COMMON MYTHS ABOUT FETAL ALCOHOL SPECTRUM DISORDERS**

**MYTH: PHYSICAL FEATURES MUST BE PRESENT TO MAKE A DIAGNOSIS OF A FETAL ALCOHOL SPECTRUM DISORDER (FASD)**

**FACT:** Fetal Alcohol Spectrum Disorders (FASD) have a range of effects. Many individuals with an FASD have no defining physical effects, but have developmental and/or behavioral impairments. Fetal Alcohol Syndrome, has the most recognizable physical effects including distinct facial features. Not all people with an FASD have distinct facial features; trained physicians should examine individuals for below normal growth and central nervous system problems to diagnose FASD.

**MYTH: ALL THOSE WITH AN FASD HAVE A LOW I.Q.**

**FACT:** Individuals with an FASD have a wide range of disabilities. Studies have identified an I.Q. range of 29 to 142 for those with an FASD.

**MYTH: A DIAGNOSIS OF FASD DOES NOT CHANGE THE TREATMENT PLAN.**

**FACT:** A diagnosis of an FASD can help explain why a child learns, develops and behaves the way he or she does. Therapeutic interventions tailored to the specific challenges of the young child may improve long-term outcomes and mitigate the progression of adverse life outcomes as s/he develops. These services may include social support, parenting strategies, and developmental and educational interventions that take into account the cognitive, adaptive function, executive function, memory and/or behavioral issues resulting from prenatal alcohol exposure.

**MYTH: THERE ARE NO INDIVIDUALS WITH FASD IN MY PRACTICE.**

**FACT:** Prenatal alcohol exposure is common in all socioeconomic and demographic groups. About 1 in 10 pregnant women in the United States report drinking alcohol in the past 30 days, and about 1 in 33 pregnant women report binge drinking (having four or more drinks at one time) in the past 30 days (MMWR, 2015). Studies of grade school children suggest that up to 2% to 5% (one in fifty to one in twenty) have an FASD (May, 2014). Although the risk is higher with higher levels of exposure, during pregnancy no amount of alcohol intake should be considered safe.

FASD may be misdiagnosed, or a diagnosis can be missed, for multiple reasons:

- Stigma is a major barrier to diagnosis. Many health care professionals are uncomfortable with considering an FASD diagnosis and many parents are uncomfortable with labeling their child with an FASD.
- There is not a specific test for diagnosing FASD.
- Mothers may not share information about drinking during pregnancy, due to stigma, judgemental responses, and the risk of having her children removed from her care.
- The individual may not have facial features associated with some types of FASD.
- Mental health conditions can be present in FASD, without other symptoms.
- FASD may be misdiagnosed as a mental health condition.
- The biological mother’s history of drinking may not be known for those individuals who are in foster care, or have been adopted.
- Mothers that have known histories of opioid or other drug use may not be asked about their alcohol use.
- FASD is an underrecognized condition that is usually hidden.
- The terminology and the many acronyms of FASD can be confusing.

**MYTH: IT IS NOT HELPFUL TO THE FAMILY TO GIVE A CHILD A DIAGNOSIS OF AN FASD.**

**FACT:** More often than not, parents and caregivers recognize that a diagnosis of an FASD opens the door to hope because it can help explain why the child learns, develops and behaves the way he or she does. Health care professionals should be sensitive to the ways that a diagnosis of an FASD can impact biological and adoptive/foster families differently. A diagnosis can help a person realize that he or she learns differently because of the way their brain works and not because they are not smart enough or are lazy or unmotivated. A diagnosis may also help individuals and their families receive the right services and treatment to help them be successful and improve outcomes as they age.

**MYTH: FASD IS A CHILDHOOD DISORDER**

**FACT:** Everyone with an FASD, across the IQ span, has brain damage. It may range from mild to severe and there are a number of brain structures that are typically damaged by prenatal alcohol exposure. As such, this is a brain based disorder that is lifelong. Therefore, you may well encounter adults with an FASD as well as children and adolescents, including parents. Due to the difficulties as individuals with an FASD age, especially if they are not correctly identified, they will be represented in every system of care, including substance use treatment, corrections, vocational services, education, and child welfare.

**MYTH: THE MENTAL HEALTH ISSUES ASSOCIATED WITH FASD ARE OUTSIDE THE SCOPE OF PRACTICE FOR HEALTHCARE PROFESSIONALS.**

**FACT:** Most health care professionals, especially social workers, are in a unique position to identify mental health issues and initiate care. Because individuals with FASD have special health care needs, health care professionals should apply chronic care principles, regardless of whether they are providing mental health services alone or collaboratively. When a higher level of mental health care is required, social workers can support families by being familiar with community services, helping families find appropriate therapy services that understand FASD and how to treat it, and remaining involved in their care, when possible. Social workers are a key part of the care team that can optimize health outcomes for families living with FASD.

**MYTH: LIGHT DRINKING DURING PREGNANCY IS OKAY.**

**FACT:** Alcohol is a known teratogen that can cause adverse reproductive outcomes for women, and serious, lifelong problems for a person exposed to it prenatally. No amount of alcohol has been proven to be safe to drink at any time during pregnancy. All types of alcohol, including beer, wine and liquor, equally put babies at risk of being born with an FASD.
MYTH: HEALTHCARE PROVIDERS AND PUBLIC HEALTH PROFESSIONALS KNOW EVERYTHING THERE IS TO KNOW ABOUT FASD.

FACT: There is a lot we still do not know about the effects of prenatal alcohol exposure and FASD. Because most people consider FASD to be underdiagnosed, we do not have accurate prevalence data on FASD in the United States. Why alcohol seemingly affects one fetus and not another is also unknown. Researchers have shown that genetic differences, epigenetic factors, as well as the mother’s health and nutrition may play a role. While much remains unknown about FASD, it is clear that abstaining from alcohol while pregnant is a 100% effective method to prevent FASD.

MYTH: ASKING A MOTHER ABOUT PRENATAL ALCOHOL EXPOSURE WILL TRIGGER UNDUE SCRUTINY BY CHILD WELFARE AGENCIES

FACT: The Child Abuse Prevention and Treatment Act (CAPTA) does not require clinicians to report to Child Protective Services if a child has been prenatally exposed to alcohol. Referral to Child Protective Services is required if the child has been diagnosed with an FASD in the period between birth and three years. The intent of this referral is to develop safe care and possible treatment plans for the infant and caregiver if needed, not to initiate punitive actions. Although CAPTA requires referral, not reporting, states are able to establish their own statutory definitions and practices related to child abuse and neglect. A small number have included the presence of FASD in their state abuse and neglect codes. All health care professionals, including social workers, are encouraged to be aware of their respective state laws on this matter.

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