Planning and Implementing Screening for Fetal Alcohol Spectrum Disorders in the Youth Justice System
Suggested Citation


Acknowledgements

This guide was adapted for use by programs serving youth in the youth justice system from the *Centers for Disease Control and Prevention. Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use: A Step-by-Step Guide for Primary Care Practices*. Atlanta, Georgia: Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities, 2014.

This guide was produced by staff at the University of Wisconsin Department of Family Medicine and Community Health, with support from GRFP #G-0253 DMHSAS-14 at the Division of Care and Treatment Services, Wisconsin Department of Health Services.

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Introduction

Fetal alcohol spectrum disorders (FASD) are a leading cause of developmental, cognitive and behavioral disabilities. It has been estimated that as many as 1-5% of youth may be affected (May et al., 2018) and prior research has shown that 23% of adjudicated youth remanded for psychiatric evaluation had one of the fetal alcohol spectrum disorders (Fast & Conry, 2009). FASD has become such a growing concern in the legal and corrections systems that key entities have begun to advocate for raised awareness and recognition.

The American Bar Association (ABA) adopted Resolution 112B in 2012:

RESOLVED, That the American Bar Association urges attorneys and judges, state, local, and specialty bar associations and law school clinical programs to help identify and respond effectively to Fetal Alcohol Spectrum Disorders (FASD) in children and adults, through training to enhance awareness of FASD and its impact on individuals in the child welfare, youth justice, and adult criminal justice systems and the value of collaboration with medical, mental health, and disability experts.

FURTHER RESOLVED, that the American Bar Association urges the passage of laws, and adoption of policies at all levels of government, that acknowledge and treat the effects of prenatal alcohol exposure and better assist individuals with FASD.

In addition, the ABA’s Center on Children and the Law have devoted significant resources to better understand and educate child and family legal advocates about the conditions and ways to serve adjudicated youth (https://www.americanbar.org/groups/child_law/what_we_do/projects/child-and-adolescent-health/fetal-alchohol-spectrum-disorders/child_and_adolescent_health.html).

The purpose of this guide is to enhance awareness and organizational capacity to universally screen justice-involved youth for FASD at the earliest point of entry into the youth justice system.
THE PROCESS

I. Laying the Groundwork
   STEP 1 Familiarize your team with FASD and how it impacts the youth you serve
   STEP 2 Ensure leaders and team members are committed to implementing FASD screening and identification

II. Adapting FASD Screening to Your Agency
   STEP 3 Plan your screening procedures
   STEP 4 Consider consent rules and regulations
   STEP 5 Determine at risk protocols

III. Implementing Universal Screening and Referral for Diagnosis
   STEP 6 Evaluate staff training needs
   STEP 7 Incorporate screening tool and pilot testing
   STEP 8 Establish referral procedures

IV. Refining the Process
   STEP 9 Monitor and update the process
   STEP 10 Adapt treatment protocols based on diagnosis
I. Laying the Groundwork

The first step in change for youth affected by FASD in the youth justice system might be easier than we think. One of the most successful public campaigns ever enacted, in an attempt to reduce vandalism on Halloween, was nothing more than a public service message from the President of the United States who publicly appealed to youth to go door-to-door and ask their neighbors for candy instead. Enhancing the quality and efficacy of the youth justice system’s goals of protecting the community, reducing recidivism, and enhancing youth capacity for productive and responsible living begins almost as simply by increasing professionals’ knowledge of the cause and effects of FASD, as well as universal best practice in working with youth affected.

Fetal alcohol spectrum disorders (FASD) is an umbrella term used to describe the range of medical diagnoses resulting from prenatal exposure to alcohol. The effects include physical, cognitive and behavioral disorders (Rutman, 2016). Neurological deficits associated with prenatal alcohol exposure are widespread and impact the majority of the brain (Mattson, Bernes & Doyle, 2019).
Your team does not have to become diagnostic experts, but it is important to understand FASD as a spectrum of disorders that includes individual medical conditions that can be diagnosed. The Spectrum of FASD graphic illustrates the five conditions associated with prenatal alcohol exposure. NOTE: ND-PAE is an emerging diagnosis with guidelines found in the Diagnostic and Statistical Manual-5\textsuperscript{th} Edition (DSM-5).

Members of your team may have differing knowledge about FASD. Training as a team can be useful to assure you have a consistent understanding of the conditions and the potential effects on the youth you serve. In addition, explore information about local and state laws and policies regarding the disclosure of alcohol (and other drug use) during pregnancy.

