

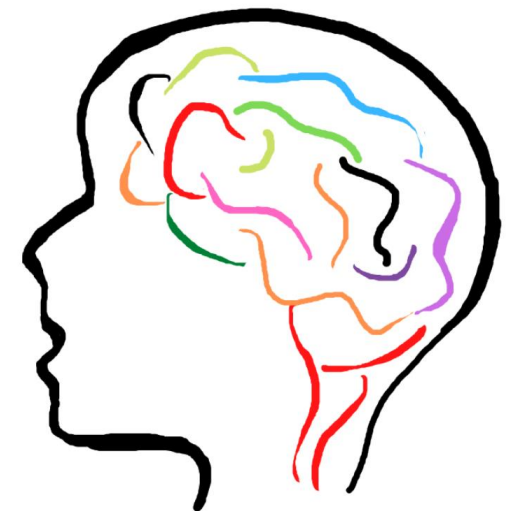
*The Interdisciplinary
Diagnosis and
Interventions for
Fetal Alcohol
Spectrum Disorders*

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Disclosures

- Honorarium from Formed Families Forward
- Co-Director, Specialty Diagnostic Resource Center



Objectives

- FASD Overview of Diagnostic Criteria
- In-depth review of symptoms
- Evidence-Based Treatments and Strategies
- Available Resources for Families



FASD Overview

Prevalence, the umbrella, diagnostic criteria, and the spectrum.



