



FAST Facts

November 2011

Volume 3, Number 4

Announcements

Need FASD training in your agency?

The Arctic FASD Regional Training Center is available to conduct FASD workshops that are tailored to your agency and staff's FASD training needs.

For more information, please contact us at 907.786.6381 or arcticfasdrtc@uaa.alaska.edu.

FASD Foundations Workshop

Our next FASD Foundations workshop will be held:

- Friday, December 9, 9:00 a.m. to 1:00 p.m.

The location for the workshop is [University Center Room 144](#).

Cost: Free!

Registration is recommended. Call 907.786.6381 or check our website for more information:

Research *FAST Facts*: Co-occurring disorders

Where possible, we provide a link where the article can be purchased and/or downloaded. Research abstracts are provided for the purposes of discussion; they do not necessarily reflect the views or position of the Arctic FASD RTC or the CDC.

Coles, C.D. (2011) Discriminating the effects of prenatal alcohol exposure from other behavioral and learning disorders. *Alcohol Research and Health* 34(1): 42-50.

Abstract: Fetal alcohol syndrome and fetal alcohol spectrum disorders are underdiagnosed in general treatment settings. Among the factors involved in identifying the effects of prenatal alcohol exposure are (1) the evidence for prenatal alcohol exposure; (2) the effects of the postnatal, caregiving environment; (3) comorbidities; and (4) differential diagnosis, which includes identifying the neurodevelopmental effects of alcohol and discriminating these effects from those characterizing other conditions. This article reviews findings on the neurodevelopmental effects of prenatal alcohol exposure, including learning and memory, motor and sensory/motor effects, visual/spatial skills, and executive functioning and effortful control. Encouraging clinicians to discriminate the effects of prenatal alcohol exposure from other conditions may require more education and training but ultimately will improve outcomes for affected children.

ISSN: 1535-7414 (print), 1930-0573 (online)

Herman, L.E., Acosta, M.C. & Chang, P. (2008) Gender and attention deficits in children diagnosed with fetal alcohol spectrum disorder. *The Canadian Journal of Clinical Pharmacology* 15(3):e411-e419.

Abstract: Background: A portion of children are born with Fetal Alcohol Spectrum Disorders (FASD). Most present with significant difficulties in attention, with attention-deficit/hyperactivity disorder (ADHD) being the most common psychiatric co-morbidity. Objectives: The current study will describe behavioral and executive functioning (EF)

www.uaa.alaska.edu/arcticfasdrct/training/fasdfoundations.cfm

Participants will be eligible to receive continuing education (CE) credits for completion of these workshops (\$25.00 processing fee).

FASD 201 Workshop

Our next FASD 201 workshop will be held:

- Friday, December 16, 9:00 a.m. to 1:00 p.m.

The location for the workshop is [University Center Room 144](#).

Cost: Free!

Registration is recommended. Call 907.786.6381 or check our website for more information:

www.uaa.alaska.edu/arcticfasdrct/training/fasd201.cfm

Participants will be eligible to receive continuing education (CE) credits for completion of these workshops (\$25.00 processing fee).

Helpful Resources

- [CDC: What you should know about alcohol and pregnancy](#)
- [CDC: Lo que debe saber sobre el embarazo y el alcohol](#)
- [Families Moving Forward](#)
- [Stone Soup Group](#)
- [ICEBERG](#)
- [FAS Diagnostic & Prevention Network](#)
- [SAMHSA FASD Center for Excellence](#)

deficits in attention in a group of children with FASD. Effects of gender and ADHD diagnosis will be explored. Methods: Existing data from the University of Minnesota's Pediatric Psychology clinic was utilized. Of 191 children with FASD in the database, 36 children (ages 6-16) had complete scores on measures of behavioral and EF attention deficits. Multivariate Analyses of Variance (MANOVA) were used to examine the impact of gender and ADHD diagnosis on behavioral checklist scores and on a variety of EF measures. Results: FASD males were significantly more likely to be diagnosed with ADHD (68%) than FASD females (29%). No impact of gender or diagnosis was found for behavioral measures of attention, but an interaction of gender and diagnosis emerged for EF. Females with ADHD evidenced deficits in EF compared to females without ADHD. However, males with ADHD performed better on measures of EF than their non-ADHD counterparts. Conclusion: An ADHD diagnosis in FASD children needs to be reconsidered, especially for males.

ISSN: 1198-581X; PMID: 18953085

Jacobson, J.L., Dodge, N.C., Burden, M.J., Klorman, R. and Jacobson, S.W. (2011) Number processing in adolescents with prenatal alcohol exposure and ADHD: Differences in neurobehavioral phenotype. *Alcoholism: Clinical and Experimental Research* 35(3):431-442.

