



Specialty Diagnostic Resource Center:

AR's Resource for FASD Diagnosis and Intervention

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Course Objectives

1. List the diagnostic conditions that are included in the descriptive term fetal alcohol spectrum disorders (FASD)
2. Identify children who should be referred for a diagnostic assessment for one of the FASDs
3. Describe the diagnostic process for an FASD
4. List the criteria for fetal alcohol syndrome (FAS)
5. Identify at least three conditions that are often misdiagnosed in lieu of an FASD

The SDRC Team



Elizabeth Cleveland
Speech-Language Pathologist



David Deere
Social Worker



Tiffany Lepard-Tassin
Genetic Counselor



Other Members of the FASD diagnostic team (not limited to this list)

- APRN
- Audiology
- Client/Family
- Counselor
- DBP
- Educator
- Epidemiology
- Genetic Counseling
- Geneticist
- Nutrition
- OT
- PCP
- Psychiatry
- Psychology
- PT
- SLP
- Social Work
- Students/Trainees



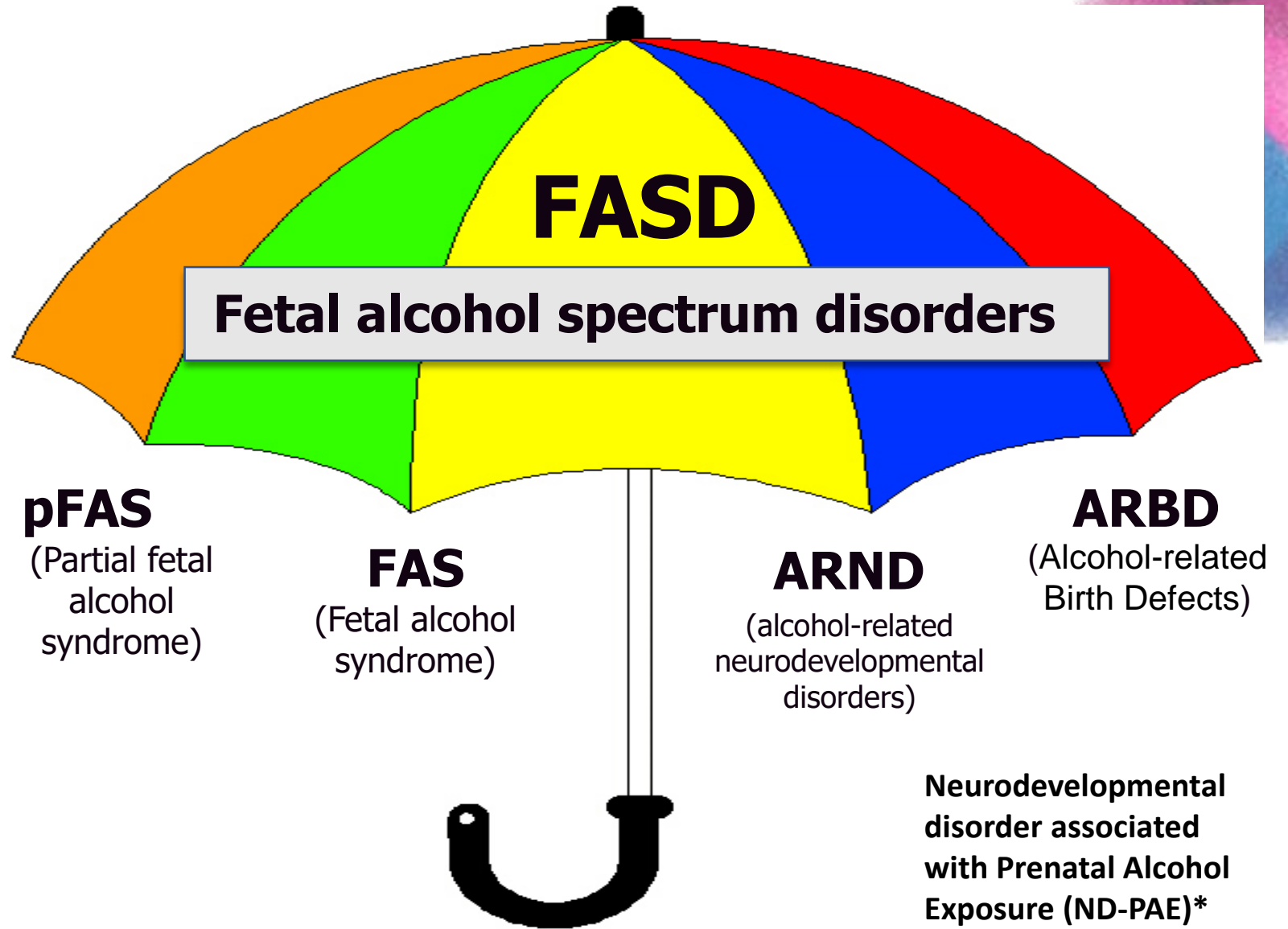


FASD: The Basics

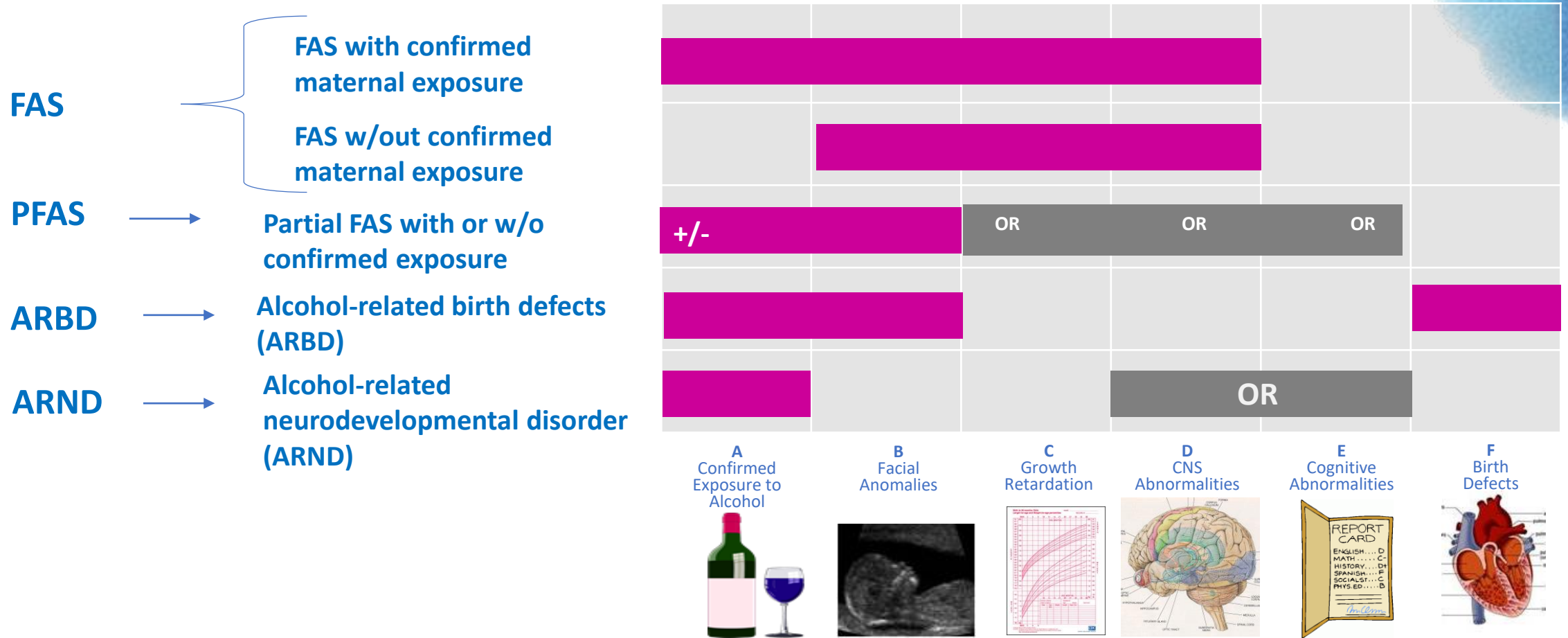
Understanding FASD Criteria and Characteristics