Prevalence of FASD in the US

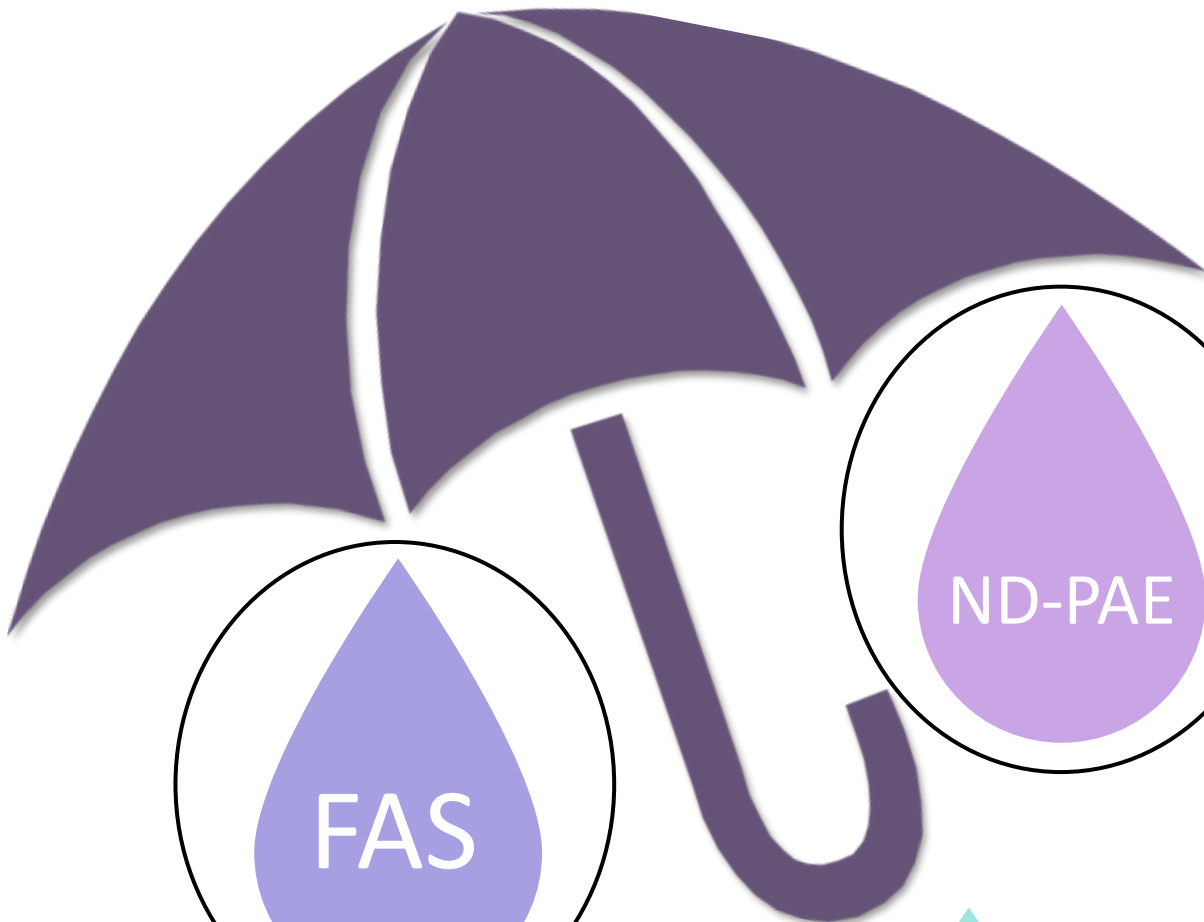
- 6600 First

**1 in 20 Children Meets Criteria for an FASD
BUT
Less Than 1% Get a Diagnosis!**

Diagnosis

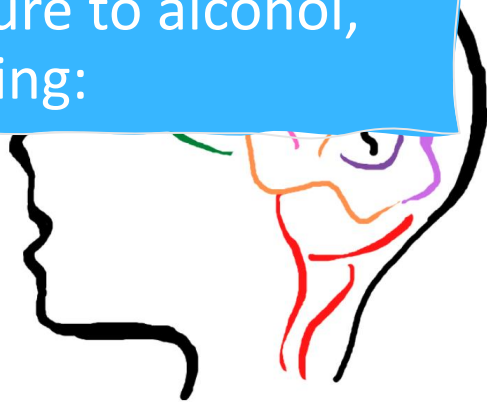


May et al., 2018

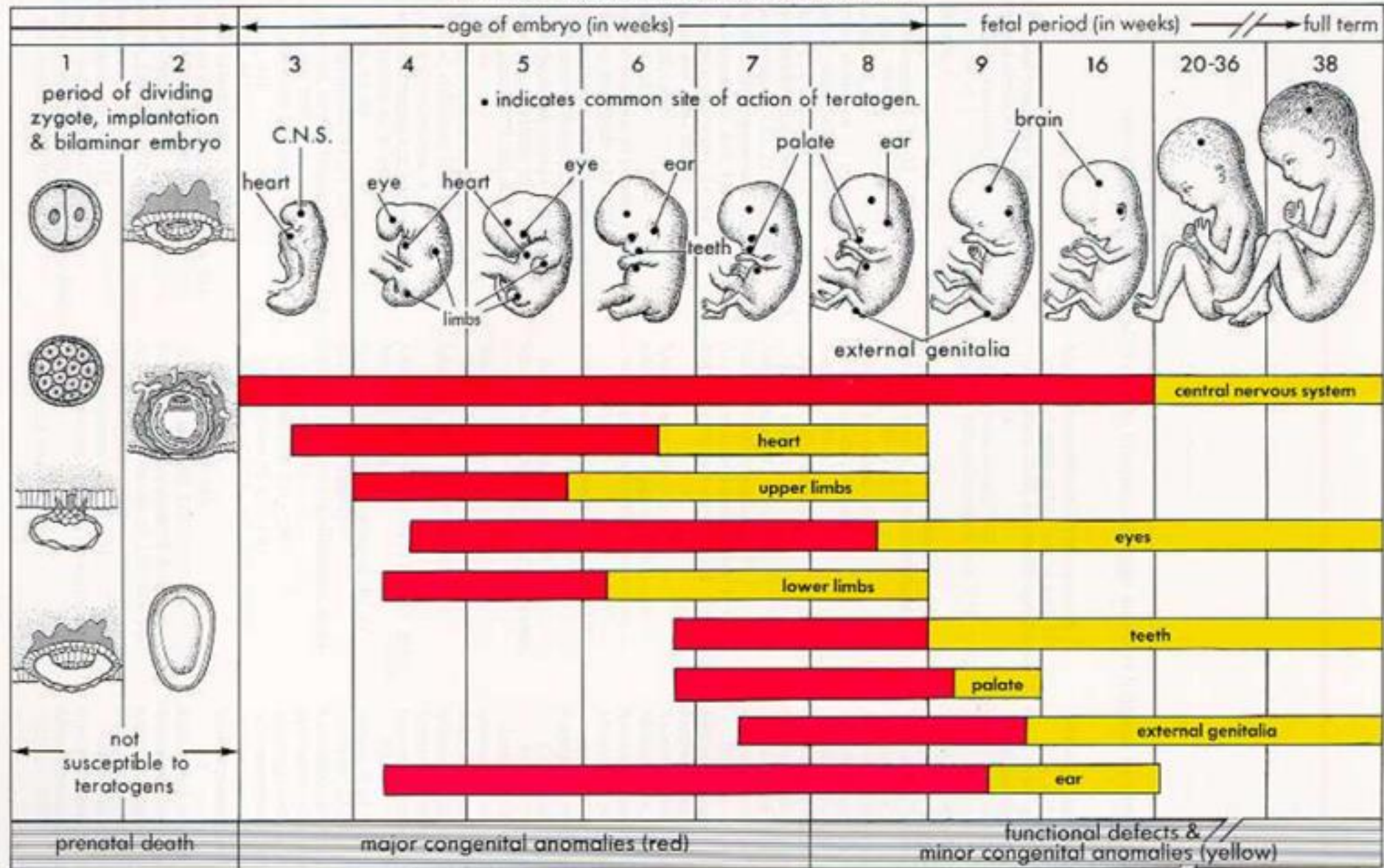


Fetal Alcohol Spectrum Disorders

a descriptive term used for the broad spectrum of disorders caused by prenatal exposure to alcohol, including:



CRITICAL PERIODS IN HUMAN DEVELOPMENT*



* Red indicates highly sensitive periods when teratogens may induce major anomalies.

