

Foundations in FASD

Fetal Alcohol Spectrum Disorder (FASD) is a **diagnostic term** used to describe impacts on the brain and body of individuals **prenatally exposed to alcohol**. FASD is a **lifelong disability**. Individuals with FASD will experience **some degree of challenges** in their daily living, and need support with motor skills, physical health, learning, memory, attention, communication, emotional regulation, and social skills to reach their full potential. **Each individual with FASD is unique** and has areas of both strengths and challenges.



Exposure to alcohol can impact **fetal brain and body development**, which can be affected by the timing of exposure, the amount of alcohol consumed, genetic makeup, and maternal nutrition.

There is no safe time, type, or amount of alcohol to drink during pregnancy.

FASD Prevention

A supportive environment and community are key to avoiding alcohol during pregnancy.

FASD can be prevented, but FASD prevention is complex and involves much more than just raising awareness of the risks of drinking during pregnancy.

Prevention includes:

- raising awareness among the entire public
- having accessible supportive services
- having safe discussions with women and girls of childbearing years
- supporting new mothers and postpartum mothers

FASD impacts

4%

of Canadians

=

1.5m

people in Canada

174,000

people in Alberta

1 in 25

people in Canada

FASD Diagnosis

Early diagnosis can lead to improved supports



An individual is usually assessed by a multidisciplinary team of experts, typically including:

- » Medical practitioner,
- » Psychologist
- » Speech language therapist

As of 2015*, there are two FASD diagnoses in Canada:



FASD with sentinel facial features



FASD without sentinel facial features

An individual may also be given an “at risk for neurodevelopmental disorder and FASD, associated with prenatal alcohol exposure (PAE)” designation, which is non-diagnostic, but indicates the individual will require future follow-up and support.

* Prior to 2015, individuals could be diagnosed with Fetal Alcohol Syndrome (FAS), partial FAS (pFAS), or Alcohol-Related Neurodevelopmental Disorder (ARND)



We want to make sure the language we’re using doesn’t perpetuate stigma for individuals with FASD, their families, and women who are pregnant and/or using substances.

The language we’re using should be:

- Strengths-based,
- Person-first,
- Evidence-based, and
- Dignity-promoting

Signs and Symptoms

Prenatal alcohol exposure results in a wide range of impacts.

FASD is often considered a “hidden” disability.

There are 10 brain domains that may be impacted by PAE that are used in diagnosis:



1. Motor skills,
2. Neuroanatomy,
3. Cognition,
4. Language,
5. Academic achievement,
6. Memory,
7. Attention,
8. Executive functioning,
9. Affect regulation, and
10. Adaptive behaviour

Adverse outcomes result when an individual with FASD does not receive adequate supports.

FASD is considered a whole-body disorder and comorbidities are extremely common.

FASD is a lifelong disability and a person may face different challenges at different stages in their life.

Protective factors can help individuals with FASD have more positive life outcomes. These factors include:



Nurturing and stable home



Basic needs met



No experience with violence or trauma



Received developmental disabilities services



Diagnosed or flagged before the age of 6



Early and effective supports



FASD Interventions

Researchers have shown that interventions can improve cognitive, academic, behavioural, and social skills in individuals with FASD.

Evidence-based interventions create opportunities for targeted skill growth and development.

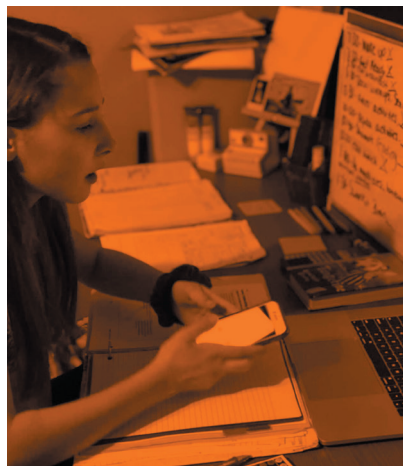
Intervention approaches should be framed using these principles of practice:

- ▲ **Consistency** – within a school
- ▼ **Collaboration** – between schools and school staff
- ▶ **Responsiveness** – between school staff and an individual and their family, and
- ▶ **Pro-activity** – by school staff

Individualized approaches that consider a person’s unique strengths, challenges, needs, goals, and environment is critical.

Targeted interventions in language, literacy and math have demonstrated positive academic and behavioural outcomes for children with FASD.

Incorporating a strength-based approach to intervention helps the individual build self-confidence, self-esteem, and build resilience



Building Inclusive Schools

Inclusivity begins with a knowledge of FASD among all educational professionals.

Three important components of understanding FASD:

1. Understanding the whole student,
2. Responding within dynamic environments, and
3. Optimizing student-centered programming