

Mental Health Practitioners' Guide to FASD

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Abstract

Alcohol exposure during pregnancy can result in Foetal Alcohol Spectrum Disorder (FASD), a lifelong condition. This condition, which affects millions of Americans, can cause a wide range of deficits in cognitive (such as executive control), social (such as communication skills), and adaptive functioning (such as problem-solving skills). These disabilities are frequently accompanied by co-occurring mental illness (for example, mood disorders), behavioural disorders (for example, ADHD), substance abuse, traumatic brain injuries, and developmental difficulties. In terms of screening, assessment, differential diagnosis, and treatment, the existence of these co-occurring illnesses presents substantial problems to mental health providers. The secret to maximizing the effectiveness of care for clients is treating each person's particular risks and needs in an integrated service delivery framework. Unfortunately, there is typically a gap in knowledge about FASD among mental health professionals, which can only be filled by expanding access to advanced training and education programmes on FASD.

Keywords: FASD • Mental health professional • Psychiatric disorders

Introduction

Researchers estimate that 2% to 5% of the population in the United States has FASD, which has a significant impact on the lives of millions of people in North America. A variety of impairments resulting from prenatal alcohol exposure describe this significant and complex illness. This disorder can include impairments in cognitive (e.g., executive functioning, memory, and disinhibition), social (e.g., verbal and non-verbal communication skills), and adaptive functioning (e.g., decision-making and problem-solving skills). This disorder is accompanied by a diverse set of neurological issues, such as abnormal cell and nerve development as well as issues with neurotransmission. Psychosocial pressures such problems with relationships, finances, employment, and the law frequently accompany these impairments. These signs and symptoms not only resemble numerous mental illnesses, but FASD frequently co-occurs with a wide range of psychiatric problems, including mood disorders [1].

Due to this overlap of symptoms and comorbidity, the screening, assessment, and diagnostic processes can be challenging. As a result, people with FASD frequently go undetected or are given incorrect mental disease diagnoses, such as ADHD. Several psychological and neurological examinations are required to provide an appropriate diagnosis. Treatment will likely be ineffective if FASD is not detected, which will have a variety of short- and long-term effects for the client. Mental health practitioners are

urged to pursue additional education and training in relation to the comorbid illnesses linked with FASD as well as strategies to decrease misdiagnosis in order to better comprehend why diagnosis is challenging and why misdiagnosis is all too often [2].

Lifelong diseases brought on by alcohol exposure during pregnancy are known as Foetal Alcohol Spectrum Disorders (FASD), which studies estimate impact 2% to 5% of the U.S. population. The birth abnormalities and long-term effects of foetal alcohol syndrome on cognitive and social functioning were first identified in 1973 by Kenneth L. Jones, David W. Smith, and colleagues. If alcohol is consumed during pregnancy, a number of problems can arise, including:

- A cognitive process (e.g., impulse control, attention, executive functioning).
- Performing socially (e.g., communication skills, recognition of social cues).
- Adaptive operation (e.g., problem-solving, ability to adapt to new situations).

FASD symptoms

FASD is characterized by a wide variety of symptoms.

Deficits in executive functioning: The majority of people with FASD suffer from deficiencies in executive functioning, which is a defining deficiency of the condition. Impulsivity, a reduced capacity to learn from mistakes, and deficiencies in verbal reasoning, planning, emotional control, memory, and learning are all common symptoms of executive functioning abnormalities.

Deficits in social skills: People with FASD frequently experience extensive social functioning difficulties. It happens frequently for social cues to be misinterpreted. This may raise questions about crossing the line (for example, touching someone improperly), which may end in engagement with the criminal court system. Deficits in social skills can make a person more susceptible to manipulation by others and impair their capacity to recognise risky circumstances and persons [3].

Attachment issues: Poor attachment to the primary carer is quite typical in children with FASD, which is consistent with these social skill deficiencies. A child's chance of receiving a wrong diagnosis is increased by a poor bond with the primary carer. Attention-based disorders (such as Attention-Deficit/Hyperactivity Disorder [ADHD]) or disorders focused on behaviour may be often misdiagnosed.

