



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

## **Suggested Citation**

University of Wisconsin Department of Family Medicine and Community Health. *Planning and Implementing Screening for Fetal Alcohol Spectrum Disorders in the Youth Justice System*. Madison, Wisconsin: Department of Family Medicine and Community Health, School of Medicine and Public Health, University of Wisconsin, 2018. Updated October, 2020.

## **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.

### **Lindsey Peterson, MS, CRC**

University of Wisconsin–Madison

### **Jamie McCarville**

State of Wisconsin Department of Health Services

### **Deb Sumiec, MSW**

Child Advocacy Social Worker

### **Georgiana Wilton, PhD**

Emerita, University of Wisconsin–Madison

## TABLE OF CONTENTS

<b>Introduction .....</b>	<b>4</b>
<b>I. Laying the Groundwork.....</b>	<b>6</b>
<b>II. Adapting FASD Screening .....</b>	<b>9</b>
<b>III. Implementing Universal Screening and Referral for Diagnosis .....</b>	<b>12</b>
<b>IV. Refining the Process .....</b>	<b>15</b>
<b>V. Universal Best Practices for Working with Youth with FASD .....</b>	<b>17</b>
<b>VI. Appendices .....</b>	<b>19</b>
Appendix A: FASD Education and Training .....	20
Appendix B: FASD Screening Tools .....	21
Appendix C: Site Implementation Checklist .....	29
Appendix D: FASD Screen Flowchart .....	35
Appendix E: Accessing Diagnostic Services in Wisconsin .....	37
Appendix F: References .....	38



## 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-alcohol-spectrum-disorders/child\\_and\\_adolescent\\_health.html](https://www.americanbar.org/groups/child_law/what_we_do/projects/child-and-adolescent-health/fetal-alcohol-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

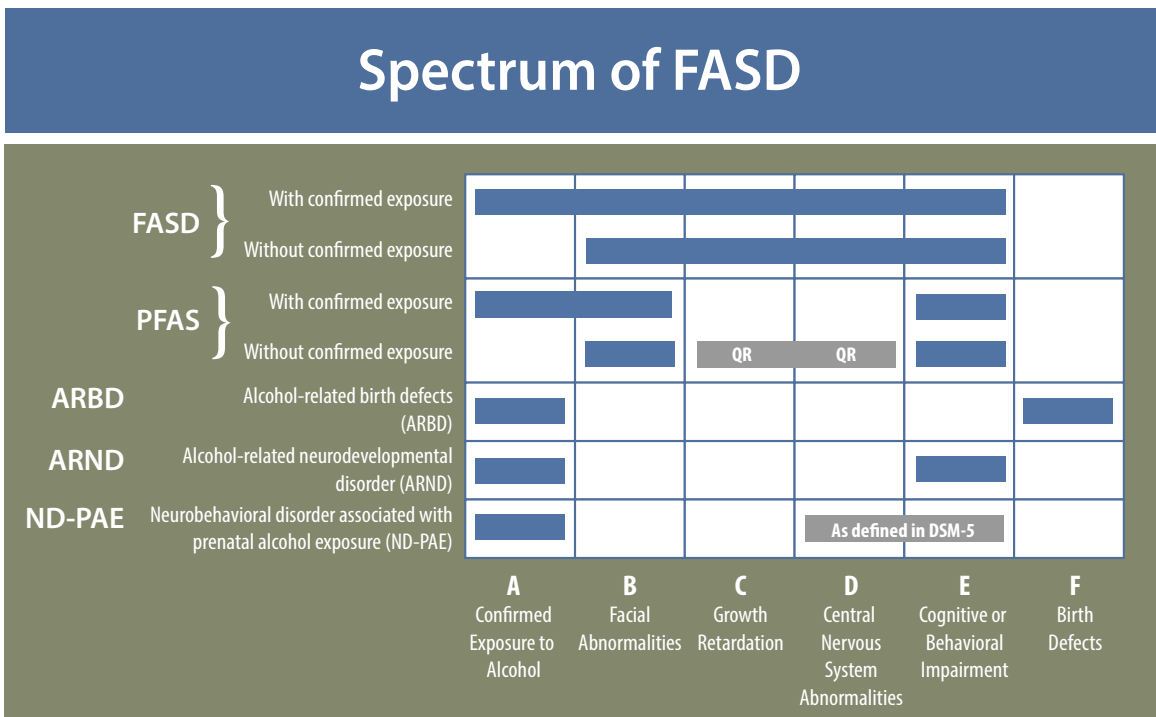
**STEP 10** Adapt treatment protocols based on diagnosis


# 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.

**STEP 1**  
**Familiarize your team with FASD and how it impacts the youth you serve**

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<sup>th</sup> 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<sup>th</sup> 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.

