

Pediatric Mental Health Care Access Grant

Fetal Alcohol Spectrum Disorder:

Stressing the Need for Greater Awareness

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OBJECTIVES

- 1. Review the History of Intrauterine Alcohol Exposure**
- 2. Outline the Diagnostic Criteria and Challenges Associated with Fetal Alcohol Spectrum Disorder**
- 3. Describe Treatment Approaches for the Challenges Associated with Fetal Alcohol Spectrum Disorder**

HISTORY OF INTRAUTERINE ALCOHOL EXPOSURE



HISTORY

- **First recognized by Jones and Smith (1973)**
- **The term Fetal Alcohol Spectrum Disorder (FASD) is the current term that refers to a wide range of conditions associated with prenatal alcohol exposure.**
 - **Fetal Alcohol Syndrome (FAS)**
 - **Fetal Alcohol Effects (FAE)**
 - **Alcohol Related Birth Defects (ARBD)**
 - **Alcohol Related Neurodevelopmental Disorder (ARND)**

A 2005 Message to Women
from the U.S. Surgeon General:
Advisory on Alcohol Use in Pregnancy

Thirty-two years ago, United States researchers first recognized fetal alcohol syndrome (FAS). FAS is characterized by growth deficiencies (or, decreased growth), abnormal facial features (specific facial features), and central nervous system (or, brain) abnormalities. FAS falls under the spectrum of adverse outcomes caused by prenatal alcohol exposure called Fetal Alcohol Spectrum Disorders (FASD). The discovery of FAS led to considerable public education and awareness initiatives informing women to limit the amount of alcohol they consume while pregnant. But since that time, more has been learned about the effects of alcohol on a fetus. It is now clear that no amount of alcohol can be considered safe.

I now wish to emphasize to prospective parents, healthcare practitioners, and all childbearing-aged women, especially those who are pregnant, the importance of not drinking alcohol if a woman is pregnant or considering becoming pregnant.



HISTORY

- **10,657 babies are born on any given day in the U.S.**
 - **1 of these babies is born HIV positive**
 - **2 of these babies are born with Spina Bifida**
 - **3 of these babies are born with Muscular Dystrophy**
 - **10 of these babies are born with Down Syndrome**
 - **100 of these babies are born with FASD**



HISTORY

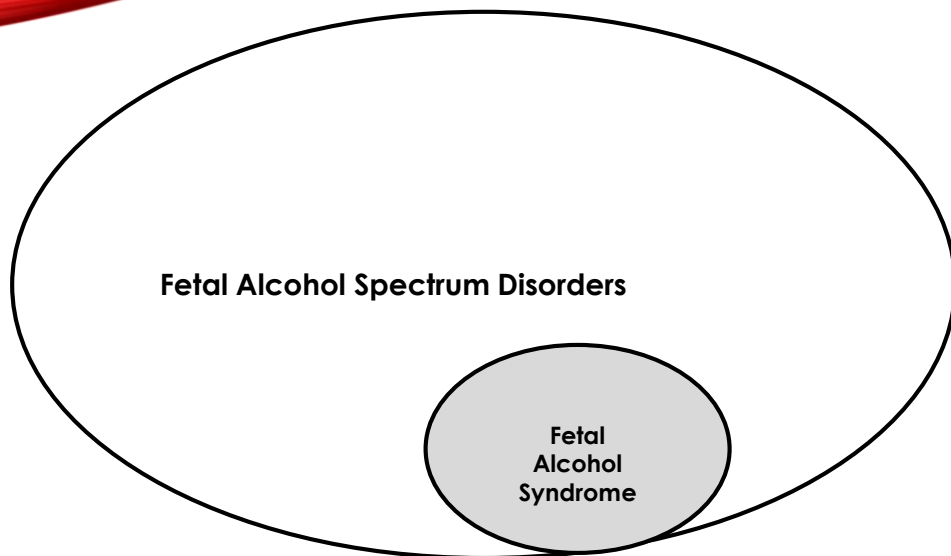
- **Prevalence of Autism Spectrum Disorder**
 - 1:54 (CDC; 2020)
- **Prevalence of Fetal Alcohol Spectrum Disorder**
 - Estimated to occur in 1-5 in 100 children (CDC; 2020)

