Lakeland Centre for FASD
Fetal Alcohol Spectrum Disorder

Community of Practice Series
Psychologist Community of Practice

Dated: October 7, 2022

Rajani FASD Assessment and Diagnostic Clinic Training Services: **Psychologist Community of Practice**

Introduction

Rajani FASD Assessment and Diagnostic Clinic Training Services provides training, mentorship, and support to Alberta FASD diagnostic clinics (alongside tailored training for out-of-province FASD clinics).

Rajani Clinic training wanted to bring together clinicians within their respective disciplines (Speech-Language Pathology, Psychology and Occupational Therapy) who are part of a multidisciplinary FASD clinic team to discuss FASD assessments (with a focus on pre-school aged children).

FASD assessment and diagnosis can be valuable at any age. A diagnosis can support an individual, family and caregivers to understand the individual's needs, strengths and recommended supports to strengthen the child/youth success. Early intervention and accurate diagnosis may support children in obtaining health, education, and vocational services that are tailored to their unique needs. Research also demonstrates that early diagnosis of FASD is associated with fewer adverse outcomes (challenges or difficulties such as mental health disorders, substance use, homelessness, justice involvement) later in life (Streissguth, et. al., 2004).

Psychologist Community of Practice

October 7, 2022, a virtual Community of Practice was held with thirteen Psychologist in attendance.

A survey was sent to all AB FASD Clinics and completed by sixteen Psychologists

Alberta – 20 Yukon – 1 Northwest Territories – 1

The goals of the Community of Practice were:

1. Create the opportunity for Psychologist to connect
2. To ensure consistency (in applying the Canadian FASD Diagnostic guidelines).
3. To determine if consensus could be reached for an optimum battery of assessment tools in preschool aged children.
4. Collect data to support other clinic teams.
5. Assess interest in future Community of Practice meetings.

Clinics Currently Assessing Preschool Aged Children:

Twenty clinics in Alberta, one clinic in Yukon and one in Northwest Territories were represented. Of these 22, there are currently 6 clinics completing FASD assessments for preschool aged children.

Survey results suggested that 87.5% of psychologists see value in assessing preschool aged children. Clinics share the following comments:

- Our clinic sees preschool children primarily to assess for autism. Early diagnosis is critical for these children. Our FASD clinic sees children 6–18 year old for FASD
- Early identification can lead to early intervention
- Earlier identification and intervention may outweigh some problems with assessment validity and reliability
- Typically, preschool aged children have significant needs and benefit from a multidisciplinary assessment. However, it would likely be ideal if they first consulted with a pediatrician/family physician before attending clinic as most have behavioural issues, including untreated ADHD. Behaviour management in advance of an FASD assessment would likely be helpful.
- If a parent/guardian of a preschooler is willing to engage in the process (interview/paperwork), it is a good opportunity to establish familiarity with the process, provide information about what an FASD diagnosis is, and initiate supports if necessary. As long as it is made clear that diagnosis of FASD is not often possible due to limitations of testing at this age.
- Even without a diagnosis it is tremendously beneficial to identify any areas of concern or impairment to access services and supports.
- May be useful to lead to earlier intervention x3
- We do but we prefer to stay with 6 years plus for now.
- I only assess adults, but I think early identification of FASD is extremely helpful.

The remaining 12.50% expressed that reliability of tests used is a challenge and there is risk that assessing preschool children will lead to false positives or negatives.

Of those clinics who evaluate preschool aged children, it was identified that typically 0-25% of children receive and FASD diagnosis

There is currently no standard battery of tests used by clinics when assessing age 3 and clinicians typically test for the following for each age group:

	AGE 3	AGE 4	AGE 5	TOTAL
Academic Achievement	0% 0	25.00% 1	100% 4	4
Attention	100% 5	100% 5	100% 5	5
Cognition	100% 4	100% 4	100% 4	4
Language	100% 4	100% 4	100% 4	4

Memory	100% 1	100% 1	100% 1	1
Executive Functioning	0% 0	50.0% 1	100% 2	2
Adaptive Behaviour, Social Skills and Social Communication	100% 6	100% 6	100% 6	6
Motor Skills	100% 1	100% 1	100% 1	1
Affect Regulation	100% 4	100% 4	100% 4	4