**FASD Characteristics**

**Facial Features**

There are distinguishing facial features associated with prenatal alcohol exposure: small eye openings, flattened philtrum (area between nose and upper lip), and a thinned upper lip (Hoyme et al., 2016). However, many youth with an FASD will not have these distinctive features and will look typical from outward appearance. For this reason, FASD is often described as a “hidden disability.”

**Growth Deficiencies**

Youth exposed to alcohol prenatally may have height and/or weight deficiencies. These growth deficits may be recognizable at birth and through early childhood, typically in the 10\textsuperscript{th} percentile range (Hoyme et al., 2016) though some may resolve themselves.

**Central Nervous System (CNS) Effects**

The central nervous system is made up of the brain and spinal cord which controls all functions of the body. There are three parts of the central nervous system that may be affected by prenatal alcohol exposure: structural, neurological, and functional. For a comprehensive description, see the DSM-5.

Familiarize your team members with FASD symptoms particularly relevant in the youth justice system, which may include:

- Suggestibility by more sophisticated peers;
- Impaired ability to understand socio-legal meaning and consequences of actions;
- Confabulation and implications for inaccurate testimony, convictions, and wrongful incarceration;
- Impaired adjudication capacity and lack of understanding and appreciation of legal rights and consequences.
Of course, these factors should not be construed as excusing a youth’s involvement in illegal acts because of their FASD; absolving them of consequence for non-compliance with imposed rules; or requiring great expense to alter the entire youth justice system to accommodate their special needs. Rather, it requires consideration of imparting this knowledge through universal best practice to enhance manageability of the youth with FASD in the correctional setting.

Also consider including these activities in job descriptions so staff understand the institutional commitment and performance expectations.

Who Should be Informed?
All relevant staff should be informed about the initiative and should be able to answer basic questions from parents and other professionals. One of the quickest ways to sabotage a new program is to have a staff member respond to a question with, “I have no idea—I’ve never heard of that before.”

Planning Team
Creating a planning team is helpful and should include those key members whose daily work is impacted.

- Who hands out intake/screening forms?
- Who conducts intake/screening?
- Who makes determination of service level or referral?
- Who handles billing?

Is there Organizational Commitment?
Determining whether your program and agency are committed and ready to implement universal screening for FASD is a critical step. Without commitment these services cannot survive.

Ensure all relevant staff know about the initiative and consider making it a standing item on team meeting agendas. This will keep staff members current with the new screening activities.
II. Adapting FASD Screening to Your Agency

STEP 3
Plan your screening procedures

In order to implement screening for fetal alcohol spectrum disorders into your agency, it is important to plan your screening procedures ahead of time.

A complete plan should include the following:

• Which youth you will screen
  – Ideally, your agency will screen all youth at the point of intake for FASD. However, if starting small during the pilot phase is more manageable, you will need to determine which subset of youth you will screen.

• Which screening tool you will use
  – There are several screening tools to consider—some in the public domain, and some available for purchase. Several examples are included later in this guide (see Appendix B: FASD Screening Tools).
  – You can also work with your diagnostic center to create your own simplified tool.

• How often you will screen
  – Screening once at the point of intake is recommended. Sometimes this may be the only time where you can have a conversation with the youth’s parent or caregiver. However, if you do not have access to a parent or caregiver during the initial appointment, it is best to administer the screen at the next available appointment time.

• Where you will administer the screen
  – It is recommended to administer the screen alongside all other intake screening forms. Therefore, consider where you already administer your screening tools, and include questions about prenatal alcohol exposure and FASD.

• Who will complete the screen
  – Consider which staff members will be completing the FASD screen. Keep in mind that even if not all staff members are administering the screen, it is important for all employees to be aware screening for FASD is taking place, and also what the results of the screen could mean for the youth they are serving.

• How you will store screening results
  – Determine where the results of the FASD screen will be stored. It may be easier to adapt a current database or tracking program to incorporate data from the screen, rather than creating new tools and data recording protocols. In addition, it is important to determine which staff members will be scoring and entering the results from the screen.
STEP 4
Consider consent rules and regulations

When adapting screening for FASD into your agency, it is important to consider your agency’s rules or regulations surrounding consent. Some agencies may have consent forms that cover information shared by the youth and their family, and other agencies may only have consent forms that cover information shared by the youth. Since administering screening for FASD primarily involves a conversation with a parent or caregiver, you may need to determine how you will receive consent from parents to share information regarding the birth mother’s pregnancy.

If your agency currently uses consent forms to only gather information from the youth, here are some points to consider:

- Determine if your agency requires adding an additional consent form to cover information shared from a parent or caregiver.
- Consider adapting a current consent form to include both parents and youth, rather than creating two separate forms.
- Consider administering the consent form prior to all intake materials.
- Keep in mind that it is not necessary to create a consent form solely for the FASD screen; rather, adapt your current form to include all screening or intake information.

