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Multi-disciplinary assessment at National FASD Clinic

Learning Disabilities
Services

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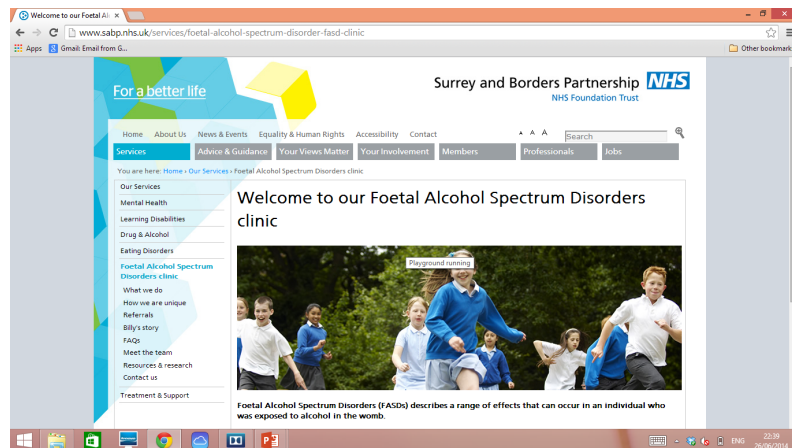
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FASD Clinic



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Note of caution....

“There is **no single neuropsychological measure, nor pattern of neurodevelopmental profiles**, that are specific to all individuals with FASD”

(Cook et al 2016 Appendix, Canadian Guidelines)

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Why is there no single measure/profile ?

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Variability in presentation due to differences in:

- Dose and timing of alcohol exposure
- Genetics
- Environmental influences

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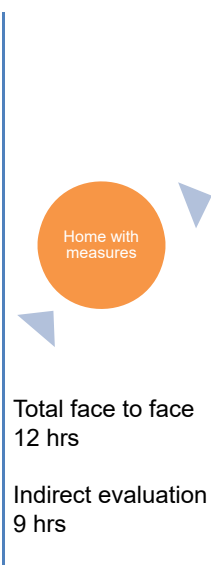
National Clinic – assessment pathway

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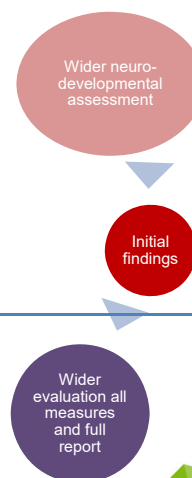
Day 1