Key themes from the Community of Practice & Calls to Action:

1. **There is a need for Psychologists' who are assessing for FASD to have the opportunity to connect and knowledge share.**
    - Continue Communities of Practice for Psychologists
2. **Psychologists find value in assessing for early interventions.**
3. **Psychologists are utilising a variety of testing tools in each age category. We have not identified a consistent battery of tests being used for assessments.**
    - (see Detailed Survey Results below).
4. **Utilization of clinical judgement when interpreting Canadian Diagnostic Guidelines**
    - Survey note: *Would you use clinical judgement to consider a domain impaired when tests do not indicate impairment? 71% respondents 'noted' yes, the remaining 29% of respondents noted 'no', commenting that clinic judgement is not used alone, but in consideration of all information gathered.*
5. **Diagnostic Nomenclature – Standardized definitions would support in creating consistency in defining qualitative descriptors.**

Assessment Tool Recommendations

Though consensus was not reached, the benefits of the following testing tools when assessing children aged 3 were shared by some clinicians:

- The ADI-R and the ADOS
- BASC, ABAS
- Administration of IQ testing (direct) in addition to rating scales (indirect) for behaviour/ADHD and adaptive functioning.
- WPPSI or Bayley Vineland or ABAS Connors Early Childhood BRIEF Bracken Language and motor assessments completed by SLP, OT, and PT.
- WIPPSI Brigance Readiness Screen

Considerations about reliability when testing preschoolers, behavioural difficulties is a challenge and tests may not be completed accurately.

Considerations for FASD Clinics & Clinic Coordinators

1. This report and accompanying Community of Practice reports can be used by FASD Clinics during annual clinic evaluation.
2. Provide opportunities for individual multidisciplinary clinic teams to connect outside of clinic day and share strengths, challenges and opportunities related to assessment.
3. Explore barriers that may exist within your clinic for assessing pre-school aged children.

Detailed Survey Results

Approximately what percentage of preschool aged children evaluated by your clinic(s) receive an FASD Diagnosis?

ANSWER CHOICES	RESPONSES	
75 - 100%	0%	0
50 - 75%	0%	0
25 - 50%	6.25%	1
0 - 25%	93.75%	15
TOTAL		16

Assessment Tools:

Motor Skills domain

No assessment tools listed for 0-3 mos., 3-18 mos., 18-36 mos.

36 Months – 6 Years	
2	Beery-Buktenica Developmental Test of Visual-Motor Integration-6th Ed. - Visual-Motor Integration Booklet
2	Beery-Buktenica Developmental Test of Visual-Motor Integration- 6th Ed. - Motor Coordination Booklet
1	Bruininks-Oseretsky Test of Motor Proficiency - 2nd Ed. (Short Form)
1	McMaster Handwriting Assessment Protocol
1	Movement Assessment Battery for Children - 2nd Ed.
1	Peabody Developmental Motor Scales - 2nd Ed.
1	Sensory Profile - 2nd Ed.
1	Sensory Processing Measure

7 – 18 years	
5	Beery-Buktenica Developmental Test of Visual-Motor Integration-6th Ed. - Visual-Motor Integration Booklet
5	Rey Complex Figure Test and Recognition Trial
3	Beery-Buktenica Developmental Test of Visual-Motor Integration- 6th Ed. - Motor Coordination Booklet
1	Bruininks-Oseretsky Test of Motor Proficiency - 2nd Ed. (Short Form)
1	Finger Tapping/Oscillation Test
1	Grooved/Purdue Pegboard Test
1	Hand Dynamometer/Grip Strength Test

1	McMaster Handwriting Assessment Protocol
1	Movement Assessment Battery for Children – 2nd Ed.
1	Peabody Developmental Motor Scales – 2nd Ed.
1	Sensory Profile – 2nd Ed.
1	Sensory Processing Measure

18+ Years	
5	Rey Complex Figure Test and Recognition Trial
4	Beery-Buktenica Developmental Test of Visual-Motor Integration-6th Ed. - Visual-Motor Integration Booklet
2	Beery-Buktenica Developmental Test of Visual-Motor Integration- 6th Ed. - Motor Coordination Booklet
2	Finger Tapping/Oscillation Test
2	Grooved/Purdue Pegboard Test
2	Hand Dynamometer/Grip Strength Test
1	Quick Neurological Screening Test – 3rd Ed.
1	Sensory Processing Measure

Comments:

- Developmental Test of Visual Perception - Adolescent and Adult (DTVP-A:2) Our Occupational Therapist completes the assessments for the Motor Skills domain
- The measures are used for age 6-18.

