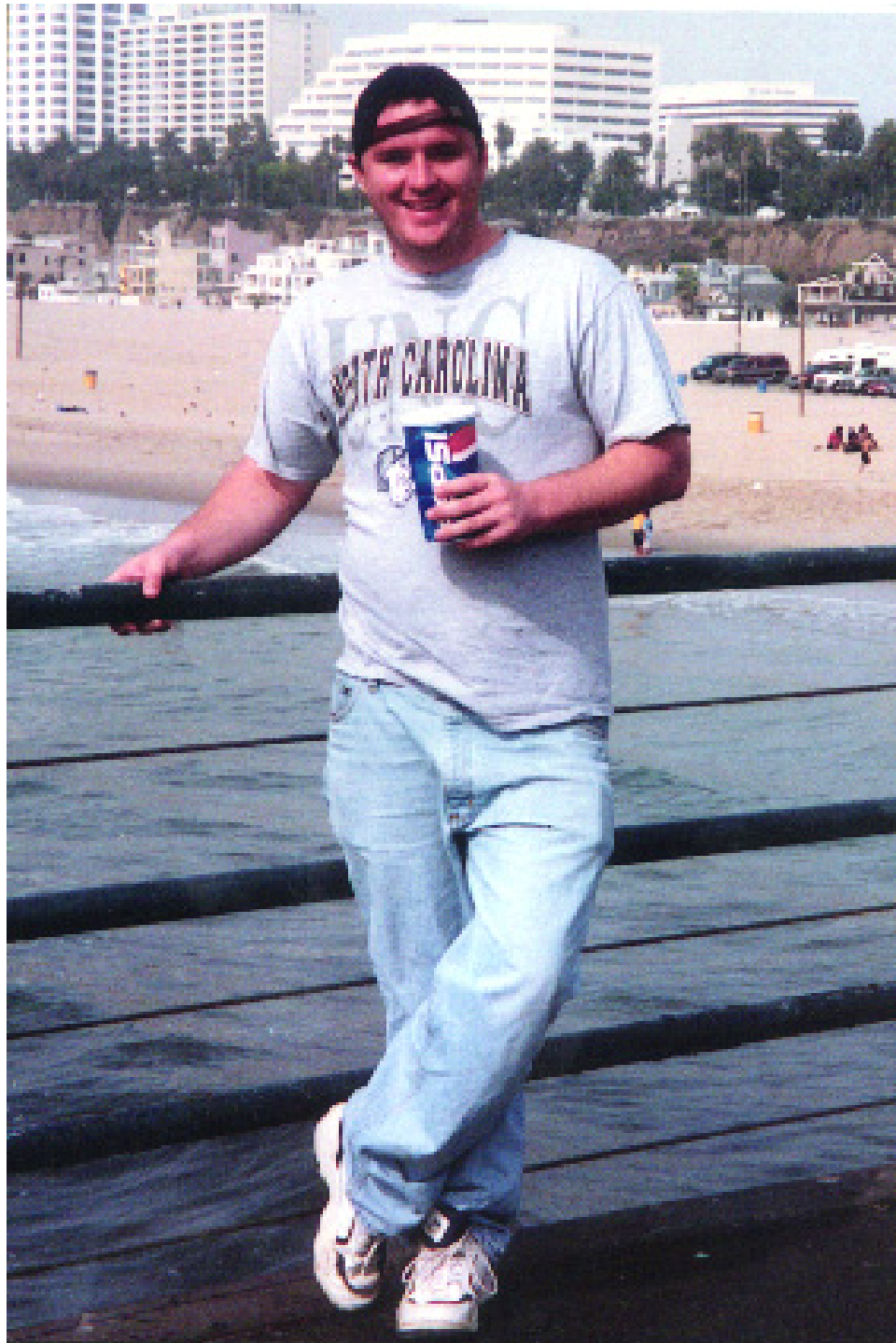


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# The Importance of Recognizing All Co-occurring Issues

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- Optimal outcomes in treatment can **only** occur when **all** co-occurring issues are accurately recognized and treated simultaneously
  - › If one, or more, co-occurring disorders is not recognized, outcomes will be sub-optimal, and may be detrimental to the person
- Co-occurring issues include co-occurring disorders and co-occurring life and environmental issues
  - › E.g., homelessness



# Issues in Accurately Diagnosing an FASD

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- If there is a co-occurring FASD with other disorders, the treatment will often be different
  - › Due to differences in processing information
- If the wrong diagnosis is given, the wrong treatments may be prescribed
- If an FASD is not recognized, expectations for the individual may not be appropriate, thus setting the person up to fail
- **If the person continues to fail and doesn't know why, s/he may develop a self image of just being "bad"**
- Since no FASD is a DSM diagnosis, mental health professionals often do not see it as an issue to consider