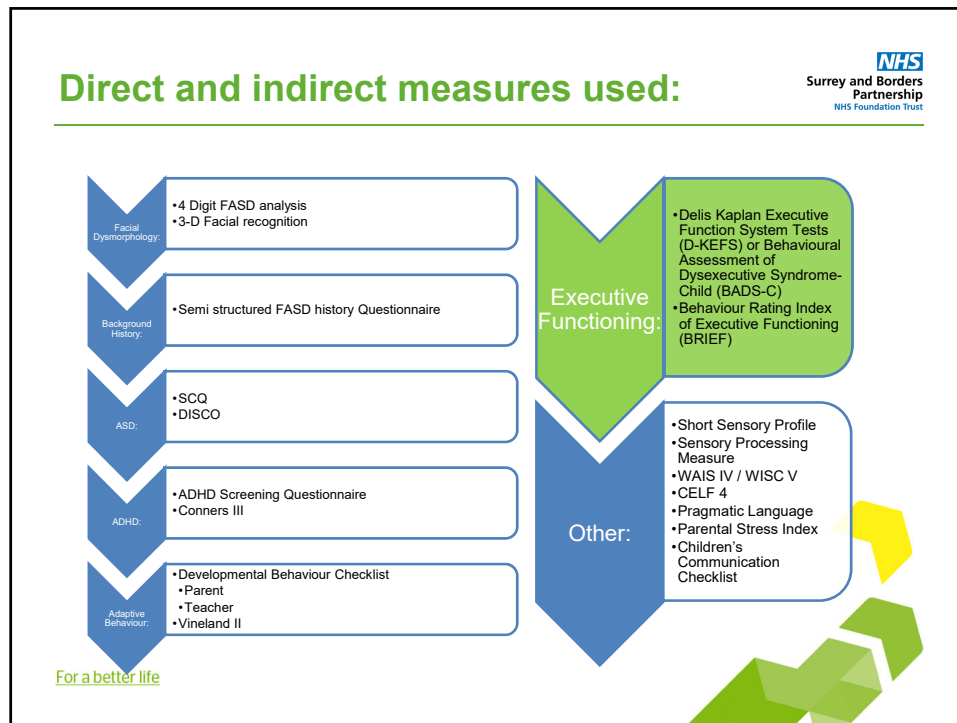
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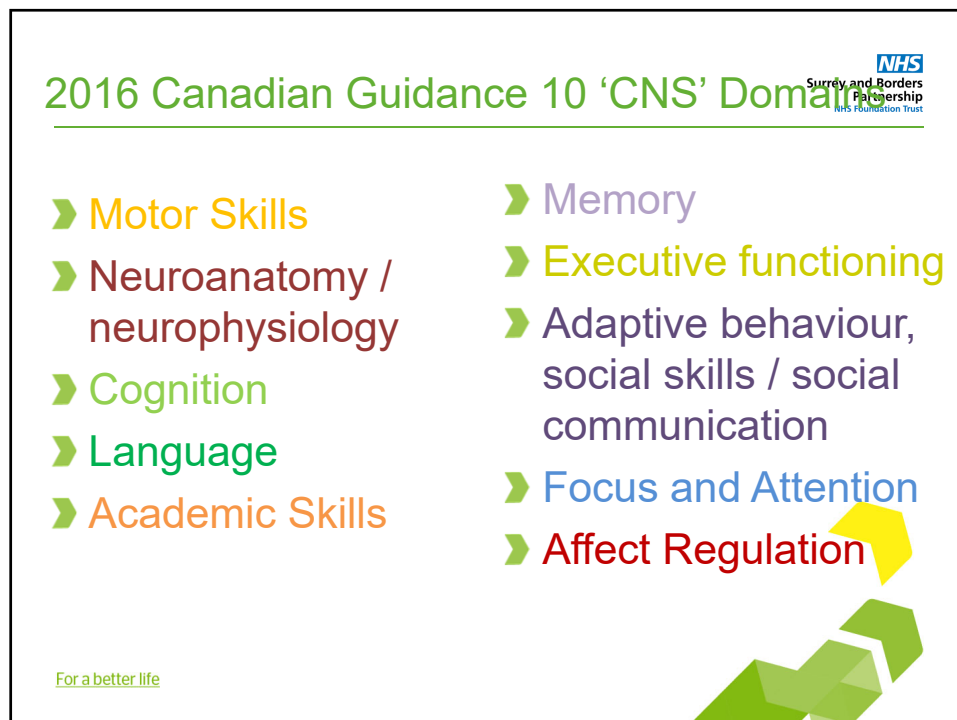
Day 2



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10 'CNS' Domains

➤ **Criteria met if 'impairment' in 3+ domains:**

➤ **'Impairment' defined as either:**

- 2 standard deviations (SD) below mean
- Discrepancy between major subdomains below 3% of base rate

➤ **Use clinical judgement and multiple convergent sources** (observation & history) where results inconsistent or only single subtest

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Asses as though independent entities

➤ Even if theoretically related, do not use a single test score as evidence of deficits in two domains

- e.g. impairment on functional communication score on Vineland - social communication or language?
- e.g. WISC-V Verbal Comprehension Index impairment - language or cognition?

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Domains are practical (not theoretical)

- Not necessary for domains to be theoretically independent; the intent of 3 separate domains is to ensure those receiving diagnosis have pervasive deficits
 - e.g. microcephaly, low IQ, and low adaptive behaviour may be different indicators of same underlying problem

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Wider areas assessed from neurodevelopmental perspective beyond simply confirming FASD:

- **Neurodevelopmental conditions**
 - ASD
 - ADHD
- **Sensory profile**
- **Neuropsychological Profile**
 - Executive function
 - Working Memory
 - Processing Speed
- **Functioning:**
 - Wider behaviour and risk
 - Triggers for dysregulation
 - Threshold of function
 - Conditioning
- **Communication profile**

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Benefits of carrying out wider assessment

Ability in 1-1 structured setting does not always reflect underlying ability or functional ability in unstructured setting – e.g. EF

There are many **secondary conditions** and features associated with FASD which are not currently diagnostic e.g. sensory difficulties, sleep

Identification of wider profile guides individual recommendations and support from services

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'Secondary Conditions'

- 94% have at least one mental health problem in lifetime
- 61% disrupted school experience
- 49% inappropriate sexual behaviours
- 35% drug or alcohol problems