Cognition domain

0-3 Months	
1	Bayley Scales of Infant and Toddler Development - 3rd Ed.

3-18 Months	
1	Bayley Scales of Infant and Toddler Development - 3rd Ed.

18-36 Months	
3	Wechsler Preschool and Primary Scale of Intelligence - 4th Ed.
1	Bayley Scales of Infant and Toddler Development - 3rd Ed.

36 Months – 6 Years	
7	Wechsler Preschool and Primary Scale of Intelligence - 4th Ed.

4	Wechsler Intelligence Scale for Children – 5th Ed.
2	Stanford-Binet Intelligence Scales – 5th Ed.
1	Bayley Scales of Infant and Toddler Development - 3rd Ed.
1	Wechsler Adult Intelligence Scale – 4th Ed.

7 – 18 years	
10	Wechsler Intelligence Scale for Children – 5th Ed.
7	Wechsler Adult Intelligence Scale – 4th Ed.
1	Stanford-Binet Intelligence Scales – 5th Ed.
1	Wechsler Abbreviated Scale of Intelligence - 2nd Ed.
1	Wechsler Nonverbal Scale of Ability
1	Wechsler Preschool and Primary Scale of Intelligence - 4th Ed.

18 + Years	
12	Wechsler Adult Intelligence Scale – 4th Ed.

Comments:

- We have the Wechsler Nonverbal Scale of Ability on order.
- I use WPPSI-4 for all children below age 6 years. I use WISC-5 for all children/adolescents age 6 years to 15-11 years. I use WAIS-4 for all young adults aged 16 years and older.
- Reynolds's Adaptable Intelligence Test - Nonverbal

Language domain:

No assessment tools listed for 0-3 mos., 3-18 mos.

18-36 Months	
1	Expressive Vocabulary Test - 3rd Ed.
1	Peabody Picture Vocabulary Test - 5th Ed.

36 months – 6 years	
2	Expressive Vocabulary Test -3rd Ed.
2	Peabody Picture Vocabulary Test - 5th Ed.
1	Clinical Evaluation of Language Fundamentals - 5th Ed. (Core Language Only)
1	Clinical Evaluation of Language Fundamentals - 5th Ed. (All Subtests)

7 – 18 years	
4	Peabody Picture Vocabulary Test - 5th Ed.
3	Expressive Vocabulary Test - 3rd Ed.
1	Boston Naming Test - 2nd Ed.
1	Clinical Evaluation of Language Fundamentals - 5th Ed. (Core Language Only)
1	Clinical Evaluation of Language Fundamentals - 5th Ed. (All Subtests)
1	Controlled Oral Word Association Test
1	Expressive One-Word Picture Vocabulary Test - 4th Ed.

18+ years	
6	Peabody Picture Vocabulary Test - 5th Ed.
5	Expressive Vocabulary Test - 3rd Ed.
2	Boston Naming Test - 2nd Ed.
2	Controlled Oral Word Association Test
1	Clinical Evaluation of Language Fundamentals - 5th Ed. (Core Language Only)
1	Clinical Evaluation of Language Fundamentals - 5th Ed. (All Subtests)
1	Expressive One-Word Picture Vocabulary Test - 4th Ed.
1	Receptive One-Word Picture Vocabulary Test - 4th Ed.

Comments:

- These assessments are conducted by our Occupational Therapist.
- Occasionally use the Oral comprehension subtest from the Woodcock Johnson 4 tests of oral language

Academic Achievement domain:

No assessment tools listed for 0-3 mos., 3-18 mos.

18-36 Months	
1	Bracken Basic Concepts Scale – 3rd Ed. Receptive

36 Months – 6 years	
3	Wechsler Individual Achievement Test - 3rd Ed.
2	Wide Range Achievement Test - 4th Ed.
2	Woodcock Johnson IV Tests of Achievement
1	Bracken Basic Concepts Scale – 3rd Ed. Receptive

7 – 18 years	
8	Woodcock Johnson IV Tests of Achievement
4	Wechsler Individual Achievement Test - 3rd Ed.
2	Wide Range Achievement Test - 4th Ed.

