

Fetal Alcohol Spectrum Disorders (FASD)

Presented by:
KEPRO SW PA Health Care Quality Unit
(KEPRO HCQU)

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Disclaimer

Information or education provided by the HCQU is not intended to replace medical advice from the individual's personal care physician, existing facility policy, or federal, state, and local regulations/codes within the agency jurisdiction. The information provided is not all inclusive of the topic presented.

Certificates for training hours will only be awarded to those attending the training in its entirety. Attendees are responsible for submitting paperwork to their respective agencies.

Objectives



- State the cause of fetal alcohol spectrum disorders (FASD)
- Recall the effects that alcohol consumption has on a fetus
- Cite strategies for supporting people with FASD who also have an intellectual/developmental disability (I/DD)

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Defining Fetal Alcohol Spectrum Disorders (FASD)



- “A group of conditions that can occur in a person whose mother drank alcohol during pregnancy” (CDC, 2014)
- Caused by alcohol consumption during pregnancy
- Abnormalities in physical, neurological, and organ formation
- 100% Preventable (The Arc, 2011)

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Statistics



- Exact prevalence of FASD is unknown
- “A recent study reported the FAS prevalence in the U.S. to be at least 2 to 7 cases per 1000 births” (American Bar Association, 2012; May, Gossage, Kalbert, Robinson, Buckley, Manning, and Hoyme, 2009).
- Single most common cause of intellectual/ developmental disability that is preventable (The Arc, 2016)

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Effects of Alcohol Exposure: 1st Trimester



- Period when facial features are formed
- Effects alcohol may have on the fetus:
 - Changes the configuration of how cells grow and arrange themselves as they multiply
 - Causes a decrease in brain cells growing within the brain
 - Stunted growth and low birth weight in those with FASD

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Effects of Alcohol Exposure: 2nd Trimester



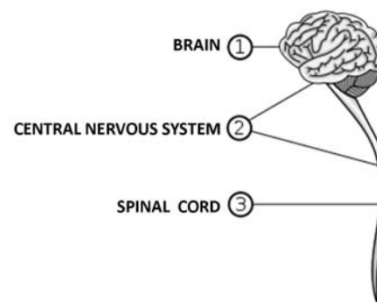
- Fetal alcohol exposure can cause:
 - Increased risk of miscarriages
 - Periods of fetal distress due to excessive alcohol consumption

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Effects of Alcohol Exposure: 3rd Trimester



- Greatest period of brain development
- Central nervous system is at greatest risk

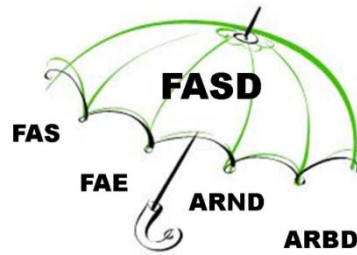


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Types of FASD



- Fetal Alcohol Syndrome (FAS)
- Fetal Alcohol Effects (FAE)
 - Alcohol Related Neurodevelopmental Disorder (ARND)
 - Alcohol Related Birth Defects (ARBD)



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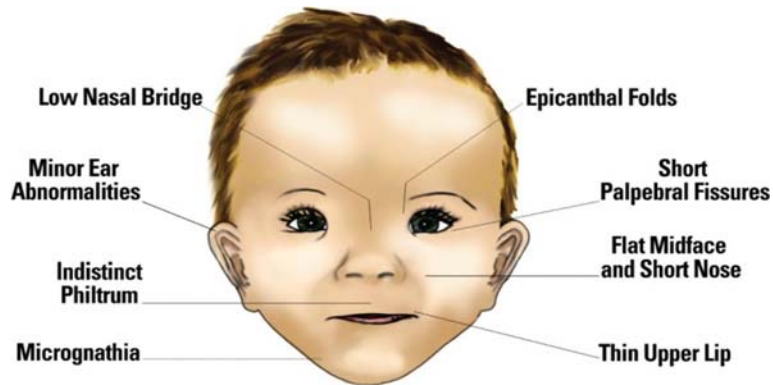
Diagnosing FAS



