

Recognizing Fetal Alcohol Spectrum Disorders in Children with Challenging Behaviors to Reduce ACES

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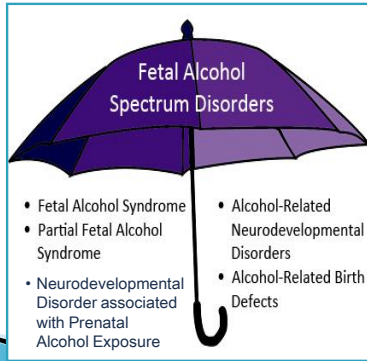
Fetal Alcohol Spectrum Disorders (FASD)

- ▶ FASD is a spectrum of disorders
- ▶ There is a wide range of intellectual capabilities in individuals with an FASD
- ▶ There is a wide range of disabilities due to prenatal alcohol exposure, from mild to severe
- ▶ There is no way to predict how much alcohol will cause how much damage in any individual
- ▶ There are many different ways that the disabilities of FASD are manifested



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Words Matter!



Fetal Alcohol Spectrum Disorders (FASD)

- ▶ Behavior often appears to be purposeful
- ▶ Typical approaches to “difficult” behaviors often don’t work
- ▶ Many individuals with an FASD have other difficulties
 - One cannot categorically say that all behavior is due to the FASD
- ▶ Not all children prenatally exposed to alcohol have an FASD, but the spectrum of FASD causes brain damage

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Incidence and Prevalence of FASD

- ▶ The range of FASD is more common than disorders such as Autism and Down Syndrome
 - Generally accepted incidence of FASD in North America has been 1 in 100 live births
 - Recent studies are identifying a prevalence of between 2% and 5% (1 in 50 to 1 in 20)
 - Much higher percentage in systems of care
 - Majority undiagnosed

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Consequences of Not Recognizing an FASD in an Individual

- ▶ Many moves as children
- ▶ Repeated abuse and trauma
- ▶ Fail with typical education, parenting, treatment, justice, vocational, and housing approaches
- ▶ Think they are “bad” or “stupid”
- ▶ High risk of being homeless, in jail, or dead as they get older



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How Outcomes Can Be Improved by Recognizing an FASD

- ▶ The individual is seen as having a disability
- ▶ Frustration and anger are reduced by recognizing behavior is due to brain damage
- ▶ Abuse and trauma can be decreased or avoided
- ▶ Approaches can be modified
- ▶ Diagnoses can be questioned



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Consequences of Not Recognizing an FASD in a Caregiver

- ▶ Labeled as neglectful, uncaring, or sabotaging
- ▶ Removal of their children from their care
- ▶ Fail to follow through with multiple instructions
- ▶ Parental rights are terminated
- ▶ Woman may have another alcohol exposed pregnancy



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Challenges for Individuals in Recognizing FASD

- ▶ Recognizing an FASD challenges the basic tenets of interactions with people
 - That people need to take responsibility for their actions
 - That people learn by experiencing the consequences of their actions
 - That people are in control of their behavior
 - That enabling and fostering dependency are to be avoided
 - A person has to learn to do things on her or his own because that's the real world



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Challenges in Recognizing FASD

- ▶ Our values and biases may come into play
 - About behaviors
 - About drinking during pregnancy
- ▶ It may bring up issues in our own lives
- ▶ It means re-examining our practices
- ▶ It is easier to view the person as having the responsibility to change
- ▶ We need to treat everyone the same



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Challenges in Recognizing FASD

- ▶ Because of the brain processing issues in FASD, many of these individuals do not learn by experiencing the consequences of their actions
 - Natural consequences are often ineffective and may put the person at risk of being repeatedly homeless, repeatedly in jail, or dead
 - However, this is the basis of many of our approaches



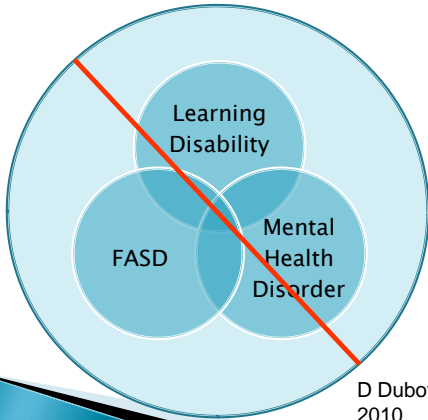
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Challenges in Recognizing FASD