18+ years	
9	Woodcock Johnson IV Tests of Achievement
3	Wechsler Individual Achievement Test - 3rd Ed.
1	Wide Range Achievement Test - 4th Ed.

Comments:

- We are waiting to purchase the WIAT-IV-CDN when it comes out to replace the WJ-IV-Ach.
- I primarily use the WIAT-3 and select subtest (Sentence Comprehension) from the WRAT-4.
- The Woodcock Johnson is more often used by other psychologists who have previously seen the child. I primarily use the Wechsler as I like the ability to analyze the ability/achievement discrepancies.

Memory domain:

No assessment tools listed for 0-3 mos., 3-18 mos., 18-36 mos.

36 Months – 6 years	
4	California Verbal Learning Test - Children's
3	Rey Complex Figure Test and Recognition Trial
2	Children's Memory Scale NEPSY - 2nd Ed.

7 – 18 years	
7	Rey Complex Figure Test and Recognition Trial
5	California Verbal Learning Test – Children's
3	Rey Auditory Verbal Learning Test
2	Children's Memory Scale NEPSY - 2nd Ed.
2	Wide Range Assessment of Memory and Learning - 2nd Ed.
1	Benton Visual Retention Test
1	California Verbal Learning Test - 2nd Ed.
1	Test of Memory and Learning - 2nd Ed.

18+ years	
7	Rey Complex Figure Test and Recognition Trial
4	Rey Auditory Verbal Learning Test
3	California Verbal Learning Test – 2nd Ed.
1	Benton Visual Retention Test
1	Rivermead Behavioural Memory Test
1	Test of Memory and Learning - 2nd Ed.
1	Wechsler Memory Scale - 4th Ed.
1	Wide Range Assessment of Memory and Learning - 2nd Ed.

Comments:

- The Memory domain is assessed by our Occupational Therapist.
- I routinely use the NAB Memory Module which includes immediate and delayed recall trials for word lists learning, story learning, shapes learning and memory for more detailed everyday information.
- I use the 3rd edition of the California verbal learning test for my teen and adult clients
- I use the WRAML-3 (not second edition) now.
- I use the Children's Memory Scale-ages 5-8 and 9-16.

Attention domain:

No assessment tools listed for 0-3 mos., 3-18 mos.

18-36 Months	
1	Behavior Assessment System for Children - 3rd Ed.

36 Months – 6 years	
4	Behavior Assessment System for Children - 3rd Ed.
1	Conners Rating Scales - 3rd Ed.
1	NEPSY - 2nd Ed.

7 – 18 years	
8	Behavior Assessment System for Children - 3rd Ed.
3	Conners Rating Scales - 3rd Ed.
2	Conners Continuous Performance Test - 3rd Ed.
2	NEPSY - 2nd Ed.
1	Spatial Span
1	Swanson Nolan and Pelham Questionnaire - 4th Ed.

18+	
7	Behavior Assessment System for Children - 3rd Ed.
4	Brief Test of Attention
2	Conners Continuous Performance Test - 3rd Ed.
2	Conners Adult ADHD Rating Scales Digital Vigilance Test
1	Attention Process Training – 3rd Ed.

Comments:

- We do not test for this area any more due to the stress it put onto our adult FASD clients (used to do the Test of Everyday Attention). If we have a client young enough, I will administer the BASC-3, but rarely do we have clients who are young enough.
- Conners Early Childhood.

Executive Function domain:

No assessment tools listed for 0-3 mos., 3-18 mos.

18-36 Months	
1	Behavior Rating Inventory of Executive Function - 2nd Ed.