Central Nervous System Abnormalities

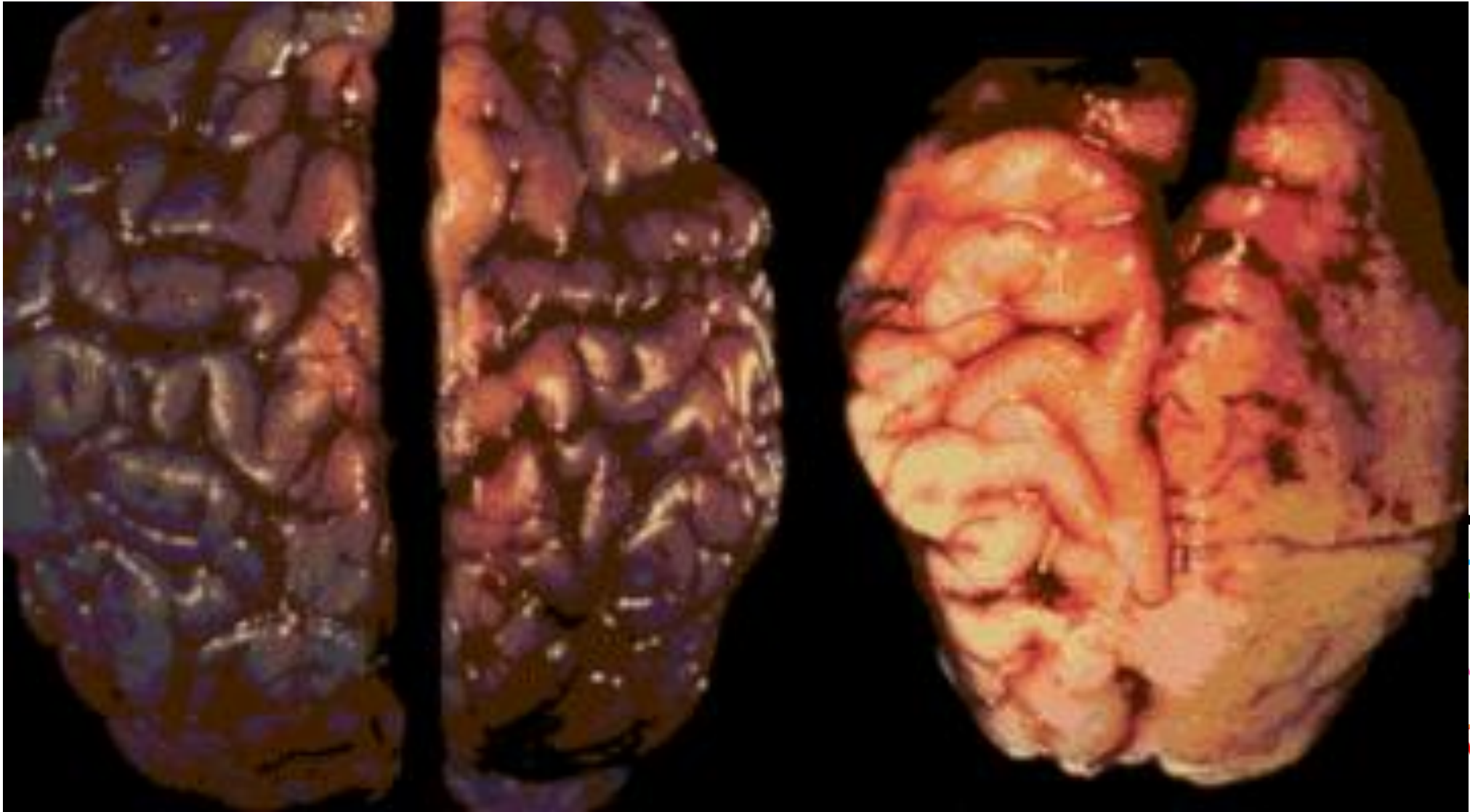


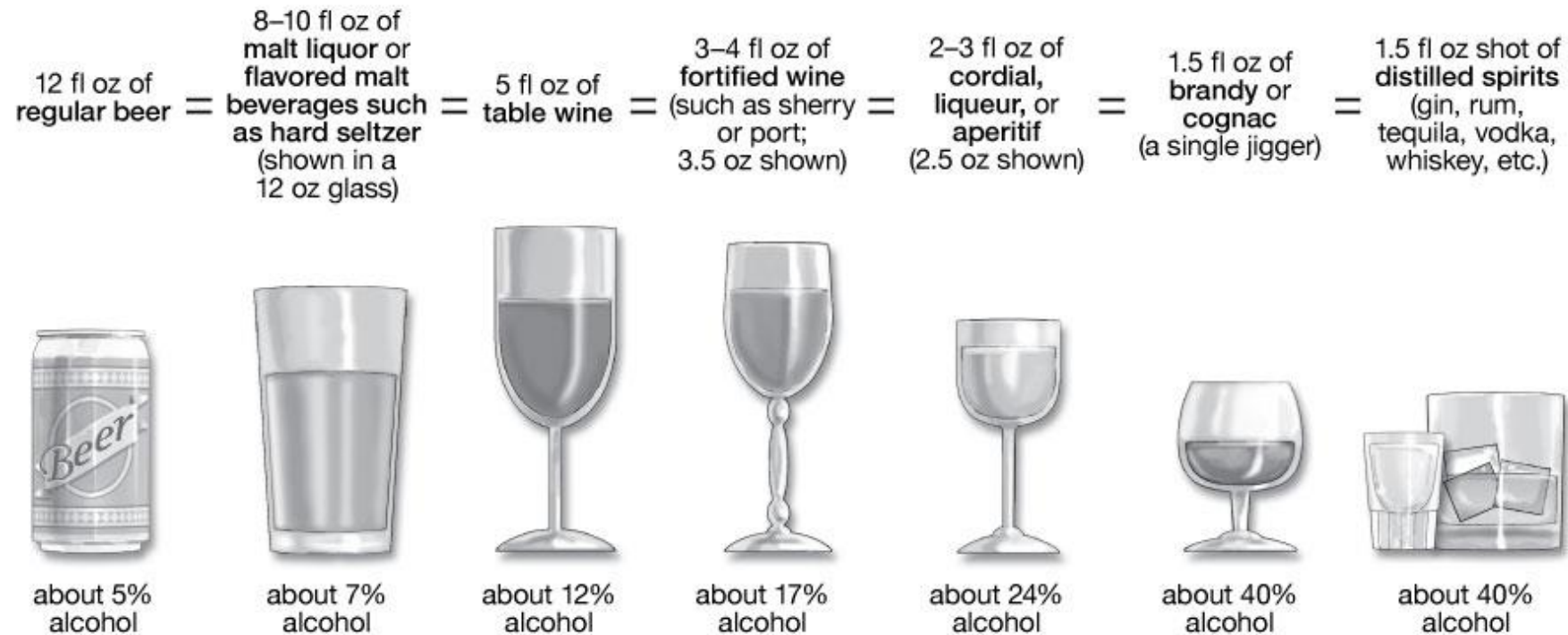
Photo courtesy of Sterling Carren, MD

How much
alcohol needs to
be exposed for a
pregnancy to be at
risk for FASD?

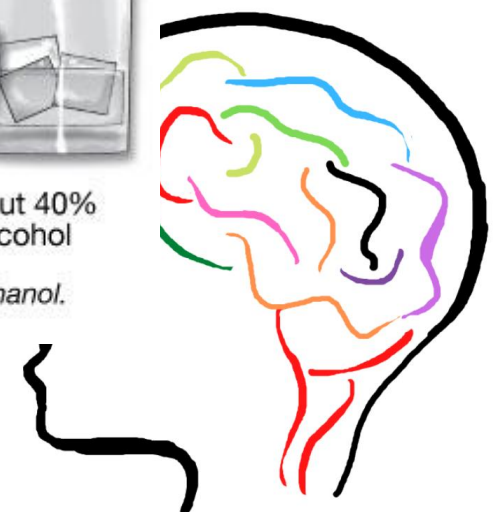
The results are shocking....



Standard drink levels (NIAAA)



Each drink shown above represents one U.S. standard drink and has an equivalent amount (0.6 fluid ounces) of "pure" ethanol.



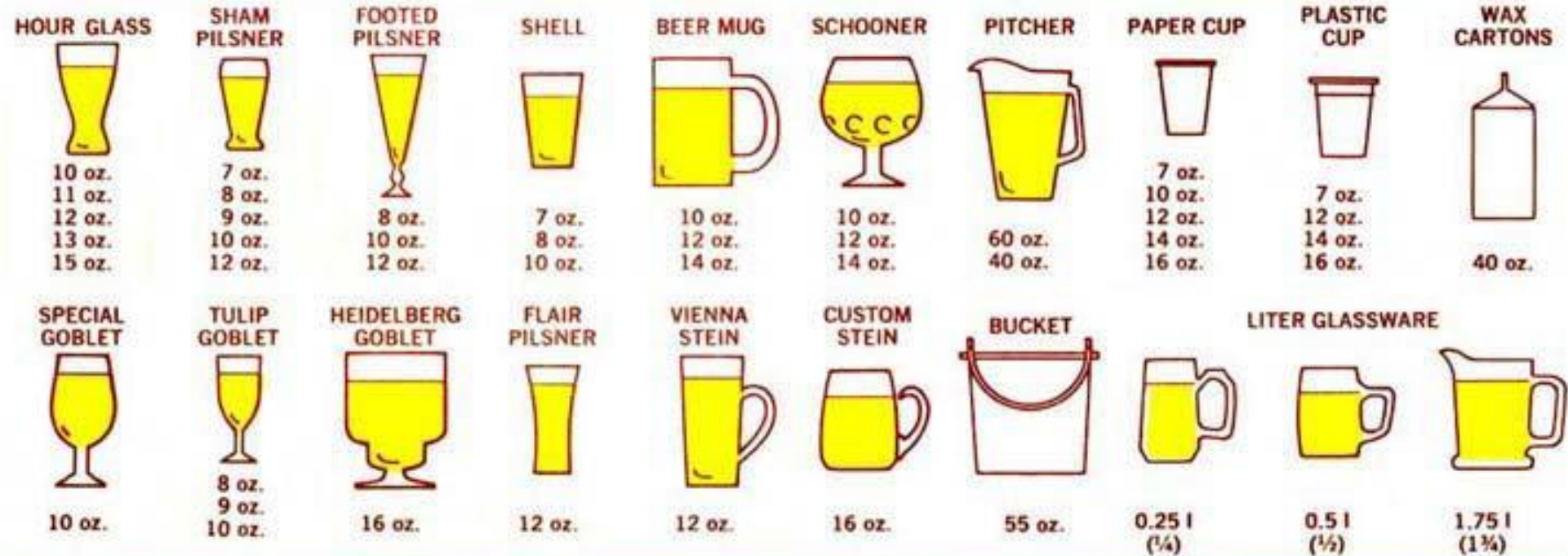
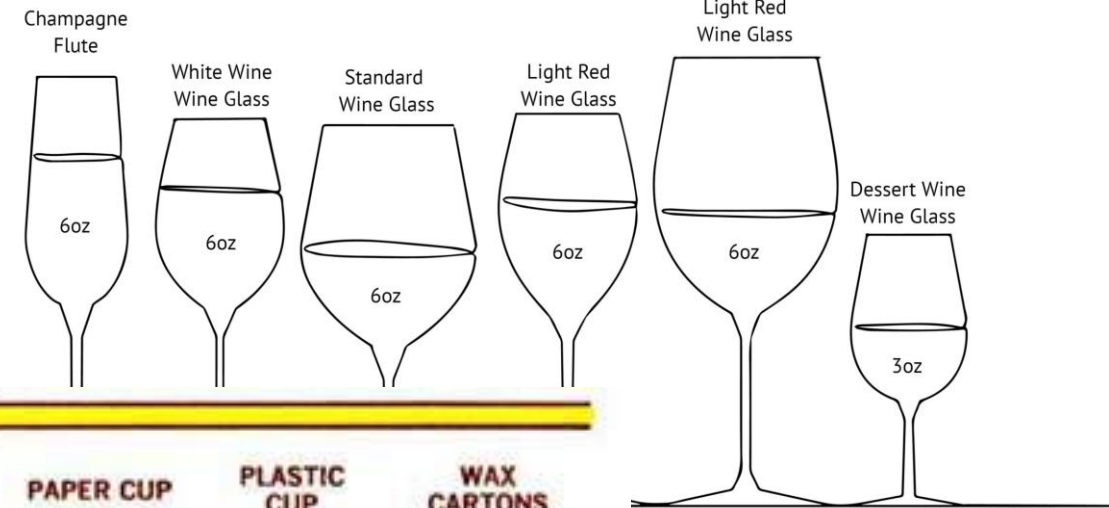
More than minimal levels of alcohol exposure:

