

Swimming Against the Current

Understanding FASD & Mental Health

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- <https://www.youtube.com/watch?v=1Ewgu369Jw>

Bréne Brown: "Empathy vs Sympathy"

Swimming Against The Current: Understanding FASD & Mental Health



Learning Objectives

- Gain and understanding of commonly occurring mental health issues over the life span of a person living with FASD.
- Understand the impact of chronic and traumatic stress for the individual living with FASD.
- Explore how mental health impacts the provision of support and care for those living with FASD and their families.
- Learn what approaches may be better suited to improve the emotional health and well being of those living with FASD and mental health.

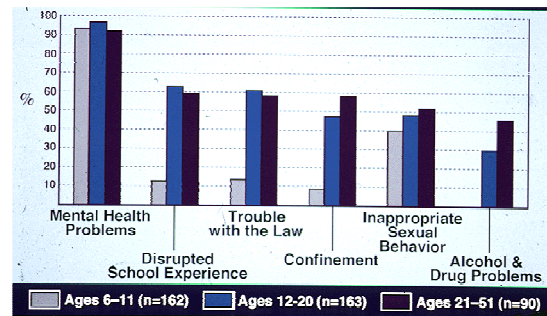
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- Streissguth et al. (1996). Longitudinal Study of FASD over the lifespan.
 - Interaction between the primary effects of alcohol exposure & the environment – “Secondary Disabilities”

Over 90% have co-occurring mental health issues.

High prevalence findings continue to be supported in the research literature (Clark et al. (2004), O'Connor & Paley (2009), Pei et al. (2011).



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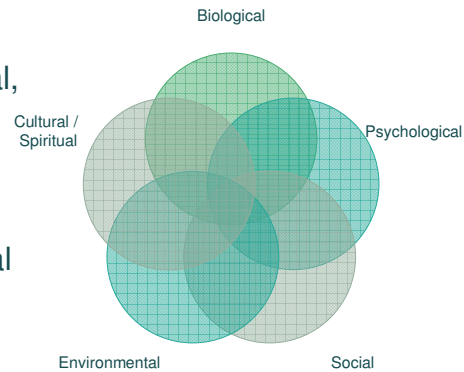
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- Occurs across the lifespan (children, youth, adolescents)
- Can occur regardless of severity on the FAS spectrum or IQ. However these factors are related to risk.
- Differential diagnoses is important – FASD is not a mental health Dx, and the symptoms / indicators can present like mental health disorders.
- Similarly, individuals with FASD may have an unrecognized mental health issue that remains untreated.

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- Complex interaction of biological, psychological, social, environmental, spiritual basis of mental health issues.
- Impact on risk of developing mental health dx.



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Environmental / Social Risk Factors

- Stability & quality of living environment
- Primary attachment relationships
- Exposure to post-natal trauma / stressors
- SES
- Access to diagnosis
- Educational experience
- Peer & social support group
- Accessible services provided

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Protective Factors

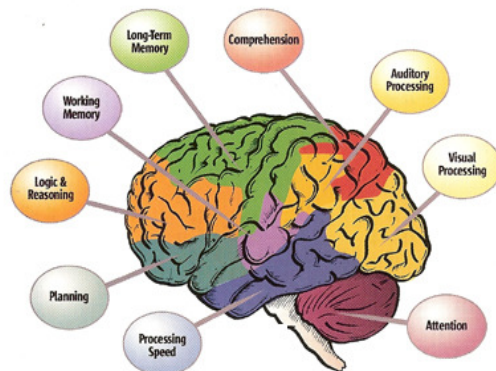
- Early Diagnosis (before age 6 years)
- Diagnosis of Fetal Alcohol Syndrome
- IQ below 70
- High quality positive home environment
- Stability of living arrangement
- No exposure to violence
- Receiving developmental disability services

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FASD & The Brain

- **Corpus Collosum** – Left / Right brain communication. Linked to deficits in attention, intellectual function, reading, learning, executive function.
- **Hippocampus** – Linked to memory and important for mood control / emotion regulation.
- **Cerebellum** – Linked to motor (balance / coordination) and cognitive skills.
- **Frontal Lobes** – Linked to executive function, impulse control, judgement.
- **Basal Ganglia** – Nerve cells linked to motor and cognitive skills, including perception of time concepts, and ability to inhibit behaviours.