Note: It is important to have accurate information available to inform parents about any legal ramifications from disclosing alcohol (or other drug) use during pregnancy. Some families may be concerned about sharing this information and how it could impact them within the legal system. Expressing empathy and reassurance to parents can encourage an open and honest conversation that will benefit the working relationship.
Once your staff has all the procedures in place to begin administering the FASD screen, it is important to have a protocol prepared to help you to distinguish between positive and negative screens. When a screen is considered positive, it means the youth may be at risk for having a fetal alcohol spectrum disorder.

One way to determine if a screen is positive or negative is by using a flowchart determination tool. You can create your own to fit your agency or population, or adapt a tool already in existence (See Appendix D: FASD Screen Flowchart).

The most important question to consider when evaluating the FASD screen is whether or not your client was exposed to alcohol prenatally. If your client was not exposed to alcohol, or it is unknown but there is no reason to suspect there was exposure, the screen is considered negative.

If you receive confirmation that your client was exposed to alcohol prenatally, or alcohol exposure is suspected, there are several key things to look for:

- Low birth weight and/or length
- Small stature
- Adoption from a high-risk region
- Placement outside the home
- Any challenges or struggles with:
  - Developmental delays or disabilities
  - School
  - Making or keeping friends
  - Trouble with the law

If your client has experienced any of these factors, and you have confirmed or suspected prenatal alcohol exposure, the screen is considered positive.

It is worth mentioning that you may not have access to one or both of your client’s birth parents. The youth may be adopted, or in the care of a grandparent or relative. These individuals may be uncertain whether the youth could have been exposed to alcohol prenatally. If possible, work with the caregiver(s) to seek confirmation of alcohol exposure. This could mean reaching out to the birth mother, or an individual that was close to the birth mother while she was pregnant. Seeking to confirm prenatal alcohol exposure is helpful when completing and scoring the FASD screen, and also when referring the youth for an FASD assessment.
**III. Implementing Universal Screening and Referral for Diagnosis**

**STEP 6**
Evaluate staff training needs

In order to implement screening for FASD in your agency, you will need to ensure your staff members participate in various trainings to prepare for screening implementation.

The key training topics for your agency to receive are:
- FASD 101
- Motivational Interviewing
- Legal and Ethical Issues

All staff members who will be directly working with youth and families should attend these trainings. It is recommended that as many additional staff as possible attend these trainings as well, so your team is up to date regarding the value of the new screening tool that is being implemented.

These trainings will assist your staff with learning the best questions to ask when working with families, and also the best way to ask them. Increasing skills and gaining tools that will help your staff become comfortable discussing alcohol use during pregnancy plays a vital role in screening for FASD.

In addition, here are some other points to consider when evaluating staff training needs:
- Where will the trainings be held? Will they be located at your agency, off-site, or online/virtual?
- Who will provide the trainings?
- How will the trainings be funded?

**STEP 7**
Incorporate screening tool and pilot testing

Your agency has planned the FASD screening procedures, determined the at-risk protocols, and trained the staff members. The next step is to implement the FASD screen itself, using a pilot testing model.

The benefit of pilot testing the FASD screen is to provide your agency with a manageable grasp on new procedures. It allows your staff the opportunity to determine how the screen will fit into other intake materials in a realistic, workable way. An example of piloting the FASD screen could initially start with one or two staff members before expanding to the entire agency.
This way, the front-line staff can provide hands-on solutions for improving the screening procedures before they are implemented agency-wide. It is up to your agency to decide what would work best to begin pilot testing and implementing the FASD screen.

Your FASD screening tool should cover three main topic areas:

- Maternal alcohol use during pregnancy
- Birth/developmental concerns
- Medical/behavioral concerns

Collecting information within these three main topic areas will help your staff determine if the youth is at risk for having a fetal alcohol spectrum disorder. In addition to these main areas, there are several other aspects that should be considered:

- Any placement outside the home (and at what age)
- Any delivery complications or major birth defects
- Low birth and/or current weight
- Small birth and/or current height
- Small head circumference (10th percentile or less)
- Any intellectual or learning disabilities
- Involvement in early childhood or special education programs

It is up to your agency how you would like to ask these screening questions. You can create your own tool, or you can use or adapt a tool already in existence.

There are two types of screening tools you can use. You can use a tool that guides staff members in a conversation with the parent or caregiver, and the staff will write down notes throughout the screening process. Or, you can use a tool that is handed to the parent or caregiver, and they will fill it out themselves. These two different options both have advantages – it is up to your agency and staff members to decide which one would be a better fit.

