

So why not drink while pregnant??

- **Brain Damage**
- Invisible (usually), widespread and devastating
- 4 percent of us have some degree of brain damage from exposure to alcohol in the womb (1)
- Such exposure is the single **largest known cause of intellectual disability** (2), although there is a **wide range of severity** (3) .

Why not drink while pregnant? continued...

- Most have IQ's in the normal range, but self-regulation, memory and reasoning are impaired. Behavior looks like "irresponsibility" in adults, "disobedience" in children.
- **From the inside:** A person with FASD feels different, wrong, disappointing, ashamed.

The vast majority of the victims will have **none of the recognizable facial features** of Fetal Alcohol Syndrome(4).



Areas often affected by prenatal alcohol damage

- . Symptoms of Attention Deficit/Hyperactivity Disorder
- . Neuromotor impairment
- . Executive functioning
- . Speech problems

If not identified and treated appropriately

Secondary Disabilities

- . **Mental Illness:** 94%
- . **Expulsion or Dropout from School:** 70%
- . **Trouble with the Law:** 60%
- . **Inappropriate Sexual Behavior:** 50%
- . **Dependent Living:** 80%
(inability to live on one's own)

Drinking During Pregnancy is Common and Dangerous

- . **One out of ten babies** born in California in 1992 had alcohol in their systems **at the time of birth** - *this doesn't count the babies exposed during the rest of the pregnancy.* (7)
- . **One drink can cause impaired cell adhesion:** migrating brain cells slip off their destination.(8)

Citations can be found on the www.FASDNorCal.org Resources page, under "Fact Sheet"

How does this damage happen?

- **Three drunks:** cell migration, cell adhesion, apoptosis
- Exacerbating and protective factors
- Fathers' contribution
- Timing
- How much does it take?

How Much Does FASD Cost?

- 1988 estimate \$2 million over a person's lifetime
- Santa Clara County population = 1,894,605
- Births projected for 2014 = 25,874
- So this means, in rounded numbers:**
- Total population of Santa Clara County is almost 2 million:
4% FASD = 80,000 people x \$2 Million over lifetime: **\$160B**
- Added in 2014 of 25,000 births, 4% FASD = 1,000 babies x \$2Million lifetime.
Fiscal impact to services over a lifetime: **\$2 Billion ...**
and each population year thereafter ...

What makes FASD cost so much?

- Birth complications
- CPS involvement/foster care/group homes
- Emergency-related services
- Police
- Drug/Alcohol Treatment
- Homelessness
- Mental health
- Special Education Therapies
- Legal costs/ court/ probation/lawyers
- Incarceration costs
Public assistance

Recognizing FASD

Video by Lyn Laboriel

Behavioral Screening

<http://fasdexperts.com/Screening.shtml>

http://www.fasdnorcal.org/upload/60_NeurobehaviouralScreeningToolEN.pdf

Diagnosis

- . Brief history and nomenclature
- . UW dx 4-digit code
- . Current DSM V codes 315.8. 315.9
- . ND-PAE in Chapter III of DSM (recommended)

DSM-5 Criteria for Neurobehavioral Disorder associated with Prenatal Alcohol Exposure (ND-PAE)

- Exposed to alcohol at any time during gestation
- Neurocognitive impairment
- Impaired self regulation
- Impaired adaptive functioning
- Since before the age of 18

A

- Exposed to alcohol **at any time** during gestation, **including prior to pregnancy recognition**, and the exposure level was more than minimal

Minimal = no more than 13 drinks in any one month
and
no more than two drinks on any drinking occasion

A continued...

- Confirmation of gestational exposure to alcohol may be obtained from any of the following sources:
 - maternal self report of alcohol use in pregnancy
 - collateral reports
 - medical or other records.

B

- 1. Impaired neurocognitive functioning as manifested by one or more of the following:
 - a. Impairment in global intellect
 - b. Impairment in executive functioning
 - c. Impairment in learning
 - d. Memory impairment
 - e. Impairment in visual-spatial reasoning

C

- Impaired self-regulation as manifested by one or more of the following:**
- 1. Mood or behavior
 - 2. Attention
 - 3. Impulse control

D

- Impairments in adaptive functioning in two or more of the following, including at least either (1) or (2):**
- 1. Language
 - 2. Social communication and interaction
 - 3. Daily living skills
 - 4. Motor skills

E

The onset of the disturbance (symptoms in Criteria B, C, and D) is before 18 years of age.

F

The disturbance causes clinically significant distress or impairment in social, academic, occupational, or other important areas of functioning.

