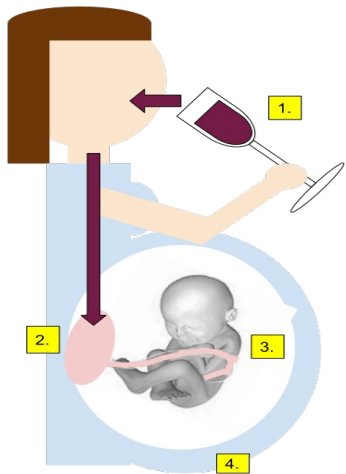


Understanding Fetal Alcohol Spectrum Disorder: Diagnosis and Presentation



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Brief Overview: Definition

Fetal Alcohol Spectrum Disorder (FASD) is a group of developmental disorders that results from the in-utero exposure to alcohol.

The umbrella term comprises of several disorders (Fetal Alcohol Syndrome, Partial Fetal Alcohol Syndrome, Alcohol Related Neurodevelopmental Disorder and Alcohol Related Birth Defects).

Each includes damage to the brain resulting in neurological and behavioral effects. Children and adults with FASD are often misunderstood.



Brief Overview: Diagnosis—4 digit diagnostic code

- Slow growth/small head circumference
- Physical features
- Neurodevelopmental effects
- Evidence of prenatal alcohol exposure

*Many are aware of the craniofacial features, but not all individuals have them and many disappear with age. The damage to the brain does not disappear.

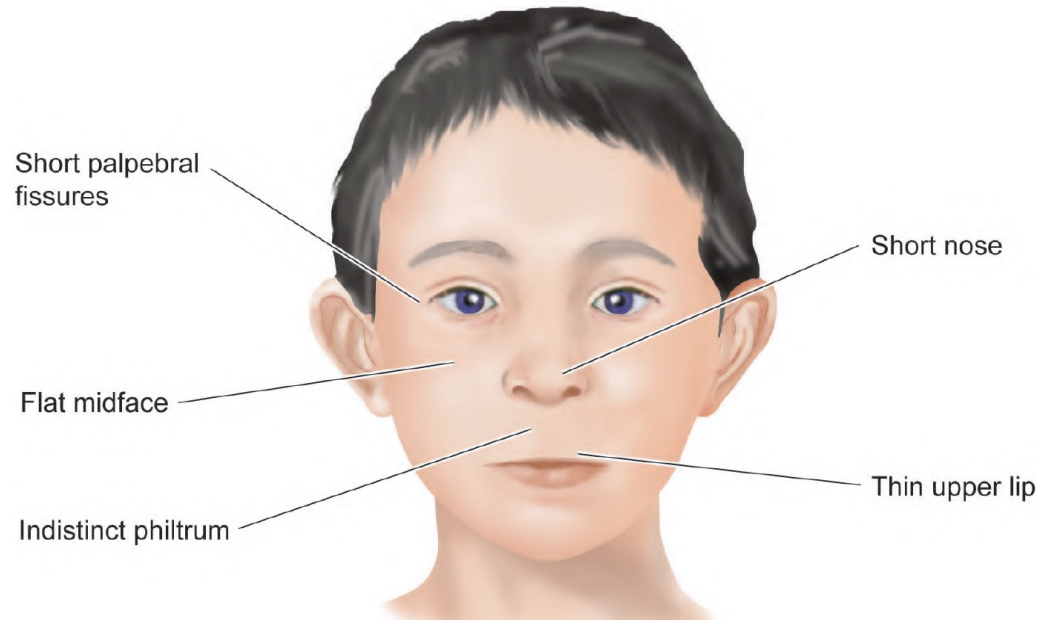


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Figure 1: Facial Dysmorphologies

Facial dysmorphologies associated with FAS:

- Folds over the upper eyelids
- Short *palpebral fissures*
(the openings between the eyelids)
- Small eyeballs
- Short or small nose
- Indistinct *philtrum*
(the groove between the nose and upper lip)
- Thin upper lip
- Flat midface
- Flat midface



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Multidisciplinary Evaluation

In New Jersey/other parts of the US a multidisciplinary team comprised of developmental pediatrician, psychological, speech and language pathologist, social worker, occupational therapist, etc completes a multistage evaluation

Early identification is key!



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Day-to-Day Challenges

These day to day challenges may/often leave the individual feeling:

Overwhelmed

Which may/often result in:

Shutting down

Tantrumming/ aggression



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At Risk for Further Challenges

- Individuals with FASD are at risk for a host of secondary disabilities—early recognition is a protective factor against

Mental Health Issues and low self esteem

Legal Issues

Alcohol and Drug Issues

School Truancy

Sexual inappropriateness



At Risk for Further Challenges

- Many individuals may also be diagnosed with ADD/ADHD, Oppositional Defiant Disorder, Generalized Anxiety....

**Oftentimes, “typical” therapeutic approaches do not work.

Why not?



Clinical Presentation: Neurodevelopment & Behavioral

Consider for a moment

The cause and effect patterns may be inconsistent or interrupted....so....

Difficulty learning from past experiences

Difficulty generalizing from one experience or setting to the next

As a result, may see lying/confabulation

So, behavior may not be changed due to consequences...this is often the premise of our interventions



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THANK YOU!

Questions?? *Comments?*



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