Dan Dubovsky, MSW
FASD Specialist
SAMHSA FASD Center for Excellence

2101 Gaither Rd., Ste 600
Rockville, MD U.S. 20850
301-527-6567
dan.dubovsky@ngc.com
www.fasdcenter.samhsa.gov
The Importance of Recognizing All Co-occurring Issues

- 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

• 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

• 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
• 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)

- 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

- Attention-Deficit/Hyperactivity Disorder
- Schizophrenia
- Depression
- Bipolar disorder
- Substance use disorders
Likely Co-occurring DSM Disorders With FASD

- 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

- ADHD
- Oppositional Defiant Disorder
- Conduct Disorder
<table>
<thead>
<tr>
<th>Behavior</th>
<th>Does not complete tasks</th>
<th>Underlying cause for the behavior</th>
<th>Interventions for the behavior</th>
</tr>
</thead>
</table>
| FASD     | • May or may not take in the information  
• Cannot recall the information when needed  
• Cannot remember what to do | • Takes in the information  
• Can recall the information when needed  
• Gets distracted | Provide one direction at a time |
| ADHD     | • Takes in the information  
• Can recall the information when needed | • Takes in the information  
• Can recall the information when needed  
• Chooses not to do what they are told | Limit stimuli and provide cues |
| ODD      | • Takes in the information  
• Can recall the information when needed | • Takes in the information  
• Can recall the information when needed  
• Chooses not to do what they are told | Provide positive sense of control, limits, and consequences |
Possible Misdiagnoses for Individuals With an FASD

- 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

- 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

• 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

• 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