# Issues in Mental Health for Individuals With an FASD and Their Families

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- We diagnose based on what we see on the surface
  - › We may not thoroughly investigate other possible causes for the behaviors that we see
- We treat based on diagnosis
  - › We utilize our typical treatment approaches
- All behavior is often thought to be due to the diagnosed illness (e.g., oppositional defiant disorder)
- The individual “fails” in typical treatment
- That failure is viewed as a lack of motivation on the part of the individual

# Issues in Mental Health for Individuals With FASD and Their Families



- 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
  - › Recent research by Joanne Weinberg on stress reinforces the likelihood of co-occurring mental health disorders with underlying genetic vulnerabilities

# 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





# Issues in Mental Health for Individuals With FASD and Their Families



- For individuals with an FASD, verbal receptive language processing is often much more impaired than expressive language
- Most approaches in every system of care rely on verbal receptive language processing
  - › Parenting
  - › Education
  - › Treatment
  - › Child welfare
  - › Corrections
- These approaches will be unsuccessful with many people with an FASD

# Likely Co-occurring DSM Disorders With FASD

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- Attention-Deficit/Hyperactivity Disorder
- Schizophrenia
- Depression
- Bipolar disorder
- Substance use disorders

# Likely Co-occurring DSM Disorders With FASD

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- Sensory integration disorder
- Reactive Attachment Disorder
- Separation Anxiety Disorder
- Posttraumatic Stress Disorder
- Traumatic Brain Injury
- Borderline Personality Disorder
  - › Due to high risk of repeated trauma
- Medical disorders (e.g., seizure disorder, heart abnormalities)



# Possible Misdiagnoses for Individuals With an FASD

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- ADHD
- Oppositional Defiant Disorder
- Conduct Disorder

# Comparing FASD, ADHD and ODD

(D Dubovsky 2002)

	FASD	ADHD	ODD
<b>Behavior</b>	Does not complete tasks		
<b>Underlying cause for the behavior</b>	<ul style="list-style-type: none"> <li>•May or may not take in the information</li> <li>•Cannot recall the information when needed</li> <li>•Cannot remember what to do</li> </ul>	<ul style="list-style-type: none"> <li>•Takes in the information</li> <li>•Can recall the information when needed</li> <li>•Gets distracted</li> </ul>	<ul style="list-style-type: none"> <li>•Takes in the information</li> <li>•Can recall the information when needed</li> <li>•Chooses not to do what they are told</li> </ul>
<b>Interventions for the behavior</b>	Provide one direction at a time	Limit stimuli and provide cues	Provide positive sense of control, limits, and consequences



# Possible Misdiagnoses for Individuals With an FASD

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- Adolescent depression
- Bipolar disorder
- Intermittent Explosive Disorder
- Autism
- Asperger's Syndrome
- Reactive Attachment Disorder
- Traumatic Brain Injury
- Antisocial Personality Disorder
- Borderline Personality Disorder

# Bill's Misdiagnoses

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- Attention-Deficit/Hyperactivity Disorder (ADHD)
- Reactive Attachment Disorder (RAD)
- Oppositional Defiant Disorder (ODD)
- Conduct Disorder (CD)
- Mental retardation
- Substance use disorder
- Polysubstance Abuse Disorder
- Borderline Personality Disorder



# Implications for Policy and Research

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- All personnel who work in mental health and substance abuse treatment services must have training in FASD
  - › Prenatal alcohol exposure needs to be considered whenever a treatment approach that works for many does not work for a specific individual
- All intakes in substance abuse and mental health treatment programs need to include questions about possible prenatal alcohol exposure if there is a history of substance use in the individual or in the family



# Implications for Policy and Research

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- For successful treatment approaches, all co-occurring disorders and issues must be addressed
  - › FASD needs to be ruled in or out prior to developing a treatment plan for an individual
- It is imperative that evidence based practices are not the only ones approved or funded for use in FASD treatment
- Reward and consequence systems (including level and point systems) must not be the standard for those with FASD as they will typically set them up to fail

# Implications for Policy and Research



- Research must be supported in the development and testing of modifications of treatment protocols for individuals with an FASD
  - › Treatment for PTSD and other mental health disorders
  - › Treatment for substance use disorders
  - › Housing approaches to homelessness must be modified to optimize success
  - › Methods to address suicide risk and sexually transmitted infections need to be modified
- As FASD is lifelong, services must be available long term and be flexible based on the individual's needs