## STEP 2

**Ensure leaders and team members are committed to implementing FASD screening and identification**

### 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.

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?



## 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.

- How you will share screening results
  - Create a protocol for how and when to share the screening results with other staff members or with the youth’s parent or caregiver.

**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.

## STEP 5

### Determine at-risk protocols

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 (10<sup>th</sup> 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:

- American Academy of Pediatrics FASD Patient Checklist for Pediatric Medical Home Providers: [https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/fetal-alcohol-spectrum-disorders-toolkit/Documents/Provider\\_Checklist.pdf](https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/fetal-alcohol-spectrum-disorders-toolkit/Documents/Provider_Checklist.pdf)

## **STEP 8**

### **Establish referral procedures**

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”

## IV. Refining the Process

### STEP 9

#### Monitor and update the process

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?

### STEP 10

#### Adapt treatment protocols based on diagnosis

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?





## V. Universal Best Practices for Working with Youth with FASD

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](mailto: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>

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>

## 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
<b>Quantity</b> <input type="checkbox"/> None <input type="checkbox"/> 1 Drink <input type="checkbox"/> 2-3 Drinks <input type="checkbox"/> > 3 Drinks
<b>Frequency per Week</b> <input type="checkbox"/> None <input type="checkbox"/> 1 Day <input type="checkbox"/> 2-3 Days <input type="checkbox"/> > 4 Days <input type="checkbox"/> Unknown
<input type="checkbox"/> Binge Drinking (>3 drinks/occasions) # of occasions = _____
<b>Alcohol Use by Trimester</b> <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Unknown
<b>Reported by:</b> _____ Notes: _____

Birth/Development
<b>Term Pregnancy:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Week: _____ Delivery Complications: _____
Birth Weight: _____ <input type="checkbox"/> <10%
Birth Length: _____ <input type="checkbox"/> <10%
Current Weight: _____ <input type="checkbox"/> <10%
Current Height: _____ <input type="checkbox"/> <10%
OFC: _____ <input type="checkbox"/> <10%
<b>Major Birth Defects:</b> <input type="checkbox"/> Cleft Palate <input type="checkbox"/> Heart Defect <input type="checkbox"/> Hands/Arms <input type="checkbox"/> Eyes Notes: _____
<b>Diagnoses:</b> <input type="checkbox"/> Delayed Speech or Language <input type="checkbox"/> Seizures <input type="checkbox"/> Altered Motor Skills <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> FASD/ND-PAE <input type="checkbox"/> ASD <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Other Notes: _____

Medical Concerns
<b>Behavioral Health</b> <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> RAD <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> PTSD <input type="checkbox"/> Other _____ Comments: _____
<b>IQ Test</b> <input type="checkbox"/> Stanford-Binet <input type="checkbox"/> WAIS/WISC <input type="checkbox"/> Woodcock-Johnson <input type="checkbox"/> Kaufman (KAIT) <input type="checkbox"/> Other _____ Score: _____ Date: _____ <input type="checkbox"/> Adaptive Functioning Date: <input type="checkbox"/> Neuropsychology Assessment Date: Comments: _____
<b>Education History</b> Birth to Three: _____ Early Childhood: _____ Special Education: _____ <input type="checkbox"/> LD <input type="checkbox"/> CD <input type="checkbox"/> EBD <input type="checkbox"/> OHI <input type="checkbox"/> S&L <input type="checkbox"/> ASD <input type="checkbox"/> IEP <input type="checkbox"/> 504 School Concerns: _____  Current School: _____ Grade: _____ Ever held back? _____ If not listed above, what qualified adolescent for services: _____

## NOTES

### 1. Prenatal

### 2. Individual's Strengths

### 3. Medical/Hospitalization/Injuries/Nutritional Concerns

### 4. School History

### 5. Behaviors/Therapies/Medication

### 6. Family

### 7. Additional Comments

## 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
<b>Quantity</b> <input type="checkbox"/> None <input type="checkbox"/> 1 Drink <input type="checkbox"/> 2-3 Drinks <input type="checkbox"/> > 3 Drinks
<b>Frequency per Week</b> <input type="checkbox"/> None <input type="checkbox"/> 1 Day <input type="checkbox"/> 2-3 Days <input type="checkbox"/> > 4 Days <input type="checkbox"/> Unknown
<input type="checkbox"/> Binge Drinking (>3 drinks/occasions) # of occasions = _____
<b>Alcohol Use by Trimester</b> <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Unknown
<b>Reported by:</b> _____ Notes: _____