Petrenko et al. 2014

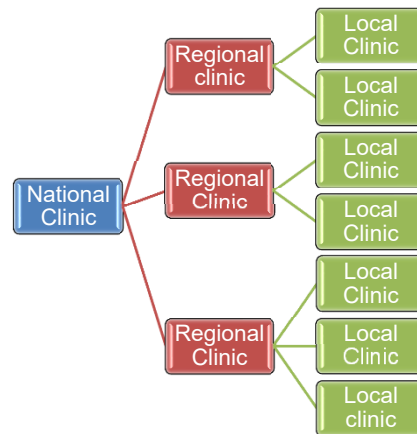
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Hub and Spoke model of service delivery

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Local Consultation Model

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- Local CAMHS Team Consultation – supervision of cases within CAMHS to facilitate diagnosis with only complex cases seen at Regional/National Clinic
- Training of **CAMHS FASD CHAMPIONS**
- Invite colleagues to observe clinic to observe qualitative aspects of assessment

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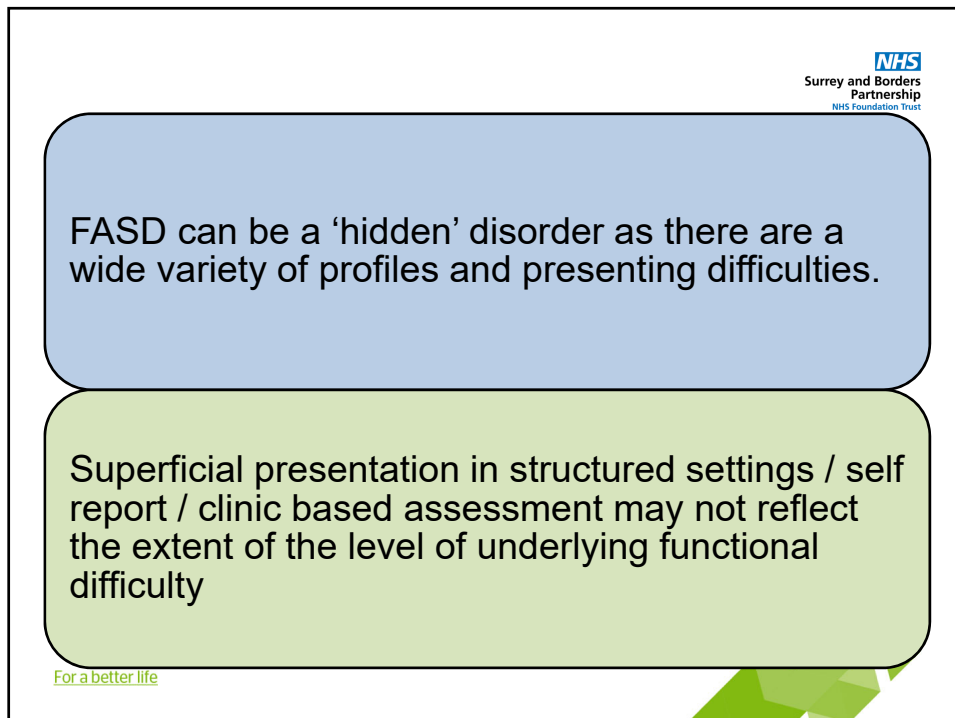
This slide features a large blue rounded rectangle in the center with the text "In Summary" in white. In the top right corner is the NHS Surrey and Borders Partnership logo. In the bottom left corner is the text "For a better life". A green geometric graphic is in the bottom right corner.

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In Summary

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This slide contains two stacked rounded rectangles. The top one is light blue and contains the text "FASD can be a 'hidden' disorder as there are a wide variety of profiles and presenting difficulties." The bottom one is light green and contains the text "Superficial presentation in structured settings / self report / clinic based assessment may not reflect the extent of the level of underlying functional difficulty". The top right corner has the NHS Surrey and Borders Partnership logo, and the bottom left corner has the text "For a better life". A green geometric graphic is in the bottom right corner.


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FASD can be a 'hidden' disorder as there are a wide variety of profiles and presenting difficulties.

Superficial presentation in structured settings / self report / clinic based assessment may not reflect the extent of the level of underlying functional difficulty

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Useful to gather information from caregiver and teacher questionnaires / interviews, as well as observations of unstructured time to inform diagnosis

Wider assessment can create a unique profile indicating support needs (e.g. scaffolding for deficits as well as reduction of excess/arousal)

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