36 Months – 6 years	
4	Behavior Rating Inventory of Executive Function - 2nd Ed.
3	Rey Complex Figure Test and Recognition Trial
2	Stroop Test
1	Comprehensive Executive Function Inventory
1	Delis-Kaplan Executive Function System
1	Trail Making Test
1	Wisconsin Card Sort Task

7 – 18 years	
8	Behavior Rating Inventory of Executive Function - 2nd Ed.
7	Trail Making Test
7	Rey Complex Figure Test and Recognition Trial
5	Stroop Test
4	Delis-Kaplan Executive Function System
3	Wisconsin Card Sort Task
1	Behavior Rating Inventory of Executive Function - Adult
1	Category Test (Booklet, Children's, or Halstead)
1	Comprehensive Executive Function Inventory
1	NEPSY - 2nd Ed.
1	Symbol Digit Modalities Test
1	Test of Problem Solving - 2nd Ed. Adolescent: Normative Update

18 + years	
8	Trail Making Test
6	Behavior Rating Inventory of Executive Function - Adult
6	Rey Complex Figure Test and Recognition Trial
6	Stroop Test
4	Delis-Kaplan Executive Function System
4	Wisconsin Card Sort Task
3	Behavior Rating Inventory of Executive Function - 2nd Ed.
2	Category Test (Booklet, Children's, or Halstead)
1	Comprehensive Executive Function Inventory - Adult
1	Symbol Digit Modalities Test
1	Test of Problem Solving - 2nd Ed. Adolescent: Normative Update

Comments:

- Behavioural Assessment of Dysexecutive Function (BADS) is used by our Occupational Therapist. I also use the Brown Executive Function/Attention Scales (Brown EF/A Scales). I also will use the ACE+, ASRS-V1.1, and Weiss Symptom Record if ADHD is indicated.
- I also use a verbal fluency test called FAS. Working Memory composite from IQ testing is also used/considered under Executive Function.
- Test of Problem Solving is typically administered by Speech Language Therapist

Affect Regulation domain:

No assessment tools listed for 0-3 mos., 3-18 mos.

18-36 Months	
1	Behavior Assessment System for Children - 3rd Ed.

36 Months – 6 years	
5	Behavior Assessment System for Children - 3rd Ed.
1	Screen for Child Anxiety Related Disorders

7 – 18 years	
9	Behavior Assessment System for Children - 3rd Ed.
2	Beck Anxiety Inventory
1	Beck Depression Inventory - 2nd Ed.
1	Personality Assessment Inventory
1	Personality Assessment Inventory - Adolescent
1	Screen for Child Anxiety Related Disorders
1	Symptom Checklist - 90 – Revised
1	Trauma Symptom Inventory - 2nd Ed.

18+ years	
7	Behavior Assessment System for Children - 3rd Ed.
4	Beck Anxiety Inventory
4	Beck Depression Inventory - 2nd Ed.
3	Personality Assessment Inventory
2	Symptom Checklist - 90 – Revised
2	Trauma Symptom Inventory - 2nd Ed.

Comments:

- Multidimensional Anxiety Scale for Children - 2nd (MASC-2) Children's Depression Inventory - 2nd (CDI-2).
- I use the DSM-5-TR symptom records as well as an in-depth diagnostic interview using the DSM-5-TR diagnostic interview guide. I will use the BASC-3, but it is rarely we have clients young enough for me to administer it.
- Some affect regulation questions in the Conners Early Childhood Also some use the Greenspan Social Emotional Growth Chart

- I also use the beck depression inventory fast screen for my teens and adolescents.
- Also use the CDI-2, MASC-2, and clinical interviewing.
- CDI 2 RCMAS 2

Adaptive Behaviour, Social Skills and Social Communication domain

0-3 months	
1	Vineland Adaptive Behavior Scales - 2nd Ed.

3 – 18 months	
1	Adaptive Behavior Assessment System - 3rd Ed.
1	Vineland Adaptive Behavior Scales - 2nd Ed.

18 – 36 months	
3	Adaptive Behavior Assessment System - 3rd Ed.
1	Vineland Adaptive Behavior Scales - 2nd Ed.

36 months – 6 years	
7	Adaptive Behavior Assessment System - 3rd Ed.
3	Behavior Assessment System for Children - 3rd Ed.
1	Clinical Evaluation of Language Fundamentals - 5th Ed.
1	Vineland Adaptive Behavior Scales - 2nd Ed.

