Clients who push everyone's buttons might be dealing with...

FETAL ALCOHOL SPECTRUM DISORDERS

▪ *Recognizing the patterns* ▪ *Understanding the implications for treatment* ▪ *Tailoring your approach*

By: Kathryn Wosser Page, Ph.D.

Between 1 and 5% of the population is affected by prenatal alcohol exposure, with symptoms ranging from AD/HD and learning disabilities to mental retardation. Fetal Alcohol Spectrum Disorders complicate chemical dependency treatment, as many of the behaviors typical of active addiction are also present in those with FASD, addicted or not. Recovery implies progress on lifting these behaviors, but when a person in treatment has unrecognized and untreated FASD, such progress is difficult and often impossible. When treatment providers can identify the patterns that suggest FASD and tailor their approach accordingly, recovery becomes much more likely.

Diane has been in treatment for two weeks, and after a great, friendly beginning, she now seems to have everyone mad at her. She can't figure out why she's in so much trouble, and is thinking this place sucks, just like all the other ones...

* * *

There are always a few clients in treatment who really do push our buttons. These are the ones who talk the talk—often a great deal--but fail to walk the walk. They don't follow the rules and when you give them consequences they are surprised, hurt, angry or all three. They make promises and break them, over and over. Other people's private property does not exist: "what's yours is mine and what's mine is mine". They have meltdowns over little things that others do, but don't seem to notice that their own behavior is upsetting to others. And despite clinicians' best efforts this pattern continues with little or no improvement.

In the field of substance abuse treatment, we see this client as having some combination of character defects, maybe even the core dishonesty described in the Big Book as the basic obstacle to recovery. What is almost never considered is the possibility that undiagnosed brain damage could be causing this behavior, and greatly interfering with treatment. Unbeknownst to many treatment providers, by far the most common type of brain damage is caused by exposure to alcohol during pregnancy resulting in the condition we now call Fetal Alcohol Spectrum Disorders (FASD).

What is FASD?

FASD exhibits as a wide and varying array of behavioral, intellectual, communicative, regulatory and medical difficulties. These difficulties can co-exist with normal or even high intelligence, even though FASD is a common cause of mental retardation. It ranges from severe impairment to "glitches" in behavior or learning. According to longstanding estimates, FASD is experienced by at least one out of a hundred people in this country, but recent research suggests that four or five percent is more realistic, and almost none of these individuals' difficulties are accurately diagnosed.

People with FASD may have diagnoses of Attention Deficit/Hyperactivity Disorder and/or learning disabilities. But since the disability hides under such a convincing veneer of normalcy, more often than not it looks like nothing more complicated than a really bad attitude. The biggest problem for people

with FASD in substance abuse treatment is exactly this invisibility. They look normal and they act like normal addicts, only they just don't ever seem to "get with the program".

The hidden surprise here is that the particular neurological impairments of FASD (described in detail below) can cause people to think, feel and act like addicts all their lives, even if they never touch alcohol or other drugs. On top of that, these impairments cause people—those whose FASD hasn't been adequately diagnosed and treated early—to wind up as magnets for a whole raft of troubles called "secondary disabilities". Secondary disabilities are the ones which presumably could have been prevented with adequate treatment of the primary neurological disability. According to the largest study yet, the secondary disabilities common with FASD include very high rates of unemployment, substance abuse, legal problems, academic failure, total dependence on others, and mental illness (Streissguth et al, '96).

Prenatal alcohol exposure can affect a wide variety of functions, depending on timing, dosage, genetics and many other factors. The most common impairments are seen in the following areas (Page, 2001):

- Memory
- Reasoning
- Emotional and physical regulation
- Prediction/estimation
- *Connecting the Dots*
- Delayed gratification.

Taking all these areas together, we can see how a person affected by FASD has such a hard time "doing life", let alone achieving lasting sobriety. The sum of these impairments adds up to significant immaturity. People with this condition will think, respond and perceive in a much younger way than would be reasonable for their chronological age, so they fail to meet almost all expectations set for them, over and over, including their own.

Normal Addictive Behavior

Experienced treatment professionals can see an addict coming a mile away. Addicts with little or no recovery will repeat actions in spite of negative consequences or desires to stop. They are in denial not only about their consumption of substances but practically everything else as well. They have periods that they don't remember, and they can be quite secretive or habitually lie. Boundaries are too thin, too thick or both. Addicts think they must have quick relief for any pain. They spend a lot of energy on things they cannot change, and often ignore the things they can and should change. They may not think very far ahead, or consider consequences to their actions. They tend not to do a lot of self-reflection and so blame others for their own actions, seeing themselves as the innocent bystander, or victim. They think the rules don't apply to them. They are generally impatient for gratification, stubborn about seeing others' perspectives, living from crisis to crisis. Twelve-step language describes this behavior vividly: "stinking thinking" is the umbrella for much of it, and lifting it is exactly what recovery is all about.