Four examples of generalized screening tools developed by the University of Wisconsin are included in Appendix B: FASD Screening Tools. While each of these forms are slightly different in terms of detail and administration, they are all seeking the same information. The four different options include:

- Full-length Alcohol Exposure Screen (any age)
  - Intended for staff to complete
- FASD Screen for Adolescents
  - Intended for staff to complete
- Prenatal and Early Development Screen – I
  - Intended for birth mothers to complete
- Prenatal and Early Development Screen – II
  - Intended for other parent and/or caregiver to complete
Another option is to use a screening tool that is available online. One option is included below:


The screening has begun in your agency, and your staff is working with families at the point of intake to complete the FASD screen. This is the time where you may begin to see positive screens, which means that your client is at risk of having an FASD.

If a client is at risk of having an FASD, it is important to refer them to a physician or diagnostic clinic that can provide an assessment for fetal alcohol spectrum disorders. Confirming or ruling out a diagnosis of FASD is vital to providing your client appropriate and individualized care.

Once your agency begins completing the FASD screen with families, it is essential to know the referral procedure for the youth that screen at risk of having a fetal alcohol spectrum disorder.

Understanding who will make the referral, and where the referral will be made to, are two key concepts when a youth has been identified as having a positive screen, or being at risk of having an FASD.

Here are additional key points to consider:

- Once your staff member identifies a youth with a positive screen, who will they hand off that information to? Will they make an appointment to speak with the family, or will they connect with a colleague to speak with the family?
- Will your staff be able to answer your client or family’s questions regarding insurance coverage, how to make an appointment, or how to navigate wait lists?
- Where are the clinics or physicians near you that can provide an assessment and/or diagnosis?
  - See Appendix E “Accessing Diagnostic Services in Wisconsin”
Once the FASD screen becomes a routine component of the intake materials within your agency, you will want to monitor, evaluate and update the screening process.

There are two main aspects of monitoring and evaluating the screening process. This will involve gathering data from the FASD screen itself, and from the staff that are administering the screen. Evaluating how the screening is going so far, and what your team can do to improve, will benefit staff, clients and the screening process as a whole.

Consider the following questions as a part of your evaluation process:

• What is your percentage of positive screens?
  – The percentage of positive screens may affect expanding or contracting the parameters of a positive versus a negative screen
• What is the response you are receiving from parents or caregivers during administration of the FASD screen?
• Have you seen an increase in referrals for an FASD assessment?
• Do staff members have any suggestions to improve the screening process?

• Is additional training needed for staff members?
• What might be missing that would help your staff?
• How often will you continue to evaluate the screening process?

Your agency has implemented the FASD screen, refined the screening procedure, and referred youth for assessment. If your client receives a diagnosis of an FASD, how will you incorporate this diagnosis into your treatment plan?

The following questions will serve as a guideline for adapting your treatment plans based on a diagnosis of a fetal alcohol spectrum disorder:

• How will you receive the results of the FASD assessment?
  – From the youth, the parent(s) or caregiver(s), or the diagnosing provider?
• Will you have general evidence-based treatment modifications ready to be implemented, or will you create modifications for each client on an individual basis?
• Where will the treatment modifications be outlined?
• Will other staff members have access to the results of the diagnosis and the appropriate treatment modifications?
• Will there be team meetings to ensure consistency among all staff members working with the youth?
• How will you ensure the treatment modifications are being implemented among all staff members working with the youth?
Youth in the youth justice system, particularly those with FASD, have a high risk for recidivism while on community-based supervision and after being released into the community from secure detention facilities. Practical, skill-based interventions not only assist individuals with FASD to live pro-social and productive lives, but enhance protection of the community by reducing the likelihood of recidivism. Many such practices are easily imparted, cost little to implement, and may provide similar benefit to other youth in the youth justice system. Here are some points to consider when implementing universal best practices for youth with FASD:

• Discuss the benefit of neuropsychological evaluations, and what it means when a client has an overall average IQ, but a compromised active working memory (i.e., why competence of a task cannot be assumed from one day to the next).

• Discuss enhancing retention through repetition and how this relates to understanding rules (i.e., the use of role-playing, not just repeating the rules back as a basis to ensure understanding).

• Discuss the difference between abstract and concrete language to a youth with FASD. Consider the need for the rules to be communicated in simpler terms which are easier to follow and based on quality versus quantity.

• Explore balancing the lack of cause and effect thinking with the need for accountability for non-compliance.

• Discuss evidence-based treatments (counseling/therapy with or without modifications), environmental accommodations, alternative therapies, behavior management, and psychopharmacological considerations.

