

What are Fetal Alcohol Spectrum Disorders?

The Minnesota Organization on Fetal Alcohol Syndrome (www.mofas.org) defines FASD in this way:

Fetal Alcohol Spectrum Disorders (FASD) is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications. There are many terms under the FASD umbrella, including these medical diagnoses:

- Fetal Alcohol Syndrome (FAS)
- Alcohol Related Neuro-developmental Disorders (ARND)
- Alcohol Related Birth Defects (ARBD)
- Partial Fetal Alcohol Syndrome (pFAS)

FASD is a lifetime disability that affects each child differently. Some children with an FASD have specific facial features and tend to be smaller in height and weight. They often have brain injury that never goes away. This means both the child's thought process and his behavior may be very different than a child who was not exposed to alcohol before birth. The brain damage is the most challenging part of this disability.

How does FASD affect a person's mental health?

Fetal Alcohol Spectrum Disorders are medical diagnoses. However, because the brain damage associated with FASD causes issues with memory, cognition (thought processes), and ability to process information, people with FASD often have co-occurring mental health problems and other behavioral and relational problems. This leads many people with FASD or their caregivers to seek the help of mental health professionals, sometimes even before they are diagnosed with FASD. Unfortunately, many of the common interventions used to address the co-occurring issues do not take into account the brain differences of people with FASD.

For example, the parent of a child with behavioral problems may be coached to create a system of rewards and consequences to improve the behaviors. However, a child with FASD may not be able to consistently make the connection between rewards, consequences, and behaviors. In some cases these interventions can even increase symptoms and behaviors because they require the person with FASD to do something he or she cannot consistently do. This leads to disappointment and frustration for the child, the caregivers and professionals.

Some of the mental health diagnoses which a person with FASD may be diagnosed include:

- AD/HD
- Learning Disabilities
- Reactive Attachment Disorder
- Disruptive Behavior Disorder
- Oppositional Defiant Disorder
- Autism Spectrum Disorders
- Generalized Anxiety Disorder
- Obsessive Compulsive Disorder
- Major Depressive Disorder
- Personality Disorder

Other behavioral and relational issues people with FASD might experience:

- Sensory issues such as: difficulty wearing socks, shoes, gloves, or mittens; aversion to wearing certain types of fabrics or clothing; difficulty with loud sounds or certain smells; aversion to certain types of food textures.
- Difficulty with transitions or changes in schedule
- Tantrums or angry or violent outbursts
- Difficulty putting previously learned knowledge into practice or generalizing knowledge to another setting
- Unable to understand the concept of time
- School difficulties
- Problems making and keeping friends
- Inappropriate sexual behaviors
- Problems maintaining employment
- Difficulty with the law
- Substance abuse problems

If you know someone who has some of these diagnoses or behavioral issues for which mental health treatments (therapy, skills training, and medications) have been unsuccessful AND you know there is a possibility that his or her birth mother used alcohol while

pregnant, that person may have FASD. An FASD assessment may bring clarity to the chaos in this person's life and help anyone involved in his or her life to understand, support, and help him or her find peace and be successful.

How common is FASD?

"Fetal Alcohol Spectrum Disorders (FASD) is the number one cause of intellectual disability and learning disabilities in the United States. Although other birth defects receive more public attention and funding, FASD has the largest incidence of any birth defect in the United States," (www.mofas.org).

In Minnesota, there are approximately 8500 babies born each year with prenatal exposure to alcohol. On a national level, FASD affects about one in every 100 live births. According to the FASD Center for Excellence, that is more than Autism and Down Syndrome combined (http://fasdcenter.samhsa.gov/documents/WYNK_Numbers.pdf).

FASD is more common than any other birth defect, but it is less known, understood, or addressed in many social, educational, and professional settings. Because of this, a person with FASD may go through many interventions with little improvement before being introduced to and seeking assessment for an FASD diagnosis. As with most disorders, early intervention is the key to success.

What causes FASD?

The Minnesota Organization on Fetal Alcohol Syndrome answers this question in this way:

The only cause of FASD is alcohol use during pregnancy. There is no known safe amount of alcohol to drink during pregnancy. There is also no safe time to drink alcohol during pregnancy. Alcohol can affect the baby every trimester of pregnancy:

Drinking alcohol up to the 13th week of pregnancy can cause:

- severe brain damage;
- problems with the heart, liver and kidneys;
- miscarriage;
- facial malformations.

Drinking alcohol between weeks 14 and 26 can cause:

- brain damage;
- miscarriage;
- damaged muscles, skin, teeth, glands and bones.

Drinking alcohol between weeks 27 and 40 can cause:

- brain and lung damage;
- low birth weight;
- early labor and delivery.

How can a mental health professional help someone with FASD or their caregivers?

The nature and severity of the damage that occurs with FASD varies for every person affected by FASD. This is because alcohol affects whatever part of the brain or other organ that is forming in the child at the time the mother drinks alcohol. Consequently, there cannot be a one-size-fits-all approach to interventions intended to help someone with FASD. A mental health professional who understands this, can work with the person affected by FASD and their caregivers to "think outside the box" and find effective interventions tailored to the person's needs.

A mental health professional can also help people with FASD and their caregivers accept and understand how FASD affects their lives. They can also help them process their personal grief, anger, frustration, and anxiety at the daily stress FASD presents. A mental health professional can be an important ally in finding and advocating for services for the person with FASD.

Most importantly, a mental health professional can provide encouragement and help the person with FASD and his or her caregivers focus on developing the strengths, talents, and skills they have to offer the world and thereby improve their quality of life as well as their caregivers.

Here at Hardy and Stephens Counseling associates we have a licensed mental health professional that specializes in providing care and support for those individuals and families affected by FASD. Please feel free to call and schedule an appt with Nikki Freeman at 763-633-5111.