Dealing with the skeptical professional

When individuals or families read about FASD and see that what they are reading about applies to them, they often look for an assessment
Most have already collected a number of diagnoses over the years- ADD, ADHD, Learning Disorders, Autism, Pervasive Developmental Disorder, Conduct Disorder, Oppositional Defiant Disorder, Disruptive Behavior Disorder, Tourette's, Reactive Attachment Disorder, Bipolar etc.
The greater the number of diagnoses the more the diagnosis of FASD should be considered.

Of all the diagnoses possible FASD is one of the very few that definitely provides a cause- damage to the brain because alcohol was taken during the pregnancy.

Why do they want to be assessed for FASD if they already have a different diagnosis?
The reason is they are not satisfied with the diagnoses they have. These diagnoses are largely a collection of symptoms without a satisfactory cause. For many, the diagnosis of FASD brings understanding and acceptance that the other diagnoses do not provide.

We are all entitled to request and receive an impartial assessment and diagnosis for what ever afflicts us.
Yet it is not unusual for those asking that FASD be considered and assessed to be told that " there is no point in pursuing the FASD diagnosis since other conditions have the same problems and the treatment is the same for all of them" or even worse, "there is no point in making the diagnosis because nothing can be done about it".

This attitude on the part of professionals is frustrating and disturbing to those afflicted with FASD and the families who support them.
All the evidence shows that the earlier the diagnosis is made and the more understanding those involved have of FASD, the better the child does.

So far as the diagnosis of FASD in adults is concerned, it is the individuals right to explore the possibility of FASD. Certainly it is my experience that a diagnosis can help the individual a great deal in improving the quality of his/her life.
This attitude to the diagnosis of FASD is completely opposite to tradition and is not applied to any other condition.
Just imagine if this had been the approach with other medical conditions. We would still be treating the symptoms of diabetes, thyrotoxicosis etc without understanding the cause or having the means to treat them.

To help in this situation I suggest that the following questions be asked-

1 -what are the other conditions that cause the same problems as FASD?

2- would the Dr. say the same thing to those who ask for an assessment for these other conditions?

3- If there is no point in making the diagnosis of FASD what is the point in making the other diagnoses?

You might also consider asking the organizations that represent these other conditions - how they would react if told that there is no point in making the diagnosis?

The following references can be used to support your request for an FASD assessment.

1- Understanding the Occurrence of Secondary Disabilities in Clients with Fetal Alcohol Syndrome [FAS] and Fetal Alcohol Effects [FAE] Final Report, August 1996. Streissguth et.al.

2- Secondary Disabilities Among Adults with Fetal Alcohol Spectrum Disorder in British Columbia. Clark et.a., JFAS Int. 2004.

3- FASD and “The System”; adolescents, adults, and their families and the State of Affairs., June 2004, Connections, B.C., Jan Luke, Tina Antrobus.

4- Study on the effects of raising a disabled child in the family. [FASD] Dissertation, Georgiana Wilton,
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