

# FASD Q & A

## WHAT IS 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. Every individual with FASD is unique and has areas of both strengths and challenges.

## WHAT IS THE DIFFERENCE BETWEEN FAS AND FASD?

FAS stands for Fetal Alcohol Syndrome. The term FAS was first used in 1973 to describe a specific set of birth defects that were caused by prenatal alcohol exposure.

In Canada, we now use the term Fetal Alcohol Spectrum Disorder or FASD to describe the range of impacts that can occur in the brain and body of individuals prenatally exposed to alcohol. FASD is more inclusive of the true range of strengths and challenges that can occur from prenatal alcohol exposure, where FAS only captures a small portion of these impacts.

## WHAT IS THE CAUSE

FASD is caused by prenatal alcohol exposure (PAE). People who are not exposed to alcohol during fetal development will not have FASD.

## WHAT ARE THE SIGNS AND SYMPTOMS?

FASD is a spectrum disorder, so it affects people in different ways. This means that each person will have their own unique strengths and challenges.

Individuals with FASD are known for having a number of different strengths, including being friendly, likeable, affectionate, determined, hard-working, forgiving, non-judgemental and caring. They also may experience challenges with learning, memory, attention, language, social skills, motor skills, reasoning and judgement, behaviour, and/or academic achievement and they will need specialized supports to help them succeed in these areas.

In everyday life, these challenges may look like:

- being impulsive
- not understanding consequences
- being unfocused and easily distracted

- difficulties keeping up with classroom learning
- challenges handling money
- challenges learning how to tell time
- forgetting how to do something they've done before
- having trouble staying organized and planning ahead

Each individual will experience different challenges, and their challenges may differ depending on where they are in their life. The signs and symptoms of FASD can overlap with a number of different developmental disorders, which can make diagnosing FASD very difficult.

Early recognition and diagnosis are key to getting effective supports to improve outcomes for individuals with FASD.

You cannot tell if someone has FASD from looking at them. There are also no specific medical tests, like a blood test, that can tell us. In a very small percentage of cases (<10%), individuals with FASD will have visible facial differences. However, these facial differences are relatively rare and have little to no impact on day-to-day function. They are not an indication of the degree of challenges someone may face.

Signs and symptoms are difficult to recognize in newborns, infants and young children, so FASD is often not diagnosed until individuals are in school or have reached their teen years.

## HOW DOES FASD IMPACT IQ AND DAILY FUNCTIONING?

Although many people with FASD have an IQ within the “normal” or even “high” range, many are not able to function as expected for their age. In other words, they may have average IQ, but below average adaptive function. IQ is often used to determine if a person is eligible for services and support. As a result, many people with FASD struggle to find the supports they need (University of Alberta, 2018).

## HOW IS IT DIAGNOSED?

In order to determine if someone has FASD they must be diagnosed by a multidisciplinary team of experts. If you are concerned that you or a member of your family over the age of 7 has FASD, you should complete a referral to the diagnostic clinic in your area. The assessment process involves meeting with a diagnostic team made up of several different professionals, including a medical doctor, and a psychologist, the team may also include a speech language pathologist, and occupational therapist.

FASD is diagnosed by considering evidence from several criteria, including level of brain damage in individuals exposed to alcohol during gestation. Not all individuals exposed to alcohol during gestation have FASD.

## CAN AN INDIVIDUAL BE DIAGNOSED WITH FASD WITHOUT CONFIRMING PRENATAL ALCOHOL USE?

The assessment team cannot make an alcohol-related diagnosis without confirming prenatal alcohol exposure. This information may come from the person's mother, other family members, birth records, facial characteristics associated with prenatal alcohol exposure, or other credible means.

## MY CHILD WAS DIAGNOSED IN THE PAST. CAN I GET A RE-DIAGNOSIS FOR MY CHILD?

The key to this question is understanding the difference between an assessment and a diagnosis. An FASD diagnosis only needs to be made once in a lifetime, assuming it meets the Canadian guidelines. However, a person's abilities and needs change throughout their lifespan, and an updated functional assessment to evaluate the person's needs may be beneficial.

In other words, it is unlikely that what you want is a re-diagnosis, unless it is a second opinion that you are after, or the original diagnosis was made prior to the original Canadian Guidelines for Diagnosis were implemented in 2005 and there is a question of its validity according to the multidisciplinary team model (where each member of the assessment team is a specialist in his or her field, and can provide valuable insight into all aspects of the person's abilities). It is more likely that you want to find out more about the person's abilities and areas of challenge, including what services the person might be able to access as he or she gets older.

A functional assessment is generally completed by a psychologist privately or in community services, and may also include a speech-language or mental health component.

## CAN THE BRAIN RECOVER FROM FASD?

FASD is a lifelong disorder. There is no cure, but early and appropriate supports can make a positive impact and improve outcomes for individuals with FASD.

## IS IT PREVENTABLE?

FASD is preventable if women do not consume alcohol during pregnancy. However, FASD prevention is very complicated. There are a number of reasons someone may drink alcohol during pregnancy, including being unaware they are pregnant, having substance use challenges, experiencing abuse or trauma, and not knowing the impact alcohol can have on pregnancy. In order to prevent FASD, we have to consider all of these factors that influence alcohol consumption, and we have to provide support for women and girls to overcome these barriers to healthy pregnancies.

When we say "FASD is 100% preventable" we are oversimplifying an extremely complex issue. This statement has the potential to negatively impact prevention efforts by creating stigma that pregnant women who use substances have to overcome. When we talk about FASD prevention we have to be very cautious and use language that doesn't promote stigma or harm.

## WHAT AMOUNT OF ALCOHOL IS SAFE DURING PREGNANCY?

There is no known safe amount, type, or time to consume alcohol during pregnancy. Experts agree that the safest option is not to drink alcohol if you're pregnant, breastfeeding, or trying to conceive.

## WHAT ABOUT OTHER SUBSTANCE USE DURING PREGNANCY?

FASD is a diagnostic term that refers to alcohol consumption during pregnancy. Children of women who use substances other than alcohol during pregnancy will not get FASD. However, using other substances during pregnancy is not a "safe" option for you or your baby. If you are pregnant or planning to become pregnant, the safest option is not to use any substances. Talk to your doctor or healthcare provider if you have used substances during pregnancy.

## SOURCES

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