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Barb Clark

Jerrold Brown

Nikki Freeman

Anne Russell

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## Fetal Alcohol Spectrum Disorder (FASD): Safety Considerations for Caregivers and Professionals

By Barb Clark, Jerrod Brown, Nikki Freeman, and Anne Russell

### Abstract

Acquired as a result of prenatal alcohol exposure, fetal alcohol spectrum disorder (FASD) is a set of disorders characterized by physical, cognitive, learning, and behavioral impairments. One of the most challenging aspects of this condition is that people with FASD often struggle to make safe and appropriate choices. This article highlights safety factors that can be implemented by both caregivers and professionals. Consideration of these factors may reduce the likelihood that some people with FASD will come into contact with the criminal justice system.

### Introduction

Fetal alcohol spectrum disorder (FASD) is a set of disorders characterized by physical, cognitive, learning, and behavioral impairments. Deficits and symptoms associated with FASD are a direct result of prenatal exposure to alcohol. The disorders under the umbrella term FASD are: fetal alcohol syndrome (FAS), partial fetal alcohol syndrome (pFAS), alcohol-related neurodevelopmental disorder (ARND), alcohol-related birth defects (ARBD), and most recently, neurodevelopmental disorder associated with prenatal alcohol exposure (ND-PAE) found in the DSM-5 under the section titled Conditions for Further Study. The typical facial features commonly misunderstood as a hallmark feature of FASD only fully

present in FAS and partially present in pFAS. As such, the sentinel facial features are only present in a small portion of individuals with FASD. This likely contributes to missed diagnosis and misdiagnosis. Because developmental deficits are common in FASD, parents and professionals, as a general rule, should take an individual's chronological age and halve it to identify his or her developmental age, which is the age at which he or she typically operates in the world. The presence and severity of specific symptoms vary as a function of several factors including timing of exposure, diet and nutrition of the mother, the immune system of the fetus, the amount of alcohol consumed, and the DNA and epigenetic variables of both the mother and the fetus.

There are many challenging aspects of this condition. One in particular is executive function, which supports higher-level problem solving and decision making. Individuals with FASD can make decisions and choices that put themselves and others at risk of harm. In light of these concerns, the information presented in this article is based on anecdotal experience and highlights safety concerns that must be taken into account when supporting people with FASD.

**Substance abuse.** There is some evidence that people with FASD are more likely to misuse alcohol and other substances more frequently than those without FASD. With poor impulse control and difficulty with abstract thinking, it is common for individuals with FASD to abuse alcohol and drugs. Binge drinking in particular can be a challenge. Individuals with FASD often do not understand abstract concepts, for example, "How much alcohol is too much?" and "Is it appropriate and safe for me to be drinking alcohol in this situation?" Further, executive function deficits can contribute to being easily influenced by peers.

**Unprotected sex.** Unplanned pregnancies and sexually transmitted infections (STIs) are common issues among some individuals with FASD. Impulsivity and deficiencies in abstract thinking (cause and effect) make individuals with FASD prone to unprotected sexual encounters. The STIs are difficult enough to cope with. In some instances, unplanned pregnancies may occur and lead to people with FASD becoming a parent before being ready and equipped to do so. As a result, this can sometimes result in losing custody of their children. This may be due to the unique behavioral challenges of FASD that make parenting difficult combined with developmental deficits that cause people with FASD to function at half their chronological age or perhaps even younger, especially when under stress.

**Pornography.** Because of poor impulse control and easy access to the Internet in schools and elsewhere, children with FASD often begin to explore sex and pornography at a young age. Monitored Internet use is imperative in cases where a person struggles with pornography use. Caregivers also should understand that this is often an impulse and sensory issue for those with FASD, not a moral and ethical issue.

**Social media danger.** Many people with FASD are vulnerable to being taken advantage of via social media. Individuals with FASD are likely to take most things at face value and can be taken advantage of in this way. For people with FASD, social deficits may impede their ability to evaluate the intentions of others even if they are obvious to others.

**Unsafe peer relationships.** As a result of challenging behaviors, many individuals with FASD struggle to maintain healthy peer relationships. They tend to attract friends who are also troubled, often exacerbating their FASD-related problems. Individuals with FASD are often so desperate for acceptance that they will do almost anything "friends" request. All attention, be it positive or negative, is taken as acceptance.