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- Studies have shown that PAE alters the neurobiological stress response system. More likely to yield hypersensitive and hyperactive responses.*
- PAE and exposure to adverse life experiences compounds impact on stress response system which persists across lifespan.
- Related to increased risk of anxiety/depression, poor ability to cope with stressors, emotion and behaviour dysregulation, and physical as well as mental health impairments.
- Impact of stress on the family and social support system.

*[Hellemans KG, Verma P, Yoon E, Yu W, Weinberg J. \(2008\)](#); [Comeau WL, et al. \(2015\)](#);

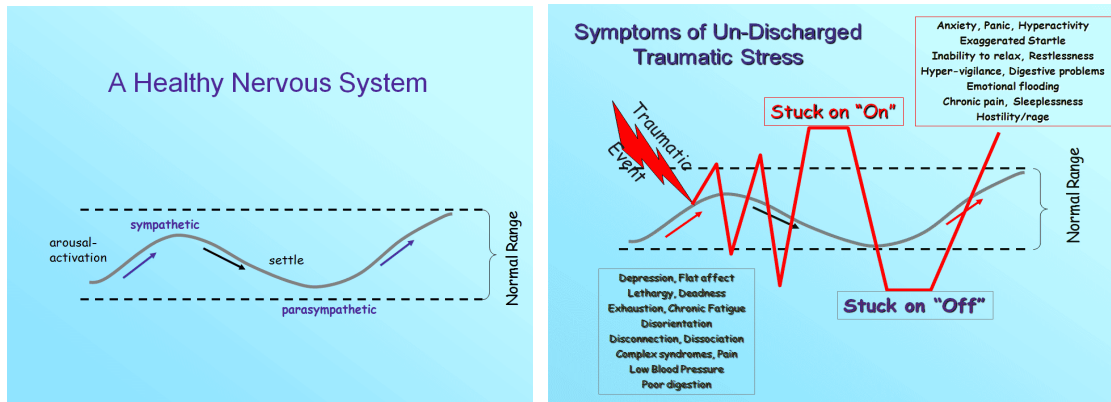
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Neurobiology of Stress

- Stress is an inevitable component of everyone's life, whereas traumatic stress induces an abnormally intense and prolonged stress response.
- The human brain changes with repetition. If the brain is in continuous state of alarm or threat, due to chaotic, hostile, or unpredictable life or work situations - the brain adapts to stay in a "state of alarm", which alters the way we think, feel, and behave.
- **Chronic activation of the stress response - leads to fatigue, exhaustion, amotivation, physical/psychological "wear down".**

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Neurobiology of Stress



Source: <http://www.traumahealing.com/somatic-experiencing/index.html>

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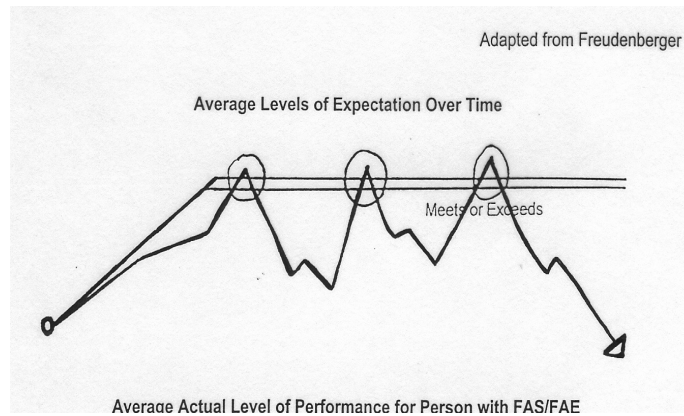
Neurobiology of Stress

"In a child who has experienced chronic threats, the result is a brain that exists in a persisting state of fear". (Bruce Perry & Erin Hambrick, 2008).

