ADMINISTRATIVE OFFICE OF THE COURTS

CENTER FOR FAMILIES, CHILDREN & THE COURTS

Fetal Alcohol Spectrum Disorders (FASD) FACT SHEET

Founded in 2003, the State Interagency Team for Children and Youth (SIT) is leading the effort to better coordinate policy, services and strategies for children, youth and families in California. Comprised of deputy directors and leaders from state agencies and departments charged with serving this population, this group provides innovative leadership and guidance to facilitate local implementation of system improvements.

In 2009, a subcommittee formed for the purpose of putting together information regarding Fetal Alcohol Spectrum Disorder. During the course of its work, the group amassed existing information and charged its members with creating a specifically-tailored fact sheet for their constituents. Below is the fact sheet created for Judicial Officers and Attorneys who serve children and families who come before California's juvenile courts:

HAVE YOU CONSIDERED. . . .
. . . . THE PERSON IN THE COURTROOM MAY HAVE FASD?

Fetal Alcohol Spectrum Disorders (FASD) - is the umbrella term used to describe the full range of effects that can occur in an individual whose mother consumed alcohol during pregnancy. These effects may include physical problems and/or problems with behavior and learning.[1]

What are the symptoms of FASD?

- FASD is a leading known cause of mental retardation, and birth defects with brain damage caused by prenatal exposure to alcohol being the most harmful effect
  - Other symptoms may include social and emotional problems and learning disabilities
- Attention Deficit/Hyperactivity Disorder – disorganization, impulsivity, distractibility, hyperactivity
- Neuromotor Impairment – balance, coordination, over/under-sensitivity to stimuli
- Executive Functioning – the ability to judge, plan, empathize, estimate, delay gratification
- Speech Problems – sometimes generally delayed, often a much better talker than listener

How many people are affected by FASD?

- It is estimated that approximately 1 out of every 100 people in the United State may have FASD[1]. Recent evidence suggests that rate could be as high as 5%[2]
  - Using the more conservative national FASD prevalence estimates and California birth data, it is estimated that about 5550 babies are born with FASD in California every year.* Using California's population census numbers from 2005, over 361,000 citizens may be struggling in life because of prenatal exposure to alcohol[3].
- 15.8% of women in 2006 reported drinking during the first or third trimester of their pregnancy[4]
- Approximately 47.4% of women age 18 and older report having had at least one alcoholic drink in the past month[5]. Since 50% of all pregnancies are unplanned,[6] women of reproductive age who drink even occasionally could be exposing a pregnancy to alcohol

SIGNS OF FASD	ACCOMODATIONS/INTERVENTIONS
MENTAL HEALTH • Poor self reflection • Tangential talk • Misdiagnosed as AD/HD, ODD, Bipolar • Little awareness of own needs • Little awareness of feelings • Can SEEM insightful • Truth often confused with fiction • Poor memory/compliance with appointments and meds	• Don't take client's word at face value • Keep bringing client back to priority • Consider full range of FASD symptoms • Address basics: work, love, addictions • Teach client how to recognize feelings • Always connect therapy to behavior rather than verbal insight • Acknowledge difficulty w/truth, teach • Arrange supports for memory, e.g. phone calls, recruit another person for reminders, sticky notes on the door, etc
EDUCATION • Disruptive behavior • Inconsistent performance day to day • Great discrepancies between skills • Normal IQ, low achievement • Loses homework • Auditory processing difficulty • Poor memory • Distractibility/dreaminess	• Positive behavior plan • Patience, help child to identify good days vs. bad days • Identify strengths and weakness • IEP; direct teaching • Strategize with child and parent—not "why", but "how" to close gaps • Provide visual cues and materials • Arrange supports for memory • Environmental supports (seating, informal carrels)
PROBATION • Consequences ineffective • Crimes of opportunity, not premeditated • Repeat probation violations • Much sexual victimization & offense • Youth looks normal, acts much younger • Memory unreliable, truth and fiction confused • May smile or laugh inappropriately in court • Invisibly overwhelmed by court	• Don't assume sociopathy; think YOUNG • Strategize fully-scheduled, supervised days; family conferencing. • "External brain" supports for memory • Reduce opportunity, teach boundaries • Estimate/focus on emotional/intellectual age; request neuropsych or executive functioning assessment • **Always** double-check statements • Don't take it personally or impute meaning; instruct youth beforehand • Slow down the process; simplify

process/documents/orders (appears to follow, is agreeable, does not follow-through)	language; have youth repeat what you said, recruit family or friend as extra pair of ears
SUBSTANCE ABUSE TREATMENT • FASD looks like addictive behavior • Dysregulation, sensory overwhelm • Profoundly impaired self awareness • Poor cause-effect thinking • Talk is disconnected from behavior • Does not understand/follow rules • Chaotic life, crisis-to-crisis • Predisposed to physical/ emotional discomfort	• Check for pre-substance history of similar behavior, thinking, emotionality • Build in calming techniques and exercise • Provide direct assistance with 12-step work • Spell it out. Don't expect insight • Return focus to behavior - often • Be very concrete, make consequences clear • Offer practical assistance with logistics • Accept that this may be true—person isn't just whining; help with self advocacy
CHILD WELFARE • Parents may be affected by prenatal exposure themselves • If so their follow-through will be poor • Child may have been exposed; behavior, learning, or relationships don't respond to normal parenting • Foster parents are having particular trouble with child • Many families throughout the system are multi-generationally exposed	• Screen for exposure and history; recognize limitations; support if possible • Recognize and adjust for cognitive impairment. • Get Early Start assessment • Coach parents about special needs • Assess relevant Central Nervous System (CNS) functions, such as auditory or visual processing, memory, sensory integration, processing speed, executive functioning overall. • Create system-wide training for social workers, screening and coaching for parents

LINKS

- Center for Disease Control http://www.cdc.gov/ncbddd/fasd/facts.html
- American Congress of Obstetricians and Gynecologist - http://www.acog.org/acog_districts/dist_notice.cfm?recno=1&bulletin=2929
- SAMHSA Center for Excellence – The FASD Center http://fasdcenter.samhsa.gov/
- National Association on Fetal Alcohol Syndrome http://www.nofas.org/
- ADP Women's Page http://www.adp.ca.gov/women/FASD.shtml
- FASD Publications from SAMHSA: http://ncadistore.samhsa.gov/catalog/results.aspx?topic=230&h=drugs

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[1] May PA and Gossage JP. Estimating the Prevalence of FAS: A Summary. NIAA, National Institute of Health

[2] Phillip A. May, J Phillip Gossage, Wendy O. Kalberg, Luther K. Robinson, David Buckley, Melanie Manning, and H. Eugene Hoyme; Prevalence and Epidemiologic Characteristics of FASD from Various Research Methods with an Emphasis on Recent In-School Studies; Developmental Disabilities Research Reviews 15: 176-192 (2009)

[3] May, PA and Gossage, JP. Estimating the Prevalence of Fetal Alcohol Syndrome: *A Summary. Alcohol Research & Health*, 25 (Fall 2001): 159-167

[4] California Department of Public Health, Maternal, Child and Adolescent Health Program, Maternal Infant Health Assessment (MIHA) Survey. http://www.cdph.ca.gov/data/surveys/Pages/MaternalandInfantHealthAssessment(MIHA)survey.aspx

[5] California Department of Public Health, California Women's Health Survey, 2007

[6] First 5 LA www.first5la.org