**FETAL ALCOHOL SPECTRUM DISORDER:**

**DIAGNOSTIC OUTOMES IN NORTHEASTERN ONTARIO**

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**Objectives:** Currently, there is a lack of FASD-informed services, supports, and management interventions in Northeastern Ontario. Furthermore, families from Northern Ontario have reported feeling both under-supported in terms of diagnosis, services, and interventions as well as misunderstood from the lack of public knowledge and awareness in the region (Coons, Watson, Yantzi, & Schinke, 2016). Sudbury Ontario has a FASD Diagnostic Clinic, which services children and youth under the age of 18 across the Northeastern Ontario region. As part of a larger research project in collaboration with the Canada FASD Research Network (CanFASD) this project examines the diagnostic outcomes at the Sudbury clinic through the use of an online database (i.e., Dataform). Information collected will help to inform services and supports for individuals prenatally exposed to alcohol and their families in Northeastern Ontario.

**Methods:** Diagnostic files of individuals assessed for FASD at the Sudbury FASD Diagnostic Clinic in Northeastern Ontario will be reviewed and a profile of who obtains a diagnosis of FASD, who is considered “at risk” for FASD, as well as those who do not receive a diagnosis will be determined. Profiles will be determined based on the level of endorsement to specific dataform items each group presents with (i.e., co-occurring mental health), as well as through the use of descriptives. Profiles will also be compared using SPSS analyses including Analysis of Variance (ANOVA) and regression based models for specific items on the Dataform to examine significant differences in impaired brain domains, differences across IQ scores for groups, as well as whether brain domains can significantly predict which issues are currently being experienced by an individual.

**Results:** Preliminary results collected at the time of 228 inputted records from the larger research project indicated that 148 males and 80 females were assessed for an FASD diagnosis, with the average age of individuals being 10.7 years old. Results further reveal that 47.4% of individuals were diagnosed with FASD without Sentinel Facial Features, 5.7% were diagnosed with FASD with Sentinel Facial Features, and 12.3% were given an "at risk" designation, while an additional 33.8% were given no FASD diagnosis. Of individuals diagnosed with FASD, the most common areas of significant brain impairment were language (74%), academics (64.2%), and cognition (63.4%). Individuals diagnosed with FASD showed variability in their Full Scale IQ scores, with 39.8 % having an IQ at or above 70, and 16% having an IQ between 71-85. Descriptive results also indicate that individuals with FASD commonly had a dual diagnosis, most commonly, ADHD (63.4%), language disorder/impairment (42.3%), intellectual disability (35%) and suicide attempts/ideation (22.8%). Final descriptive and inferential results will be available at the time of the conference in April.

**Discussion/Conclusion:** The information gathered from the current study can be particularly useful in informing services, interventions, therapies, and programs for individuals prenatally exposed to alcohol and their families in Northeastern Ontario. 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 this geographical region. The current study will also contribute to the larger National Database project by representing Northeastern Ontario in the overall dataset. Results of this study can improve the lives of individuals with FASD and their families by drawing attention to particular issues and needs within the region.

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