Adaptive functioning refers to a person's ability to deal with issues and obstacles in a practical, social, and mental way (e.g., personal hygiene, personal finances, and navigating social interactions). Individuals with FASD struggle in the area of adaptive functioning due to the executive functioning issues mentioned previously, as well as difficulties processing abstract information and solving problems.

Learning issues: Learning from past experiences can be challenging for people with FASD, which is one of the major problems with adaptive functioning. Additionally, people with FASD frequently struggle to make use of the past to avoid dangerous people and circumstances in the future. Impulsivity and a lack of ability to consider decisions strategically increase these impairments. FASD thus has an impact on a person's capacity to comprehend social norms and to act in accordance with them.

The vast majority of people with FASD are thought to have co-occurring psychiatric disorders, according to estimates on diagnostic comorbidity. The comorbid disorder ADHD is most common among FASD sufferers, according to research. Adolescents with FASD also frequently exhibit conduct disorder and oppositional defiant disorder, among other issues. A higher risk of substance abuse later in life exists for people with FASD.

Problems with the body: The probability of FASD might be suggested by a number of physiological signs. Alcohol exposure during pregnancy, for instance, can cause anomalies in the heart and kidneys, such as pyelonephritis, hydronephrosis, and hypoplasia. Additionally, orthopaedic anomalies in the structure of the upper body's bones (such as radioulnar synostosis), fingers, and toes have been connected to prenatal alcohol consumption [4].

Superficial talkativeness: Because people with FASD tend to be pleasant and talkative, mental health professionals may overestimate their patients' degree of knowledge and understanding of treatment objectives. It is crucial for physicians to ask these people to clarify the question to the professional in their own words as a way of demonstrating their awareness and knowledge of it.

Misinterpretation of callousness: In some instances, actions brought on by symptoms of FASD may be mistaken for decisions rather than manifestations of the disease. Problematic behaviours may be viewed as planned or manipulative due to the social and cognitive deficiencies experienced by people with FASD. Numerous FASD-related behaviours are, in fact, a direct outcome of impairments brought on by prenatal alcohol consumption [5].

Conclusion

Complex and lifelong diseases fall within the FASD umbrella. A wide range of adaptive, behavioural, emotional, executive, physical, and social deficits define them. Given the high prevalence of FASD in the US, it is very likely that mental health practitioners will interact frequently with people affected by these diseases. Sadly, a lot of mental health experts frequently fail to notice and diagnose these problems. Another crucial step for mental health practitioners is to better comprehend the different difficulties and impairments this community regularly faces, in addition to merely enhancing the identification of people with FASD. In order to change the current quo, mental health practitioners are urged to take courses on this complicated subject and consult with FASD specialists as needed. Following this course will lessen the possibility of unfavourable short- and long-term results for this population. Traditional psychotherapy, cognitive-based therapy, insight-based therapy, and outpatient settings without a thorough grasp of FASD may be difficult to navigate because of the cognitive, social, and adaptive deficiencies of FASD. Individuals with FASD may ultimately benefit from adopting trauma-

and attachment-informed treatment strategies and stress-reduction measures. The development of social, emotional, and behavioural regulating skills as well as sexual education, safety education, sleep enhancement strategies, and developmentally appropriate therapies are other factors that should be taken into account in the treatment plan. Providers of care must exercise patience throughout this difficult treatment procedure. The client's developmental stage, predisposition for frustration, and other needs should all be taken into consideration while adjusting expectations.

Mental health providers must complete advanced education and training on FASD in order to maximize the possibility that people with FASD receive appropriate and efficient services. The objectives of this type of training should aim to create a full awareness of FASD, including the developmental domains impacted by prenatal alcohol exposure. Mental health practitioners should get more knowledgeable about the individual strengths and coping techniques of each client in addition to developing their expertise of FASD. This method benefits greatly from the use of a thorough battery of neurological and psychological tests. Additionally, mental health specialists should seek to forge strong collaborations with medical practitioners, speech-language pathologists, educators, neuropsychologists, and vocational specialists. These multidisciplinary partnerships have the potential to enhance FASD patient assessment and care.

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