• Consider the typical requirement of acceptance of responsibility for criminal behavior as a prerequisite for entry into treatment programming. How can we reconsider this requirement for youth with FASD? Address how to proceed with youth with FASD who do not have the capacity to understand their behavior as “wrong,” and how to impart a sense of accountability without excusing their crimes or violations of community-based supervision.

• Stress how finding a few accommodations that fit the needs of a particular youth may dramatically enhance their chances for success in correctional settings.

• Discuss the importance of teaching and practicing self-regulation for youth with FASD (i.e., sensory integration techniques such as breathing, modified mindfulness, or chewing gum).

• Discuss proactively predicting and avoiding problems before they occur based on an understanding of youth with FASD.
Examine the importance of identifying the youth’s protective factors and using those as a means of longer-term monitoring of clients with FASD. These factors can include family functioning and resiliency, concrete supports, and social supports.

Emphasize the concept of “it takes a village,” as well as FASD being a lifelong disability that can be successfully accommodated and managed, but never cured.

Emphasize the importance of family involvement, including education and support, as well as consistent expectations across all environments.

Discuss how to educate youth about FASD. Teach them how to identify and build upon their individual strengths, and how to become their own best advocate in accommodating their challenges.
VI. APPENDICES

Appendix A: FASD Education and Training
Appendix B: FASD Screening Tools
Appendix C: Site Implementation Checklist
Appendix D: FASD Screen Flowchart
Appendix E: Accessing Diagnostic Services in Wisconsin
Appendix F: References
Appendix A: FASD Education and Training

To inquire about training for your agency, contact:

**Bernestine Jeffers**  
SUD Project Strategist  
UWM Office of Research  
Center for Urban Population Health  
1020 N 12th St Suite 4180  
Milwaukee, WI 53233  
414-251-9249  
JeffersB@uwm.edu

Additionally, there are several readily available podcasts and web resources.

The Substance Abuse and Mental Health Services Administration (SAMHSA) developed Tools for Success: Working with Youth with Fetal Alcohol Spectrum Disorders (Fasd) in the Youth Justice System: [http://162.99.3.34/ToolsForSuccess/modules/intro.aspx](http://162.99.3.34/ToolsForSuccess/modules/intro.aspx)

The Centers for Disease Control and Prevention (CDC) has devoted significant resources to raising awareness and providing resources to increase knowledge about FASD: [https://www.cdc.gov/ncbddd/fasd/index.html](https://www.cdc.gov/ncbddd/fasd/index.html)
Appendix B: Screening Tools

**FASD Risk Assessment Screen**

Name: _______________________________ Date of Birth: ___/___/____

Address: _______________________________

Primary Caregiver(s): ___________________ Telephone: _____________

- Birth Parent
- Adoptive Parent (at age:____)
- Foster Parent (at age:____)
- Self
- Other: ________

### Maternal Alcohol Use During Pregnancy

<table>
<thead>
<tr>
<th>Quantity</th>
<th>None</th>
<th>1 Drink</th>
<th>2-3 Drinks</th>
<th>&gt; 3 Drinks</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Frequency per Week</th>
<th>None</th>
<th>1 Day</th>
<th>&gt; 4 Days</th>
<th>Unknown</th>
</tr>
</thead>
</table>

- Binge Drinking (>3 drinks/occasions)
  
  # of occasions =

### Alcohol Use by Trimester

- First
- Second
- Third
- Unknown

Reported by: _____________________

Notes:

### Medical Concerns

#### Behavioral Health

- Bipolar Disorder
- RAD
- Anxiety
- Depression
- PTSD
- Other

Comments:

### IQ Test

- Stanford-Binet
- WAIS/WISC
- Woodcock-Johnson
- Kaufman (KAIT)
- Other

Score: _______________

Date: _______________

### Education History

Birth to Three: _____________________________

Early Childhood: _____________________________

Special Education: _____________________________

- LD
- CD
- EBD
- OHI
- S&L
- ASD
- IEP
- 504

School Concerns:

Current School: _____________________________

Grade: ________________________ Ever held back? ______

If not listed above, what qualified adolescent for services:

Notes:

### Birth/Development

Term Pregnancy: ☐ Yes ☐ No Week: ______

Delivery Complications: ______________________

- Birth Weight: _______________ <10%
- Birth Length: _______________ <10%
- Current Weight: _______________ <10%
- Current Height: _______________ <10%
- OFC: _______________ <10%

Major Birth Defects:

- Cleft Palate
- Heart Defect
- Hands/Arms
- Eyes

Notes:

### Diagnoses:

- Delayed Speech or Language
- Seizures
- Altered Motor Skills
- Intellectual Disability
- FASD/ND-PAE
- ASD
- Learning Disabilities
- ADD/ADHD
- Other

