The FASD Learning Series is part of the Alberta government’s commitment to programs and services for people affected by FASD and those who support them.
Session goals

- Brief look at diagnosis
- Family assessment
- Environmental factors associated with outcome
- Assessment issues specific to FASD associated with Conduct disorder
- Risk assessment
- Assessment of co-morbidity
Diagnosis of FASD in Canada

- Canadian diagnostic guidelines:
  - Institute of Medicine terminology and
  - The 4-digit Diagnostic Code
  - Significant deficits in at least 3 areas of brain functioning
Description of FASD

- Group of disorders characterised by physical, mental, behavioural and learning difficulties
- Prenatal alcohol exposure
- Often but not always associated with
  - Growth retardation
  - Cluster of facial abnormalities
  - Variety of neurological, cognitive & behavioural disorders
Diagnostic categories

- Alcohol Related Birth Defects (ARBD)
- Alcohol Related Neurodevelopmental (ARND) Disorders
- Partial Fetal Alcohol Syndrome (pFAS)
- Fetal Alcohol Syndrome (FAS)
Alcohol related birth defects

- Congenital anomalies, including malformations and dysplasias
  - Cardiac: ASD, VSD
  - Skeletal: Shortened 5th digits, hypoplastic nails
  - Renal: Aplastic, dysplastic or hypoplastic kidneys
  - Ocular difficulties
ARND

- Symptoms of CNS damage but without facial anomalies
  - Decreased cranial size at birth
  - Structural brain abnormalities (microcephaly, agenesis of corpus callosum)
  - Hard or soft neurological signs: impaired fine motor skills, poor eye-hand co-ordination
- Complex patterns of behaviour/cognitive abnormalities that are inconsistent with developmental level & cannot be explained by familial background
Deficits continued

- pFAS
  - No confirmation of maternal alcohol exposure
  - 2 or more of the facial anomalies
  - 1 or more other characteristics
  - Complex behavioural/cognitive abnormalities inconsistent with developmental level and unexplained by genetic composition
FAS

- Confirmed maternal exposure to alcohol
- Prenatal/postnatal growth retardation
  - Height/weight < 10\textsuperscript{th} percentile
- Facial anomalies
- CNS damage resulting in structural or functional impairment
Facial anomalies in children with FASD

http://www.first5kids.org/sites/default/files/FAS_Face.jpg
Neurological impairments associated with FASD

- Learning disability
- Social ineptness
- Poor judgment
- Impulsivity
- Hyperactivity
4 Digits code system

• Reflects the magnitude of expression of severity of the 4 key diagnostic features of FAS:
  • Growth deficiency
  • FAS facial phenotype
  • CNS damage or dysfunction
  • Gestational exposure to alcohol
Primary disabilities

- Loss of intellectual potential
- Severe vision problems
- Dyslexia
- Learning disabilities
- Behavioural problems
- Low level of adaptive functioning
Secondary difficulties

- Mental health issues:
  - ADHD, hyperactivity, extreme impulsiveness
- Little/no capacity for moral judgment or interpersonal empathy
- Sociopathic behaviour
- Unemployment
- Trouble with the law
- Inappropriate sexual behaviour
### Age related additional presentations

(adapted from Banakar et al; IJP, 2009; 76 (11): 1173-1175)

<table>
<thead>
<tr>
<th>Newborn</th>
<th>Early Childhood/Preschool</th>
<th>Middle childhood</th>
<th>Adolescence &amp; adulthood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleeping &amp; feeding difficulties</td>
<td>Talkative &amp; friendly</td>
<td>Small for age</td>
<td>Characteristic facies may disappear</td>
</tr>
<tr>
<td>Weak, sick, irritable &amp; tremulous</td>
<td>Temper tantrums</td>
<td>Impulsive, impaired attention</td>
<td>Poor school performance</td>
</tr>
<tr>
<td>Excessive crying, hypersensitive to light &amp; sound</td>
<td>Hyperactive, small for age, speech delay</td>
<td>Poor social skills, SLD, Language deficiencies</td>
<td>Impaired judgment, behavioural problems, poor peer relations</td>
</tr>
<tr>
<td>Seizures, failure to thrive</td>
<td>Fine motor abnormalities</td>
<td>Lack of organisation</td>
<td>Substance misuse, depression, teenage pregnancy</td>
</tr>
<tr>
<td></td>
<td>MR</td>
<td>Impaired abstract thinking, MR</td>
<td>Difficulties with living skills, MR</td>
</tr>
</tbody>
</table>

*MR* indicates mental retardation.
Compounding factors

- Dysfunctional family background
- Mental health problems
- Substance use disorders
- Physical, sexual or emotional abuse
- School and occupational difficulties
- Cultural background
Associated factors