Greater than 13 drinks per month

More than TWO drinks on one
occasion

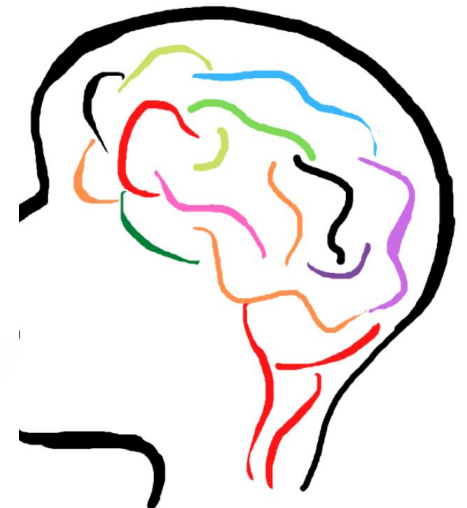


Types of glasses



Typical US beer glass selection, circa 1985 (via A-B).

Note no "shaker pint" or "Imperial pint" and the vast majority of glasses under one US pint.



Alcohol is the most harmful teratogen that can be exposed to a pregnancy.

But polysubstance exposure makes it worse.



Additional Teratogenic Exposure

- It is rare to see a child who has only been exposed to alcohol.
- Additional teratogenic exposure increases the severity of damage and dysfunction.

Common teratogens:

- **Opioids**
- **Cocaine**
- **Marijuana**
- **Nicotine**
- **Trauma (cortisol)**



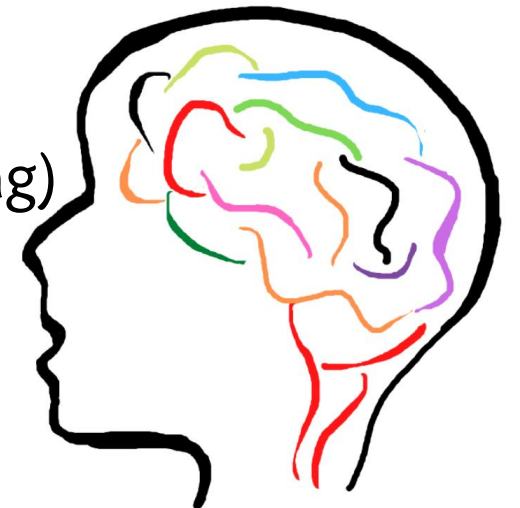
FASD Facts

- FASDs are *almost* 100% preventable
- The leading cause of developmental disabilities worldwide Can occur anywhere and anytime pregnant women drink
- There is no proven safe amount of alcohol during pregnancy or while breastfeeding
- ~50% of pregnancies are unplanned
- 1 in 5 women binge drink (4 or more drinks at one time)



More FASD Facts

- Percentage of foster/adoptive system:
 - 17%
- Percentage of prison system:
 - 20%
- Age of first police encounter:
 - Just under 13
- Most common cause of death:
 - External Causes (including suicide, accidents, and overdosing)



So, why do pregnant people drink?

- Most people do not know they are pregnant until 6 weeks or later
- About 50% of pregnancies are unplanned
- Healthcare professionals say conflicting things about how much alcohol is allowed during pregnancy
- Friends and families say conflicting things
- Mental illness/coping mechanisms
- Our relationship with alcohol in the US is an incredibly unhealthy one
- This is a systemic problem!!



“The Wine Mommy” Phenomenon

ON
WEDNESDAYS
WE WEAR
WINE.

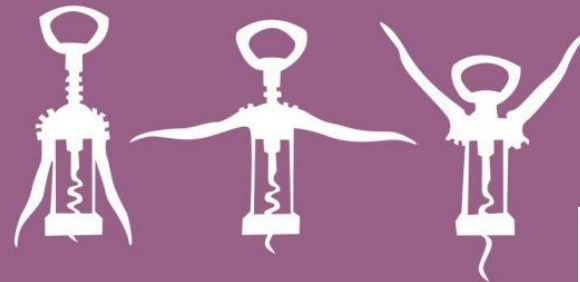


HOW DO YOU KNOW
IT'S TIME TO DO THE
DISHES?

WHEN ALL YOUR WINE
GLASSES ARE DIRTY,



Wine Aerobics



...and repeat.



Mom fact # 482.