**Stealing.** The deficits in executive function and abstract thinking associated with FASD can, for many reasons, result in an increased risk to engage in theft. When individuals with FASD see an item they want, there are several factors that may cause them to take that item without understanding the consequences. For example, individuals with FASD may persevere on the

item (be unable to disconnect), individuals may misremember the situation (they may believe they have paid for it or may rationalize paying in some other way), or they may not see what they are doing as stealing but rather as taking something that belongs to them. They may, in fact, not see the item as property belonging to anyone but rather to be stewarded. Such thefts have been observed as early as age 2 and can persist into and throughout adulthood.

**Explosiveness.** The filters in the brain responsible for frustration tolerance are affected when the individual has been exposed to alcohol prenatally. As a result, many individuals with FASD can be verbally and physically explosive. Incidents of verbal or physical aggression may occur at school or work as well as in the home and community. The tendency toward explosiveness can lead to serious issues of safety for themselves and others in one, some, or all settings.

The physical, cognitive, learning, and behavioral impairments of FASD can result in severe consequences. Not only do individuals with FASD constantly struggle to get along with their family and friends, but they also are easily influenced by the media and peers and often find themselves in trouble with the law. In fact, a very high percentage of individuals with FASD have a history of trouble with the law, and many will have a history of confinement in jail, prison, a residential treatment facility, or a psychiatric hospital, especially when appropriate supports and services are not in place.

## Biographies

**Barb Clark** attended the University of Minnesota and graduated with a bachelor's in Youth Studies, Sociology and English. She has spent over 25 years working with at-risk youth in public schools and the non-profit sector. Barb and her husband are the parents of four adopted children; the oldest is diagnosed with a fetal alcohol spectrum disorder. Barb now works as a consultant who works with schools, agencies, and families to improve the education and lives of young people who are living with an FASD. She provides training, consultation, and support to professionals and families who are living with individuals with a variety of disabilities including FASD and autism spectrum disorders (ASD).

**Jerrod Brown, M.A., M.S., M.S., M.S.**, is the Treatment Director for Pathways Counseling Center, Inc. Pathways provides programs and services benefiting individuals impacted by mental illness and addictions. Jerrod is also the founder and CEO of the American Institute for the Advancement of Forensic Studies (AIAFS), and the Editor-in-Chief of Forensic Scholars Today (FST). Jerrod is currently in the dissertation phase of his doctorate degree program in psychology.

**Nikki Freeman, M.A., LPCC**, is a Licensed Professional Clinical Counselor and a Certified Facilitator of the FASCETS Neurobehavioral Model. She has clinical experience in many settings: school-based mental health, in-home therapy, therapeutic foster care, behavioral health coaching, and case management. She specializes in using the Neurobehavioral Approach with people who have FASD and their caregivers at Hardy & Stephens Counseling Associates in Elk River, Minnesota. Nikki has a master's degree in Counseling Psychology and a graduate certificate in Child and Adolescent Mental Health from Bethel University in St. Paul, Minnesota.

**Anne Russell** is an expert on fetal alcohol spectrum disorder and founded the Russell Family Fetal Alcohol Disorders Association, a nonprofit in Queensland, Australia. Anne is the mother of two adult children with FASD. For the past 15 years, she has worked to raise awareness about the condition and to help families living with FASD. She published her first book, *Alcohol and Pregnancy: A Mother's Responsible Disturbance*, in 2005 when there was little knowledge about FASD in Australia. She has presented at conferences and workshops in Australia, New Zealand, the United States, and Canada. She currently works for My Pathway, which delivers employment services to remote Indigenous communities across the top of Australia. At My Pathway, she developed an FASD training module for staff, job seekers, and service providers. This became the first publicly available FASD training module in Australia. She is a member of the Parent Advisory Group and the Collaboration for Alcohol Related Developmental Disorders at the University of Queensland. Anne was also a senior consultant with the FASD Consortium, a group of health professionals, researchers, and community members that developed Australian diagnostic guidelines for FASD.