Abstract: Poor arithmetic performance is among the most sensitive outcomes associated with prenatal alcohol exposure and is also common in individuals with attention-deficit hyperactivity disorder (ADHD). We hypothesized that prenatal alcohol exposure would be associated with deficits in the most fundamental aspects of number processing, representation of quantity and distance, whereas ADHD would be associated with deficits in calculation, the form of number processing most dependent on attention and memory. Two hundred and sixty-two inner-city, African American adolescents, who had been evaluated prospectively for prenatal alcohol exposure and ADHD, were assessed on a number-processing test comprised of 7 subtests. More heavily alcohol-exposed adolescents were 4 times more likely to meet diagnostic criteria for ADHD than those whose mothers abstained from alcohol use during pregnancy. Two dimensions of number processing were identified in a factor analysis-magnitude comparison and calculation. As hypothesized, prenatal alcohol exposure was more strongly related to the former and ADHD to the latter. Moreover, the relation of prenatal alcohol to calculation was fully mediated by magnitude comparison, whereas the relation of ADHD to calculation was mediated by IQ but not by magnitude comparison. These data confirm findings from previous studies identifying arithmetic as a particularly sensitive developmental endpoint for prenatal alcohol exposure. Whereas difficulties with arithmetic in ADHD are mediated by domain-general deficits in overall cognitive ability, fetal alcohol-related arithmetic difficulties are mediated primarily by a specific deficit in the core quantity system involving the ability to mentally represent and manipulate number. These data suggest that different interventions are likely to be effective for remediating arithmetic problems in children with prenatal alcohol exposure than in non-exposed children with ADHD.

- [State of Alaska Office of FAS](#)

Intervention Corner

House maintenance

When considering the “fit” between a person and the environment, spend some time listing all the things the person is expected to do, and then simplify, simplify, simplify. Start it simple, keep it simple, and add to the routine as the person is able. Make the focus of support successful and respectful independence. Here are some suggestions:

- Work together to establish routines for cleaning, e.g. bathrooms every Monday.
- Work alongside the person to reinforce skills and successes.
- Break tasks into small steps and use picture cues when appropriate, e.g. photos of laundry sorted into lights and darks with steps illustrated for the process.
- Some individuals are reluctant to throw anything out, including food, which results from serious problems with mice, ants, bedbugs, etc. Accept and address this as a necessary and preventative health issue. A mentor or care provider may be able to assist them with cleaning. If possible, paying for a house cleaner every two weeks will help ensure a healthy, clean home and lessen the number of times the person loses their housing.
- Provide assistance with a deep spring and fall cleaning to compensate for the difficulties individuals have in making choices about what to dispose of, and to prevent the build-up of clutter.
- Use unscented products to minimize sensitivities.

Self care

People with FASD often have difficulty remembering regular routines, making plans, and organizing themselves. They may also have sensitivities to touch or to tastes or smells of products associated with self care activities. Some

ISSN: 0145-6008; DOI: 10.1111/j.1530-0277.2010.01360.x

Pei, J., Denys, K., Hughes, J., and Rasmussen, C. (2011) Mental health issues in fetal alcohol spectrum disorder. *Journal of Mental Health* 20(5):473-483.

Abstract: Background. High numbers of individuals with Fetal Alcohol Spectrum Disorders (FASD) have been described as having mental health problems. Aims. This article summarizes research about mental health problems in FASD and considers related developmental and environmental issues. Method. A computer-based literature search was conducted in the databases Medline, PsycINFO, Google Scholar, Academic Search Complete, and Education Resources Information Centre for articles addressing the prevalence and types of mental health issues in individuals affected by FASD. Results. High rates of mental disorders within the FASD and prenatal alcohol exposure (PAE) population were found to be consistently reported for both internalizing and externalizing disorders. Moreover, problems that emerge in childhood may reflect a convergence of genetic, environmental, and neurophysiological factors that persist into adulthood. Conclusions. Researchers are beginning to document the impacts of PAE on later mental health development. Further longitudinal study is needed to determine whether there is an increasing severity of mental health deficits and consequences with age, and whether any such changes reflect increasingly deteriorating environmental factors or brain-based factors. Additionally, research is needed to design interventions to better address the unique mental health needs of this population.

ISSN: 0963-8237 (print), 1360-0567 (online); DOI: 10.3109/09638237.2011.577113

FASDs in the Media

The links to news articles and opinion pieces presented below are provided for the purposes of discussion. The Arctic FASD RTC is not responsible for the titles and/or content of the articles, nor do they necessarily reflect the views or position of the Arctic FASD RTC.