- Varied reports from 1-10/1000
- Aboriginal population: 25-90/1000
- Age, income/education levels
- Employment status
- Cultural affiliation
- Custody changes
- Reduced access to prenatal & postnatal care and services
- Inadequate nutrition and poor developmental environment
Family context

- Birth mothers are frequently subjected to
  - Abuse
  - Poverty
  - Isolation
  - Mental health issues
  - Addictions
  - Lack of supportive health & social care
Outcomes connected with environmental factors

- History of disrupted school experience
  - Suspensions, expulsion, or dropping out
- Alcohol and drug problems
- Attention problems
- Repeatedly incomplete school work
- Difficulty getting along with peers
- Being disruptive in class
• Poor social choices
• Desire to be accepted
• Easily led by delinquent peers
• Low self esteem
• Limited coping abilities
• Poor peer relationships
- Disruptions in
  - Education
  - Trouble with law
  - Unemployment
  - Substance misuse
  - Loss of family
  - Homelessness
  - Confinement in jail/treatment facilities
  - Premature death
Assessment

- Identify the reason for referral
- Occupational/sensory assessment
- Previous assessments
  - CFS
  - Mental health: psychiatric/psychological/neuropsychological
  - Developmental assessments
  - Psycho-educational or other school based assessments
  - Family/parenting assessments
- Identify important figures/carers: positive or negative
- Developmental pediatrician
- Psychologist
- Neuropsychological assessment
- Psycho-educational assessment
- Psychiatrist
- Social worker
- School
- Occupational therapist
Co-morbidity

- Generally attract a plethora of diagnosis
  - ADHD
  - Conduct disorder
  - ODD
  - Depression
  - Attachment disorder
  - Sleep disorders
  - Speech disorders
  - PDD
  - Psychosis
  - Substance misuse disorder
  - Adjustment disorder
ADHD

- Impulsivity
- Hyperactivity
- Inattention

Assessment
- Use of rating scales, e.g.: Connor’s rating scale
- Interview with the child and carers
- School reports
Conduct disorder

- Aggression to people or animals includes:
  - engaging in frequent bullying or threatening, starting fights, using a weapon, showing physical cruelty to people/animals, engaging in theft with confrontation

- Property destruction includes:
  - setting fires to cause serious damage, property damage

- Lying or theft includes:
  - breaking into building, car, or house, lying, stealing

- Serious rule violations including:
  - beginning before age 13, frequently staying out at night against parents' wishes, running away overnight, frequent truancy beginning before the age of 13
Major mental illness

- Mood symptoms: do not confuse impulsivity and anger with mood fluctuation
- Psychosis: May be secondary to alcohol or drug abuse
- Might present with hallucinations or delusions, have a drug free period prior to making a diagnosis
- Might present with ideas to harm self or others
Risk assessment

- Risk of harm to self
  - Low self esteem
  - Isolation
  - Lack of social support
  - Substance misuse
  - Mental health issues
  - History of abuse
Risk of harm to others

- Schedule for Assessment of Violence Risk in Youth (SAVRY)
- 3 categories
  - Historical
  - Individual and
  - Social
- Also includes protective factors that serve to reduce the risk
Sleep disorders

- Could lead to interference with
  - Daily activities
  - Behaviour
  - Cognition
  - Health and management

- Could be a result of
  - Brain mal-development
  - Health problems
  - Inadequate sleep hygiene
  - Emotional & social issues
  - Environment at home: cultural, social, health & economic issues
Speech disorders

- May have receptive or expressive language delays
- Sometimes a result of poor development of facial muscles
- May be a result of developmental delay
- Generally worsens with stress or anxiety
- Refer to a speech therapist
Don't Ask My Child to Fly, Bruce Ritchie, 1997

- Don't ask my child to fly, for he has not wings.
- Don't ask my child to see the glint on the eagle's beak, for his vision has been diminished.
- Don't ask my child to remain calm amid the din, for her ability to screen out the noises has been taken away.
- Don't ask my child to be careful with "strangers", for he is affectionate with everyone and prey for the unscrupulous.
- Don't ask my child to "settle down", for the clock which works for you and I, does not exist for her.
- Don't ask my child to not play with the toys of others, for he has no concept of property.
- Don't ask my child to remember you tomorrow, although you met today.
- Don't ask my child to heal your wounds, for her hands cannot hold a scalpel or sutures.
- Don't ask my child to meet the challenges set by society, for you have denied her the tools.
- Don't ask my child to forgive you for standing idly by, while he was being tortured in his mother's womb, for he will, but He may not.

- http://www.faslink.org/fasmain.htm
For information on upcoming sessions in the FASD Learning Series:

www.fasd-cmc.alberta.ca

Please take time to fill out the online evaluation.

Thank you!