

Addiction in Adults with FASD

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Keeping in mind that each person with FASD is unique in terms of temperament, life experiences, and capabilities, it is clear that adults with FASD are more vulnerable to developing addictions. Their lives are stressful due to many factors that have been beyond their control. For example, the differences in their brain function, attachments issues, genetics, difficulties with social judgment, learning difficulties, executive function, social isolation, and increase risk of mental health problems contribute to their vulnerability to addictions.

As we now know much more about the protective factors that will reduce stress and increase a sense of capacity for people with FASD, we can create an environment which lends to a greater sense of security and support for reducing the risk of addiction and increasing the success of treatment. If we listen to the person and develop a trust relationship over a long time then we can support them in getting their needs met in a manner that provides consistency of care, if necessary, over their life time. This will include a focus on nutrition, sleep, housing options, peer relationships, a sense of community and meaningfulness in their lives. For example safe, supported housing is extremely important in caring for people with FASD and addictions, particularly for youth who may not be able to live at home at this time in their life and require a structured, secure FASD informed environment with appropriate peer role models so they can progress and increase the chances of returning to their family.

FASD-informed, long term mental health care and crafted approaches to addiction treatment that take into account the differences that are required for communication and treatment are necessary in order to meet the needs of individuals who have so often been misunderstood, dismissed and disheartened by process that seems on the surface to be adequate but does not address the unique challenges of a person living with FASD.

Family support also needs to focus on FASD differences with those who are organizing treatment needing to understand and support the family while benefitting from listening to the experiences and knowledge of the family and the individual with FASD in order to create a treatment program specifically suited to the individual.

There is not a template that works for all. Health care professionals need to focus on the special strengths of the person with FASD while always being aware of the differences that make them more vulnerable but that can be attended to if they adjust care to meet their unique needs.