

HOW FETAL ALCOHOL SPECTRUM DISORDERS CO-OCCUR WITH MENTAL ILLNESS



When I first held this baby in my arms and dared to dream a future for him, an overriding hope flooded my heart that he be known for the quality of his character.

—Sally Caldwell, mother of a teenager with FAS, in *Fantastic Antone Grows Up*

Everyone is born with a certain amount of potential. Reaching it can often be a challenge, especially for people with fetal alcohol spectrum disorders (FASD), who may also have a co-occurring mental illness. A co-occurring disorder exists simultaneously with another disorder. This co-occurring disorder often complicates treatment and interferes with the person's ability to function.

Often, a person with a co-occurring FASD and mental illness is not diagnosed with an FASD. This can cause pain, anger, and frustration. Failure to recognize co-occurring disorders can increase the risk of:

- Misdiagnosis and inappropriate or ineffective treatment
- Unemployment or underemployment
- Low self-esteem
- Psychiatric hospitalization
- Problems in school
- Family and relationship problems
- Homelessness
- Alcohol and drug abuse
- Legal problems
- Premature death (suicide, accident, murder, untreated physical illness)

Recognizing an FASD as a co-occurring disorder can help decrease anger and frustration among individuals, families, providers, and community members. Individuals may feel relieved to have an explanation for their difficulties. Families and communities can understand the nature of the problems and provide support. Service providers can focus on ways to make treatment programs more effective.

WHAT ARE FETAL ALCOHOL SPECTRUM DISORDERS?

Fetal alcohol spectrum disorders (FASD) is an umbrella term describing the range of effects that can occur in an individual who was prenatally exposed to alcohol. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications. FASD is not a diagnostic term used by clinicians.

WHICH DISORDERS CO-OCCUR WITH FASD?

Prenatal alcohol exposure can cause behavioral, cognitive, and psychological problems. Signs and symptoms of FASD are similar to various mental health disorders. In many cases, the signs and symptoms of an FASD go unrecognized or are misdiagnosed as a mental illness or brain injury.

Individuals with an FASD may also receive multiple diagnoses, such as attention deficit/hyperactivity disorder (ADHD), oppositional defiant disorder, and anxiety disorder. Therefore, it is important to determine if the signs and symptoms are a result of prenatal alcohol exposure.

If an FASD is unrecognized, treatments may be ineffective. When the best possible diagnostic and treatment methods do not work, consider the possibility of an FASD. You may want to seek an FASD assessment, including neuro-psychological tests, by a clinician familiar with FASD.

FASD can co-occur with many disorders, such as:

- Major depressive disorder
- Psychotic disorders
- Autism or Asperger's syndrome
- Bipolar disorder
- Personality disorders
- Substance use disorders
- Schizophrenia
- Conduct disorder
- Reactive attachment disorder
- Posttraumatic stress disorder
- Traumatic brain injury

WHAT YOU NEED TO KNOW



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov



SAMHSA
Fetal Alcohol Spectrum Disorders
Center for Excellence

Some conditions, such as reactive attachment disorder, may result from frequent changes in home placement and other environmental factors.

In addition, FASD can lead to many of the psychosocial stressors noted in the *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV)*, such as:

- Educational problems
- Occupational problems
- Financial problems
- Legal problems
- Problems with relationships

The DSM-IV has no codes for fetal alcohol spectrum disorders. For insurance purposes, providers may list a co-occurring mental illness as the primary diagnosis. Regardless of which diagnostic code is used, an FASD must be seriously considered when developing an individual's treatment plan.

HOW CAN WE RECOGNIZE CO-OCCURRING CONDITIONS?

Co-occurring disorders among persons with an FASD may occur more often in those with a family history of mental health disorders. Some conditions, such as schizophrenia, mood disorders, and ADHD, have genetic vulnerability.

Because persons with an FASD are likely to have co-occurring conditions, getting an accurate diagnosis is critical. A thorough diagnostic workup should be completed, including:

- Maternal alcohol history
- Medical and family history, including information such as head circumference and length of eye openings, illness, seizure disorders, and coordination problems
- Individual and family mental health history
- Evaluation of any developmental disabilities
- Thorough medical evaluation
- Neuropsychological tests
- Adaptive functioning tests
- Psychiatric evaluation

The cognitive impairments in FASD can hinder the ability to succeed in treatment. Such impairments include:

- Difficulty following multiple directions at home, school, work, and treatment settings.

- Difficulty participating in treatment that requires receptive language skills, such as group therapy, 12 step programs, and motivational interviewing.
- Difficulty processing information outside sessions and applying what they have learned (e.g., can recite rules but will repeatedly break them because they forget or cannot apply them).
- Tendency to process information very literally (e.g., told to “take a cab home,” one young man stole a cab).
- Difficulty grasping the concept of historic time and future time. Reward systems that involve earning points one week for rewards the next may be ineffective. Punishing people for things they did weeks ago may not produce positive change.

WHAT CAN TREATMENT PERSONNEL DO?

To produce the best outcomes, it is necessary to diagnose and treat all conditions simultaneously. Treatment personnel should avoid over- or underdiagnosing. Communicating with families to get as much information as possible is key to an accurate diagnosis and an effective treatment plan.

Most importantly, treatment personnel can focus on positive outcomes for their clients. Instead of viewing individuals as failing if they do not do well in a program, staff need to view the program as not providing what the individual needs to succeed. Treatment personnel need to investigate the cause of any behavior, such as failure to understand instructions.

Understanding the individual's disorders, needs, and strengths will help in developing an effective approach that enables the person to succeed. Correctly identifying all co-occurring disorders and treating them appropriately can lead to improved outcomes for the individual, family, and service providers.

RESOURCES

American Psychiatric Association. 2000. *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. Text Revision. DSM-IV-TR*. Arlington, VA: APA.

Center for Substance Abuse Prevention. 2005. *What You Need To Know: Understanding Fetal Alcohol Spectrum Disorders: Getting a Diagnosis*. Rockville, MD: Substance Abuse and Mental Health Services Administration. fasdcenter.samhsa.gov
www.stopalcoholabuse.gov

Stop and think. If you're pregnant, don't drink.

For more information, visit fasdcenter.samhsa.gov or call 866-STOPFAS.