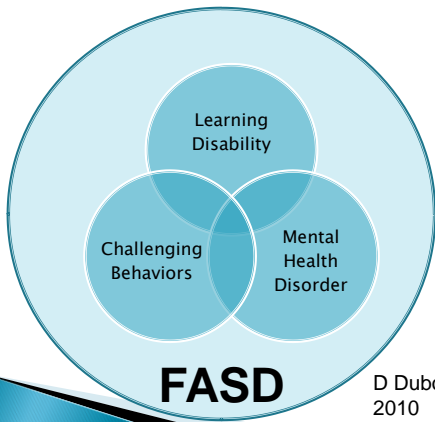
- ▶ In order to improve outcomes, the concepts of dependency and enabling as negative terms need to be re-thought
 - Taking someone to their appointment, checking on the person regularly, or filling out forms with them may be what the person needs
- ▶ Treatment of co-occurring issues must be different if a person also has an FASD



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D Dubovsky 2010
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D Dubovsky 2010
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Possible Misdiagnoses for Individuals with an FASD

- ▶ ADHD
- ▶ Oppositional Defiant Disorder
- ▶ Conduct Disorder



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Comparing FASD, ADHD and ODD (D Dubovsky 2002)

	FASD	ADHD	ODD
Behavior	Does not complete tasks		
Underlying cause for the behavior	<ul style="list-style-type: none"> •May or may not take in the information •Cannot recall the information when needed •Cannot remember what to do 	<ul style="list-style-type: none"> •Takes in the information •Can recall the information when needed •Gets distracted 	<ul style="list-style-type: none"> •Takes in the information •Can recall the information when needed •Chooses not to do what they are told
Interventions for the behavior	Provide one direction at a time	Limit stimuli and provide cues	Provide positive sense of control, limits, and consequences

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Common Misdiagnoses for Individuals with an FASD

- ▶ Adolescent depression
- ▶ Bipolar disorder
- ▶ Intermittent Explosive Disorder
- ▶ Autism/High Functioning Autism
- ▶ Reactive Attachment Disorder
- ▶ Traumatic Brain Injury
- ▶ Antisocial Personality Disorder
- ▶ Borderline Personality Disorder



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Similarities Between FASD and Autism

- ▶ Both are developmental disabilities
- ▶ Both affect normal brain function, development, and social interaction
- ▶ In both, the individual often has difficulty developing peer relationships
- ▶ In both, there is often difficulty with the give and take of social interactions
- ▶ In both, there are impairments in the use and understanding of body language to regulate social interaction

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Similarities Between FASD and Autism

- ▶ In both, there is difficulty expressing needs and wants, verbally and/or non-verbally
- ▶ A short attention span is often seen in individuals with Autism and an FASD
- ▶ In both, we may see an abnormal sensitivity to sensory stimuli, including an over- or under-sensitivity to pain

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Differences Between FASD and Autism

FASD	Autism
Occurs as often in males as in females	Occurs in males 4 times as often as in females
Able to relate to others	Difficult or impossible to relate to others in a meaningful way
Restricted patterns are not commonly seen	Restricted patterns of behavior, interests, and activities as a core area
Verbal communication may be slow to develop but is not commonly significantly impaired	Difficulty in verbal and non-verbal communication

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Differences Between FASD and Autism

FASD	Autism
Difficulties begin at birth	Difficulties may begin after a period of normal growth
Difficulty in verbal receptive language; expressive language is more intact as the person ages	Difficulty in both expressive and receptive language
Spoken language is typical	Some do not develop spoken language
Spontaneously talkative	Robotic, formal speech
Echolalia not common	Echolalia-repeating words or phrases
Stereotyped movements not seen	Stereotyped movements

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Differences Between FASD and Autism

FASD	Autism
Ritualistic behaviors not commonly seen	Ritualistic behaviors
Repetitive body movements not seen; may have fine and gross motor coordination and/or balance problems	Repetitive body movements e.g., hand flapping, and/or abnormal posture e.g., toe walking
Social and outgoing	Remaining aloof; preferring to be alone
Difficulty with change and transition	Inflexibility related to routines and rituals
Can share enjoyment and laughter	Lack of spontaneous sharing of enjoyment

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Differences Between FASD and Autism

FASD	Autism
Can express a range of emotion	Restricted in emotional expression
Funny; good sense of humor	Difficulty expressing humor
Microcephaly more common	Macrocephaly more common

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Importance of Understanding Normal Child and Adolescent Development

- ▶ Everyone experiences developmental stages although they may not occur at “typical” times
- ▶ When someone has a disability, all behavior is typically seen as part of their disability
- ▶ If a person has behavioral issues, we often do not stop to consider whether some of the person’s behaviors might be “normal” for a certain developmental stage, regardless of the person’s chronological age

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Importance of Understanding Normal Child and Adolescent Development

- ▶ If we consider normal developmental issues at all, we usually only focus on the person’s chronological age
- ▶ Development is important to consider no matter what the age of the person with whom you are dealing
- ▶ We need to ask “what age does this behavior look like (or feel like)?”
- ▶ Physical aggression is part of normal development until age 2 ½

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Importance of Understanding Normal Child and Adolescent Development