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FASD & Performance Over Time (Malbin, 1994)



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- non-compliant and/ or oppositional
- anxious , worried, tense
- angry, agitated, irritable
- withdrawn, depressed
- sleepy / tired in class
- uncomfortable with transitions and change
- easily started by sensory stimuli
- self-destructive or harmful behaviours
- limited and unstable friendships



- distractible / poor attention
- unable to follow directions
- ignoring instructions
- reactive in social relationships
- hyperactivity
- obsessive, perseverative
- flat affect, non-reactive
- inappropriate boundaries
- delinquent behaviours
- compulsive behaviours
- Inconsistent or varied performance

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- children and youth communicate in behavior and **all behaviour has meaning**
- the presentation of the traumatic stress response in young people is behavioral, involuntary and reactive
- young people who have developed in the context of traumatic stress have no perspective of stability to compare their behaviors with, creating major challenges in goal-focused intervention.
- **the behavioural reactions and responses are efforts to cope with the felt or perceived stress and threat however maladaptive.**

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- altered stress response system impacts ability to attend to learning (focus/concentrate, memory, organize and process information, plan and problem solve).
- disconnect among levels of brain processes (thinking, feeling, sensing) can be more apparent and challenging to address
- impacts the ability to cope with seemingly typical daily stressors, which are dependent upon emotion regulation, cognitive appraisal and construction, management of behavioural responses, making sense of self, others, world.
- difficult to interpret and respond to social cues needed to function and cope.

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- hyper-sensitivity to attachment relationships and disruptions in social system and challenged to achieve emotional and relational safety necessary to cope and function.
- responsiveness to intervention approaches can be inconsistent and varied requiring more reinforcement and repetition
- degree of insight and self-awareness is challenged and creates difficulties for incorporation and generalization of concepts and skills learned
- reliance on and sensitivity to external / environmental supports and structure for day-to-day functioning can influence progress

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FASD & Common Mental Health Diagnoses

- Mood Disorders (incl. Depression, Dysthymic, Bipolar)
- Anxiety Disorders
- Psychotic Disorders
- Attention / Activity – ADD / ADHD
- Behavioural Disorders (conduct disorder, oppositional defiance disorder, delinquency, self-harm)
- Personality Disorders (Avoidant, Antisocial, Dependant, Borderline, Schizoid)
- Attachment Disorder
- Addictive Disorders
- Suicide (threats / attempts)
- Trauma

Sources: Clark, E., et al. (2004), Pei, J., et al. (2011), O'Connor, M.J., and Paley, B. (2009), O'Malley, K. (2009).

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challenges of caregiving

- Under-supported and under-resourced
- Difficulties navigating systems and resources
- When co-occurring diagnosis and disability, can result in service denial
- Feelings of isolation and fatigue
- Owns impact on mental and emotional functioning due to the nature of the attachment bond
- Feeling of inadequacy and concerns about your own approaches
- Not understanding what you are seeing
- Compassion fatigue / Vicarious Trauma

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- ***Vicarious trauma is the process of change that happens because you care about other people who have been hurt, and feel committed or responsible to help them. Over time this process can lead to changes in your psychological, physical, and spiritual well-being.***



Source: <http://www.headington-institute.org>

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Common Challenges of Therapeutic Intervention

- Reliance on insight, introspection, and self-direction
- Reliance on verbalization and verbal reasoning skills
- Complex and abstract therapeutic concepts
- Focus on cognitive & meta-cognitive skills (thinking about thinking) to develop insight and bring about change processes
- Focus on past/future time orientations
- Require certain level of social awareness and skills

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Common Challenges of Therapeutic Intervention

- Short term therapeutic processes
- Reliance on memory and recall
- Requires attention, focus, concentration
- Requires ability to self-regulate & modulate emotional responses
- Occurs in isolation, and in artificial and controlled settings
- Client directed and focused, often excluding family system and supports.