Notes:
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<th>Notes</th>
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<td>2. Individual’s Strengths</td>
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</tr>
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<td>3. Medical/Hospitalization/Injuries/Nutritional Concerns</td>
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</tr>
<tr>
<td>4. School History</td>
<td></td>
</tr>
<tr>
<td>5. Behaviors/Therapies/Medication</td>
<td></td>
</tr>
<tr>
<td>6. Family</td>
<td></td>
</tr>
<tr>
<td>7. Additional Comments</td>
<td></td>
</tr>
</tbody>
</table>
## FASD Screen for Adolescents

Name: ___________________________ Date of Birth: ___/___/____
Address: ___________________________

Primary Caregiver(s): ___________________________ Telephone: _____________
- ☐ Birth Parent
- ☐ Adoptive Parent (at age:____)
- ☐ Foster Parent (at age:____)
- ☐ Self
- ☐ Other: ________

### Maternal Alcohol Use During Pregnancy

<table>
<thead>
<tr>
<th>Quantity</th>
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<th>1 Drink</th>
<th>2-3 Drinks</th>
<th>&gt; 3 Drinks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency per Week</td>
<td>None</td>
<td>1 Day</td>
<td>2-3 Days</td>
<td>&gt; 4 Days</td>
</tr>
</tbody>
</table>

- ☐ Binge Drinking (>3 drinks/occasions)

# of occasions =

### Alcohol Use by Trimester

- ☐ First
- ☐ Second
- ☐ Third
- ☐ Unknown

Reported by: ___________________________

Notes:

### Behavioral Health

- ☐ Bipolar Disorder
- ☐ RAD
- ☐ Anxiety
- ☐ Depression
- ☐ PTSD
- ☐ Other: ___________________________

Comments:

### IQ Test

- ☐ Stanford-Binet
- ☐ WAIS/WISC
- ☐ Woodcock-Johnson
- ☐ Kaufman (KAIT)
- ☐ Other: ___________________________

Score: ___________________________
Date: ___________________________

- ☐ Adaptive Functioning Date:
- ☐ Neuropsychology Assessment Date:

Comments:

### Education History

Birth to Three: ___________________________
Early Childhood: ___________________________
Special Education: ___________________________

- ☐ LD
- ☐ CD
- ☐ EBD
- ☐ OHI
- ☐ S&L
- ☐ ASD
- ☐ IEP
- ☐ 504

School Concerns:

Current School: ___________________________
Grade: ___________________________
Ever held back? ________

If not listed above, what qualified adolescent for services:

Notes:

### Medical Concerns

<table>
<thead>
<tr>
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<tr>
<td>Anxiety</td>
</tr>
<tr>
<td>Depression</td>
</tr>
<tr>
<td>PTSD</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

Comments:

### Diagnosis

- ☐ Delayed Speech or Language
- ☐ Seizures
- ☐ Altered Motor Skills
- ☐ Intellectual Disability
- ☐ FASD/ND-PAE
- ☐ ASD
- ☐ Learning Disabilities
- ☐ ADD/ADHD
- ☐ Other

Notes:
Prenatal and Early Development Screen – I

Date of Birth: __/__/____        Form Completed By ________________________________

Our goal is to gather as much information as we can to help your child get the services they need. In order to do this, sometimes we have to go back to the beginning. We ask all parents for information about the pregnancy with the youth/client so our staff can work toward successful outcomes for your family.

Did you deliver full-term? (Full-term: between 37 and 42 weeks)        YES       NO

Describe any difficulties during your pregnancy. (i.e., bedrest, gestational diabetes, etc.)
_____________________________________________________________________________
_____________________________________________________________________________

Describe any problems with your labor and delivery. (i.e., the use of forceps or suction, unplanned C-section, etc.)
_____________________________________________________________________________
_____________________________________________________________________________

What were your child’s weight, length, and head circumference measurements at birth?
_____________________________________________________________________________
_____________________________________________________________________________

Were there difficulties with your child immediately after birth? (i.e., cleft palate, heart defect, ear/eye/hand/arm concerns, infection, low Apgar score)        YES       NO
If yes, please explain:
_____________________________________________________________________________
_____________________________________________________________________________

Describe your alcohol use in the 90 days (3 months) BEFORE you knew you were pregnant. Please choose one:
☐ I drank 21 or more drinks per week    ☐ I drank less than 1 drink per month
☐ I drank between 7 and 20 drinks per week    ☐ I drank less than 1 drink per week
☐ I drank fewer than 7 drinks per week    ☐ I didn’t drink alcohol at all