- Abnormal facial features:
 - Facial characteristics
 - Smooth area between nose and upper lip
 - Thin upper lip
 - Eyes appear wide-spaced
 - Growth deficits
 - Height and/or weight below 10th percentile
 - Central Nervous System (CNS) abnormalities
 - Structural, neurological, and functional
- Confirmed maternal use of alcohol during pregnancy not necessary if other criteria displayed

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Facial Features Associated with Fetal Alcohol Syndrome (FAS)



Facial characteristics that are associated with fetal alcohol exposure.

Photo Courtesy of Alcohol Review Current Reviews (ARCR)
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3756137/figure/f1-oth-34-1-4/>

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Fetal Alcohol Effects (FAE)



- FAE is now referred to as:
 - Alcohol Related Neurodevelopmental Disorder (ARND)
 - Alcohol Related Birth Defects (ARBD) (CDC, 2015)
- Neurological effects are as severe as they are in Fetal Alcohol Syndrome (FAS)

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Characteristics of Alcohol Related Neurodevelopmental Disorder (ARND)



- Functional or mental challenges
- Learning difficulties
- Decreased school performance
- Low impulse control
- Motor overactivity
- Difficulty with math
- Difficulty remembering
- Attention deficits
- Difficulty making sound decisions

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Characteristics of Alcohol Related Birth Defects (ARBD)



- Problems in the following area(s) may exist
 - Heart
 - Kidneys
 - Bones
 - Hearing

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FASD Central Nervous System Symptoms



- Intellectual and Developmental Delays
- Alcohol withdrawal at birth
- Poor sucking response
- Sleep disturbances
- Restlessness and irritability
- Short attention spans
- Learning disabilities
- Low birth weight
- Below average in physical growth as compared to age
- Below average in mental development throughout life

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Neurological Symptoms



The “Invisible Symptoms”

- Attention deficits
- Memory deficits
- Hyperactivity
- Difficulty with abstract concepts
- Limitations in problem solving
- Difficulty learning from consequences
- Poor judgment
- Appears emotionally younger
- Poor impulse control

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Secondary Concerns



- Previous symptoms can lead to other difficulties
 - Risk for psychiatric illness
 - Legal system involvement
 - Incomplete education
 - Unemployment
 - Drug and/or alcohol abuse

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Associated Conditions



- Cerebral Palsy
- Learning disabilities
- Intellectual disability
- Autism Spectrum Disorder (ASD)
- Attention deficit / Hyperactivity Disorder (ADHD)
- Depression
- Bipolar Disorder



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Intellectual and Developmental Delays



- Delays exist in most people with FASD
- Some people with FASD have lower than normal IQ
- The severity of the physiological characteristics usually correspond with the level of intellectual/developmental delay

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Executive Functions



- Impulse control
- Emotional control
- Planning / Prioritizing
- Flexibility
- Working memory
- Self-monitoring
- Task initiation
- Organization

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Areas that Necessitate Assistance



- Executive Functions
- Incoming information
- Applying what is known
- Abstract reasoning
- Socialization
- Everyday living skills
- Cause and effect reasoning
- Generalizations

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Executive Functions – Practical Interventions



- Impulse control
- Emotional control
- Planning / Prioritizing
- Flexibility
- Working memory
- Self-monitoring
- Task initiation
- Organization

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Incoming Information



- Provide simple, literal, and exact directions for each task
- Ask the person to repeat what was asked

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Applying What is Known



- Walk/talk through the situation with the person.
- Encourage independence but be available and ready to offer added support in a respectful way.
- Avoid statements such as, “you should know better.”



