

Fetal Alcohol Spectrum Disorders (FASD)

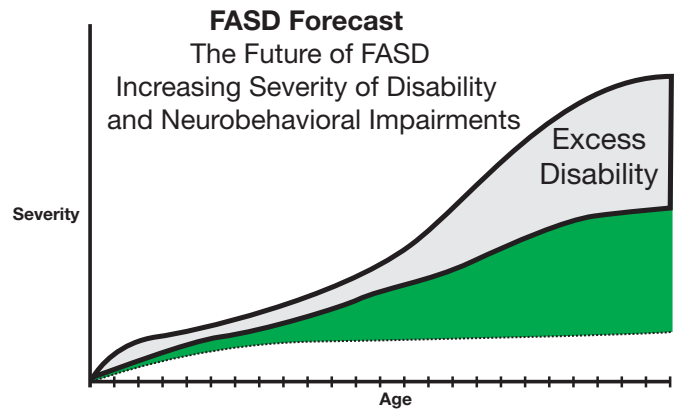
A Guide for Early Intervention Providers



Risk Factors Ahead



See Alcohol, Think Impairment



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Collecting Data About Prenatal Alcohol Exposure (PAE).

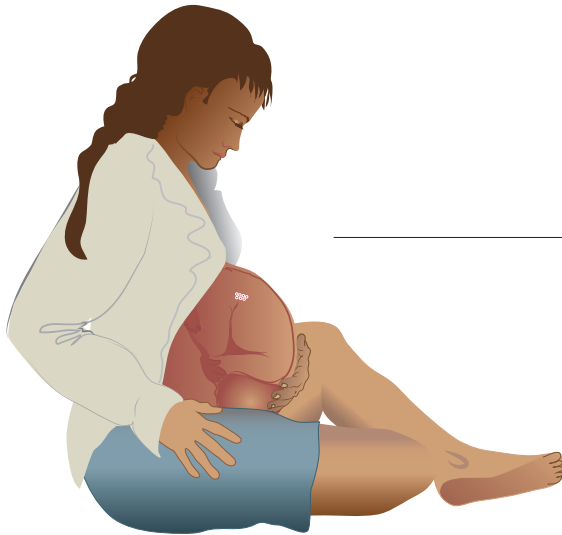
Some alcohol use occurs in about 40% of pregnancies. Prenatal alcohol exposure is a common cause of premature birth, low birth weight, birth defects, learning disabilities, heart defects, mental disorders, and life-long problems with independent living.

In this section you can use the tools provided to examine alcohol use during pregnancy. It will be helpful to note that illegal drug use increases risk for alcohol use.

Risky drinking is defined as six drinks in a week for two separate weeks



Three drinks at a time on two separate occasions



How Much Exposure

One standard drink is 14 g of ethanol.

Every drinking day exposes three generations (mother, fetus, and fetal germline).

Drinking During Pregnancy

Total Exposure Throughout Pregnancy	
Days Exposed	80
Binge Days	80
# Standard Drinks (14 grams)	960
Hours Exposed	2,160
Total grams ethanol	13,440

Outcomes from drinking 4 beers each Friday and Saturday during the 40 weeks of pregnancy.

Drinking four beers results in about 17 hours of fetal exposure to alcohol.

Alcohol Use During Pregnancy Questionnaire

The following is a screening tool consisting of six (6) questions that may provide insight into patterns of alcohol consumption. The goal is to identify potential concerns about alcohol exposure in utero. It would be helpful to complete early in all new cases, regardless of whether the person is currently pregnant or not.

1. When was your last drink? _____

2. The last time you drank alcohol, how much did you drink? _____

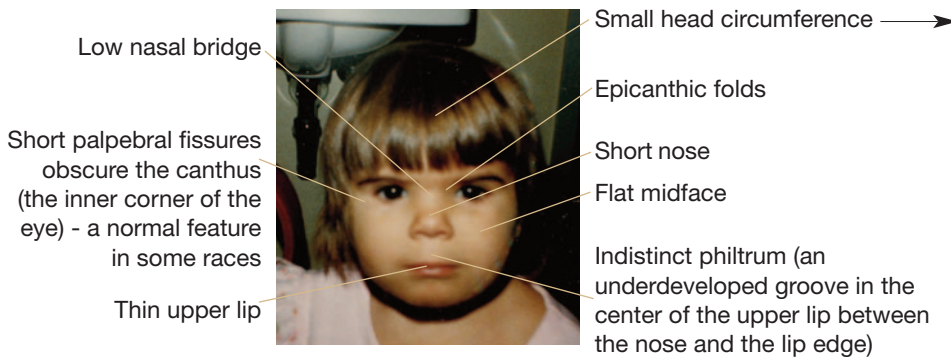
3. At what age did you have your first drink? _____