What statement best describes your alcohol use AFTER you found out you were pregnant? Please choose one:
☐ I drank more than I did before I was pregnant    ☐ I drank less than I did before I was pregnant
☐ I drank about the same as I did before I was pregnant    ☐ I did not drink alcohol at all
Appendix B: Screening Tools

Have any of the following been diagnosed in your child? Please choose all that apply:

- Seizure Disorder
- Intellectual Disability
- Developmental Disability
- Learning Disability
- Attention Deficit/Hyperactivity Disorder
- Fetal Alcohol Spectrum Disorder
- Autism Spectrum Disorder
- Other: _______________________
- None

Does your child have any of the following behavioral health concerns? Please choose all that apply:

- Bipolar Disorder (BDP)
- Reactive Attachment Disorder (RAD)
- Obsessive Compulsive Disorder (OCD)
- Anxiety
- Depression
- Post-Traumatic Stress Disorder (PTSD)
- Trauma
- Other: _______________________
- None

Has your child ever received Special Education services in school?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning Disability (LD)</td>
<td>Speech and Language (S&amp;L)</td>
</tr>
<tr>
<td>Cognitive Disability (CD)</td>
<td>Autism Spectrum Disorder (ASD)</td>
</tr>
<tr>
<td>Emotional Behavioral Disorder (EBD)</td>
<td>IEP Plan</td>
</tr>
<tr>
<td>Other Health Impairment (OHI)</td>
<td>04 Plan</td>
</tr>
</tbody>
</table>

If yes, please choose all that apply:

- Speech and Language (S&L)
- Autism Spectrum Disorder (ASD)
- IEP Plan
- 04 Plan

Is there anything else you would like to add?

______________________________________________________________________________

______________________________________________________________________________

THANK YOU!
Prenatal and Early Development Screen – II

Date of Birth: ___/___/____
Form Completed By __________________________

Our goal is to gather as much information as we can to help your child get the services they need. In order to do this, sometimes we have to go back to the beginning. We ask all parents for information about the birth mother’s pregnancy with the youth/client so our staff can work toward successful outcomes for your family.

Was the delivery full-term? (Full-term: between 37 and 42 weeks) YES NO

Describe any difficulties during the pregnancy. (i.e., bedrest, gestational diabetes, etc.)
____________________________________________________________________________
____________________________________________________________________________

Describe any problems with the labor and delivery. (i.e., the use of forceps or suction, unplanned C-section, etc.)
____________________________________________________________________________
____________________________________________________________________________

What were the child’s weight, length, and head circumference measurements at birth?
____________________________________________________________________________
____________________________________________________________________________

Were there difficulties with the child immediately after birth? (i.e., cleft palate, heart defect, ear/eye/hand/arm concerns, infection, low Apgar score) YES NO
If yes, please explain:
____________________________________________________________________________
____________________________________________________________________________

Regarding the birth mother, describe her alcohol use in the 90 days (3 months) BEFORE she knew she was pregnant. Please choose one:
☐ Drank 21 or more drinks per week
☐ Drank between 7 and 20 drinks per week
☐ Drank fewer than 7 drinks per week
☐ Drank less than 1 drink per week
☐ Drank less than 1 drink per month
☐ Did not drink alcohol at all

What statement best describes her alcohol use AFTER she found out she was pregnant?
Please choose one:
☐ Drank more than before the pregnancy
☐ Drank about the same as before pregnancy
☐ Drank less than before the pregnancy
☐ Did not drink alcohol at all
Have any of the following been diagnosed in the child? Please choose all that apply:

- Seizure Disorder
- Intellectual Disability
- Developmental Disability
- Learning Disability
- Attention Deficit/Hyperactivity Disorder
- Fetal Alcohol Spectrum Disorder
- Autism Spectrum Disorder
- Other: _______________________
- None

Does the child have any of the following behavioral health concerns? Please choose all that apply:

- Bipolar Disorder (BDP)
- Reactive Attachment Disorder (RAD)
- Obsessive Compulsive Disorder (OCD)
- Anxiety
- Depression
- Post-Traumatic Stress Disorder (PTSD)
- Trauma
- Other: _______________________
- None

Has the child ever received Special Education services in school?

- Learning Disability (LD)
- Cognitive Disability (CD)
- Emotional Behavioral Disorder (EBD)
- Other Health Impairment (OHI)
- Speech and Language (S&L)
- Autism Spectrum Disorder (ASD)
- IEP Plan
- 04 Plan

If yes, please choose all that apply:

Is there anything else you would like to add?

