

Fetal Alcohol Spectrum Disorder (FASD)

Alana Principe #100613312
Nicholas Stavro Sholdoff #100498782
Chantelle Cook #100612799
Isaac Simms #100612433
Victoria Ryan #100611608

“Post your findings in the Week 5 Asynchronous Discussion on Blackboard.
You will have 2 Async weeks to gather the following information:”

Definition

According to CanFASD: “Today, Fetal Alcohol Spectrum Disorder (FASD) is an umbrella term that describes the range of effects that can occur in an individual who was prenatally exposed to alcohol, and includes FAS. These effects can include lifelong physical, mental, behavioural difficulties, and learning disabilities. Depending on the amount and the timing of alcohol exposure, a minority of infants exposed will also develop a characteristic pattern of facial features, and some will have a growth deficiency” (CanFASD).

FASD describes a range of disabilities that result from exposure to alcohol during pregnancy. The medical diagnoses of FASD include:

- Fetal Alcohol Syndrome (FAS)
- Partial FASD (pFAS)
- Alcohol Related Neurodevelopmental Disorder (ARND)

IPRC category and subcategory

Intellectual: Developmental disability or Mild intellectual disability

Identify the profession who would make the diagnosis as well as when in the child's life this would most likely happen

Centers for Disease Control and Prevention brings to light the fact that “diagnosing FAS can be hard because there is no medical test, like a blood test, for it” (Fetal Alcohol Spectrum Disorders, 2015). In addition to this, CDCP also lists “diagnosis before 6 years of age [under] protective factors” (Fetal Alcohol Spectrum Disorders, 2015). When juxtaposing these two factors, it seems as though FASD is diagnosed somewhere before, during, or soon after 6 years of age, and that this diagnosis depends on the symptoms and difficulty in diagnosing FASD. If there is more difficulty with the diagnosis, it may take much longer to diagnose. The profession who would make the diagnosis would be a specialist, made clear in CDCP’s statement to “ask the doctor for a referral to a specialist (someone who knows about FASDs), such as a developmental pediatrician, child psychologist, or clinical geneticist” (Fetal Alcohol Spectrum Disorders, 2015).

It is important to recognize that diagnosis is going to be completed by a multidisciplinary diagnostic team, and professionals can be from a combination of varied geographical locations, which can include virtual assessments. The team will likely have a combination of nurses, social workers, physicians, psychologists, occupational therapists, and speech language pathologists (Chudley et al, 2005).

Medical/professional recommendations (i.e. medication; physical therapy)

After reading the information provided on the Centers for Disease Control and Prevention website, it becomes clear that there are many medical recommendations for FASD. The website makes clear that “early intervention treatment services can improve a child’s development,” adding that “there are many treatment options including medication... behaviour and education therapy, parent training, and other approaches” (Fetal Alcohol Spectrum Disorders, 2015). Some added “protective factors” given by the the Centers for Disease Control and Prevention include “Diagnosis before 6 years of age... loving, nurturing... and involvement in special education and social services” additionally stating that “no one treatment is right for every child” (Fetal Alcohol Spectrum Disorders, 2015). This makes clear that as included in the name for FASD, it is a spectrum with a range of symptoms and medical and professional recommendations.

It is recommended to gather as much information as possible during the diagnosis process. This includes medical records (mother and child), school records, social services records, and previous assessment documentation. This information will help cater interventions to the needs of the child. It is also recommended that the child have assessments done to determine brain structure, cognition, memory, communication, attention, social skills, and executive functioning (Chudley et al, 2005).

Educational implications

The educational implications of FASD can be wide-ranging. According to CanFASD, difficulties associated with FASD are often not noticed until a child reaches junior or middle school age. Students may have difficulties with social communication and attention, motor and sensory function, memory, and difficulty learning from consequences.

Possible modifications/accommodations to assist with accessing the curriculum.

Because there is such a wide range of symptoms associated with FASD, there are many possible modifications and accommodations that may help students succeed in the classroom. According to FASD Ontario, “none of the current categories of exceptionalities singularly reflect the needs of students with FASD because they are all uniquely challenged” (Fetal Alcohol Spectrum Disorders).

Motor function

- Access to an occupational therapist
- Special grips on writing tools for fine-motor issues

Sensory

- Consult OT
- Track behaviours to determine needs
- Reduce trigger sensory input
- Provide relaxation tools
- Break tests into chunks

Social Communication

- Teach whole class on specific social skills
- Use positive reinforcement
- Post social skills visuals
- Provide activities for unstructured times

Attention

- Frequent physical breaks
- Cueing system
- Specific instructions with checklist
- Headphones/music
- Choice activities
- Chunk tests/accommodate time

Memory

- Establish home communication
- Repetition
- Check for understanding
- Post reference material
- Provide templates

The Ontario Teachers' Federation provides a variety of teaching strategies and resources that could be useful, depending on the student's needs. The following link provides information on needs such as anxiety, attention, fine and gross motor movement, phonological processing, self care, transition management, and sequencing skills: <https://www.teachspeced.ca/behaviour-exceptionality?q=node/732>

References

CanFASD. (n.d.). *FASD Fact Sheet*. Retrieved May 31, 2017, from <https://canfasd.ca/media/fasd-fact-sheet/>

Categories of exceptionality and definitions section III. (January, 2001). Retrieved May 31, 2017, from <http://www.peelschools.org/parents/special/sep/documents/B7categories.pdf>

Chudley, A., Conry, J., Cook, J., Looock, C., Rosales, T., & LeBlanc, N. (2005). Fetal alcohol spectrum disorder: Canadian guidelines for diagnosis. *CMAJ*, 172, 1-21. doi: 10.1503/cmaj.1040302. Retrieved May 31, 2017, from http://www.cmaj.ca/content/172/5_suppl/S1.full

Fetal alcohol spectrum disorders (FASDs). (2015, April 16). Retrieved May 31, 2017, from <https://www.cdc.gov/ncbddd/fasd/facts.html>

Public health agency of Canada. (n.d.). Fetal Alcohol Spectrum Disorder (FASD). Retrieved May 31, 2017, from <http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/fasd-etcaf/index-eng.php>