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.
Understanding FASD & Mental Health

- 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).

- 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.
Understanding FASD & Mental Health

- Complex interaction of biological, psychological, social, environmental, spiritual basis of mental health issues.

- Impact on risk of developing mental health dx.

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
Understanding FASD & Mental Health

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

Understanding FASD & Mental Health

FASD & The Brain

- **Corpus Callosum** – 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.
Understanding FASD & Mental Health

• 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.


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".
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).
Understanding FASD & Mental Health

FASD & Performance Over Time (Malbin, 1994)

Average Levels of Expectation Over Time

FASD and Mental Health © Tina Antrobus

Understandings FASD & Mental Health

- 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

FASD and Mental Health © Tina Antrobus
Understanding FASD & Mental Health

- 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.

Understanding FASD & Mental Health

- 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.
Swimming Against The Current:
Understanding FASD & Mental Health

Understanding FASD & Mental Health

- 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

Understanding FASD & Mental Health

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, Dependent, Borderline, Schizoid)
- Attachment Disorder
- Addictive Disorders
- Suicide (threats / attempts)
- Trauma


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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
Understanding FASD & Mental Health

• **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

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
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.

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)
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

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
Swimming Against The Current: Understanding FASD & Mental Health

- [https://www.youtube.com/watch?v=6NxB6c6d39A](https://www.youtube.com/watch?v=6NxB6c6d39A)

  Bréne Brown: “boundaries, empathy, and compassion”

Thank you!

References

- Knight, B. An approach to psychotherapy for individuals with FASD. *Iceberg Newsletter*.
References