United States

[Alcohol poses a special danger in San Antonio](#)
MySanAntonio, November 13, 2011

[Nurse leaders advocate for role in screening, intervention, and referral](#)
The Partnership at Drugfree.org, November 8, 2011

[Adoptive parents raise awareness about FASD](#)
Rapid City Journal, November 5, 2011

[Research Campus expert lands big grant for fetal alcohol syndrome research](#)
Salisbury Post, November 4, 2011

[Effects of alcohol consumption by pregnant moms](#)
Betty Ford Institute, November 3, 2011

suggestions:

- Encourage showering and shampooing every day so that judgment calls aren't required.
- Encourage the use of toothpaste, floss, deodorant. Be specific about how often and how long to brush, e.g. Brush your teeth two times each day for two minutes each time. Poor dental hygiene is often a significant health issue which is heightened because tooth-brushing requires a great deal of fine motor coordination and involves sensory issues.
- Place clothing on labeled, open shelves so that the individual can see the items. Clothing in drawers can be a case of 'out of sight, out of mind'.
- Develop creative ways to support the person with their clothing selections. Color coding clothing on hangars to help with selection and appropriate outfit choices may be helpful. However, some adults may find this too controlling and object.
- Check regularly to ensure that clothing is clean and personal hygiene is completed thoroughly. Establish a routine that underwear, socks, and shirts are changed daily. Decide with the person what clothing likes and dislikes they have and then help them choose comfortable clothing that respects sensory concerns.

(Adapted from *Supporting Success for Adults with Fetal Alcohol Spectrum Disorder (FASD)*. Published by Community Living British Columbia, www.communitylivingbc.ca, 1-877-660-2522)

Do you have an idea for the Intervention Corner? Do you have some tips or suggestions for how to help individuals with an FASD be successful? Email *FAST Facts* at arcticfasdrtc@uaa.alaska.edu and let us know!

Contact Us:

Arctic FASD Regional Training Center
Center for Behavioral Health Research and Services

Wayne State to develop a computer-delivered intervention for alcohol use during pregnancy

Eurekalert, October 26, 2011

Suburban families cope with fetal alcohol syndrome

Daily Herald, October 23, 2011

Monterey County therapy program gives kids a better chance at life

Monterey County Herald, October 22, 2011

Heavy drinking costs the U.S. \$223.5 billion annually: CDC

Time, October 18, 2011

International

Heavy drinking in pregnancy can alter unborn babies' brains, study shows

The Guardian, November 13, 2011

Smoking and drinking in pregnancy 'harms 10,000 babies in UK each year'

The Guardian, November 11, 2011

Push for alcohol health warnings

The Canberra Times, November 9, 2011

Douglas: New pregnancy book takes controversial stand on alcohol

Parentcentral.ca, November 8, 2011

Screen all prison inmates for fetal-alcohol syndrome, doctor urges

Edmonton Journal, November 4, 2011

Four-fifths of women drank alcohol 'close to conception'

Irish Medical Times, November 3, 2011

145 babies had alcohol withdrawal symptoms

Independent, November 2, 2011

Jailing of troubled men saddens judge

The Observer, October 27, 2011

FASD often an 'invisible impairment'

Winnipeg Sun, October 18, 2011

Arctic FASD RTC *FAST Facts*

Building on past and current FASD education and awareness efforts in Alaska, the goal of the *Arctic FASD RTC* is to increase FASD knowledge, awareness, and practice competence among health and allied healthcare professionals and students. Using the Centers for Disease Control and Prevention (CDC)'s *FASD Competency-Based Curriculum*

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Development Guide, we deliver education and training in the form of workshops, seminars, and other resources to professionals and students. We are also certified State of Alaska FASD101 and FASD201 trainers.

The *Arctic FASD RTC* is honored to have the assistance of our [national consultants](#), and our [advisory board](#). Assisting us with our training are our [affiliate faculty](#) and our [speakers' bureau](#).

There are three other RTCs in operation around the United States: the [Frontier FASD RTC](#), the [Great Lakes FASD RTC](#), and the [Southeastern FASD RTC](#). All are funded through the [Centers for Disease Control and Prevention](#).

About *FASt Facts*

FASt Facts is a monthly email newsletter with announcements and information about upcoming training opportunities, a sampling of FASD news and research from Alaska, the U.S.A., Canada, and around the world, as well as links to helpful resources. Please feel free to forward the newsletter to anyone you know who has an interest in FASDs.

FASt Facts is compiled and edited by the Arctic FASD RTC staff. We make every effort to provide links to original content, and to make sure those links are accurate at the time the newsletter is sent. The Arctic FASD RTC has no control over any links that change after publication of the newsletter. The Arctic FASD RTC is not responsible for the content of external Internet sites. News articles and research abstracts are provided for the purposes of discussion; they do not necessarily reflect the views or position of the Arctic FASD RTC.

We hope you find these newsletters helpful and informative. We welcome your input for content. Please send suggestions to arcticfasdrtc@uaa.alaska.edu.

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To discontinue receiving these updates, please visit lists.uaa.alaska.edu/mailmain/listinfo/fastfacts. Scroll down to the bottom of the page, enter your email address, then click [Unsubscribe or edit options](#).

Previous issues of *FASt Facts* can be found at our [website](#) or at the [listserv archive](#).

Funding for the Arctic FASD Regional Training Center has been provided by the U.S. Department of Health and Human Services, [Centers for Disease Control and Prevention](#) Cooperative Agreement # CDC U84DD000886-01.

No official endorsement by the CDC for the content of this email is intended or should be inferred.

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