

Fetal Alcohol Spectrum Disorder (FASD)

WHAT IS FASD?

Fetal Alcohol Spectrum Disorder (FASD) is now used as a diagnostic term, when prenatal alcohol exposure is considered to be a significant contributor to physical and neurobehavioural effects in children, youth and adults.

CANADIAN DIAGNOSTIC STANDARDS

In 2015, *Fetal alcohol spectrum disorder: a guideline for diagnosis across the lifespan*¹ was published, replacing the original Canadian guidelines for diagnosis (2005). This new guideline was developed as a result of emergent evidence, current practice and clinical experience in this field.

BENEFITS OF DIAGNOSIS

An accurate diagnosis can help to understand the challenges of individuals impacted by FASD:

- ✓ Guide appropriate post-diagnosis interventions and strategies for support
- ✓ Reduce the number of secondary disabilities or mitigate adverse experiences often seen in individuals impacted by FASD (i.e. mental health problems, trouble with the law, homelessness, addictions issues, etc.)²
- ✓ Link birth parents with supports and interventions to prevent further affected births
- ✓ Provide information regarding incidence and prevalence rates of FASD in Canada
- ✓ Support applications for disability tax credits, financial supports and other services for the individual and/or their caregivers
- ✓ Provide important information regarding supports for youth transitioning to adulthood, such as guardianship, trusteeship and legal representation agreements

DIAGNOSTIC PROCEDURE

FASD is a medical diagnosis. The guideline recommends a comprehensive, multidisciplinary approach be used to obtain an accurate diagnosis and a comprehensive assessment of the individual's functional abilities.

CORE CLINIC TEAM MEMBERS

Team membership varies and is dependent on the age of the individual being assessed. A pediatric team should include:

PHYSICIAN

- background training specific to FASD diagnosis

PSYCHOLOGIST

- education, expertise and scope of practice relevant to clinical testing

SPEECH-LANGUAGE PATHOLOGIST

OCCUPATIONAL THERAPIST

CLINIC COORDINATOR

Adult and pediatric teams may include additional stakeholders representing health, social services, justice, education, mental health and cultural representation.

RECOMMENDED SCREENING TOOLS

A reliable, accurate maternal alcohol history is the best screening tool. The Life History Screen⁴, the FASD Screen and Referral Form for Youth Probation Officers⁵ and the The Canadian Association of Paediatric Health Centres National FASD Screening Toolkit⁶ can also validate a referral for FASD diagnosis. All positive screens should prompt a referral for further assessments, keeping in mind that screening is not a diagnosis.

¹ Cook, JL, et al, Fetal alcohol spectrum disorder: a guideline for diagnosis across the lifespan. CMAJ, December 2015. www.cmaj.ca/content/early/2015/12/14/cmaj.141583

² Streissguth A & Kanter J (1997). *The Challenge of Fetal Alcohol Syndrome: Overcoming Secondary Disabilities*. Seattle, WA: University of Washington Press.

³ Cook, JL, et al. (2015)

⁴ Grant, TM et al, Screening in treatment for fetal alcohol spectrum disorders that could affect therapeutic progress. *International Journal of Alcohol and Drug Research*, 2014.

⁵ Conry, J & Asante, KO, Youth probation officers' guide to FASD screening and referral, 2010, The Asante Centre for Fetal Alcohol Syndrome: Maple Ridge, BC

⁶ www.caphc.org/fasd/fasd-national-screening-tool-kit

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