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Fetal Alcohol Spectrum Disorder (FASD) and Suicidal Behavior: An Introduction for Criminal Justice and Mental Health Professionals

By Tony Salvatore, Jerrod Brown, Julie Martindale, and Diane Harr

Fetal Alcohol Spectrum Disorder (FASD) affects up to 5% of the United States population, but often goes unrecognized. Those with FASD typically experience a number of adaptive, cognitive, and executive functioning deficits and face many social, educational, and vocational challenges. Adults with FASD may often “hide in plain sight” while diverting attention from their disability. This may lead a criminal justice or mental health professional to underestimate, or discount completely, the true risk faced when the individual manifests suicidal behaviors such as ideation, threats of self-harm, contriving potentially lethal suicide plans, and even making suicide attempts. This population bears the same, if not higher, risk of suicide as the general population. Suicide risk may be amplified by contact with the criminal justice system, which raises the probability of suicide across all populations.

The following is a list of suicide prevention fundamentals for persons with FASD:

Incidence – Suicide has not been well-researched in persons with FASD but it has been documented. The research that is available on the topic of FASD and suicide suggests

that the deficits caused by prenatal alcohol exposure may contribute to an increased risk for suicidal behaviors in this population. Given the fact that the overwhelming majority of individuals with FASD experience comorbid psychiatric disorders, and a sizable percentage experience substance misuse concerns, it is important for criminal justice and mental health professionals to routinely screen this population for risk of suicide.

Capability – Intellectual disability is not a buffer against suicidal ideation. Forming a suicide plan, seeking means, and taking action do not require a specific level of intelligence. The prerequisites are nominal problem-solving skill, an intense desire to die, and having the capability to end one's life. Even a poor plan can prove to be fatal and must be addressed as a serious potential for those with intellectual disabilities including individuals with FASD.

Exposure - Persons with FASD share the same risk factors for suicide as the general population. Some risk factors, such as their learning disability, may play a greater role but mental illness, substance abuse, poor supports, social isolation, poor executive functioning, and impulsivity also dramatically effect risk.

Ability – Experiences such as being the victim of abuse, bullying, other forms of victimization, and self-injury are well documented in persons with FASD. These experiences inure them to emotional pain, and may lower their resistance to potential self-harming behaviors up to and including suicide. As a result of the deficits caused by prenatal alcohol exposure, persons with FASD are highly susceptible to victimization. Often, the physical, sexual or verbal abuse or neglect is repeated by multiple abusers in large part due to the fact that those with FASD often have a diminished ability to successfully read social cues, develop a plan to avert abuse, or sense the danger around of them. Each time abuse occurs, self-esteem is negatively impacted. Feelings of vulnerability, weakness, and hopelessness are felt with increased intensity, and the motivation to consider ending one's life may increase.

Executive Functioning - Executive functioning involves the ability to plan, comprehend cause and effect, deduce consequences from potential actions, and think logically. Deficits in executive functioning often make it difficult for individuals with FASD to see multiple options as solutions to the problem at hand. For instance, if a relationship fails, the individual with FASD may see the only way to end the pain is through death. Their ability to see beyond the moment is compromised by FASD and the risk of taking suicidal actions may be increased.

Emotional Intensity -The intensity of emotion experienced by individuals with FASD can be often extreme, far in excess of the experiences of the general population without FASD. It is difficult for individuals with FASD to calm down once a strong emotion has been felt and unleashed. In conjunction with unregulated impulsivity and an inability to

plan ahead, a simple cry for help can turn quickly into a life-threatening situation for an individual with FASD.

Under-Identification - Lack of understanding of FASD in the broader educational, social service, criminal justice, mental health, and vocational community can lead individuals with FASD to develop secondary disabilities (such as depression, anxiety, etc.) comorbid with FASD, based on that lack of understanding. Some individuals with FASD may be labeled as “lazy” or a “trouble maker” by persons who do not understand their disorder. A better understanding and awareness of FASD must be achieved by all professionals working within the criminal justice and mental health systems.

Treatment Challenges - Treating suicidal ideation in an individual with FASD can be challenging due to comorbid conditions that interfere with effective treatment. Additionally, FASD often inhibits an individual's ability to assimilate new coping skills and transfer them to a variety of everyday situations. These problems necessitate a more comprehensive and multimodal approach to treatment.

Conclusion

Criminal justice and mental health professionals are becoming increasingly familiar with the needs of individuals with FASD. This must include greater awareness of their potential for suicidal ideations. At a minimum, all suicide prevention training for criminal justice and mental health professionals must address this risk as it relates to FASD. Measures, such as initial and ongoing assessments and behavioral interventions, must be put in place. When appropriate, criminal justice involvement should be minimized in order to diminish the risk of suicide.

Biographies

Tony Salvatore, MA, manages suicide prevention and postvention at Montgomery County Emergency Service, a psychiatric crisis response service and hospital, in Norristown, PA. He has organized and led suicide prevention task forces at the county level in PA and served on both the state youth and adult/elder suicide prevention task forces. He has written articles and developed training and suicide prevention and postvention resources for police officers and emergency medical services (EMS) staff on suicide crisis intervention and providing support after a suicide. He is an advocate for increasing suicide prevention efforts on behalf of older adults, persons with serious mental illness, and individuals with developmental disabilities.

Jerrold Brown, MA, MS, MS, MS, is the Treatment Director for Pathways Counseling Center, Inc. Pathways provides programs and services benefiting individuals impacted by mental illness and addictions. Jerrold 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). Jerrold is currently in the dissertation phase of his doctorate degree program in psychology.

Julie Martindale, BA, Psychology, University of Minnesota. She has two years of Masters level training in counseling and education from Bethel Seminary in St. Paul, MN. Julie is an adoptive parent of 5 children with FASD. In addition, she works as a consultant, educator, and advocate in the areas of adoption, trauma, and FASD. Currently, she is working on attaining State and National certification as a Certified Family Peer Specialist in the area of children's mental health.

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