If you combine
wine and dinner, the
new word is winner.

someecards
user card



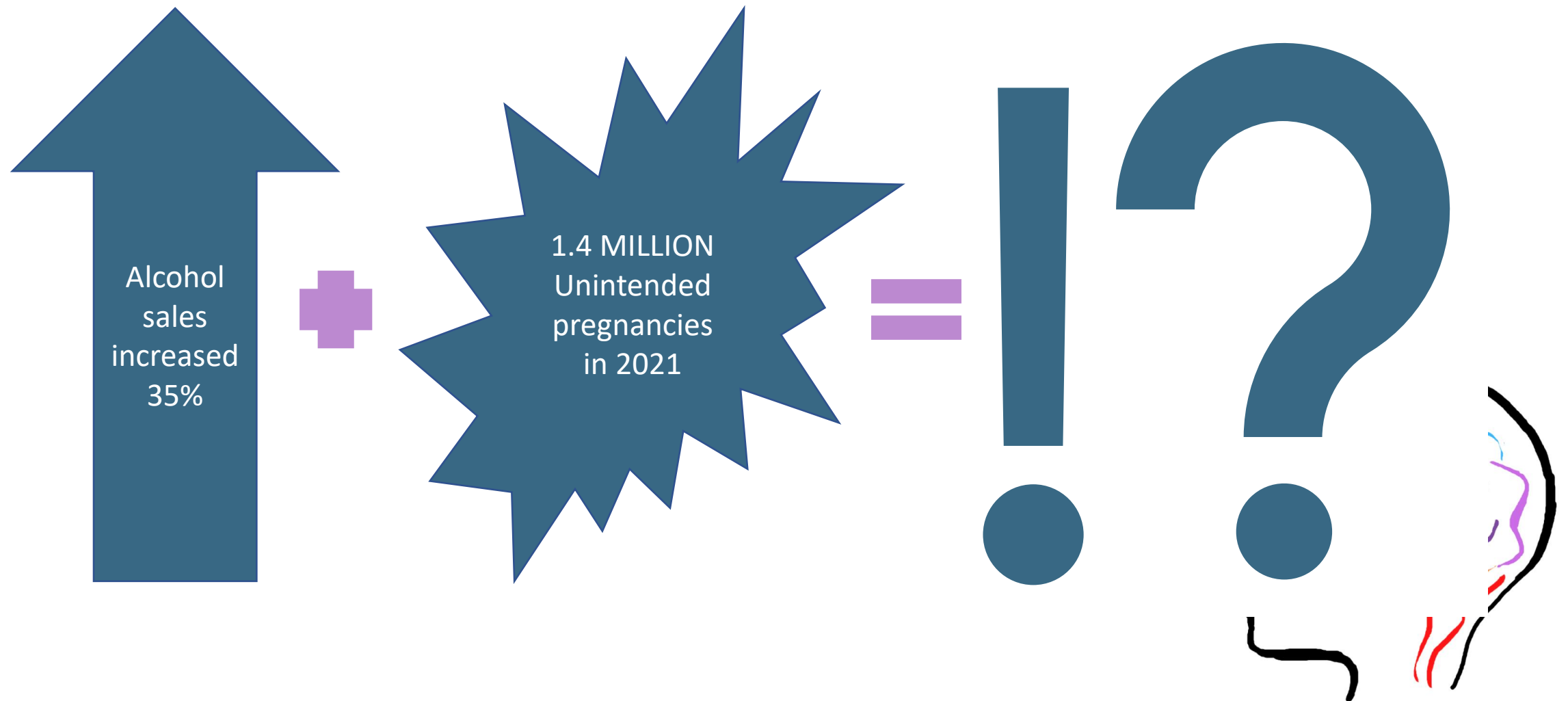
It's funny how 8 glasses of
water a day seems impossible,



but 8 glasses of wine can
be done in one meal.

Affects of Pandemic on FASD Risks

NIAAA Surveillance Report, 2022; United Nations population Fund, 2021



Fetal Alcohol Syndrome: FAS

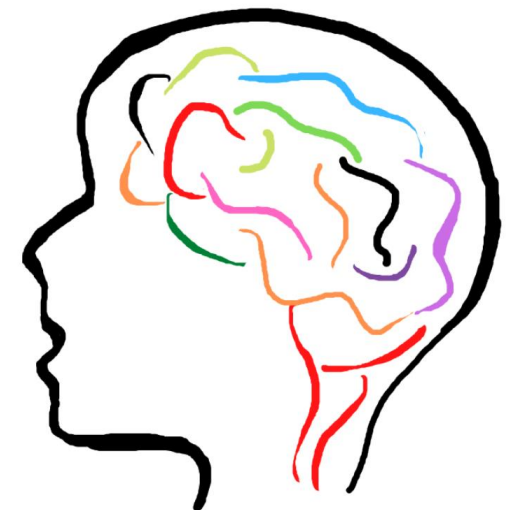
Jones and Smith (1973)



Fetal Alcohol Syndrome

ICD-10 Diagnostic Criteria:

- Facial Dysmorphia:
 - Smooth Philtrum
 - Thin Vermilion Border
 - Small Palpebral Fissures
- Growth Problems
- Central Nervous System Abnormalities
- Notice what is NOT on the list...

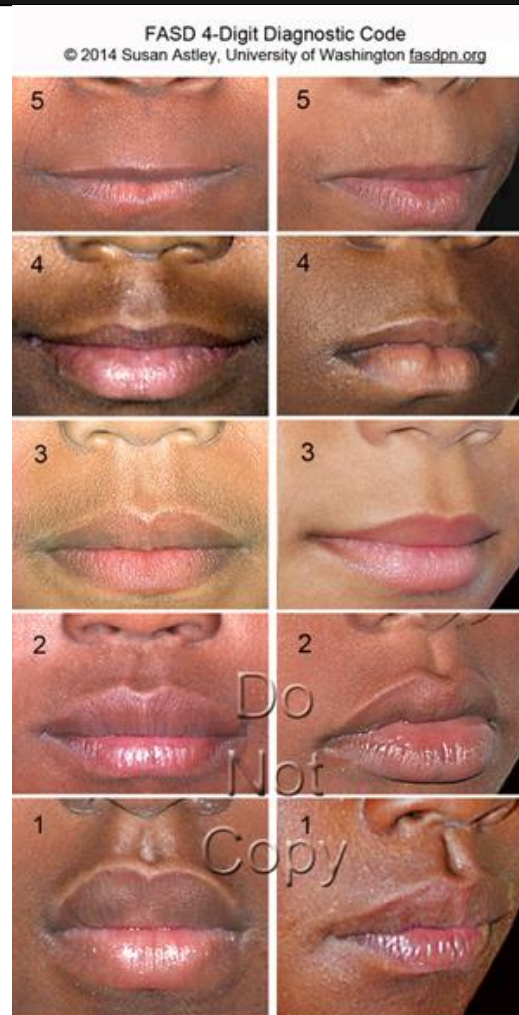


Dysmorphic Facial Features



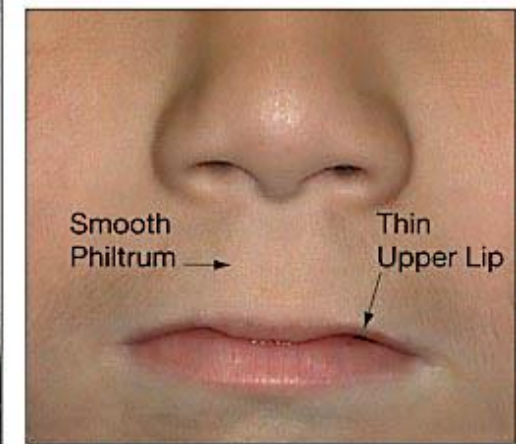
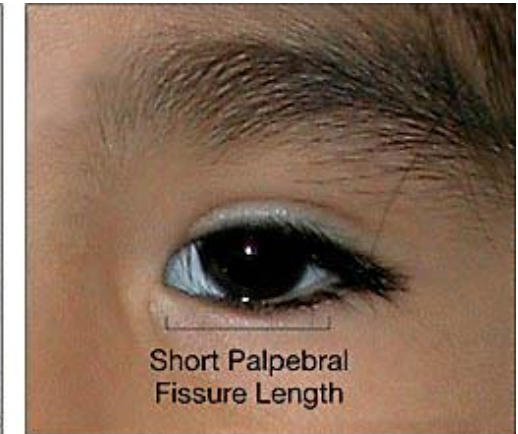
Lip-Philtrum Guide 1 Philtrum Guide