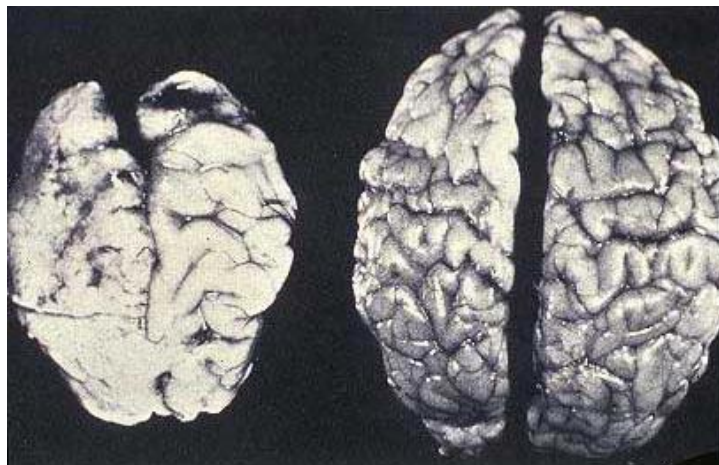
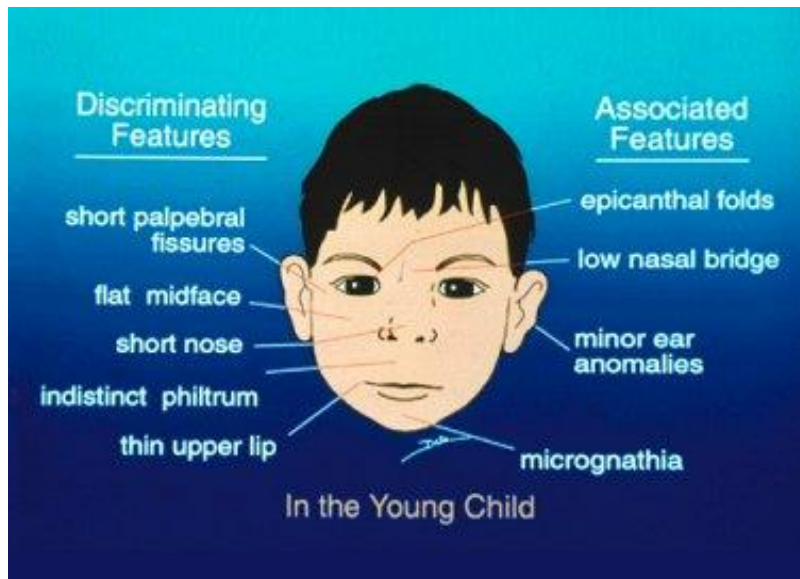
DIAGNOSTIC CRITERIA



DIAGNOSTIC CRITERIA

1. Positive Hx of prenatal ETOH exposure
2. Craniofacial anomalies (thin upper lip, epicanthal folds, flattened philtrum)
3. Pre and/or postnatal growth deficiency (SGA, low birth weight, low weight to height ratio, short stature)
4. CNS dysfunction
 - Physical (i.e., microcephaly)
 - Behavioral (i.e., hyperactivity, mental retardation, social problems)





DIAGNOSTIC CRITERIA

4-Digit Diagnostic Code™

One Example of FAS

significant	significant	definite	4		X	X		X	4	high risk
moderate	moderate	probable	3	X					3	some risk
mild	mild	possible	2						2	unknown
none	none	unlikely	1						1	no risk
Growth Deficiency	FAS Facial Features	CNS Damage		Growth	Face	CNS		Alcohol		Prenatal Alcohol

CHALLENGES



CHALLENGES

- **Brain Damage – Alcohol Use During Pregnancy is the Leading Known Cause of Developmental Disability and Birth Defects in the United States**
- **Mental Health Challenges**
- **Learning Disabilities**
- **Attention Difficulty**
- **Hyperactivity/Impulsivity**
- **Memory Difficulties**