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Abstract Reasoning



- Provide ALL the information the person needs to know about the situation, including pros and cons and consequences
- Help the person make informed decisions

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Socialization



- May need reminded of socially appropriate behaviors and actions
- May need assistance on picking up social cues from others
- Things to consider:
 - When to start and stop conversations
 - Not taking things from others
 - Not touching others
 - May mimic behavior of others

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Everyday Living Skills



- May need supervision for safety purposes
 - May be able to cook but not remember to turn the stove off
 - May not understand food safety
- May have difficulty with dressing
 - Putting shoes on before socks
- May need prompted to complete agreed upon activities of daily living



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Lack of Cause and Effect Reasoning



- The person with FASD may have difficulty understanding that their actions will always have an outcome.
 - “If I eat cake and ice cream everyday, I will gain weight.”
 - “If I go to the store and take what I want without paying, I could go to jail.”
 - “If I do not take my medications, I will not feel good and may have problems.”
- Provide the necessary information to help the person make sound and informed decisions.

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Generalizations



- Examples:
 - May not understand why it is okay to hug a family member at home, and yet not okay to hug a caregiver or stranger in public.
 - May not realize how to practice relaxation techniques that work for them at home to other settings, such as when going to the dentist.
 - May understand that shoplifting in stores is wrong, but continuously steals items from housemates or caregivers at home.
- Teach new skills in all settings, not just in one setting
- Practice what has been learned in multiple settings
- Encourage people to try out what they have learned

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Other Helpful Strategies



- Environmental
- Attitude of others
- Clinical strategies

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Environmental



- May require a simplified environment
- Decreased stimulation
- Keep expectations reasonable
- Keep interactions positive and respectful
- Build on people's strengths and interests
- Maintain consistency and structure

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Attitudes of Others



- Positive
- Supportive
- Empathetic
- Uniformity of care

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Clinical Strategies



- Psychiatric medications
 - May be used to treat co-occurring conditions
- Physical differences
- Therapies

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Preventing FASD



- Do not consume alcohol if planning on becoming pregnant
- If pregnant, quit drinking and seek proper prenatal care



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Conclusion



- FASD is 100% preventable
- FASD lasts a lifetime; there is no cure.
- Early intervention can help improve development.
- Support plans should address individual needs.

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Related Training Topics



- Executive Functioning

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hcqu.kepro.com

Test and Evaluation

Please take a few moments to complete the test and evaluation
forms for this training.

Thank you!

RESOURCES for FASD – Southwestern PA

- **NOFAS State Resources for Pennsylvania**
www.nofas.org/state-resources-for-pennsylvania
 - Children’s Hospital of Pittsburgh – Child Development Unit
3705 Fifth Avenue
Pittsburgh, PA 15213
Phone: 412-692-5560
 - Magee Women’s Hospital – Department of Genetics
300 Halket Street
Pittsburgh, PA 15213
Phone: 412-641-4168
- **SAMHSA Fetal Alcohol Spectrum Disorders (FASD) Center for Excellence**
 - Department of Drug and Alcohol Programs
Bureau of Treatment, Prevention and Intervention
02 Kline Plaza
Harrisburg, PA 17104
Phone: 717-783-8200
<http://fasdcenter.samhsa.gov/statesystems/care/states/pennsylvania.aspx>
 - FASD State Task Force
Phone: 717- 783-8200
- **Pennsylvania Recovery and Resiliency – Behavioral Health for the New Century**
OMHSAS Bureau of Children’s Behavioral Services
State Initiatives – Fetal Alcohol Spectrum Disorders
<http://www.parecovery.org/servicesfasd.shtml>
- **Pennsylvania Department of Public Welfare**
Bureau of Children’s Behavioral Health Services; and
Intellectual Disabilities Services
P.O. Box 2675
Harrisburg, PA 17105-2675
717-705-8289
 - http://www.dpw.state.pa.us/dpworganization/officeofmentalhealthandsubstanceabuseservices/bureauofchildrensbehavioralhealthservices/S_001578
 - <http://www.dpw.state.pa.us/fordisabilityservices/intellectualdisabilitieservices/index.htm>
- **Centers for Disease Control and Prevention (CDC)**
Fetal Alcohol Spectrum Disorders (FASDs)
<http://www.cdc.gov/ncbddd/fasd/index.html>
- **National Institute on Alcohol Abuse and Alcoholism (NIAAA)**
<http://www.niaaa.nih.gov/>
Alcohol Research Center
University of Pennsylvania
Philadelphia, Pennsylvania
Department of Psychiatry
3440 Market Street, Suite 370
Philadelphia, PA 19104
215-746-7704
<http://www.med.upenn.edu/cc>
- **The Arc – National Initiative**
Self Advocates with FASD in Action (SAFA)
<http://www.thearc.org/page.aspx?pid=3587>