Fetal Alcohol Spectrum Disorders

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



Spectrum of FASD





Fetal Alcohol Syndrome: FAS

Jones and Smith (1973)

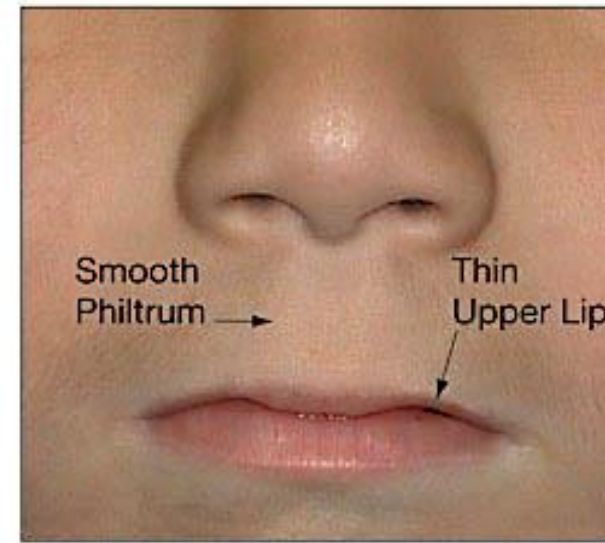
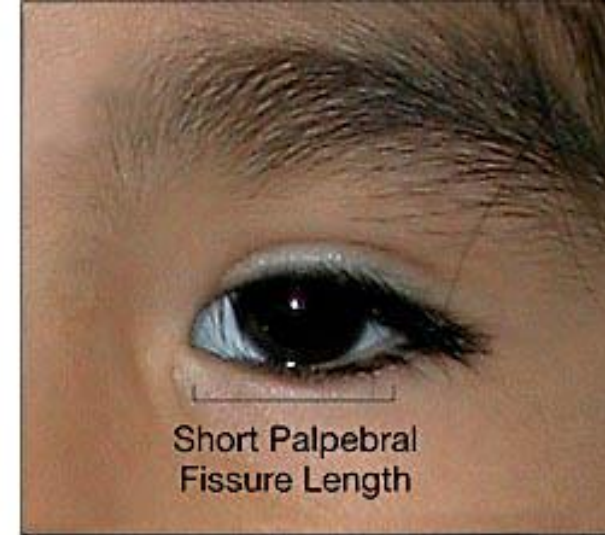
Fetal Alcohol Syndrome



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...