4. Before you became pregnant, how many days would you drink? _____

5. Before you became pregnant, on a typical day, how many drinks would you have on average?

6. When did you find out that you were pregnant? (if currently) OR When you were pregnant with (Child's name), when did you find out?

Fetal Alcohol Syndrome



Fetal Alcohol Syndrome:

The facial features of a child with fetal alcohol syndrome (FAS). (only 70% of cases)

Other Essential Signs

Growth Impairment

Height

Weight

Brain Damage/Dysfunction

See chart below.

The pocket card on diagnosis of FASD provides a useful guide on diagnosis and management.

It's important to remember that most people affected with a fetal alcohol spectrum disorder do not have the facial features of FAS.

About 90% of FASD is alcohol related neurodevelopmental disorder.

FASD is not Just FAS

Most cases do NOT have

- Dysmorphic features
- Growth Impairment

Majority 90+% have

- Developmental Delay
- Cognitive Impairment
- Mental Disorders
- Substance Abuse Disorders

Age based impairments in FASD

Age	Cognitive	Motor Skills	Socialization	Behavior
Infancy	Developmental delay Learning games Attention	Tremor Poor suckle Low tone Floppy	Interactive activities and games Attachment Reading others expressions	Sleep disturbance Regulation of behavior Irritable Temperament Impaired settling Cuddling
Toddler	Speech-language Understanding Toilet training Attention Impulsivity Memory	Tremor Fine motor Gross motor Balance Late crawling or walking	Frustration Threshold Separation problems Attachment Group participation	Difficulty in group settings Tantrums Aggression Stubborn
Child	IQ Academic deficits (math, spelling, written language) Humor Memory Recall Speech-language comprehension	Fine and gross motor Coordination Balance Handwriting Hand tremor	Requires increased supervision Difficulty sustaining friendships Group activities Games – activities with rules	ADHD Increased frustration Lack of persistence Increased risk taking Impaired independence for age Impaired executive functioning

FASD Early Screen

Name or ID _____ or Date _____ Sex _____

DOB _____ Age _____

- | | |
|---|----|
| 1. Any alcohol use during pregnancy
If yes, score 20 | 20 |
| 2. Signs or concerns about attention deficit hyperactivity disorder (ADHD) | 10 |
| 3. Out of home placement (foster care, adoption, lives with relatives) | 2 |
| 4. Small head size (occipital frontal circumference OFC) | 4 |
| OFC below 20th percentile | 4 |
| 5. Verbal communication delays
Child is below age level in communication | 1 |
| 6. Difficulty with social skills interacting with others | 1 |
| 7. Delays in learning or development (cognitive impairment) | 1 |

Total =

Screen is positive if:

Mom drank during pregnancy

Concerns about ADHD are present

Score for items 3-7 is 7 or more

Risk Factors Ahead

- Exit 1 Developmental Delays
- Exit 2 Abuse/Neglect
- Exit 3 Foster Care
- Exit 4 School Problems
- Exit 5 Legal Problems
- Exit 6 Substance Abuse

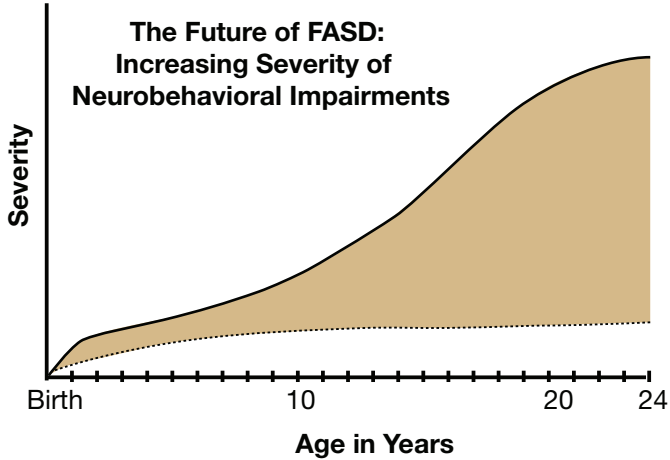


These are key areas for prevention efforts for people with FASD.

