

FETAL ALCOHOL SPECTRUM DISORDERS IN THE FOSTER CARE SYSTEM

INFANTS ♦ YOUNG CHILDREN ♦ PARENTS



MATERNAL IMPAIRMENT CHECKLIST

Mother's Name _____ Date of Birth _____ Date _____

| | Check all concerns |
|--------------------------------------------------|--------------------|
| LEARNING/EDUCATION | |
| Doesn't listen well | |
| Disorganized | |
| Loses important things | |
| Can't plan ahead | |
| Impulsive | |
| Below average IQ | |
| Reading deficits | |
| Low math skills | |
| Was in special education | |
| Repeated a grade in school | |
| Quit school | |
| History of ADHD | |
| MENTAL HEALTH | |
| Depression | |
| Anxious | |
| Argues frequently | |
| Bad temper | |
| Easily overwhelmed | |
| Can't complete anger management | |
| Can't complete parenting class | |
| Does not have medications | |
| Avoids difficult situations | |
| Can't get up in morning | |
| Won't go to bed on time | |
| Motivation is impaired | |
| FAMILY HISTORY | |
| Prenatal alcohol/drug exposure | |
| Was in foster care | |
| More than 5 foster homes | |
| Abused | |
| SUBSTANCE ABUSE | |
| Current alcohol use | |
| Current drug use | |
| Same problems over 5 year period | |
| Substance abuse treatment 2 or more times | |
| Date of last drink | |
| CONCERNS | |
| Lives with partner who is unsafe around children | |
| Limited parenting skills | |
| Can't operate household | |
| Doesn't clean | |
| Can't cook | |
| Abusive relationship | |
| Lives with drug/alcohol users | |
| In jail/prison | |
| On probation | |
| RESOURCES | |
| No home | |
| Low/no income | |
| Transportation problems | |
| Few/no capable friends | |
| No family help | |
| Won't accept help from family | |
| Total | |

ALCOHOL USE?

In the month before you were pregnant, did you have a drink?

When was your last drink?

What is a drink?

On days when you drink, how many drinks do you have?

How many times have you entered a substance abuse treatment program?

Would like substance abuse treatment?
____Yes ____No

What is the success rate of this treatment program?

What needs modification for treatment to work?

MATERNAL RISK SCORE

- ___ Age over 25 years
- ___ Unmarried, divorced, widow, living with partner
- ___ On TANF, WIC, Social Security, or income <\$16,000 per year
- ___ Did not graduate from high school
- ___ Poor diet
- ___ Smokes more than 1/2 pack per day

Score

Check any one. Add 5.

- ___ Drinks less than 2 days/week & less than 2 drinks/drinking day

Score

Add 20

- ___ Age first drunk - less than 15 years
- ___ In treatment over three times
- ___ In treatment in last 12 months
- ___ Previous child with FASD, birth defect, or developmental disability
- ___ Previous child died
- ___ Children out of home (foster care or adopted)

Score

Check any one. Add 35.

- ___ Heavy drinker (drinks 3 or more drinks/day for 3 or more days per week, or more than 5 drinks/day on 6 or more occasions)
- ___ Uses inhalants, sniffs, huffs, or illegal drugs

Score

Check any one. Add 45.

| | | |
|--------|-----------|------------------------------------------------------|
| 0 | None | Standard prenatal care |
| 5 | Low | Standard prenatal care |
| 20-40 | Moderate | Standard prenatal care and patient education on FASD |
| 45-50 | High | High risk pregnancy, alcohol-drug abuse treatment |
| 55-105 | Very High | High risks pregnancy, alcohol-drug abuse treatment |

Total Score

How I Feel...Depression?

(Circle the number that best describes how you have felt in the last month.)



0 1 2 3 4 5 6 7 8 9 10

| | | | |
|-----------------------------------------------|----------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------|
| No problems Feel great | I have depression | I have depression | Severe depression |
| - Sleep well - Good energy - Enjoy life | - Difficulty sleeping - Low energy - Unhappy | - Trouble sleeping - Anxious - Worried - Sad | - Life is not worth it - Suicide thoughts - Cry or feel like crying often |

YOUR CHILD'S RISK FOR FASD

Name _____ DOB _____ Sex: M ____ F ____
 or
 ID _____ Age _____ Date _____

(circle all that apply)
Score

- | | |
|---------------------------------------------------------------------------------------------------------------------------------|----|
| 1. Child is adopted or in foster care | 7 |
| 2. Child has IQ < 80 | 3 |
| 3. Child has facial features of FAS or short stature probably only readily apparent in typical or severe cases of FAS in adults | 5 |
| 4. Child has attention deficit hyperactivity disorder (ADHD) | 9 |
| 5. Child has head circumference < 20 percentile now or at birth (small head) | 7 |
| 6. Child is below 20th percentile for weight now | 8 |
| 7. Child has midface hypoplasia (flat midface) | 8 |
| 8. Red raised birthmark now or in the past | 6 |
| 9. Child has altered palmar creases | 8 |
| 10. Child has a smooth philtrum (ridge under nose flat) | 7 |
| 11. Child has thin upper lip | 7 |
| 12. Child has epicanthal folds (skin fold in corner of eye) | 7 |
| 13. Child has fine hand tremors | 6 |
| 14. Child has ears that stick out | 5 |
| 15. Child has heart problems now or in past | 6 |
| 16. Child has vision problems now or in past | 3 |
| 17. Sibling with FAS or a related disorder | 10 |
| 18. Sibling has died | 3 |
| 19. Not sure if mother is alive | 10 |
| 20. Mother was unmarried for this child | 4 |
| 21. Mom did not graduate from high school | 2 |
| 22. Mother smoked more than 20 cigarettes/day around pregnancy | 6 |
| 23. Mother has had four or more children | 8 |
| 24. History of alcohol treatment for mother | 1 |