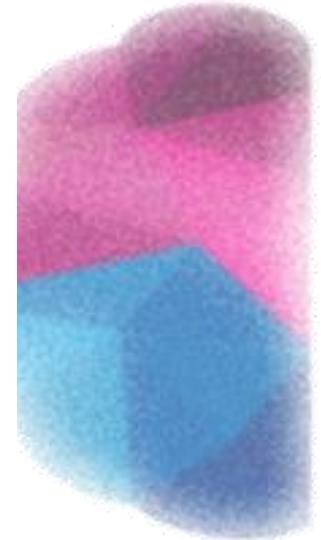
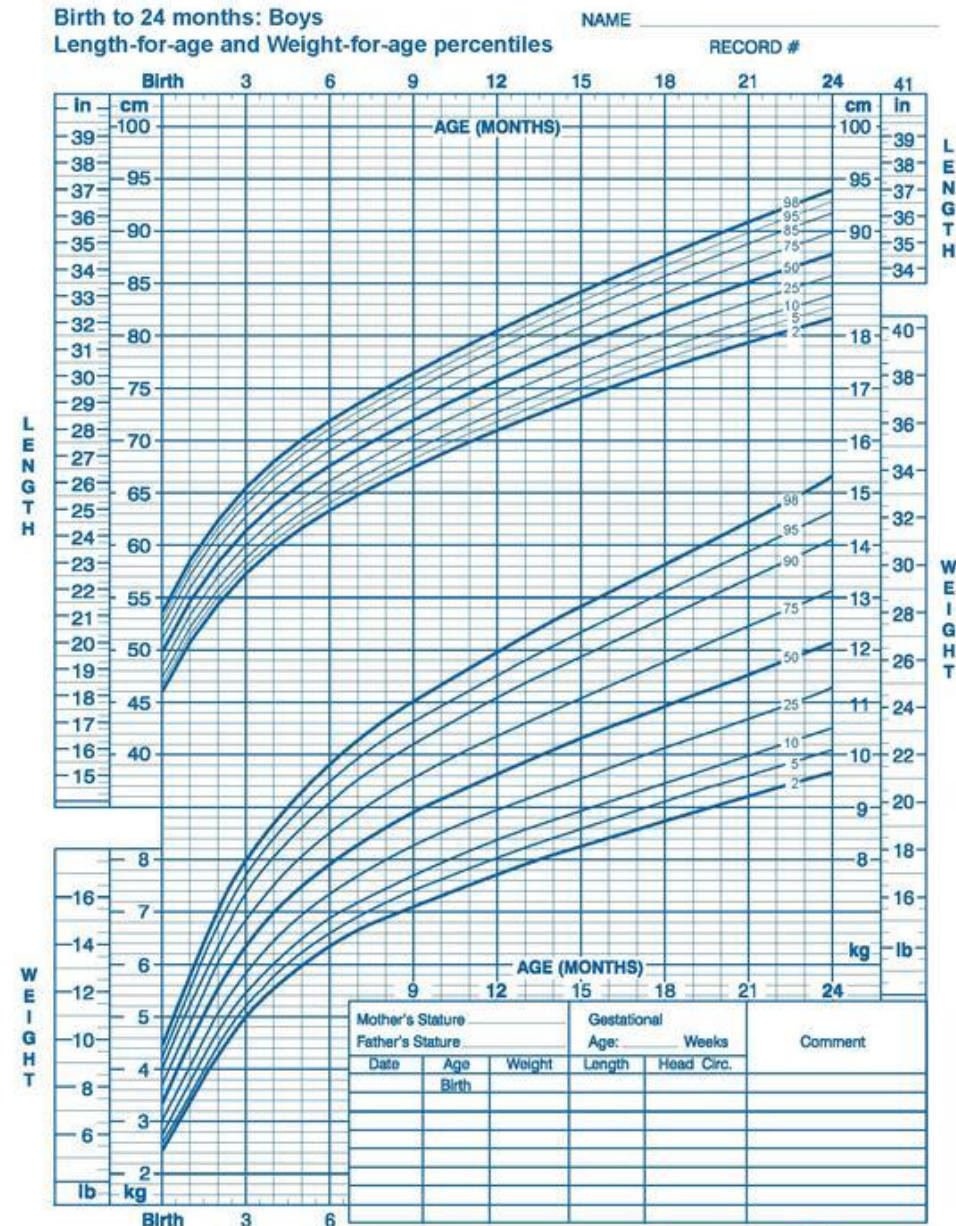
Dysmorphic Facial Features



Examples of the full (Rank 4) FAS facial phenotype across race and age: Native American.
(Susan Astley Hemingway 2012)

Growth Problems

- At or below the 10th percentile for height and weight
- Failure to Thrive, even through toddlerhood
- Alcohol kills cells of the developing fetus. Less cells = less mass.
- Appetite centers of the brain are altered. "Full" sensation never happens.



Published by the Centers for Disease Control and Prevention, November 1, 2000
SOURCE: WHO Child Growth Standards (<http://www.who.int/childgrowth/en>)



Central Nervous System Abnormalities



Structural	Neurological	Functional
<ul style="list-style-type: none">• Smaller-than-normal head size• Significant changes in the structure of the brain	<ul style="list-style-type: none">• Cannot be related to another cause	<ul style="list-style-type: none">• Either cognitive deficits or significant developmental delay OR• Problems in at least three of the following areas:<ul style="list-style-type: none">• Cognitive delays• Executive functioning deficits• Motor functioning delays• Attention problems or hyperactivity• Problems with social skills• Other problems

Central Nervous System Abnormalities, Cont.