CHALLENGES

- **Memory Problems**
 - **Lying**
 - **Making Things up to Fill in the Blanks**
- **Failure to Understand Ownership**
 - **Stealing**
 - **Attempting to Buy friends**
- **Little Understanding of Value of Objects**
 - **Destructive behavior**
 - **Anger and Frustration**
- **Slow Cognitive or Verbal Processing Speed**
 - **Defiance**
 - **Avoidance due to Frequent Failure**



CHALLENGES

- **Social Skills**
- **Those with FASD Display Poor Communication and Socialization Skills**
 - **Poor Judgment**
 - **Difficulty Perceiving Social Cues**
 - **Social Disinhibition (Inability to Respect Personal Boundaries)**
 - **Overly Demanding of Attention**
 - **Stubbornness**
 - **Bragging**



CHALLENGES

- **Growth Deficits**
- **Heart, Lung, and Kidney Defects**
- **Poor Coordination and Motor Skill Delays**
- **Dropping Out of School**
- **Trouble with the Law**
- **Substance Abuse**



CHALLENGES

- **Of those with FASD, between 12-21:**
 - **95% will have mental health problems;**
 - **60% will have "disrupted school experience";**
 - **60% will experience trouble with the law;**
 - **55% will be confined in prison, drug or alcohol treatment center or mental institution;**
 - **52% will exhibit inappropriate sexual behavior.**

TREATMENT





TREATMENT

- **Early Diagnosis**
 - **Multidisciplinary Approach**
 - **4-Digit Diagnostic Code**
- **Accessing Disability Services**
- **Mental Health Therapy**
 - **Working with Comorbid Challenges**
- **Parent Education**



TREATMENT

- **School Accommodations**
 - **Individualized Education Plans or 504 Plans**
- **Learning Difficulties**
- **Behavior Challenges**
- **Executive Functioning Problems**
- **Social Skills Training**



TREATMENT

- **Learning Difficulties**
 - **Using Bi-Modal Strategies as Often as Possible**
 - **Reading Disabilities**
 - Focus on Basic Phonological Awareness – Lindamood Bell, Wilson Learning and Reading, Fast ForWord, Earobics
 - Access to recorded materials;
 - Access to compensatory assistive technologies (print-to-speech software);
 - Additional time on reading tasks.



TREATMENT

- **Learning Difficulties**
 - **Using Bi-Modal Strategies as Often as Possible**
 - **Math Disabilities**
 - Systematic instruction
 - Self-instruction
 - Visual representation
 - Peer-assisted learning



TREATMENT

- **Learning Difficulties**
 - **Writing Disabilities**
 - An occupational therapy evaluation should be considered to assess for graphomotor/writing and pencil control deficits.
 - Access to speech-to-text (dictation)
 - Additional time on written tasks
 - Supplementing written documentation with an oral report or explanation.
 - Keyboarding/typing instruction



TREATMENT

- **Behavior Challenges**
 - Behavior-Based Training
 - Applied Behavior Analysis
 - Functional Behavioral Assessment
 - Positive Behavior Supports
 - Choice-Making



TREATMENT

- **Attention and Executive Functioning Challenges**
 - Reducing extraneous stimuli in the environment
 - Providing cues and prompts
 - Receiving breaks during longer instructional periods
 - Taking tests and completing assignments in a separate room
 - Noise-canceling headphones/earplugs
 - Reduce time delays and externalize time - Use timers, clocks, counters, etc.
 - Externalize important information - Post reminders, cues, calendars, organizers, etc.
 - Externalize motivation - Token systems, reward programs, privileges
 - Decrease total workload



TREATMENT

- **Attention and Executive Functioning Challenges**
 - Present material in smaller portions
 - Provide relatively frequent breaks
 - Target accuracy, NOT amount of work completed
 - Reduce/eliminate homework
 - Use color-coded systems or other organizing strategies
 - Make use of peer tutoring
 - Use organizers and Check Organizers at Least Once per Day

TREATMENT

- **Social Skills Training - Clinical and School**
- **Social Skills Groups**
- **Family Involvement**
- **Social Stories**
- **Modeling skills through active demonstration.**
- **Help the child practice in a controlled environment**
 - **While receiving feedback.**
- **Assist the child in generalizing the skills**
 - **Practicing in new environments.**

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