7 – 18 years	
11	Adaptive Behavior Assessment System - 3rd Ed.
5	Behavior Assessment System for Children - 3rd Ed.
1	Clinical Evaluation of Language Fundamentals - 5th Ed.
1	Independent Living Scales
1	Test of Functional Living Scales
1	Vineland Adaptive Behavior Scales - 2nd Ed.

18+ years	
11	Adaptive Behavior Assessment System - 3rd Ed.
2	Independent Living Scales
3	Behavior Assessment System for Children - 3rd Ed.
1	Clinical Evaluation of Language Fundamentals - 5th Ed.
1	Independent Living Scales
1	Texas Functional Living Scales

Comments:

- Our OT conducts the Independent Living Scales, and we use the Health and Safety portion of that in addition to the ABAS-3, which I conduct. I will use the BASC-3, but it is rarely we have clients young enough for me to administer it.
- I use the Vineland results that have been forwarded by other psychologists who have previously seen the child.
- Vineland-3 (vs. second edition listed here).

Interpretation, Diagnostic Nomenclature and Additional Thoughts

Q31: When the attention domain is impaired, what percentage of the time is a diagnosis of ADHD made?

ANSWER CHOICES	RESPONSES	
75 - 100%	21.43%	3
50 - 75%	28.57%	4
25 - 50%	42.86%	6
0 - 25%	7.14%	1
None	0%	0
TOTAL		14

Q32: Is the diagnosis of a Developmental Coordination Disorder (DCD) sufficient at your clinic to endorse the motor domain as impaired?

ANSWER CHOICES	RESPONSES	
Yes	21.43%	3
No	78.57%	11
TOTAL		14

Comments:

- The OTs would do additional testing to confirm. There is evidence of motor impairment below the 3rd percentile about 25% of the time.
- The OT would be largely responsible for this determination, but in general the answer would be yes.
- Our adult clinics don't use occupational therapists.
- Approximately 25?
- 75

Q12: What cut-off do you use when considering impairment in a domain?

ANSWER CHOICES	RESPONSES	
1st percentile	0%	0
2nd percentile	28.57%	4
Below the 3rd percentile	57.14%	8
Below the 5th percentile	0%	0
Other (please specify)	14.29%	2
TOTAL		14

Comments:

- Generally, 2 SD below the mean following the Canadian guidelines; some clinical judgment is used at the preschool level
- Below the 3rd, but discrepancies between scores can also factor in.

Q34: Do you use confidence intervals?

ANSWER CHOICES	RESPONSES	
Yes	64.29%	9
No	14.29%	2
Other (please specify)	21.43%	3
TOTAL		14

Comments:

- Yes, but not as a way to determine impairment.
- Yes, depending on age of the measure (e.g., WAIS-IV) and clinical intuition and reasoning
- At times, depending upon the body of evidence. I primarily use the scores below the cutoff for diagnosis when all other information supports.

Q35: If you answered yes to the above question: What confidence interval do you use?

ANSWER CHOICES	RESPONSES	
95%	92.86%	13
90%	0%	0
Other (please specify)	7.14%	1
TOTAL		14

Comment:

- We don't use CI but if we did it would be 95%

Q36: Do you use the discrepancy in performance between composite scores to consider a domain impaired?

ANSWER CHOICES	RESPONSES	
Yes	78.57%	11
No	7.14%	1
Other (please specify)	14.29%	2
TOTAL		14

Comments:

- Yes, but again clinical judgement is used for preschoolers
- When appropriate

Q37: If you answered yes to the above question – Do you use a base rate that is below the 3rd percentile, and the lower of the two discrepant scores is at least one standard deviation from the mean?

ANSWER CHOICES	RESPONSES	
Yes	91.67%	11
No	0%	0
Other (please specify)	8.33%	1
TOTAL		12

Comment:

- I look for two plus SD of a discrepancy

Q38: Do you use individual subtests as evidence of impairment?

ANSWER CHOICES	RESPONSES	
Yes	21.43%	3
No	78.57%	11
TOTAL		14

Comments:

- Not typically, but we take this into consideration with all other data
- Often on cognitive testing but more often academic achievement testing.
- Only in cases when an index score could not be obtained, and there is other supporting information.
- If they are low and correspond to other testing.

Q39: Do you use questionnaires alone to consider a domain impaired?