Birth/Development
<b>Term Pregnancy:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Week: _____ Delivery Complications: _____
Birth Weight: _____ <input type="checkbox"/> <10% Birth Length: _____ <input type="checkbox"/> <10% Current Weight: _____ <input type="checkbox"/> <10% Current Height: _____ <input type="checkbox"/> <10% OFC: _____ <input type="checkbox"/> <10%
<b>Major Birth Defects:</b> <input type="checkbox"/> Cleft Palate <input type="checkbox"/> Heart Defect <input type="checkbox"/> Hands/Arms <input type="checkbox"/> Eyes Notes: _____
<b>Diagnoses:</b> <input type="checkbox"/> Delayed Speech or Language <input type="checkbox"/> Seizures <input type="checkbox"/> Altered Motor Skills <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> FASD/ND-PAE <input type="checkbox"/> ASD <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Other Notes: _____

Medical Concerns
<b>Behavioral Health</b> <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> RAD <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> PTSD <input type="checkbox"/> Other _____ Comments: _____
<b>IQ Test</b> <input type="checkbox"/> Stanford-Binet <input type="checkbox"/> WAIS/WISC <input type="checkbox"/> Woodcock-Johnson <input type="checkbox"/> Kaufman (KAIT) <input type="checkbox"/> Other _____ Score: _____ Date: _____ <input type="checkbox"/> Adaptive Functioning Date: <input type="checkbox"/> Neuropsychology Assessment Date: Comments: _____
<b>Education History</b> Birth to Three: _____ Early Childhood: _____ Special Education: _____ <input type="checkbox"/> LD <input type="checkbox"/> CD <input type="checkbox"/> EBD <input type="checkbox"/> OHI <input type="checkbox"/> S&L <input type="checkbox"/> ASD <input type="checkbox"/> IEP <input type="checkbox"/> 504 School Concerns: _____  Current School: _____ Grade: _____ Ever held back? _____ If not listed above, what qualified adolescent for services: _____



**NOTES**

A large, empty rectangular box with a thin blue border, intended for handwritten 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 week

I drank between 7 and 20 drinks per week

I drank less than 1 drink per month

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

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

- |   |   |
|---|---|
| <input type="checkbox"/> Seizure Disorder         | <input type="checkbox"/> Attention Deficit/Hyperactivity Disorder |
| <input type="checkbox"/> Intellectual Disability  | <input type="checkbox"/> Fetal Alcohol Spectrum Disorder          |
| <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Autism Spectrum Disorder                 |
| <input type="checkbox"/> Learning Disability      | <input type="checkbox"/> Other: _____                             |
|   | <input type="checkbox"/> None                                     |

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

- |  |  |
|--|--|
| <input type="checkbox"/> Bipolar Disorder (BDP)              | <input type="checkbox"/> Depression                            |
| <input type="checkbox"/> Reactive Attachment Disorder (RAD)  | <input type="checkbox"/> Post-Traumatic Stress Disorder (PTSD) |
| <input type="checkbox"/> Obsessive Compulsive Disorder (OCD) | <input type="checkbox"/> Trauma                                |
| <input type="checkbox"/> Anxiety                             | <input type="checkbox"/> Other: _____                          |
|  | <input type="checkbox"/> None                                  |

**Has your child ever received Special Education services in school?**

**YES      NO**

- |  |   |
|--|---|
| <input type="checkbox"/> Learning Disability (LD)            | <input type="checkbox"/> Speech and Language (S&L)      |
| <input type="checkbox"/> Cognitive Disability (CD)           | <input type="checkbox"/> Autism Spectrum Disorder (ASD) |
| <input type="checkbox"/> Emotional Behavioral Disorder (EBD) | <input type="checkbox"/> IEP Plan                       |
| <input type="checkbox"/> Other Health Impairment (OHI)       | <input type="checkbox"/> 04 Plan                        |

If yes, please choose all that apply:

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:**

- |   |  |
|---|--|
| <input type="checkbox"/> Drank 21 or more drinks per week       | <input type="checkbox"/> Drank less than 1 drink per week  |
| <input type="checkbox"/> Drank between 7 and 20 drinks per week | <input type="checkbox"/> Drank less than 1 drink per month |
| <input type="checkbox"/> Drank fewer than 7 drinks per week     | <input type="checkbox"/> Did not drink alcohol at all      |

**What statement best describes her alcohol use AFTER she found out she was pregnant?**

**Please choose one:**

- |   |   |
|---|---|
| <input type="checkbox"/> Drank more than before the pregnancy     | <input type="checkbox"/> Drank less than before the pregnancy |
| <input type="checkbox"/> Drank about the same as before pregnancy | <input type="checkbox"/> Did not drink alcohol at all         |