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Principles of Effective Mental Health Intervention

Therese Grant (2006)

- **Multi-systemic** (medical care; mental health; school; social service; vocational training agency; social services; family; church)
- **Multi-modal** (individual therapy; family therapy; medication; vocational training/job coaching; case management; support groups)
- **Individualized** (based on comprehensive assessment)
- **Life-span perspective** (sustain the support)
- **Family-based** (involve caregivers/advocates)

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Qualities of FASD Informed Practice:

- understands and values the interdependent relationship
- creates safety (physical/emotional/relational)
- understands the disability and diagnosis, and makes therapeutic accommodations
- practices attunement to the client's mode of communication / expression and can adapt accordingly
- utilizes multi-modal therapeutic tools and skills, including creative and expressive therapies
- assesses responsivity to different interventions and provides feedback as to appropriate fit for intervention

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Qualities of FASD Informed Practice

- recognizes what is not being verbalized and can respond appropriately
- understands "behaviours" as a communication of unmet need
- focuses on emotion and behaviour regulation and incorporates calming strategies into therapeutic process
- Identifies strengths & builds on resiliency
- understands the importance of involvement of parents/caregivers in therapeutic interventions
- has well developed boundaries and realistic expectations of client, family, self and therapeutic process
- collaborates and understands the value of interdependent support networks

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- <https://www.youtube.com/watch?v=6NxB6c6d39A>

Bréne Brown: “boundaries, empathy, and compassion”

Thank you!

References

- Clark, E., Lutke, J., Minnes, P. & Oullette-Kuntz, H. (2004). Secondary Disabilities Among Adults with Fetal Alcohol Spectrum Disorder in British Columbia. *Journal of FAS International*.
- Grant, T. (2006) Mental health strategies that work. Building FASD State Systems Meeting, San Francisco, CA. (presentation).
- O'Connor, M.J., and Paley, B. (2009). Psychiatric Conditions Associated with Prenatal Alcohol Exposure. *Developmental Disabilities Research Reviews* 15, 225-234.
- O'Malley, K. (2009) FASD and Mental Health Treatment: A Multimodal Approach to Transgenerational Issues. Presentation for the Government of Alberta.
- Pei, J., Denys, K., Hughes, J., & Rasmussen, C. (2011). Mental Health Issues in Fetal Alcohol Spectrum Disorder. *Journal of Mental Health*, 1-11.
- Streissguth, A., Barr, H., Kogan, J., & Bookstein, F. (1996). Understanding the occurrence of secondary disabilities in clients with Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE). Final Report. Available from the Fetal Alcohol and Drug Unit, Seattle, Washington.
- Knight, B. An approach to psychotherapy for individuals with FASD. *Iceberg Newsletter*.
- Levine, P. & Kline, M. (2007). *Trauma Through A Child's Eyes: Awakening the Ordinary Miracle of Healing*, Infancy through Adolescence. CA: North Atlantic Books.

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References

- Henry J. Sloane, M., Black-Pond, C. (2007); Neurobiology and Neurodevelopmental Impact of Childhood Traumatic Stress and . ProQuest Psychology Journals, 38, 2; pg. 99.
- [Comeau WL](#), [Lee K](#), [Anderson K](#), [Weinberg J](#) (2015); Prenatal alcohol exposure and adolescent stress increase sensitivity to stress and gonadal hormone influences on cognition in adult female rats. [Physiol Behav](#). Sep 1;148:157-65.
- [Hellemans KG](#), [Verma P](#), [Yoon E](#), [Yu W](#), [Weinberg J](#). (2008). Prenatal alcohol exposure increases vulnerability to stress and anxiety-like disorders in adulthood. [Ann N Y Acad Sci](#). 2008 Nov;1144:154-75.
- Briere, J. & Scott, C. (2006). Principles of Trauma Therapy: A Guide to Symptoms, Evaluation, and Treatment. CA: Sage.
- Perry, B. D. (2009). Examining Child Maltreatment Through a Neurodevelopmental Lens: Clinical Applications of the Neurosequential Model of Therapeutics. *Journal of Loss and Trauma*, 14:240-255.
- Perry, B. D. & Hambrick, E. P. (2008) The Neurosequential Model of Therapeutics. *Reclaiming Children and Youth*, 17 (3), 38-43. Online: www.reclaiming.com.
- Van der Kolk, B. A., McFarlane, A. C. & Weisaeth, L. (2007). Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society. NY: Guildford Press.

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