Total Score = _____

FASD = Score above 30

75% accuracy, 83% sensitivity, 68% specificity, 70% PPV, 81% NPV

FAS = Score above 40

72% accuracy, 66% sensitivity, 74% specificity, 43% PPV, 88% NPV

FASD SCREENING BIRTH TO 3 – BRIEF SCREEN

Name _____ or _____ DOB _____ Sex: M ____ F ____

ID _____ Age _____ Date _____

_____ / _____ / _____

Height Weight Head Circumference

Findings That Suggest Increased Risk of FASD

(circle all that apply)
Score

- | | |
|--------------------------------------------------------------------------------|---|
| 1. Child is adopted or in foster care | 1 |
| 2. Child has attention deficit hyperactivity disorder (ADHD) | 1 |
| 3. Child has head circumference < 20th percentile now or at birth (small head) | 1 |
| 4. Child is below 20th percentile for weight now. | 1 |
| 5. Child has midface hypoplasia (flat midface) | 1 |
| 6. Red raised birthmark now or in the past | 1 |
| 7. Child has altered palmar creases | 1 |
| 8. Child has a smooth philtrum (ridge under nose flat) | 1 |

Total Score = _____

Score of 4 or more consider FAS referral
83.8% accuracy, 93.8% sensitivity, 51% specificity

FACIAL FEATURES



BASIC COGNITIVE SKILLS IN ADOLESCENTS AND ADULTS WITH FASD

| <u>Characteristics</u> | <u>Grade Level</u> | <u>Function Affected</u> | <u>Percentage</u> |
|--------------------------------|--------------------|--------------------------------|--------------------|
| Reading | 5.0 | Memory | 80% |
| Reading Comprehension | 4.5 | Attention (ADHD) | 75% |
| Oral Comprehension | 5.0 | Executive Function Impairments | 80% |
| Mother has had IQ testing? | | | Yes _____ No _____ |
| What was the IQ score? | | | _____ |
| Mother has a doctor? | | | Yes _____ No _____ |
| Mother has glasses? | | | Yes _____ No _____ |
| With her? | | | Yes _____ No _____ |
| Mother has hearing aide? | | | Yes _____ No _____ |
| With her? | | | Yes _____ No _____ |
| Works today? | | | Yes _____ No _____ |
| Mother is prescribed Medicine? | | | Yes _____ No _____ |
| Has her medicine available? | | | Yes _____ No _____ |
| Took her medication today? | | | Yes _____ No _____ |

INTERVENTION PLAN

Child's Name

| | yes | | no | | yes | | no | | yes | | no | |
|-------------------------------------|-----|--|----|--|-----|--|----|--|-----|--|----|--|
| | | | | | | | | | | | | |
| Checklist for Children | | | | | | | | | | | | |
| Goes to bed by 8:30 | | | | | | | | | | | | |
| Child sleeps all night (5 out of 7) | | | | | | | | | | | | |
| More than 2 temper tantrums a day | | | | | | | | | | | | |
| ADHD | | | | | | | | | | | | |
| Speech and language delays | | | | | | | | | | | | |
| Toilet trained/day | | | | | | | | | | | | |
| Toilet trained/night | | | | | | | | | | | | |

| | | | | | | | | | | | | |
|--------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| Child's Priority Needs | | | | | | | | | | | | |
| Child needs services for: | | | | | | | | | | | | |
| 1.) | | | | | | | | | | | | |
| 2.) | | | | | | | | | | | | |
| 3.) | | | | | | | | | | | | |
| Child is getting services for: | | | | | | | | | | | | |
| 1.) | | | | | | | | | | | | |
| 2.) | | | | | | | | | | | | |
| 3.) | | | | | | | | | | | | |

| | | | | | | | | | | | | |
|--------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| Checklist for Mother | | | | | | | | | | | | |
| Could carry out a behavior plan for child | | | | | | | | | | | | |
| Behaviors/impairments present for 5+ years | | | | | | | | | | | | |
| Transportation available and usable | | | | | | | | | | | | |
| Family Support | | | | | | | | | | | | |
| Friend Support | | | | | | | | | | | | |

| | | | | | | | | | | | | |
|--------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| Mother's Priority Needs | | | | | | | | | | | | |
| 1.) | | | | | | | | | | | | |
| 2.) | | | | | | | | | | | | |
| 3.) | | | | | | | | | | | | |

WHAT ABOUT THE NEXT PREGNANCY?

Effective Intervention Now Reduces Risk for Alcohol Exposure in Subsequent Pregnancies

Getting Services for Mothers

- Ask “when was your last drink?”
- Ask if she has been in treatment previously. Should she return to the same program or does she need a different treatment provider?”
- Determine if she may have an FASD. If yes, what modifications does she need to improve her response to treatment?
- Ask “what is the success rate of the treatment program for similar women?”
- Ask if planning to create a substance use free environment needs to start now. Who will participate and when will they report back to the court?”