

HOW FETAL ALCOHOL SPECTRUM DISORDERS CO-OCCUR WITH MENTAL ILLNESS



Even though diagnoses of FAS and FAE are not common in the mental health field, mental health problems are the most prevalent secondary disability that afflict individuals with FAS.¹

—Ann Streissguth, *in* Fetal Alcohol Syndrome

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.

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.

WHAT ARE CO-OCCURRING DISORDERS?

Co-occurring disorders is the term used when an individual has both a mental illness as well as a drug or alcohol abuse-related disorder.² A person with an FASD who is also diagnosed with a mental illness is said to have a co-occurring disorder.

FASD AND CO-OCCURRING DISORDERS: WHAT ARE THE RISKS?

Often, a person with a co-occurring FASD and mental illness is not diagnosed with an FASD. This can cause anger and frustration. Failure to recognize co-occurring disorders can increase the risk of:³

- Misdiagnosis or inappropriate treatment
- Unemployment or underemployment
- Psychiatric hospitalization
- Family, school, and relationship problems
- Homelessness
- Alcohol and drug abuse
- Legal problems
- Premature death (suicide, accident, murder)

Recognizing an FASD as a co-occurring disorder can help decrease anger and frustration among individuals, families, and providers. Individuals may be relieved to have an explanation for their difficulties. Families can understand

the nature of the problems and provide support. Service providers can focus on ways to make treatment programs more effective.

WHICH DISORDERS CO-OCCUR WITH FASD?

Prenatal alcohol exposure can cause behavioral, cognitive, and psychological problems. Signs and symptoms of an FASD are similar to some mental illnesses. 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 whether the symptoms are a result of prenatal alcohol exposure or have another root cause.

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. An FASD assessment may be in order, including neuropsychological tests, by a clinician familiar with FASD. FASD can co-occur with many disorders, such as:

- Major depressive or bipolar disorder
- Psychotic disorders
- Autism or Asperger's syndrome
- Schizophrenia
- Personality or conduct disorders
- Reactive attachment disorder
- Traumatic brain injury

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



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

- Educational problems
- Occupational problems
- Financial problems
- Legal problems
- Relationship problems

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 individuals with a family history of mental illness than those in families without such history.³ Some conditions, such as schizophrenia, mood disorders, and ADHD, have genetic vulnerability.⁵

Because persons with an FASD are likely to have co-occurring conditions, getting an accurate diagnosis is critical.³ A thorough diagnostic workup should be completed, including:

- Maternal alcohol history
- Medical history, including information such as head circumference and length of eye openings, seizures, and poor coordination
- Individual and family mental health history
- Evaluation of any developmental disabilities
- Medical and psychiatric evaluation
- Neuropsychological tests
- Adaptive functioning tests

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 or 12-step programs;
- Difficulty processing information outside sessions and applying what they have learned (e.g., can recite rules but repeatedly break them because they forget them);
- Tendency to process information literally (e.g., told to “take a cab home,” one young man stole a cab); and
- 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.

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 effective treatment.

Most importantly, treatment personnel should 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.

REFERENCES

1. Streissguth, A. 1997. *Fetal Alcohol Syndrome, A Guide for Families and Communities*. Baltimore: Paul H Brooks Publishing.
2. Center for Substance Abuse Treatment. 2006. Definitions and Terms Relating to Co-Occurring Disorders. COCE Overview Paper 1. DHHS Publication No. (SMA) 06-4163 Rockville, MD: Substance Abuse and Mental Health Services Administration, and Center for Mental Health Services.
3. Dubovsky, D. Mental Health Disorders in Individuals with FASD: Proper Diagnosis and Treatments. Paper presented at the Alaska FAS Summit 2004, Anchorage AK, March 2004.
4. American Psychiatric Association. 2000. *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. Text Revision. DSM-IV-TR*. Arlington, VA:APA.
5. National Mental Health Association. 2006. When a Parent Has Mental Illness: From Risk to Resiliency—Protective Factors for Children. www1.nmha.org/children/risk.pdf

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

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

www.stopalcoholabuse.gov



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