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Lip-Philtrum Guide 2 Philtrum Guide

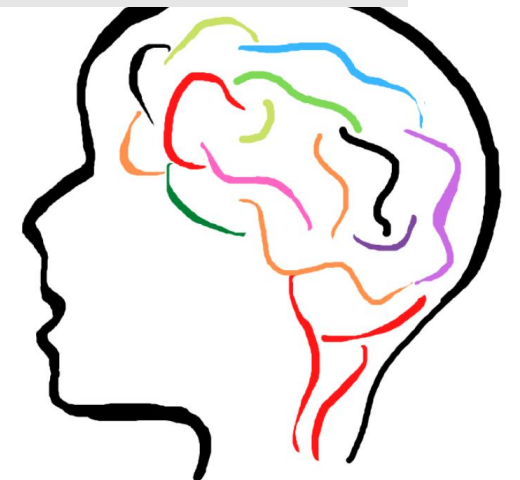
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Percentage of FAS in the FASD Spectrum

FAS:
10%

Other FASD: 90%



ND-PAE

Other Specified Neurodevelopmental
Disorder: Neurodevelopmental
Disorder Associated with Prenatal
Alcohol Exposure 315.8 (F88)



DSM-V Criteria for ND-PAE

- A. History of more than minimal levels of prenatal alcohol exposure (PAE)
- B. Neurocognitive impairment
- C. Impairment in self-regulation
- D. Deficits in adaptive functioning skills



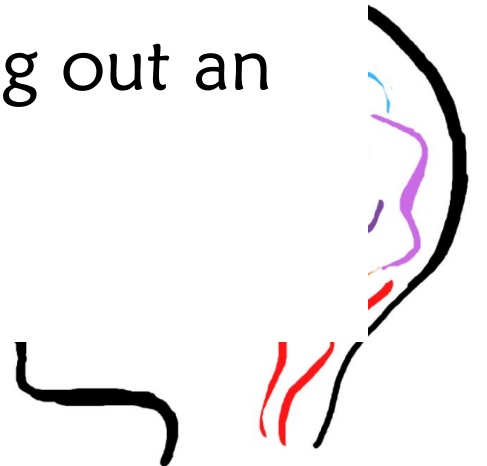
A Word About Confirming Prenatal Alcohol Exposure

Avoid the Stigma.



Confirming alcohol exposure without stigmatizing

- Case history forms should have the following questions:
 - What are your current drinking habits (how many drinks per week)?
 - When did you find out you were pregnant?
 - Were your drinking habits different before you found out you were pregnant? Specify.
- If you're not asking these questions, then you're leaving out an important diagnostic biomarker.



Other Specified Neurodevelopmental Disorder: Neurodevelopmental Disorder Associated with Prenatal Alcohol Exposure (ND-PAE) 315.8 (F88)

Neurocognitive Impairment

Global intellectual function
Executive function
Learning
Memory
Visual spatial skills

Impairment in Self-Regulation

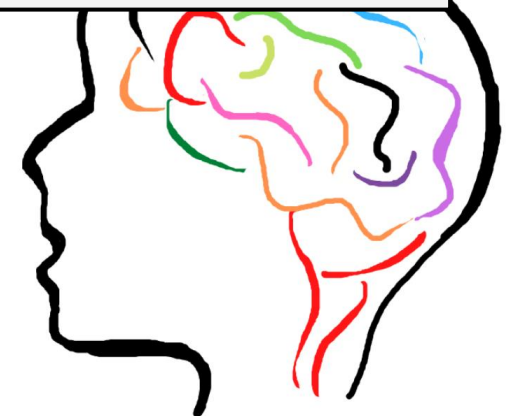
Mood or behavioral regulation
Attention skills
Impulse control

Deficits in Adaptive Functioning Skills

Communication
Social communication
Daily living
Motor skills

Put the puzzle together!

Utilization of
Outside Info/
Existing Testing is
key!



Characteristics and Symptoms of Children with FASD

Strengths and Functional
Symptoms/Characteristics



Common Strengths of Kids with FASD

- Very friendly
- Very likeable
- Often very verbal and easy to talk to
- Hard workers
- Very determined
- Great with small children, older adults, and other children with disabilities
- Forgive easily
- Very trusting
- Often very artistic or musical



Common Co-Occurring Diagnoses

- ADD/ADHD
- Reactive Attachment Disorder
- Learning Disabled
- Speech-Language Delay
- Pervasive Developmental Disorder
- Sensory Integration Dysfunction
- Sleep Disorders
- Conduct Disorder, Seriously Emotionally Disturbed
- Borderline Personality Disorder
- Antisocial Personality Disorder
- Autism Spectrum Disorder/Asperger's
- Oppositional Defiant Disorder
- Depression
- Anxiety



Trying Differently Rather than Harder, Malbin (1999)

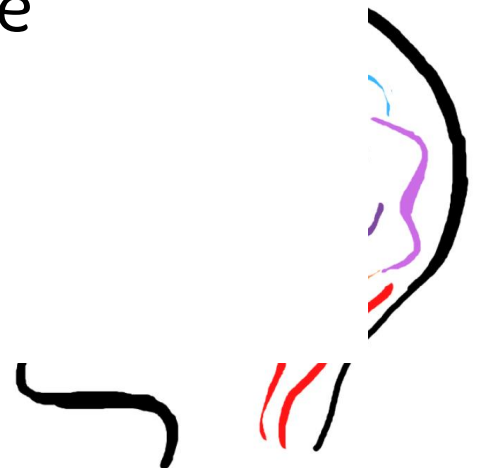
Common Categories of FASD Symptoms

Externalizers:

- Big emotional swings
- Extreme hyperactivity
- Bullying
- Violence/aggression
- “Oppositional”

Internalizers:

- High anxiety
- Falls through the cracks
- Difficulty with academics-literacy and math
- High risk of suicide