ANSWER CHOICES	RESPONSES	
Yes	42.86%	6
No	57.14%	8
TOTAL		14

Comments

- ABAS questionnaire along with collateral information for the Adaptive domain
- We use questionnaires for the Affect Regulation and Adaptive Behaviour domains. We also get informants to fill out the ABAS-3 as much as possible, especially if it seems the client is lacking insight. Many of our clients are unhoused or in supported living situations. We also take their medical history, educational history, and previous diagnostic history into account and I conduct an in-depth diagnostic interview.
- Yes, although this is always supplemented with observations and parent/caregiver report.
- Always in combination with direct testing and observation and/or clinical interview (e.g., EF, attention, affect regulation domains)
- I like to have at least two raters for questionnaires and testing to back the results.
- Rarely, but in certain areas yes (e.g., adaptive functioning)
- For adaptive functioning, attention, and some areas of executive functioning.
- Questionnaires, combined with anecdotal information, help to diagnose ADHD. In the adult population, in the absence of a diagnosis of an Intellectual Disability (IQ below 70), in the presence of cognitive issues AND anecdotal evidence of adaptive functioning issues, ratings on a standardized measure (questionnaire) of adaptive functioning (ABAS) that is indirect is sometimes relied upon for endorsing a domain as impaired. In the pediatric population, typically we would want to see lower IQ (below 70) to endorse adaptive functioning based only on questionnaires.
- Questionnaire data must be supported by direct evidence

Q40: Would you use clinical judgement to consider a domain impaired when tests do not indicate impairment?

ANSWER CHOICES	RESPONSES	
Yes	**71.43%**	**10**
No	**28.57%**	**4**
TOTAL		**14**

Comments:

- If task-adherence impacts reliability of tests results, may consider history and collateral information to make a determination of impairment.
- We are strict with following the guidelines for 2 standard deviations below the mean, or below the 3rd percentile. Clinical judgement is not used alone without considering history or other measures.
- In consideration with all information.
- This could potentially happen but would be very rare.
- Only on areas that I could consider that the tests (i.e. questionnaires) are not necessarily valid or reliable.
- I use clinical judgement when tests do/do not indicate an impairment. For example, a child with significant verbal memory deficits may be reported to be highly inattentive in the classroom, however, on assessment that child is focused when they understand the requirements.
- At times, family members rate adaptive/independent living skills as very strong. However, the independent living/adaptive functioning skills measures do not have validity indicators, and as such, a mother who loves her child very much, or a caregiver who is very optimistic, will sometimes rate adaptive functioning as very strong when all clinical evidence points to the opposite.
- Rarely – only in cases where age or challenges during testing limited tests completed, and this would be a team discussion.
- Sometimes there is a discrepancy between parent and teacher rating scales. For example, in the case of ADHD, we may only have evidence from 1 environment based on ratings. If a child presents for the assessment as very ADHD, we may proceed with less than ideal information to make the diagnosis.
- Maybe within affect regulation and adaptive behaviour supplemented by history and extensive file review and interview.

Q41: If you found impairment in an area below the 3rd percentile, at what age would you consider using the term delay vs. disorder?

ANSWER CHOICES	RESPONSES	
0 - 3 months	21.43%	3
3 - 18 months	21.43%	3
18 - 36 months	21.43%	3
36 months - 6 years	50.0%	7
7 - 12 years	57.14%	8
12 - 18 years	7.14%	1
18+	7.14%	1
Other (please specify)	14.29%	2
TOTAL		28

Comments:

- A global developmental delay may be considered.
- We only assess adults (majority are 30+) so we have not considered using the term delay vs. disorder.

Q42: At what age would you consider diagnosing an intellectual disability?

ANSWER CHOICES	RESPONSES	
0 - 3 months	0%	0
3 - 18 months	0%	0
18 - 36 months	0%	0
36 months - 6 years	7.14%	1
7 - 18 years	78.57%	11
18+	42.86%	6
Other (please specify)	14.29%	2
TOTAL		20

Comments:

- Since we only assess preschoolers, we do not give a diagnosis of intellectual disability as we cannot yet adequately assess all related areas. We may suggest the possibility of an intellectual disability that should be further explored in the upcoming years. A global developmental delay may be considered.
- Occasionally, below the age of 6 years (perhaps age 5 years) I may make the diagnosis of an Intellectual Disability in the presence of other significant developmental issues, such as poor motor coordination, very weak language skills, and possibly when there is a comorbid medical condition.