Recovery as Maturation

Most people in recovery can remember a time that they functioned in a different, more effective way, free of much of the foregoing. As clinicians our job is to recognize when the person's maturation was interrupted by drug or alcohol use, and build up from there towards a healthy, responsible, joyous adulthood.

FASD—Drunk from the Start

But people with FASD don't have that earlier experience to tap into, those early abilities to recover. All of the "normal addictive behaviors" mentioned above are common for people along the spectrum of fetal alcohol disorders, and those behaviors have been present since childhood, locked in by a misfiring, badly-wired brain.

When prenatally-exposed people come to treatment for addiction, they look and act a lot like their addicted, non-exposed peers. Unlike their peers, however, they often do not get moving on up the developmental ladder; to the contrary, they may appear to be unwilling to work the program at all. At this point, a FASD-informed clinician will begin to consider prenatal alcohol damage.

Sorting out FASD from Normal Addictive Behavior

There are two key questions here. One is whether it was likely that this client's mother drank during pregnancy. The other is whether the problematic behaviors outlined above were present before the client's alcohol and other drug use began. Much of this can be gleaned during intake, the rest as treatment progresses. Most intakes cover parental AOD use. Be sure to ask specifically about birth mom's drinking when the client was young. Other important data:

- Foster/adoption/kinship care? Many placements? Group home?
- School—special ed? Trouble concentrating?
- Diagnosis of AD/HD?

Red Flags

As treatment progresses you might notice yourself and other staff reacting to some of the following:

- Superficial agreement to treatment rules, repeated noncompliance
- Person seems not to notice mistakes or infractions
- Person angry/surprised about consequences
- Behavior doesn't change after consequences
- Lots of good talk, little action
- Person lies when it would make more sense to tell the truth
- Avoidance, lame excuses
- Very talkative, poor listener
- Person can't describe own feelings or empathize with others
- Hyperactivity and/or lethargy

If a preponderance of these red flags appears AND intake data suggest that birth mom drank and behavior troubles are lifelong, you're more than halfway there. You have a working hypotheses, should you be generous and patient enough not to have discharged this client already. If resources exist, a neuropsychological exam would be helpful in confirming brain damage or dysfunction; assuming they don't, your hypothesis is enough to proceed on to the next phase: adaptation of treatment.

FASD-Informed Treatment

The single most important—and hardest-- thing at this point is to step back from the natural reactions of impatience and fatigue. This client HAS pushed everyone's buttons; staff has split over interpretations of client intentions; discharge would seem a welcome relief.

To many clinicians, this approach will seem to fly in the face of time-tested principles of recovery. On the surface it resembles enabling: "doing for others what they can do for themselves". But therein lies

the fulcrum for this shift. It is only with support that this client can do for him or herself the normal tasks of recovery—or life. So rather than keep doing the same things over and over (lecturing, reasoning, consequences, warnings) and expecting different results, an FASD-informed clinician will adapt treatment, guided by three basic principles:
1. Always consider neurology.

For example, when someone with probable FASD keeps failing to complete a task, ask yourself: Are there too many steps to this? Might he/she have forgotten? Is there too much distraction? (Understand that your first reaction will be—unless you're a better person than the rest of us—to think he's just screwing off on purpose again.) It is often surprisingly productive to ask your client specifically (and empathically!) if any of those options might be the case. This might be the first time anyone has acknowledged his difficulty in a respectful and helpful fashion, and many people with FASD can pinpoint the problem if asked in this way.

2. And remember "External Brain".

Where there is a gap in functioning, find a way to fill it with external resources. In the present example, your responses might be: break down the task into smaller chunks; give a written, verbal or visual reminder; ask him to complete the task when there is less activity in the environment.

3. When all else fails, think young.

Given the brain-based immaturity this client cannot will away, it often helps to superimpose a much younger face over the upset (or upsetting) adult in front of you. Complex interactions or decisions may short-circuit the cognitive capacity of this client, leading to shutdown, meltdown or flight. Keep it simple. And while humor is important, communication should be brief and direct, without sarcasm or subtle hints.

