



Wisconsin Collaborative of Treatment Professionals
FOR EDUCATION AND CAPACITY TRAINING

Fetal Alcohol Spectrum Disorders (FASD): Is it Worth the Diagnosis?

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Learning Objectives

	By the end of this presentation participants will be able to:
Distinguish	Distinguish between screening, assessment, and diagnosis of FASDs
Recognize	Recognize common screening approaches that can lead to referral for further assessment for FASDs
Discuss	Discuss the potential implications of a diagnosis for children and adults

Fetal Alcohol Spectrum Disorders (FASD)

- A range of conditions characterized by structural changes and functional deficits associated with prenatal exposure to alcohol
 - Moore & Riley, 2015
- FASD itself is **not** a diagnosis

Umbrella of FASD

Fetal Alcohol Syndrome

Partial Fetal Alcohol Syndrome



Alcohol-Related Birth Defects (ARBD)

Neurodevelopmental Disorder-Prenatal Alcohol Exposure (ND-PAE)

Alcohol-related Neurodevelopmental Disorder (ARND)

Prevalence

- Prevalence rate of 1.1% - 5% of first-grade students
 - May et al., 2018
- In Specialized Populations:
 - Secure forensic hospital = 8%
 - Correctional settings = 10-22%
 - Foster care = 1 in 4 children
 - Special education = 1 in 12 children
 - Psychiatric populations = 1 in 12
 - Kambeitz et al., 2019

Potential Implications of FASDs

- Deficits in:
 - Neurocognitive functioning
 - Across all domains
 - Motor skills
 - Attention
 - Visual and auditory processing
 - Language
- Intellectual disabilities
- Difficulty with executive functioning
 - Verbal fluency
 - Inhibition
 - Problem solving
 - Set-shifting
 - Working memory

Mattson et al., 2019

Increased Risks

- Women with ↑ ACEs = ↑ alcohol use in pregnancy
- 22x rate of **Intellectual Disabilities**
- 11x rate of **Anxiety Disorders**
- 10x rate of **ADHD**
- 5x rate of **ODD**
- 24x rate of **Psychosis**

NOTE: Causation not solely related to teratogenic effects of alcohol!

- Weyrauch et al., 2017

Implications for Service Providers

- Cognitive and functional limitations can interfere with service success if not recognized and accommodated
 - Lack of progress \neq lack of motivation
 - Not following directions \neq noncompliant
 - Lack of concentration \neq ambivalence
 - Inability to recognize negative consequences \neq denial

Implications for Service Providers, cont.

- Appropriate screening and follow-up protocols for FASDs **(HINT)**
 - *If client is pregnant*
 - Determine dose, pattern, and timing of exposure
 - Was detox involved?
 - Prenatal care/follow-up plan
 - *If client has children*
 - Prenatal exposure history of each child (if warranted)
 - *All clients*
 - Universal screening...it only takes a few extra questions

Then what?

- A follow-up protocol is essential **(HINT)**
- Keep in mind:
 - Screening is not diagnosing
 - Suspicions do not make a diagnosis
 - Refer to experts for assessment and diagnosis
 - If no diagnostician on-site, refer to a genetics clinic, primary care physician or clinician trained in this series of diagnoses

Screening vs. Assessment (and Diagnosis)

- **Screening** is a process for evaluating the possible presence of a particular issue.
 - The outcome is typically dichotomous: is further assessment warranted?



- SAMHSA, 2009

Assessment (and Diagnosis)

- **Assessment** is more comprehensive in nature, further defines the concern, determines an appropriate **diagnosis**, and leads to the development of treatment recommendations
 - Treatment recommendations may be the same regardless of a confirmed diagnosis
 - This is often true with conditions such as FASD, Autism Spectrum Disorders, ADHD
 - APA, 2004; SAMHSA, 2009

Screening

- Few “sample” tools available
- Easy to build your own:
 - Start with the 3 diagnostic criteria for FASD
 - Size
 - Specific facial features
 - Cognitive challenges
 - PAE



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
Quantity <input type="checkbox"/> None <input type="checkbox"/> 1 Drink <input type="checkbox"/> 2-3 Drinks <input type="checkbox"/> > 3 Drinks
Frequency per Week <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 = _____
Alcohol Use by Trimester <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Unknown
Reported by: _____ Notes: _____

Birth/Development
Term Pregnancy: <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%
Major Birth Defects: <input type="checkbox"/> Cleft Palate <input type="checkbox"/> Heart Defect <input type="checkbox"/> Hands/Arms <input type="checkbox"/> Eyes Notes: _____
Diagnoses: <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
Behavioral Health <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: _____
IQ Test <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: _____
Education History 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: _____

**ALCOHOL EXPOSURE PRE-SCREENING
FASD OUTREACH CLINIC**

Date: _____

Name of Child: _____ Birth Date: _____

Primary Caregiver _____ Phone #: _____

Birth Parent Adoptive Parent Foster Parent Other _____

(Instructions: Fill out the signs and symptoms on the left side of the table and then use that data to summarize the FAS criteria on the right.)

