

Fetal Alcohol Spectrum Disorder and Its Implications for Social Work Practice

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Fetal Alcohol Spectrum Disorder is a continuum of various permanent birth defects caused by the mother's consumption of alcohol during pregnancy. FASD includes Fetal Alcohol Syndrome (FAS), which is the most severe form of the condition. In the U.S., 1:1000 children are born with FAS, however, 1:100 children are born with FASD. There are more children born with FASD than SIDS, Down Syndrome and Cerebral Palsy combined. Alcohol use during pregnancy is the leading cause of developmental disability and birth defects in the U.S. The Institute of Medicine says, "Of all the substances of abuse (including cocaine, heroin, and marijuana), alcohol produces by far the most serious neurobehavioral effects in the fetus."

Although FAS is identified by prominent, more commonly identified, typical facial features, FASD features are typically behavioral due to the neurodevelopmental effects of the alcohol on the developing brain. There are many factors that must be taken into account when considering the damage of prenatal alcohol exposure including the day of gestation when exposed, how much alcohol was consumed, both the mother and the baby's genetic make-up and propensity for processing alcohol. The fetus processes alcohol significantly slower than the mother, therefore the alcohol acts as a solvent on the developing cells and tissues for a longer period of time, causing irreversible damage. The U.S. Centers for Disease Control and Prevention (CDC) states: *There is no known safe amount of alcohol use during pregnancy or while trying to get pregnant. There is also no safe time during pregnancy to drink. All types of alcohol are equally harmful.* Nearly half the pregnancies in the US are unplanned. In 2012, 60.1% of NH women of childbearing age (18-44) admitted to one or more drink in the last 30 days. 17.9% of these women admitted to a binge episode, 4 or more drinks on any one occasion during the last 30 days. Both statistics are above the US average. Therefore it is probable that children in NH are born with FASD's although prevalence rates are unpublished.

FASD is known as the "invisible disability" because of the vast array of symptoms that typically present as secondary disabilities without typical physical features. These include sensory integration issues, impaired intellectual functioning, dysregulation of mood and behaviors, impaired executive functioning, impulsivity, poor judgment, difficulty living "up to" their IQ, impaired language reasoning and processing, poor working memory, immaturity, impaired social adaptive functioning. It is not surprising to find that an individual with FASD has received multiple mental health diagnoses, Attention Deficit Hyperactivity Disorder (ADHD) being the most common in children, followed closely by Oppositional Defiant Disorder and as they age, mood disorders including depression, anxiety and bipolar disorder frequently co-occurring with substance use.

Many people ask, "So, if people meet the criteria for these mental disorders, do they have FASD or what?" Although FASD is not a diagnostic heading, it is particularly useful to identify this condition especially in context with intervention considerations. Individuals with FASD may be unable to utilize the same strategies as an unaffected individual. Psychotropic medications may also be less effective. Provider knowledge

and understanding, early identification and appropriate interventions can improve outcome. DSM-5 offers diagnostic code 315.80 Neurobehavioral Disorder Associated with Prenatal Alcohol Exposure located in the appendix of conditions for further study (page 798).

What are the implications for Social Work practice? Social workers come in contact with children and adults who were prenatally exposed to alcohol in a variety of settings. Most children and adults with FASD's are involved with multiple agencies congruently including special education, mental health and substance abuse, DCYF, legal systems and foster care and adoption agencies. They may also have multiple chronic medical issues including ear infections, vision challenges, growth deficiencies and organ damage. We are unable to identify an individual as being exposed to alcohol prenatally without inquiring. And asking about a woman's substance use during pregnancy can be awkward. Social workers should encourage providers to consider prenatal alcohol exposure when faced with a client described above. If this is not every day practice for them, we may need to take the time to educate and occasionally model the appropriate method of inquiry.

Typical approaches to changing behaviors do not recognize brain dysfunction and associated behavioral characteristics. Familiarizing yourself with FASD as a brain-based, permanent disability can help you work smarter not harder.

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