Common Areas of Impairment

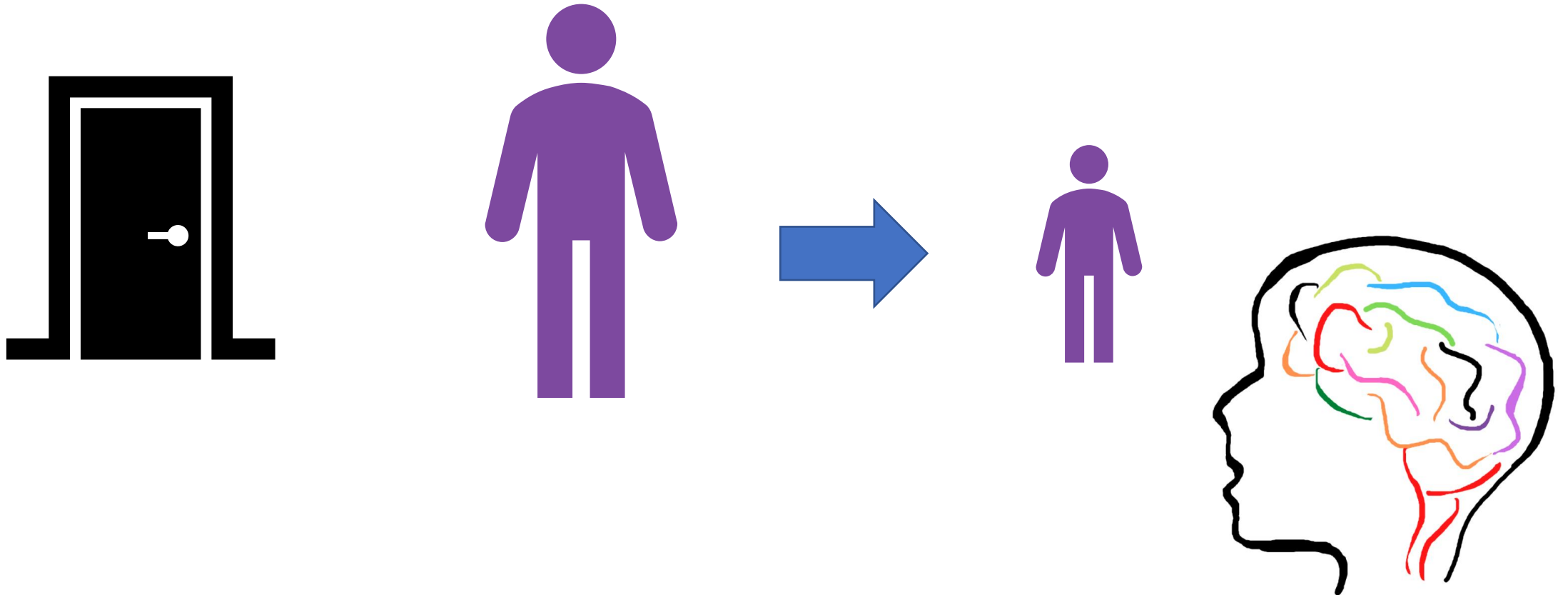
Cognition	Oral Motor or Speech	Language	Abstract Concepts	Social Skills	Emotional Regulation	Others
Slow Processing	Motor Control	Following multi-step directions	Reading	Executive dysfunction that causes poor social skills	Big emotional swings that happen suddenly	“Oppositional”
Cause and Effect	Failure to Thrive	Answering “wh” questions	Math			Difficulty with coordination
Impulsive	Difficulty Feeding	Lower Receptive than Expressive skills	Money	Difficulty keeping friends	Difficulty calming when in a tantrum	Extreme hyperactivity
Decision Making	Speech sound delays		Time		Becomes upset with transition	Inattentive
Attention Deficit	Appetite Control	Use of vocabulary	Consequences	<i>Knows</i> social rules, but does not functionally follow them	Mood Disorders	Sleep Problems
Memory			Sarcasm			Sensory Processing Difficulty

