

# Foetal Alcohol Spectrum Disorders: Diagnosis and Counselling

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- Late night gangs, of up to 40 youths “stoned out of their minds on grog” have been blamed for vandalism at ....
- Drunkenness and disorderly behaviour, break-ins, vandalism. Age range 12- 20. ” Other drugs and under age sex”
- “We want residents to be more vigilant about where their children are at 2 o’clock in the morning”.

## Background/History

- Scotland early 1980s. Edinburgh v Glasgow
- BPS Conferences
- Australia late 80s early 90s. ADFQ conferences
- APS conferences Adelaide and Cairns. Publications
- Brisbane 1994 FAS video
- USA Seattle 1996, New Zealand 90s (video)
- 2001 Foster Carers workshops. 2002 Sydney meeting,
- Westmead Hospital conference, 2002

## 2003 RBWH & MMH Initiative

- Is collaboration the key to addressing problem alcohol use in pregnancy?
- Who are involved?
- Children, mothers, fathers, families
- Teachers, Education Department Staff
- Medical professions,
- Health professions, Legal profession
- Family Services, Foster families
- Criminal justice system, courts, prisons, governments.

## Duty of Care; Legal Responsibility.

Paper 1992 "Who carries the can?"

- Retail outlets, Hotels, Pubs. Public notices.
- Government: National education campaign thro' the media.
- Health professionals
- Alcohol manufacturers: Public liability: labelling

## Infancy: diagnosis at birth

(jittery/pitch of cry/hirsuit/weight, length, head, apgar)

- Failure to thrive?
- Difficulty feeding? Poor sucking?
- Poor sleep
- Exaggerated startle response
- Difficult: irritable
- "floppy" or "rigid"
- Bonding problems
- Sick, delayed speech, developmental milestones etc.

## Age group check lists

- Physical
- Communication/language
- Socialization: Behaviour
- Activity and impulsivity, concentration
- Memory
- Cognition
- Mental health & moral development
- Score: If over 50% refer

## Psycho educational assessment data

- Educational and Developmental Psychologists are trained to assess children.
- Social adjustment scales (eg. Vineland)
- Intelligence scales (WISC, WAIS,) Performance and verbal. Woodcock Johnson
- Teachers, family to complete cognitive and behavioural information

## Preliminary diagnosis

- Alcohol use by birth mother.
- Alcohol consumption pattern (binge, daily etc)
- Other drugs
- Birth weight, developmental milestones
- Special educational needs
- Hyperactivity?
- Any assessments? Dental, optical, speech, psych.

## Alcohol Paediatric Surveillance Unit

- GPs to report any child under 15 years seen in previous month with:
  1. FAS – Alcohol exposure confirmed  
Cranio-facial abnormalities & growth deficiency & structural abnormalities or CNS dysfunction
  2. Suspected FAS- Alcohol exposure not confirmed  
As above but no confirmed evidence of prenatal alcohol.
  3. Partial FAS- Alcohol exposure confirmed  
Cranio-facial & structural abnormalities or CNS dysfunction OR cranio facial & growth deficiency & structural abnormalities or CNS dysfunction

## 4 digit diagnostic code

- Reflects
- 1 Growth deficiency
- 2 Facial phenotype
- 3 Brain dysfunction
- 4 Alcohol exposure in utero
- Each feature is ranked on a 4 point scale from complete absence (1) to strong presence (4)

## 4 –Digit Diagnostic Code

Significant (4)	Severe (4)	Definite (4)	High risk (4)
Moderate (3)	Moderate (3)	Probable (3)	Some risk (3)
Mild (2)	Mild (2)	Possible (2)	Unknown (2)
None (1)	Absent (1)	Unlikely (1)	No risk (1)
Growth Deficiency	FAS Facial Features	Brain Dysfunction	Gestational Alcohol

## Clinical Diagnostic Categories

- Growth deficiency and facial characteristics are physical features. A rank of 3 or 4 = Sentinel physical findings
- Brain dysfunction rank of 2 = neurobehavioural disorder. Rank of 3 or 4 = static encephalopathy
- Alcohol exposure rank of 3 or 4 = alcohol exposed; Rank of 2 = alcohol exposure unknown

## Counselling

- Who is the client? Biological parent? Adoptive or Foster parent? FAS child?
- Very sensitive area
- Parents need to be listened to.
- Usually want concrete assistance with management and advocacy.

## Behavioural Management of FAS Children

- Reduce stimuli
- Give clear, concrete and simple instructions
- Clear boundaries
- Role play appropriate behaviour
- Give own space and seating
- Outlets for physical release
- Active experiential learning
- Routine: repetition
- Prepare for change or transitions
- Stability: calmness

## Study of University students

- 31% females consumed over 10 drinks on any one occasion
- 56.9% males over 10 drinks
- Attitude to consumption of alcohol during pregnancy changed after video (on 9 of 12 questions)
- Predicted drinking behaviour in pregnancy changed significantly after exposure to video.



**THE END**

Thank you for your attention  
Questions and comments appreciated