

## Foetal Alcohol Spectrum Disorder (FASD)



# Evidence Based Intervention

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### Fast facts

- Foetal Alcohol Spectrum Disorder (FASD) is a term that describes the group of effects that result from exposure to alcohol in utero. In DSM-5, the relevant diagnosis is Neurobehavioural Disorder Associated with Prenatal Alcohol Exposure (ND-PAE).
- Assessments of physical and neurodevelopmental wellbeing require a multi-disciplinary team approach, including Speech Language Therapists, Psychologists, Paediatricians, Occupational Therapists and other professionals.
- There is no one single intervention that is indicated for the treatment of FASD in children and adolescents. Instead, interventions are individualised and address the particular needs of the child, such as treatment for attention difficulties or conduct problems.

### Description and demographics

*Information relating to the treatment of needs associated with Foetal Alcohol Spectrum Disorder is included here for several reasons. While children and adolescents with FASD may be referred to physical health specialists (such as Paediatric services), referrals may equally be directed to child and adolescent mental health services, with concerns ranging from ADHD to conduct difficulties. While international understanding continues to develop, and no FASD-specific interventions exist, it is important for CAMHS professionals to incorporate the consideration of FASD into a comprehensive mental health assessment for children and adolescents. This summary provides a brief overview of FASD and an introduction to relevant interventions.*

It is increasingly well known that alcohol exposure in utero has an adverse effect on the developing child, particularly with regard to central nervous system development and its later functioning (American Psychiatric Association, 2013). Most broadly, effects of alcohol exposure on the foetus can include miscarriage, stillbirth, prematurity or physical abnormalities (FASD Working Group, 2016). But more commonly, the term FASD is used to describe a collection of neurodevelopmental changes that may be observed in children and adolescents who have been exposed to alcohol in utero. These include developmental delay and/or intellectual disability, hearing and vision problems, memory and attention difficulties, language and speech deficits, poor judgment, difficulties with abstract thinking, and social and behavioural problems (Ministry of Health, 2010). Mental health conditions have been identified in more than 90% of individuals who have a history of having been exposed to alcohol in utero, most commonly Attention-Deficit / Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder and Conduct Disorder (American Psychiatric Association, 2013).

It is important to note that effects of alcohol exposure in utero can result in significant impairment for the child, yet in some instances in only minimal or subtle impairment (Ministry of Health, 2010). As such, comprehensive assessment is necessary. Several robust guidelines for the assessment of FASD have been published, and guidelines developed in Canada are particularly well regarded (see Cook et al., 2016).

There are significant gaps in the international literature on FASD, and very little New Zealand-specific research has been carried out (FASD Working Group, 2016). There is no international consensus on how to diagnose the full spectrum of difficulties (FASD Working Group, 2016). The number of New Zealand children and adolescents affected by FASD is not known, but there is research underway into the incidence in a New Zealand cohort (FASD Working Group, 2016).

One of the impediments to the proliferation of international research has been the use of several different terms to describe the needs of children and adolescents who have been exposed to alcohol in utero. For example, in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association, 2013), these difficulties are classified as Neurobehavioural Disorder Associated with Prenatal Alcohol Exposure (ND-PAE). ND-PAE is classified as a "Condition for Further Study" in the appendix of DSM-5, rather than being included in the main diagnostic schedule.

There is no cure or intervention that will bring about complete remission of all symptoms, but early intervention can certainly improve a child's outcome. The most useful interventions work to enhance the child's strengths and address their specific weaknesses, identified through a comprehensive multi-disciplinary assessment process. Given that children and adolescents with FASD can present very differently to each other (for example some children with an intellectual disability and others with only subtle features), it can be difficult to identify one approach or intervention that will meet every child's needs. Research has shown that social skills training programmes, sociocognitive and neurocognitive rehabilitation programmes, and support for parents to manage child conduct problems are promising interventions for FASD (Bertrand et al., 2009). Pharmacological interventions (particularly stimulant medication), and learning support are also indicated (Peardon et al., 2009). Most children and adolescents benefit from a combination of interventions to address their specific needs.

### References

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