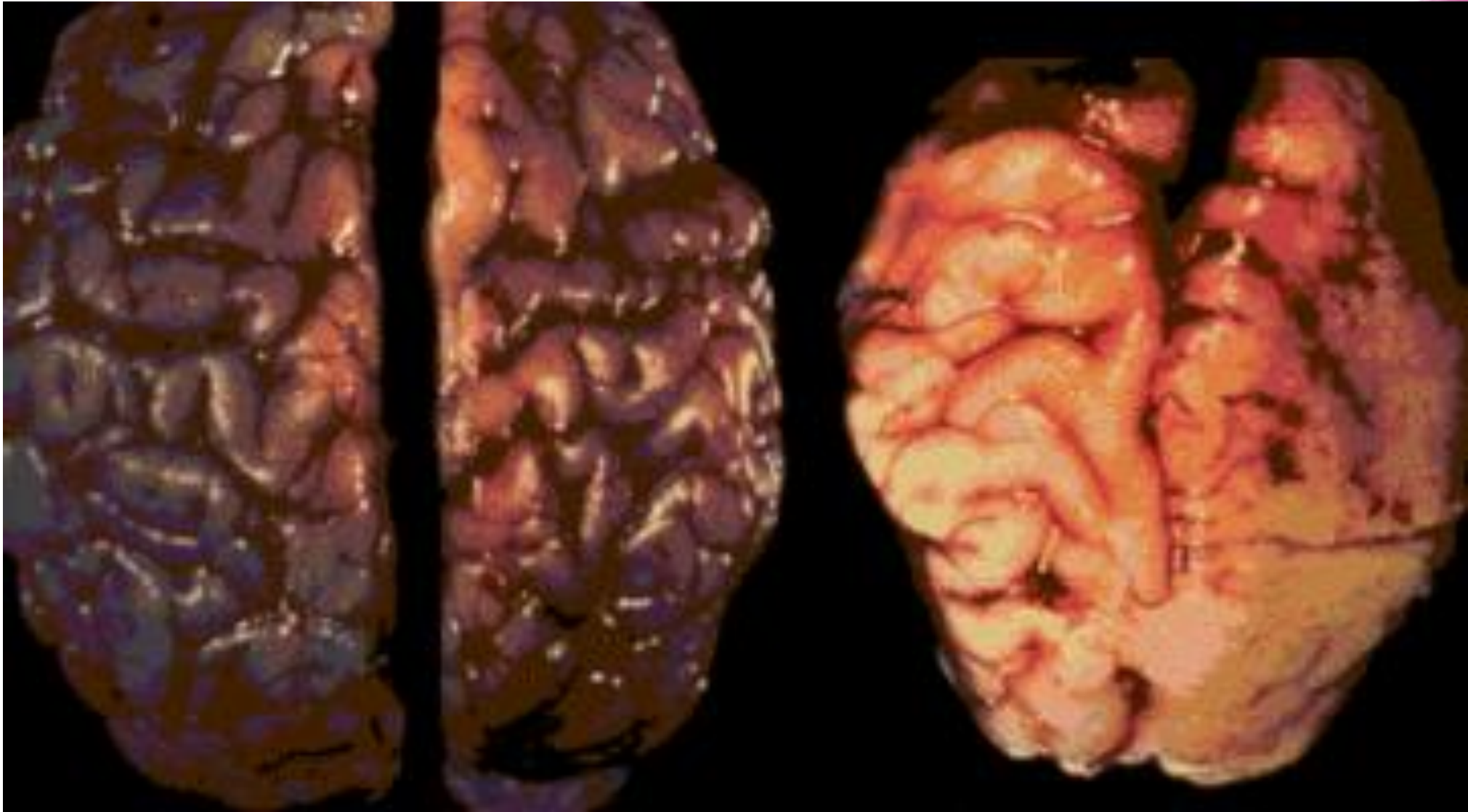


Photo courtesy of Sterling Clarren, MD



ND-PAE

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

DSM-V Criteria 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. History of more than minimal levels of PAE