- ▶ Knowledge of this helps alter our approach
 - We can begin to separate out “normal” behaviors and not respond to them as “the beginning of the end”
 - We can help the person work through some developmental issues from earlier in their life
- ▶ We need to ask “what age does this behavior look like (or feel like)?”
- ▶ We need to recognize developmental issues for those with an FASD

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Child & Adolescent Development Issues in FASD (Age 0–18 months)

Normal Development	FASD
Rapid brain development	Smaller brain; medical difficulties (e.g., failure to thrive); possible effects of alcohol in breastfeeding
Birth weight triples by 12 months	Growth deficiencies
Walking (12-15 months)	Possible delays in gross and fine motor skills
Language development	Delayed development of language
Development of secure attachment	Early attachment problems; inconsistent care giving; placement outside the home (another home, hospital)
Forming trusting relationships	

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Child & Adolescent Development Issues in FASD (Age 18–36 months)

Normal Development	FASD
Brain approaches final size	Brain may be smaller in size
Affect regulation; using words rather than actions	Due to early inconsistencies, may not have ability to regulate affect
Development of reality testing	Impaired reality testing
Continued language development; learning words for actions and objects	Delayed development of pretend play and development
Reduction of aggression (about 30 months)	Inability to substitute words for actions; no decrease in aggression

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Child & Adolescent Development Issues in FASD (Age 3–6 years)

Normal Development	FASD
Continued development of brain	
Maturation of gross and fine motor skills	Difficulty with gross and fine motor coordination
Increase in imagination and creativity	Inability to entertain oneself
Increasing independence and school	Spontaneous anxiety and fears
Increased socialization	Difficulties with affect regulation; lack of positive school experiences

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Brain Damage in FASD

- ▶ Prenatal alcohol exposure leading to an FASD causes brain damage
- ▶ Behaviors are often due to brain damage
- ▶ Behaviors often appear to be purposeful and willful when they are not
- ▶ Understanding the brain damage helps us understand the behaviors and develop appropriate interventions
 - Typical approaches such as evidence based practices will not be effective due to brain functioning

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MRI, MRS, and fMRI Study Findings

Susan Astley (2009)

- ▶ Those with prenatal alcohol exposure scored significantly poorer on the two-back test
 - The level of activation in the Dorsolateral Prefrontal Cortex was significantly less in those with an FASD
 - This is a measure of working memory
- ▶ Implications for working with those with an FASD

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Recent Animal Studies on Anxiety

Joanne Weinberg (2008)

- ▶ The body deals with stress and anxiety through the amygdala and the hypothalamus-pituitary-adrenal (HPA) axis
- ▶ Prenatal alcohol exposure affects the body's response to stress and anxiety
 - The HPA axis over-responds to minor stressors with an over-release of cortisol
- ▶ Implications for working with those with an FASD

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What to Expect from a Person with an FASD

- ▶ Friendly
- ▶ Talkative
- ▶ Strong desire to be liked
- ▶ Desire to be helpful
- ▶ Naïve and gullible
- ▶ Difficulty identifying dangerous people or situations
- ▶ Difficulty following multiple directions/rules
- ▶ Model the behavior of those around them
- ▶ Literal thinking

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Difficulties with Literal Thinking

- ▶ Do "exactly" as told
- ▶ Difficulty with predicting consequences
- ▶ Difficulty with the sense of time
- ▶ Difficulty with a sense of space
- ▶ Difficulty in reward/consequence systems
- ▶ Difficulty managing money
- ▶ Difficulty with sarcasm, joking, similes, metaphors, proverbs, idiomatic expressions

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Sayings That May Be Misinterpreted

- ▶ Clean your desk/area/room
- ▶ Take a shower
- ▶ Go take a hike
- ▶ Go to your room and think about what you did wrong
- ▶ Behave yourself
- ▶ Come over anytime
- ▶ Don't drink and drive
- ▶ Follow the rules
- ▶ Do what I told you to do

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Language Issues in FASD

- ▶ Early language development often delayed
- ▶ Often very verbal as adults
- ▶ Verbal receptive language is more impaired than verbal expressive language
- ▶ Verbal receptive language is the basis of most of our interactions with people



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Situations That Rely on Verbal Receptive Language Processing

- ▶ Parenting techniques
- ▶ Elementary and secondary education
- ▶ Child welfare
- ▶ Judicial system
- ▶ Treatment
 - Motivational interviewing
 - Cognitive behavioral therapy
 - Group therapy
 - AA/NA groups



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Resources

- ▶ SAMHSA FASD Center for Excellence: fasdcenter.samhsa.gov
- ▶ Centers for Disease Control and Prevention FAS Prevention Team: www.cdc.gov/ncbddd/fas
- ▶ National Institute on Alcohol Abuse and Alcoholism (NIAAA): www.niaaa.nih.gov/
- ▶ National Organization on Fetal Alcohol Syndrome (NOFAS): www.nofas.org
- ▶ These sites link to many other Web sites



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