**FETAL ALCOHOL SPECTRUM DISORDER:**

**DIAGNOSTIC AND SOCIAL SUPPORT OUTOMES IN NORTHERN ONTARIO**

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**Objectives:** Individuals with Fetal Alcohol Spectrum Disorder (FASD) and their families often live challenging lives as a result of the various physical, mental, and behavioural effects that can arise from prenatal alcohol exposure. More specifically, individuals with FASD frequently struggle in their ability to complete everyday tasks, as well as their capacity to effectively plan and control their behaviour, such as suppressing impulsive tendencies. For this reason, a differential diagnosis of FASD is important to aid individuals with FASD and their families in accessing appropriate supports and services, to maximize functioning, and to prevent potential adverse outcomes associated with the disability. The Canada FASD Research Network (CanFASD) works to address the many complexities of FASD, which continues to improve the way FASD is understood, the efforts put forth to prevent it, and the social supports that are provided to the FASD community nation wide. As part of a larger research project in collaboration with CanFASD, the current study examines the diagnostic process and outcomes at the Sudbury FASD Diagnostic Clinic, which services the geographical region of Northern Ontario.

**Methods:** Since 2011, 109 individuals have received a diagnosis of FASD at the Sudbury diagnostic clinic, which services children and youth up to age of 18. An additional 30 individuals have been identified as “at risk”. Diagnostic files of these individuals will be reviewed and a profile of who obtains a diagnosis of FASD, as well as who is considered “at risk”, will be determined. Within Canada, to be considered for a diagnosis of FASD, the recently revised diagnostic guidelines require both an extensive medical and neurodevelopmental assessment (Cook et al, 2015). Together, confirmed prenatal alcohol exposure and evidence of severe impairment in three neurodevelopmental domains (e.g., neuroanatomy, cognition, memory, attention, executive functioning, affect regulation, adaptive behaviour, and social skills or social communication) specify a diagnosis of FASD. In the current study, impaired brain domains will determine the profiles created for each individual.

**Results:** Data collection is ongoing, but preliminary results will be presented at the conference. In line with current Canadian FASD diagnostic guidelines, patient files will be examined to determine intellectual functioning (IQ), executive functioning, and adaptive behaviours profiles, as measured by scores on the Wechsler Intelligence Scale for Children (WISC), the Developmental Neuropsychological Assessment (NEPSY), as well as assessment report information. It is expected that results will reveal inconsistencies in the cognitive abilities of those who receive a diagnosis of FASD as measured by IQ and thus highlight an IQ’s weakness as an indicator of functioning and service needs for this population. It is also anticipated that more severe impairments will be seen in the domains of adaptive and executive functioning of those who receive a diagnosis of FASD. More specifically, it is expected that results will reveal deficits in working memory, impulsivity, inhibition, verbal problem solving, as well as difficulties in social and communication skills in those who receive a diagnosis of FASD.

**Discussion/Conclusion:** The information gathered from this project will inform services and supports for the FASD community across Northern Ontario. More specifically, findings will highlight the types of interventions, therapies and programs individuals and their families require. It is also anticipated that results will emphasize the need for community and public education regarding FASD in an effort to prevent or lessen its prevalence in Northern Ontario.

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