<p>Maternal Alcohol Use History During Pregnancy</p> <p>Binge drinking (≥4 drinks per occasion) <input type="checkbox"/> none <input type="checkbox"/> 1-2x <input type="checkbox"/> 3-4x <input type="checkbox"/> >4x</p> <p>Frequency per week <input type="checkbox"/> none <input type="checkbox"/> 1-2 days <input type="checkbox"/> 3-4 days <input type="checkbox"/> >4 days</p> <p>Quantity <input type="checkbox"/> none <input type="checkbox"/> 1 drink <input type="checkbox"/> 2-3 drinks <input type="checkbox"/> ≥ 4 drinks</p> <p>Alcohol use by trimester <input type="checkbox"/> first <input type="checkbox"/> second <input type="checkbox"/> third</p>	<p align="center">SUMMARY FAS CRITERIA</p> <p>Alcohol Use During Pregnancy <input type="checkbox"/> Information not available <input type="checkbox"/> None <input type="checkbox"/> Low-risk use <input type="checkbox"/> At-risk use <input type="checkbox"/> Not sure</p>
<p>Growth Pattern</p> <p>Birth Weight _____ kg/lbs <input type="checkbox"/> <10% Birth Length _____ cm/inches <input type="checkbox"/> <10% Head Circumference _____ cm/inches <input type="checkbox"/> <10%</p> <hr/> <p>Current Weight _____ kg/lbs <input type="checkbox"/> <10% Height/Length _____ cm/inches <input type="checkbox"/> <10% Head circumference _____ cm/inches <input type="checkbox"/> <10% Trends stable increasing declining (on chart)</p>	<p>Growth Pattern Summary <input type="checkbox"/> Abnormal <input type="checkbox"/> Normal <input type="checkbox"/> Not sure</p> <p><input type="checkbox"/> Abnormal <input type="checkbox"/> Normal <input type="checkbox"/> Not sure</p>
<p>Major Birth Defects <input type="checkbox"/> Cleft palate <input type="checkbox"/> Heart defect <input type="checkbox"/> Hands/Arms <input type="checkbox"/> Other _____</p>	<p>Birth Defects Summary <input type="checkbox"/> Abnormal <input type="checkbox"/> Normal <input type="checkbox"/> Not sure</p>
<p>Neurodevelopmental</p> <p>Delayed speech dev't <input type="checkbox"/> Yes <input type="checkbox"/> Not present <input type="checkbox"/> Not sure Altered motor skills <input type="checkbox"/> Yes <input type="checkbox"/> Not present <input type="checkbox"/> Not sure Attention deficits <input type="checkbox"/> Yes <input type="checkbox"/> Not present <input type="checkbox"/> Not sure Learning deficits <input type="checkbox"/> Yes <input type="checkbox"/> Not present <input type="checkbox"/> Not sure</p> <p>Have any of the following been diagnosed:</p> <p>Seizure history <input type="checkbox"/> Yes <input type="checkbox"/> Not present <input type="checkbox"/> Not sure Mental Retardation <input type="checkbox"/> Yes <input type="checkbox"/> Not present <input type="checkbox"/> Not sure ADD <input type="checkbox"/> Yes <input type="checkbox"/> Not present <input type="checkbox"/> Not sure ADHD <input type="checkbox"/> Yes <input type="checkbox"/> Not present <input type="checkbox"/> Not sure LD <input type="checkbox"/> Yes <input type="checkbox"/> Not present <input type="checkbox"/> Not sure DD <input type="checkbox"/> Yes <input type="checkbox"/> Not present <input type="checkbox"/> Not sure</p> <p>Nutrition-related Medical Concerns</p> <p>____ Anemia ____ Obesity ____ Failure-to-Thrive ____ Oral Aversion ____ Food Allergies ____ Tube / Non-oral Feeding ____ Gastroesophageal Reflux Other: _____ ____ Lead Toxicity</p>	<p>Neurodevelopmental Summary <input type="checkbox"/> Abnormal <input type="checkbox"/> Normal <input type="checkbox"/> Not sure</p> <p>IQ/Achievement Testing</p> <hr/> <p>Audiology</p> <p>Concerns about hearing loss? Y/N Hearing Aids Y/N History of Ear Infections Y/N Tubes Y/N Previous Hearing Eval Y/N Results? _____</p>