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

- |   |   |
|---|---|
| <input type="checkbox"/> Seizure Disorder         | <input type="checkbox"/> Attention Deficit/Hyperactivity Disorder |
| <input type="checkbox"/> Intellectual Disability  | <input type="checkbox"/> Fetal Alcohol Spectrum Disorder          |
| <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Autism Spectrum Disorder                 |
| <input type="checkbox"/> Learning Disability      | <input type="checkbox"/> Other: _____                             |
|   | <input type="checkbox"/> None                                     |

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

- |  |  |
|--|--|
| <input type="checkbox"/> Bipolar Disorder (BDP)              | <input type="checkbox"/> Depression                            |
| <input type="checkbox"/> Reactive Attachment Disorder (RAD)  | <input type="checkbox"/> Post-Traumatic Stress Disorder (PTSD) |
| <input type="checkbox"/> Obsessive Compulsive Disorder (OCD) | <input type="checkbox"/> Trauma                                |
| <input type="checkbox"/> Anxiety                             | <input type="checkbox"/> Other: _____                          |
|  | <input type="checkbox"/> None                                  |

**Has the child ever received Special Education services in school?**

**YES      NO**

- |  |   |
|--|---|
| <input type="checkbox"/> Learning Disability (LD)            | <input type="checkbox"/> Speech and Language (S&L)      |
| <input type="checkbox"/> Cognitive Disability (CD)           | <input type="checkbox"/> Autism Spectrum Disorder (ASD) |
| <input type="checkbox"/> Emotional Behavioral Disorder (EBD) | <input type="checkbox"/> IEP Plan                       |
| <input type="checkbox"/> Other Health Impairment (OHI)       | <input type="checkbox"/> 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**

Team Position	Name	Staff Position	Contact
Lead			
Team Member			
Team Member			
Team Member			
Team Member			
Team Member			

**Organizational Commitment**

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

**Staff Knowledge/Training Needs Assessed**

Knowledge Area	Training Needed	Training Scheduled	Comments
FASD 101			
Motivational interviewing			
Legal and Ethical Issues			
Treatment Modifications			
Other			

## Stage 2: Decisions and Protocol Development

**Current Screening Methods**

Who will be screened?

How often screened?

Who conducts the screening?

**Current Screening Tools**

**Screening Tool(s) for Individuals at Risk of Having an FASD**

**Screening Tool(s) for Teenage Girls at Risk of Alcohol-Exposed Pregnancy**

**Brief Alcohol Intervention**

**Brief Intervention Protocols Developed (for pregnant women)**

### Stage 3: Implementation Specifics

Who will be receiving the training?

Training	Staff Attending	Date Scheduled	Site Arrangements
Screening Protocols			
Intervention Protocols			
Specialized Training			
Other			
Other			
Other			
Other			

Who will be collecting and submitting data?

Data Element	Staff Responsible for Collection	Staff Responsible for Transmission	Transmission Schedule
# of Youth at Intake Appointments			
# of Youth Screened for FASD			
# of Youth Screened Positive for FASD Risk			
# of Youth Referred for FASD Assessment			
# of Youth Diagnosed with an FASD			



## Stage 4: Go-Live

Date Selected

Schedule for Project Review

Meeting	Team Members Involved	Schedule	Comments
Protocol Review			
Data Review			
Other			