Ian was 18, with a normal IQ and FASD. He was emotionally around nine years old; his grandmother was his only family. He was in a residential treatment center where smoking was forbidden, but he kept smoking anyway. Staff docked points, took away privileges and lectured, warned and threatened him. Finally they said he couldn't have any more visits with his grandmother, so he ran away to his grandmother's house, where he was caught and sent back to jail.

Thinking neurologically: Was Ian physically addicted to tobacco?

External brain: If so, medical treatment might help. Also, where was he getting the cigarettes? Staff?? Plug the gap.

Thinking young: To this young man with the emotional maturity of a lonely 9-year-old, the threat of losing connection with his grandmother overrode any fear of going back to jail. If the treatment center had been willing and able to use principles of FASD intervention, they might have treated his smoking addiction, closed off his supply, and brought his grandmother closer in to support these efforts.

Conclusion

This article probably raises more questions than it answers. Where to get diagnosis, what about the prenatal effects of drugs, how much alcohol does it take, how can we be expected to flex and stretch for every little quirk—are just a few of the ones most people ask. Listed below are a few resources that will help flesh out the bones of this subject for those who want to know more.

It is critical that we begin to recognize the presence of fetal alcohol damage in every corner of dysfunction in society, so that we can raise the will and the resources to prevent it. Those of you who treat women in recovery are the cornerstone of this struggle; the cycle you're helping to break goes beyond the cycle of addiction—it is the cycle of generational brain damage.

PATTERNS ASSOCIATED WITH ADULTS WITH FASD

Discrepancies between expectations and reality:

- Talk is more logical than actions are
- Better talker than listener
- Can be carefully put together—first impression often good
- Many good intentions, sincerely meant but rarely completed
- Promises agreeably made, frequently broken, lame excuses
- Can endorse rules, plans or principles, then do the opposite
- Inconsistent—one day functions much better than the next

Management of life details

- Poor time management
- Poor money management
- Relationships stormy
- Crisis-to-crisis (even when in period of sobriety)

Logic/Executive Functioning

- Fixates on details—can't see the forest for the trees
- Black or white, no shades of gray
- Poor reasoning
- Priorities constantly shifting

Emotions

- Easily triggered
- No "brakes"; emotion overcomes reasoning
- Feelings are acted out
- Emotions rarely articulated in real time
- Little awareness of own feelings in general; even less of others'.
- Mood swings, often quick

Memory

- Memory for facts better than for actions or intentions.
- Spotty memory
- Memory problems cause much of the person's difficulty

Neuromotor

- Poor handwriting
- Oversensitive to environmental stimuli
- Easily over-stimulated, can get agitated or shut down.
- Drive to move or talk
- Clumsy--may leave a trail of clutter.

Kathryn Wosser Page, Ph.D. is an internationally recognized speaker and consultant in the field of Fetal Alcohol Spectrum Disorders. She co-founded the California State Task Force on FASD, serves on the federal Interagency Coordinating Council on FASD, and consults for the California Department of Alcohol and Drug Programs. Dr. Page was the Clinical Director of the FASD diagnostic clinics in Santa Clara and Lassen Counties, and has published several journal articles and a book chapter on this subject. She consults with agencies, families and individuals on managing the effects of FASD.

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The California Women's Technical Assistance and Training Project is managed by ONTRACK Program Resources, Inc. ONTRACK offers cost-free consulting services and training on issues related to improving access, decreasing disparities and increasing successful treatment and recovery outcomes for women. For more information on available services visit: www.getontrack.org or call (916) 285-1810.

RESOURCES

FASD Center for Excellence
Jul 30, 2009 ... The FASD Center for Excellence mission is to facilitate the development and improvement of prevention, treatment, and care systems.
www.fasdcenter.samhsa.gov

Fetal Alcohol and Drug Unit
Fetal Alcohol Syndrome research unit, headed by Dr. Ann Streissguth, University of Washington. Website includes current FAS events calendar, FAS resources, articles and contact info.
www.depts.washington.edu/fadu

Fetal Alcohol Syndrome Diagnostic and Prevention Network
Located in Seattle, WA., this organization diagnosis and works with children diagnosed with this disorder and serves as a training center for others wishing to replicate the diagnostic process.
www.depts.washington.edu/fasdpn

Fetal Alcohol Syndrome | FASD | Minnesota Organization on Fetal ...
Visit the Minnesota Organization on Fetal Alcohol Syndrome -MOFAS site for information and prevention tips for Fetal Alcohol Spectrum Disorder (FASD).
www.mofas.org

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