FASD Forecast



The presentation of FASD varies by age and development. Severity and complexity almost always increase with age.



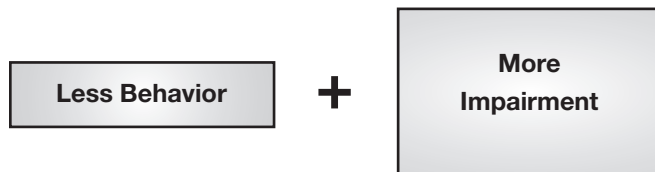
Intervention Strategies

Keys to Success

1) FASD: What we First See

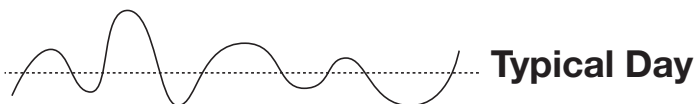


A Better View



1) Most people with an FASD have fewer behaviors and more impairments than we first suspect.

2) Inconsistent Performance



2) This results in day to day performance that is HIGHLY variable.

Intervention Strategies

3) Focus on Risk Reduction

- Abuse - Neglect
- Speech and Language
- Foster Care
- ADHD
- School
- Social Development
- Self Care
- Look Ahead
- Adult Impairments



3) Key components of a case management plan.

It is crucial to remember that FASD changes over time and that intervention must include plans to prevent future problems.

4) FASD: The Keys to Intervention

- Age & Development
 Dependent Phenotype
- Risk Reduction
- Long-term Plan
- Anticipatory Guidance
- Appreciate Impairment



4) The child will require ongoing assessments to have an optimal outcome.

It is much easier to prevent or minimize problem outcomes.

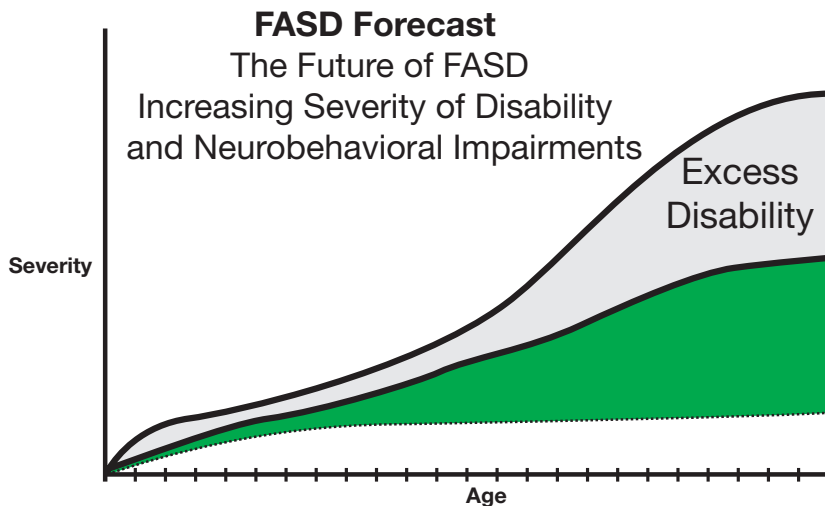
5) FASD Management Keys

- Yearly Follow-up
- Few Live Independently
- Remember the Familial and Generational Effects of FASD
- Services MATTER
- Develop a ten-year plan (What do we see ten years from now)



5) Begin a case management plan with the understanding that this is likely a lifelong disorder requiring lifelong management.

6) Late recognition and inappropriate management lead to increasing excess disability



Talking about Alcohol

Sit down to talk

Instead, say: "I...
"We...
"Together...
"We can..."



Where Are We At?

How does drinking help? (try for 2 or 3)

What problems does drinking cause?
(try for 2 or 3)

Could you cut down? Y N Maybe

Could you stop? Y N Maybe

Reducing Risk

What would be most helpful for you?
(try for 2 or 3)

Who can we get to help us?

Close friend

Relative

AA sponsor

Can we make it through today?

Y N Maybe

Followup

How can we stay in touch?

Let's get together again on _____