- Not specified in DSM criteria, but guidelines are in supported text
- >13 drinks per month or more than 2 drinks on one occasion
- If child meets criteria for full FAS then ND-PAE can be diagnosed without documented exposure
- Documentation can be from maternal self-report, medical and other records, or clinical observation



B. Neurocognitive Impairment

- Neurocognitive impairment, as evident by one or more of the following:
 - Global intellectual impairment
 - Impairment in executive functioning
 - Impairment in learning
 - Impairment in memory
 - Impairment in visual spatial



C. Impairment in Self-Regulation



Impairment in self-regulation in 1 (or more) of the following:

- Impairment in mood or behavioral regulation
- Attention deficit
- Impairment in impulse control

D. Deficit in Adaptive Functioning Skills



Deficits in adaptive functioning as manifested in 2 (or more) of the following, including at least 1 of (1) or (2):

1. Communication deficit
2. Social impairment
3. Impairment in daily living
4. Motor impairment

Additional Criteria for ND-PAE

- E. The onset of the disturbance (symptoms in Criteria B, C, and D) is before 18 years of age.
- F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- G. The disturbance is not better explained by the direct physiological effects associated with postnatal use of a substance (e.g., medication, alcohol or other drugs), a general medical condition (e.g., traumatic brain injury, delirium, dementia), other known teratogens (e.g., Fetal Hydantoin syndrome), genetic condition (e.g., Williams syndrome, Down syndrome, Cornelia de Lange syndrome), or environmental neglect and/or abuse.





SDRC Process

Referring to SDRC, Pre-Clinic Interview, Clinic Session, Team Meetings, Referrals

SDRC receives referrals for kids who may have:

- History of prenatal alcohol exposure or suspected prenatal alcohol exposure, often paired with other drugs
- Extreme hyperactivity or attention deficit
- A very talkative nature, especially one-on-one
- Difficult behaviors that cause trouble in the schools or at home
- Multiple suspensions or expulsions
- History of encounters with law enforcement
- Confabulations (made up stories/events that the child seems to think are real, even though they should know they are not real)
- Difficulty with skill consistency; they can perform one day, but seem to lose skills the next

SDRC receives referrals for kids who may have:

- The ability to meet people easily; Very friendly natures
- Difficulty making friends, even though they want to make them
- Difficulty with impulsivity
- Difficulty understanding cause and effect
- Difficulty with transitions
- Great talent with art or music
- Extreme mood dysregulation
- Sensory sensitivity
- IQ in the normal or mild range and normal or mildly delayed language skills



Pre-Clinic Interview

- Case and medical history interview
- Interview-based assessments:
 - Adaptive measure
 - Pragmatic language assessments
 - Executive function assessments



Clinic Session

In-person (University of Central Arkansas) or virtual (Google Meet)

- In-Person:
 - Measurements and pictures taken (for referral to genetics, if necessary)
 - In-depth multidisciplinary interview
 - Additional assessments:
 - Language functioning
 - Oral motor
 - Hearing screener
- Virtual: Everything except measurements and pictures

All assessments are chosen based on the individual client



Team Meetings

- During team meetings, we discuss the following:
 - Facial features associated with FAS or other genetic conditions
 - Findings from assessments
 - Case and medical history information
 - Behavioral observations
 - Diagnostic criteria for ND-PAE and for FAS when referrals are necessary



Common Referrals

- Genetics (Brad Schaefer, ACH)
- Psychology (Testing for ASD, ID, or similar)
- Psychiatry (Assessment for psychological conditions that require medication or therapy)
- Occupational therapy (Testing for sensory processing)
- Physical therapy (Testing for motor control and coordination)
- Speech therapy (Additional testing and services)



ArkSDRC.org



SDRC

Specialty Diagnostic Resource Center

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Questions and Discussion

Thank you!

Getting a Diagnosis of FASD & the SDRC Approach

Elizabeth Cleveland, David Deere, and Tiffany Lepard-Tassin



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