Autism Spectrum Disorder

Q43: How often do you see features of Autism Spectrum Disorder (ASD) when testing children with FASD?

ANSWER CHOICES	RESPONSES	
All the time (75 - 100%)	0%	0
Very Frequently (50 - 75%)	7.14%	1
Frequently (25 - 50%)	0%	0
Sometimes (0 - 25%)	78.57%	11
Never	14.29%	2
TOTAL		14

Q44: Within which age category do you see features of ASD when doing your assessments?

ANSWER CHOICES	RESPONSES	
< 18 months	8.33%	1
18 months - 5 years	8.33%	1
6 years - 18 years	83.33%	10
18 +	41.67%	5
TOTAL		17

Q45: Describe notable features of ASD you have seen when doing your assessments

- Strong performance on measure of cognition with poor adaptive skills. Occasional difficulties with abstract nonverbal reasoning. Difficulties with social communication.
- Deficits in social communication and social interaction -restrictive repetitive patterns of behavior, interests, or activities.
- Social and language impairment. Restricted a repetitive interests and behaviors.
- Limited social awareness, motor skill deficits, atypical communication patterns, sensory issues.
- Lack of social engagement, poor social skills in general, issues with social reciprocity.

- Deficits in social/emotional reciprocity and poorly integrated verbal/nonverbal communication (e.g. eye contact, conversational skills), Restricted repetitive interests or behaviour (e.g. inappropriately returning to topics of interest, repetitive motor movements, echolalia).
- Limited eye contact, social communication challenges repetitive and restricted behaviour.
- Poorly developed social skills, poor eye contact, underdeveloped motor coordination.
- Largely nonverbal / cognitive rigidity / problems with social communication.
- Social/Emotional Reciprocity, Rigidity, Non-Verbal Communication, Hyperactivity to sensory input, Perseveration.
- A lack of insight, restricted behavior, lack of reciprocal conversation, sensory issues.
- Language delay and impaired social functioning Inability to sustain meaningful engagement.

Discussion and Next Steps

The value of community is important and its nice to have colleagues to discuss challenges with FASD assessment.

This community is helpful moving forward, discussions could evolve to develop common qualitative descriptors. “Average” is a large range; it would be useful to have a number attached to the word.

There is value in assessing Preschool children to direct intervention supports and to provide guidelines for children that support families.

The COVID-19 pandemic has impacted mental health in children; clinicians are seeing an increase in referrals in 4- to 5-year-olds for anxiety. Clinicians have also seen an increase in requests for behaviour consultation where anxiety is the root concern. It is difficult to determine if anxiety if due to prenatal alcohol exposure.

Clinical judgement can be considered when it is backed by a standard measurement and review of all information gathered.

There is value in standardizing definitions for qualitative descriptors. Descriptors should be supportive to parents/caregivers. Consideration for young children that statements do not lead to limitations of abilities.

Next Steps: There is value in hosting regular Community of Practice meetings. There is a need for Psychologists who are assessing for FASD to have the opportunity to connect and knowledge share. Future topics could include:

- Assessment tools for other age groups
- Clarity on guidelines for preschoolers
- Consistency about how to move forward
- Other emerging topics of interest

References

Cook, J.L., Green, C. R., Lilley, C. M., Anderson, S. M., Baldwin, M. E., Chudley, A. E., Conry, J. L., LeBlanc, N., Loock, C. A., Lutke, J., Mallon, B. F., McFarlane, A., Temple, V., & Rosales, T. (2015). Fetal Alcohol Spectrum Disorder: A Guideline for Diagnosis Across the Lifespan. *Canadian Medical Association Journal*, 188, 191-197. doi: 10.1503/cmaj.141593.

Streissguth, A. P., Bookstein, F. L., Barr, H. M., Sampson, P. D., O'Malley, K., & Young, J. K. (2004). Risk factors for adverse life outcomes in fetal alcohol syndrome and fetal alcohol effects. Journal of developmental and behavioral pediatrics, 25(4), 228–238. doi: 10.1097/00004703-200408000-00002