

THE IMPACT OF FETAL ALCOHOL SPECTRUM DISORDERS ON DRUG & ALCOHOL ADDICTION AND TREATMENT

FASd Estimated Incidence Rate: 9.1/1,000 live births
(Sampson et al, Teratology 56:317-326, 1997)

Incidence rates surpass Down Syndrome and Spina Bifida (WHO)

What are Fetal Alcohol Spectrum Disorders?

The diagnosis of Fetal Alcohol Syndrome (FAS) is based on a triad of features:

- Pre-and/or post-natal growth deficiency;
- A distinct pattern of craniofacial malformations; and
- Brain and Central Nervous System (CNS) dysfunction.

(Mattson & Riley in Streissguth & Kanter, 1998)

All three criteria must be confirmed for a diagnosis of FAS. However, there are also many children who lack the facial features of FAS but who have confirmed histories of prenatal alcohol exposure and have serious behavioural and cognitive deficits. These are sometimes referred to as any one of the following:

- FAE – Fetal Alcohol Effects (A general term used to describe individuals who have some but not all of the characteristic features of FAS. Currently researchers discourage the use of FAE because of the confusion and clinical problems it creates.)
- ARBD - Alcohol related birth defects or disorders.
- ARND - Alcohol related neurodevelopmental disorder.

Primary Characteristics

Adolescents / Young Adults

- Problems with cause and effect relationships and impulse control
- Problems with the ability to generalise information
- Problems with understanding concepts and abstract thought
- Problems with perseverative behaviour
- Problems with the ability to conceptualise, internalise and structure time
- Problems with short term memory
- Problems in all areas of processing information, particularly auditory
- Unable, not unwilling to take responsibility for their actions
- Volatility - rage and strong emotions
- Still in need of limits and protection because of their deficits in reasoning, judgement and memory

Universal Protective Factors For Secondary Disabilities

(In order of their strength)

- Living in a stable nurturing home for over 72% of life
- Being diagnosed before the age of 6
- Never having experienced violence against oneself
- Staying in each living situation for an average of more than 2.8 years
- Experiencing a good quality home (10 or more of 12 good qualities) for age 8-12 years
- Having applied for and been found eligible for disability support services
- Having a diagnosis of FAS rather than FAE or ARND
- Having basic needs met for at least 13% of life

Secondary disability study undertaken by Streissguth (1997)

Secondary Disabilities

In a secondary disability study undertaken by Streissguth (1997) of 415 individuals with FASd between the ages of 12 and 51:

- **30% experienced alcohol/drug problems.**
- **50% were or had been confined in prison, drug and alcohol treatment centres or mental institutions**
- 90% had mental health problems
- 60% had 'disrupted school experience'
- 60% experienced trouble with the law
- 50% had exhibited inappropriate sexual behaviour

FASd could be the root cause of drug and alcohol addiction in some young people

Preventable Secondary Disabilities

Without diagnosis and appropriate interventions, longitudinal studies demonstrate that many children with Fetal Alcohol Spectrum Disorders (FASd) will develop secondary disabilities.

Drug & Alcohol Treatment of Adolescents & Adults Impaired by Fetal Alcohol Spectrum Disorders

- In South Australia many individuals with a Fetal Alcohol Spectrum Disorder (FASd) may not be diagnosed.
- Affected individuals often appear normal during routine assessment, however they may have impaired judgement, problems linking cause and effect, memory deficits or inability to think in abstract terms.
- For successful treatment, health professionals must be trained in the core disability issues of FASd.
- Diagnosis (at any time, but preferably before the age of six) is pivotal to successful intervention.
- If clients with FASd go unrecognised, treatment failure is almost certainly guaranteed.
- These clients require psychological testing for assessment for disability support. Although their IQs may be normal, their adaptive behaviours could be severely impaired. FASd is a lifelong disability.

(From: Thoughts on Treatment of Adults and Adolescents Impaired by Fetal Alcohol Exposure: Novick, Natalie J, PhD and Steissguth, Anne P, PhD 1995)

Successful Interventions


- Mentoring one on one treatment
- Individual therapy specifically designed to address treatment issues in a more structured way
- Cognitive-behavioural approaches specifically tailored to accommodate the judgement and organisational problems of the client identified with FASd
- Use of consistent rules and strategies that guide and structure behaviour in any situation
- Role playing to teach emotional control
- Involvement of family in treatment – this is critical to ensure adequate understanding and support for continued behaviour change
- Professional aftercare support for both family and individual

(From: Thoughts on Treatment of Adults and Adolescents Impaired by Fetal Alcohol Exposure: Novick, Natalie J, PhD and Steissguth, Anne P, PhD 1995)


What Doesn't Work

- Traditional group or milieu therapy – may be disorienting and upsetting to clients with FASd due to their difficulty with boundaries, emotional control and suggestibility
- Insight oriented treatment – this often is lost on individuals with FASd
- Treatment that relies on a clients ability to generalise what he or she learns in treatment and modify behaviour accordingly

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of drug and alcohol addiction
in some young people***





Less Alcohol is better,
but no Alcohol is the safest
choice for a healthy pregnancy

For Further Information

NOFASARD

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Related Disorders**

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