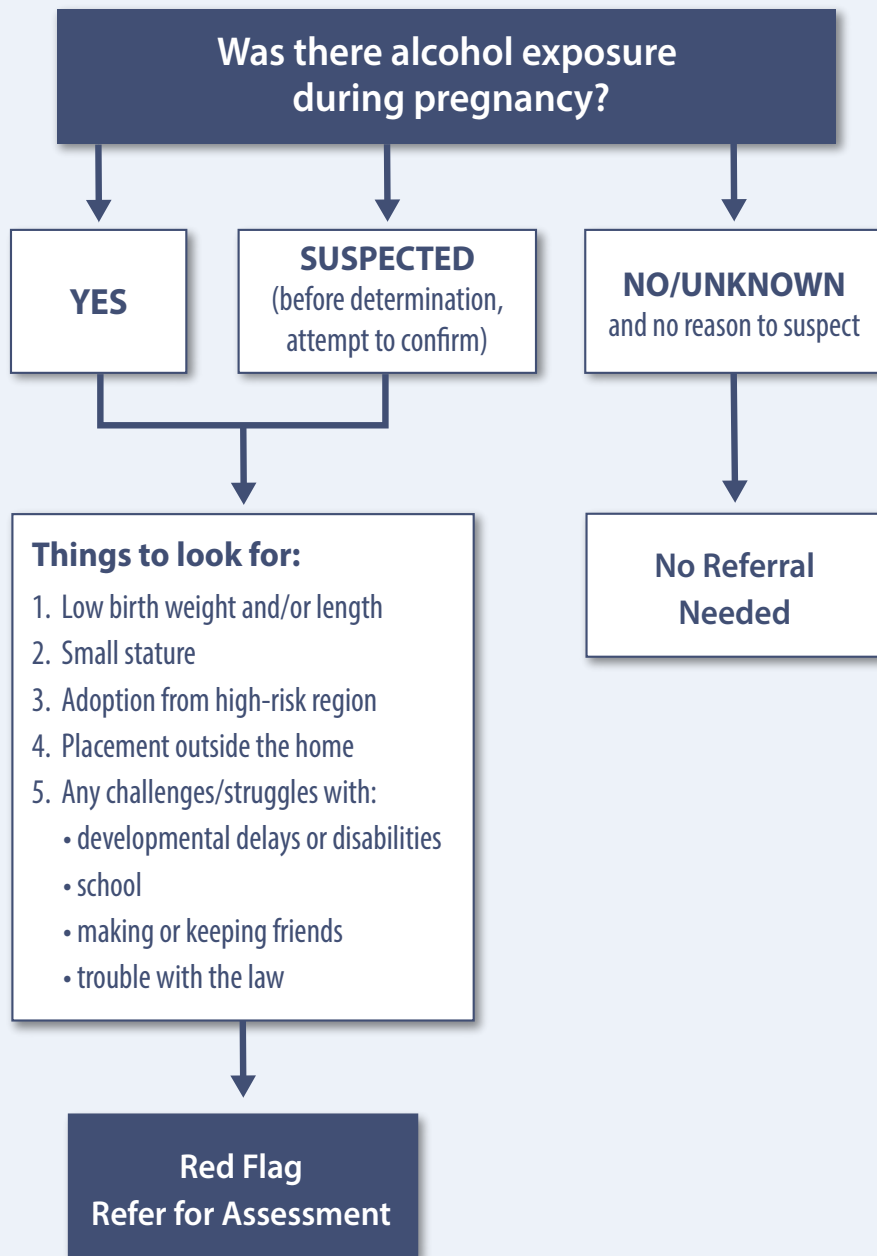


**NOTES**

A large, empty rectangular box with a thin blue border, intended for handwritten notes.

## Appendix D: FASD Screen Flowchart

### Fetal Alcohol Spectrum Disorders (FASD) Screen Flowchart



## 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

1. American Bar Association, Section of Litigation. (2012). *Fetal Alcohol Spectrum Disorders: What you need to know to help your clients*. Chicago: American Bar Association Center for Continuing Legal Education.
2. American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*. Washington, DC: American Psychiatric Association.
3. Fast DK & Conry J. (2009). Fetal alcohol spectrum disorders and the criminal justice system. *Developmental Disabilities*, 15, 250-257.
4. Hoyme HE, Kalberg WO, Elliott AJ, Blakenship J, Buckley D & May PA. (2016). Updated clinical guidelines for diagnosing fetal alcohol spectrum disorders. *Pediatrics*, 138(2), 2-18.
5. Mattson SN, Bernes GA Doyle LR. (2019). Fetal alcohol spectrum disorders: A review of the neurobehavioral deficits associated with prenatal alcohol exposure. *Alcoholism: Clinical and Experimental Research*, 43(6), 1046-1062. <https://doi.10.1111/acer14040>.
6. May PA, Chambers CD, Kahlberg WO, Zellner J, Feldman H, Buckley D, Kopald D, Hasken JM, Ronghui X, Honerkamp-Smith G, Taras H, Manning MA, Robinson LK, Adam MP, Abdul-Rahman O, Vaux K, Jewett T, Elliott AJ, Kable JA...& Hoyme HE. (2018). Prevalence of fetal alcohol spectrum disorders in 4 US communities. *Journal of the American Medical Association*, 319(5), 474-482.
7. Rutman D. (2016). Becoming FASD Informed: Strengthening practice and programs working with women with FASD. *Substance Abuse: Research and Treatment*, 10(S1), 13-20.





**CUPH**  
Center for Urban  
Population Health  
*Data-driven. Evidence-based.  
Community-engaged.*

**[wisconsinconnect.org](http://wisconsinconnect.org)**