G

The disturbance is not better explained by the direct physiological effects associated with:

- . postnatal use of a substance (e.g., medication, alcohol or other drugs),
- . another medical condition (e.g., traumatic brain injury, delirium, dementia)

Making Life Better for People with FASD

“Identification is the most effective intervention”

Ann Streissguth
University of Washington

General Overarching Principles

- 180 degree shift follows (if supported!)--not “won't”, but “can't”= most difficult
- Physical disability with behavioral manifestations
- Think young, think neurodevelopment

Children and Families

<http://www.fasalaska.com/8keys.html>

Eight Magic Keys

Concrete	Simplicity
Consistency	Specific
Repetition	Structure
Routine	Supervision

In Clinical Practice:
 Mental Health, Social work, Substance Use

Relationship with other diagnoses

<http://www.fasdnorcal.org/upload/OverlappingCharacteristics.pdf>

Discrepancies between expectations ... and reality:

- . Speech
- . Appearance
- . Intention
- . Priorities
- . Promises
- . Walk vs. Talk

You may also see ...

- . **Time:** Time is elastic, difficult to estimate or sense. Often late or early, surprised when “the time comes”.
- . **Money:** Subject to the moment—with money in her pocket, the person feels like a rich person; when it is gone, she is mystified about where it all went (more than most of us).

What you may see continued

- **Relationships:** Also subject to the moment—in good moods, relationship is valued, sometimes excessively depended on.

In bad moods, the relationship is “trash”.
 (So yes, this does look like Borderline Personality Disorder)

Logic/Executive Functioning

- Big picture: Can’t see the forest for the trees, overwhelmed by—and stuck on—details.
- Black or white, no shades of gray: The most salient reality is that which carries the most emotion right now, and is absolute.
- Cause and effect
- Remembering past, imagining future
- Priorities
- “Stinking thinking”

Emotions

- Easily triggered: Big reactions (usually negative) to small things, especially when there is a change from the predictable or expected.
- Hijacked cognitive circuitry: Already vulnerable logic goes out the window in the presence of emotion
- Acting out: Emotions are not readily identified or articulated—more likely instantly translated to action.

Memory

- **Information:** Memory for facts often much better than for actions or intentions.
- **Spotty:** Some things crystal clear, others distorted or missing
- **Central:** Memory problems are at the center of much of the person's difficulty

Neuromotor

- Fine motor coordination
- Oversensitive or Undersensitive
- Overstimulation/Drivenness
- Clumsiness

Immaturity

- In comprehension, reasoning, impulse control, emotional and other regulation
- Tastes, activities, social preferences
- Sexuality—younger partners, easily victimized.

Tailoring Your Approach

In order for therapeutic work to take place, the Central Nervous System must be managed:

- Keep stress and confusion down
- Simplify life
- Find "external brain" wherever possible
- Sleep, nutrition, exercise more important than with most people
- Help person become aware of strengths and limitations
- Meds will address some symptoms, though FASD makes this less predictable

Stay grounded!

Addressing those discrepancies between expectations and reality

- Don't take what the person says as gospel.
- Set yourselves up for success.
- Think NEURO
- Stay away from general or abstract advice... even profoundly wise advice
- SELF ADVOCACY

Managing Life Details

- **Recruit External Brain to help counter memory impairment**
- Check on nutrition, sleep, exercise, play—make it central to your work.
- Help client with shame around asking for help.

Managing Life Details *continued*

- **Do not set person up to lie.**
 (“Why did you”...“What happened then”)
 Help the person really **acknowledge** memory issues—with humor, support and respect for whatever internal and external turmoil these issues have caused.
- **Money** — get bills on auto-pay.

Logic/Executive Functioning

- **ALWAYS keep in mind:** young, illogical - or very young logic.
- **Stay concrete:** Don't get hooked into arguments or recitations. Clear, simple and brief is best.
- Try to **gently connect cause and effect.**
- **Reinforce** – celebrate - moments of logic, delayed gratification, emotional self-control.

Emotions

- **Name emotions,** help client gain skill at recognizing feelings.
- Make sure **your half** of the relationship between you stays calm. Remember **mutual regulation - extra true** with the skittish CNS of FASD.
- Try to help client **predict and notice** bumps in the road.

Emotions *continued*

- Teach calming techniques (simple slow breathing has been a favorite).
- Other alternative techniques recommended: yoga, reiki, drumming, singing—esp. in group

Neuromotor

- **Look for - and name, sympathetically** - issues with coordination, sensory integration, drivenness. (This may be the first time these aspects have NOT been a source of shame, but rather understanding.)
- **Strategize sensory remedies** (examples: carry heavy things to calm agitation; chew gum to organize energy; stay away from crowded places to avoid overwhelm)
- **Foster self-advocacy** - gradually help person to **recognize** regulatory states and to **practice** remedies.

Immaturity

- Put **behavior into context of a much younger person** - try to assign a behavioral age (in your own mind). Try to **find a balance** between **respect for the individual** and the fact of **much younger functioning**. (Example: even tough adults with FASD seem to love stuffed animals.)
- If appropriate for the relationship, **address sexuality**, including birth control, masturbation and victimization.
- Remember everything you know about **trauma!**