**ALCOHOL EXPOSURE SCREENING
WISCONSIN TREATMENT OUTREACH PROJECT**

Adult FAS Screen

Date _____ Age _____

Name _____ Birth Date _____

Address _____ Phone _____
(area code)

High School attended: _____ Graduation date: _____

Did you receive special education services in school? _____. If yes, what services did you receive? _____

<p>Maternal Alcohol Use History During Pregnancy</p>	
<p>Growth Pattern</p> <p>Current Weight _____ kg/lbs <input type="checkbox"/> <10% Height/Length _____ cm/inches <input type="checkbox"/> <10% Head circumference _____ cm/inches <input type="checkbox"/> <10%</p>	
<p>Major Birth Defects <input type="checkbox"/> Cleft palate <input type="checkbox"/> Heart defect <input type="checkbox"/> Hands/Arms <input type="checkbox"/> Eyes/Ears <input type="checkbox"/> Other _____</p>	
<p>Neurodevelopmental</p> <p>Delayed speech dev't <input type="checkbox"/> Yes <input type="checkbox"/> Not present <input type="checkbox"/> Not sure Altered motor skills <input type="checkbox"/> Yes <input type="checkbox"/> Not present <input type="checkbox"/> Not sure Attention deficits <input type="checkbox"/> Yes <input type="checkbox"/> Not present <input type="checkbox"/> Not sure Learning deficits <input type="checkbox"/> Yes <input type="checkbox"/> Not present <input type="checkbox"/> Not sure Developmental Disab <input type="checkbox"/> Yes <input type="checkbox"/> Not present <input type="checkbox"/> Not sure</p> <p>Have any of the following been diagnosed:</p> <p>Seizure history <input type="checkbox"/> Yes <input type="checkbox"/> Not present <input type="checkbox"/> Not sure Mental Retardation <input type="checkbox"/> Yes <input type="checkbox"/> Not present <input type="checkbox"/> Not sure ADD/ADHD <input type="checkbox"/> Yes <input type="checkbox"/> Not present <input type="checkbox"/> Not sure Bipolar <input type="checkbox"/> Yes <input type="checkbox"/> Not present <input type="checkbox"/> Not sure Anxiety/Depression <input type="checkbox"/> Yes <input type="checkbox"/> Not present <input type="checkbox"/> Not sure Learning Disabilities <input type="checkbox"/> Yes <input type="checkbox"/> Not present <input type="checkbox"/> Not sure</p>	
<p>Screening conducted by _____</p>	





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

Assessment

- Consider what additional information will help determine the appropriate course of action
 - Adaptive Functioning (i.e., Vineland)
 - Review of medical and/or school records
 - IQ determination
- And if the case for diagnosis is getting stronger...refer

Diagnosis

- Medical diagnosis
 - Medical geneticist
 - Psychiatrist, Pediatrician, Family physician
 - APNP, PA trained in FASD diagnostic exam
 - **(HINT: increase diagnostic capacity at your site)**

Diagnostic Exam: What to Expect

- Review of information sent with referral
- Interview with patient / parents
- Measurements:
 - Head circumference
 - Eye opening width
 - Lip/philtrum rating
 - Height
 - Weight
- Other less specific physical features: palms, ears, heart, etc.

Considerations for Screening and Diagnosis:

- This is not a risk-free diagnosis
 - CAPTA language (Plans of Safe Care) may require reporting a diagnosis to CPS
 - KNOW your State's language around Plans of Safe Care
 - **(HINT)**
 - Unintended **other** consequences

Considerations for Screening and Diagnosis:

- An understanding of the issue
- Targeted interventions to modify challenge
- Eligibility for additional services:
 - SSI
 - DVR
 - Respite
 - Mental Health and Developmental Disability services and accommodations



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*Clients must be educated about their state's laws **and** trends to be able to provide informed consent*

Starting point: www.childwelfare.gov

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THANK YOU!!