Intervention Supports and Ideas

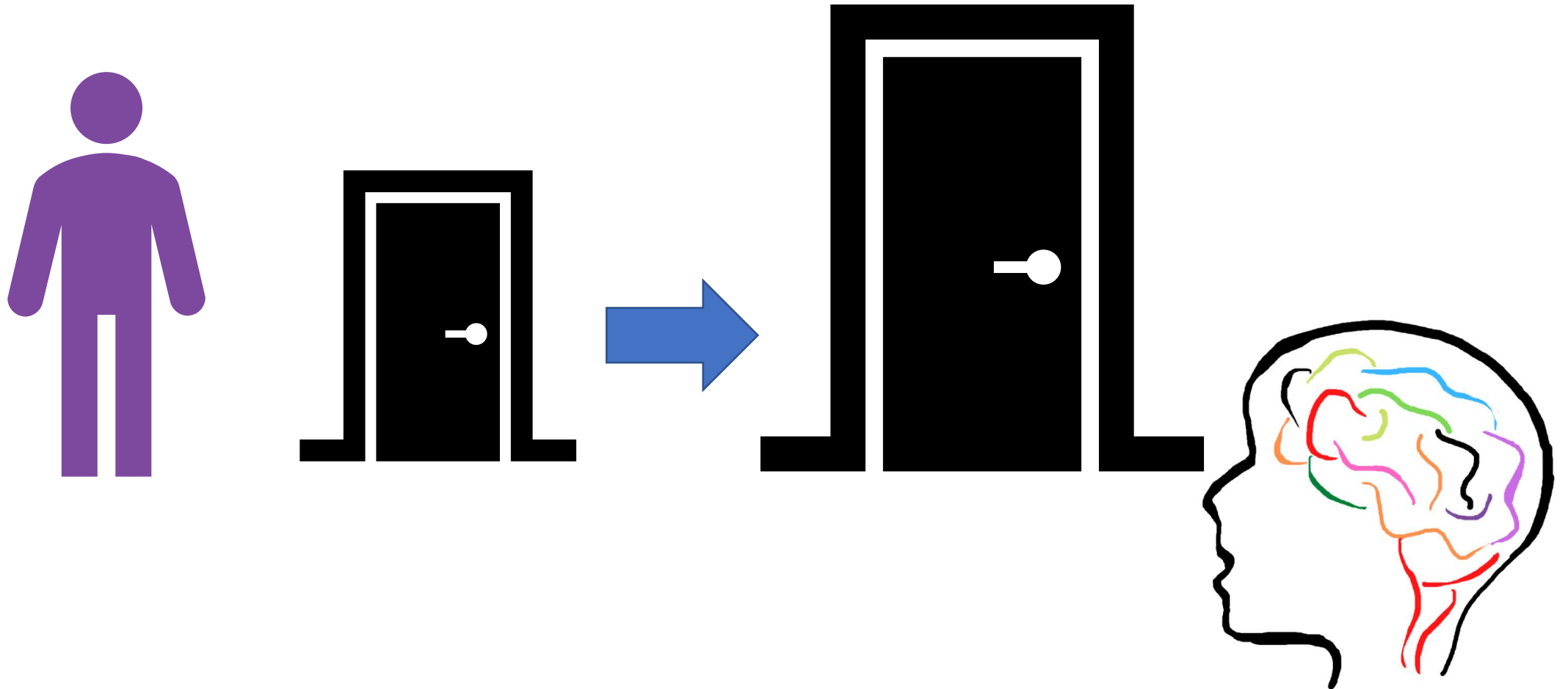
Neurobehavioral Approach



Medical Model of Disability

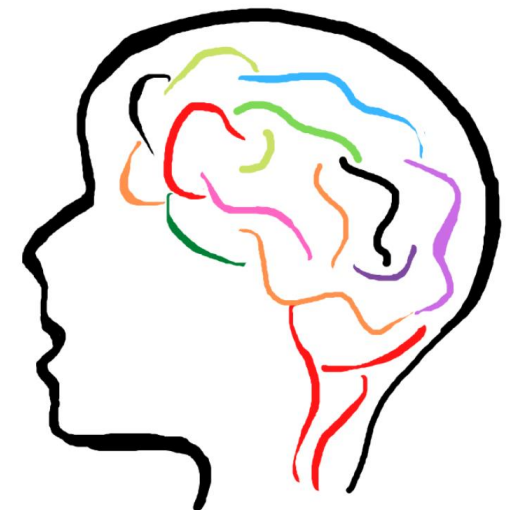


Social Model of Disability- Neurobehavioral Approach



Tips for Behavior Management

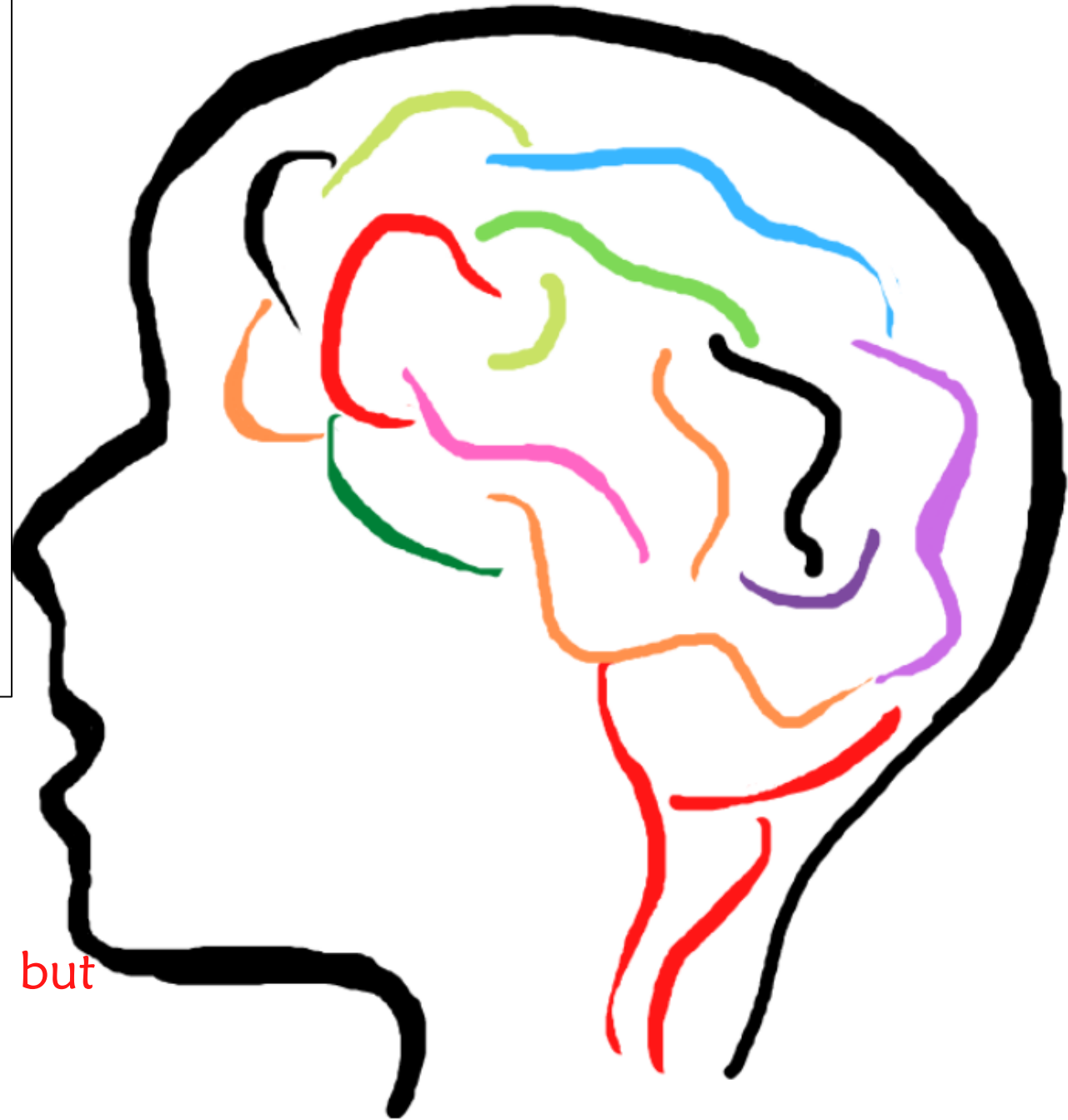
- Traditional behavior systems DO NOT WORK for kids with FASD
- Avoid:
 - Clip charts
 - Reward systems that require a certain level of performance
 - Neurotypical expectations (phasing out the need for accommodations)
- Neurobehavioral Approach to FASD



If the caregiver
doesn't prevent
the trigger, the
behavior won't
change.

PREVENT THE BEHAVIOR!

The NB approach to FASD is very
caregiver heavy- this is a LOT of work, but
the results are amazing!



Educational Supports for Kids with FASD

- Avoid consequence-based behavior systems
- Extra Visual Cues
- Short instructions
- Ask the RIGHT questions (not yes/no questions)
- Repeat, Repeat, Repeat
- Frequent Sensory Breaks
- Think Outside the Box: Don't practice skills at the therapy table
- Bring Peers Into Sessions
- Advocate for these kids to other teachers and school admin



Take-Home Suggestions

- Patience is key- progress may be very slow
- Diagnosis is important!
- Avoid engaging in arguments or oppositional behaviors
- Clear, concrete directions are best
- Discuss the layout of each session to decrease anxiety about the unknown



Resources for FASD

- Specialty Diagnostic Resource Center (SDRC)

www.ArkSDRC.org

- FASDCollaborative.com
- FASD United Affiliates (NOFAS-VA)

SDRC

Specialty Diagnostic Resource Center



Questions?

Thank you!



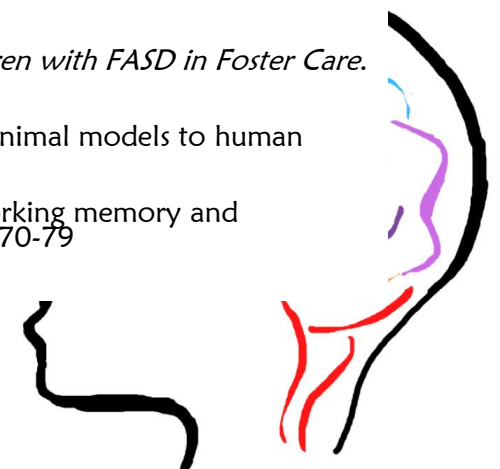
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