- **ALLEGHENY COUNTY**

- **Allegheny County Administration**
Allegheny County Dept. of Human Services
Mark Cherna, Administrator
304 Wood Street,
Pittsburgh, PA 15222-1900
Phone: (412) 350-4387
Fax: (412) 350-3316
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- **Allegheny County Supports Coordination**
 - Family First Supports and Consulting LLC
1200 Miller Road
New Castle, PA 16101-1553
(330) 651-0054
E-mail: ati021@yahoo.com
 - FamilyLinks Independent Supports Coordination
2644 Banksville Road
Pittsburgh, PA 15216-2857
(412) 942-0424
E-mail:
msipple@FAMILYLINKS.ORG
 - Rankin Christian / Mon Valley Supports Coordination
230 3rd Avenue
Braddock, PA 15104-1147
(412) 464-1545
E-mail:
lisar@rankinchristiancenter.org
 - Staunton Clinic Valley Med Facilities
720 Blackburn Road
Sewickley, PA 15143-1498
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- **BEDFORD-SOMERSET COUNTIES**

- **Bedford-Somerset County Administration**
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 - **Bedford-Somerset Supports Coordination**
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- **CAMBRIA COUNTY**
 - **Cambria County Administration**
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Peter Kosanovich, Administrator
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 - **Cambria County Supports Coordination**
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- **FAYETTE COUNTY**

- **Fayette County Administration**
Fayette County MH/MR Program
Lisa Ferris-Kusniar, Administrator
215 Jacob Murphy Lane,
Suite 118,
Uniontown, PA 15401
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- **Fayette County Drug and Alcohol Commission, Inc., (FCDAC, Inc.)**
100 New Salem Road, Suite 106
Uniontown, PA 15401
E-mail: clientservices@fcdac.org
Phone: 724-438-3576
http://www.fcdaa.org/FASD_Awareness.htm
(Fetal Alcohol Spectrum Awareness
(FASD Awareness) - <http://fasday.com/>

- **GREENE COUNTY**

- **Greene County Administration**
GREENE CO HUMAN SERVICES
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Karen Bennett, Human Services Director
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Website: www.co.greene.pa.us

- **Greene County Supports Coordination**
Greene County Human Services
Program
93 E High St.
Waynesburg, PA 15370-1839
Phone: (724) 852-5369
- **Pennsylvania System of Care Partnership**
Fetal Alcohol Spectrum Disorders (FASD) Resources – Greene County
Greene County Human Services Mental Health Program
3rd Floor Fort Jackson Building
19 South Washington St.
Waynesburg, Pa 15370
<http://www.pasocpartnership.org/resources/fasd>

- **WASHINGTON COUNTY**

- **Washington County Administration**
Washington County MH/MR Program
Jan Taper, Acting Administrator
150 West Beau Street,
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Fax: (724) 223-4685
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Website: www.co.washington.pa.us
- **Washington County Supports Coordination**
 - Washington County MH/MR Program
100 W. Beau St., Ste. 302
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- **Westmoreland County Supports
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