______________________________________________________________________________
______________________________________________________________

THANK YOU!
Appendix C: Site Implementation Checklist

Site Implementation Checklist
Agency Name: ____________________________
Stage 1: Groundwork

- **Team Leads Identified**

<table>
<thead>
<tr>
<th>Team Position</th>
<th>Name</th>
<th>Staff Position</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team Member</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Team Member</td>
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<tr>
<td>Team Member</td>
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</tbody>
</table>

- **Organizational Commitment**
  - Contract Agreement Developed
  - Contract Signed/Approval Process Complete

- **Staff Knowledge/Training Needs Assessed**

<table>
<thead>
<tr>
<th>Knowledge Area</th>
<th>Training Needed</th>
<th>Training Scheduled</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>FASD 101</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivational interviewing</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Legal and Ethical Issues</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Treatment Modifications</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Stage 2: Decisions and Protocol Development

<table>
<thead>
<tr>
<th>Current Screening Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Who will be screened?</td>
</tr>
<tr>
<td>○ How often screened?</td>
</tr>
<tr>
<td>○ Who conducts the screening?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Screening Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Screening Tool(s) for Individuals at Risk of Having an FASD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Screening Tool(s) for Teenage Girls at Risk of Alcohol-Exposed Pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Brief Alcohol Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Brief Intervention Protocols Developed (for pregnant women)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
Stage 3: Implementation Specifics

☐ Who will be receiving the training?

<table>
<thead>
<tr>
<th>Training</th>
<th>Staff Attending</th>
<th>Date Scheduled</th>
<th>Site Arrangements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening Protocols</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intervention Protocols</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialized Training</td>
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<tr>
<td>Other</td>
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<td></td>
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<td>Other</td>
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<td>Other</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ Who will be collecting and submitting data?

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Staff Responsible for Collection</th>
<th>Staff Responsible for Transmission</th>
<th>Transmission Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Youth at Intake Appointments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of Youth Screened for FASD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of Youth Screened Positive for FASD Risk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of Youth Referred for FASD Assessment</td>
<td></td>
<td></td>
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</tr>
<tr>
<td># of Youth Diagnosed with an FASD</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Stage 4: Go-Live

- **Date Selected**

- **Schedule for Project Review**

<table>
<thead>
<tr>
<th>Meeting</th>
<th>Team Members Involved</th>
<th>Schedule</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protocol Review</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data Review</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix D: FASD Screen Flowchart

Fetal Alcohol Spectrum Disorders (FASD) Screen Flowchart

Was there alcohol exposure during pregnancy?

- **YES**
  - Things to look for:
    1. Low birth weight and/or length
    2. Small stature
    3. Adoption from high-risk region
    4. Placement outside the home
    5. Any challenges/struggles with:
      - developmental delays or disabilities
      - school
      - making or keeping friends
      - trouble with the law

- **SUSPECTED**
  - (before determination, attempt to confirm)

- **NO/UNKNOWN**
  - and no reason to suspect

  **No Referral Needed**

  **Red Flag**
  Refer for Assessment
Fetal Alcohol Spectrum Disorders (FASD)

Was There Alcohol Exposure During Pregnancy?

**If NO/Unknown and No Reason to Suspect Alcohol Use:**
There is no need for a referral.

**If YES:**
Screener should inquire more about any challenges the individual has had.
Examples may include:

Any challenges or struggles with...

- Developmental delays or disabilities
- School
- Making or keeping friends
- Trouble with the law

In addition to the challenges above, if the individual was adopted from a high-risk region, experienced any placement outside the home (even temporary residence with a relative), had a low birth weight and/or length, and has small stature, these items or any combination of these items would warrant a referral. The individual should then be referred for an FASD assessment.

**If there is SUSPECTED alcohol exposure during pregnancy:** Screener should inquire more about if confirming alcohol exposure during pregnancy is possible. Client, family member or staff can attempt to contact birth mother, or another family member or relative who knew the birth mother during her pregnancy.

In addition to this, look for: low birth weight/length, small stature, adoption from a high-risk region, and any challenges/struggles with: developmental delays or disabilities, school, making or keeping friends, and trouble with the law.
Appendix E: Accessing Diagnostic Services in Wisconsin

Children’s Hospital of Wisconsin Genetics Center
Address: PO Box 1997
         9000 W. Wisconsin Avenue
         Milwaukee, WI 53226
Telephone: 414-266-3347
Central Scheduling: 414-607-5280

Gundersen Lutheran Medical Center
Address: 1900 South Avenue
         La Crosse, WI 54601
Telephone: 608-775-2599

UW-Madison, Waisman Center Medical Genetics Clinic
Address: Waisman Center
         1500 Highland Avenue
         Madison, WI 53705
Telephone: Coordinator Madison Clinic 608-262-2507
*Please specify that you are calling for an assessment for fetal alcohol syndrome.
Outreach Site: Green Bay 920-433-8559
Appendix F: References


