FASD AND OFFENDING BEHAVIOUR

MEG PERKINS PHD MAPS
TWEED COAST PSYCHOLOGY AND EDUCATIONAL PROGRAMS
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ALCOHOL IS A TERATOGEN – CAUSES FETAL ABNORMALITIES

Facial features – small eyes flat philtrum and thin top lip

Cleft palate/hare lip

Club foot – extra nipples

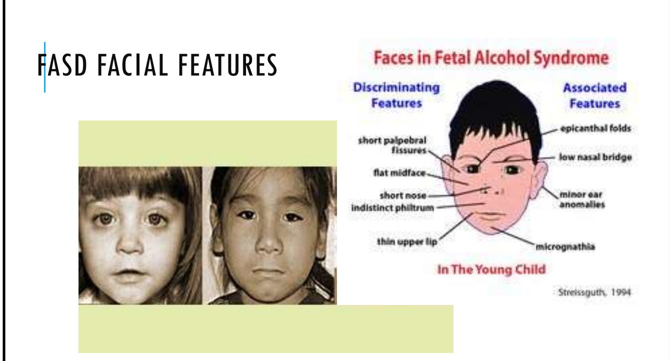
Kidneys lacking filters – diabetes and kidney failure

Heart defects

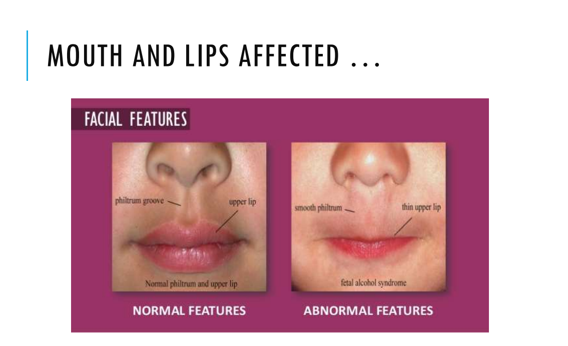
Eyes – poor vision and ears – poor hearing, otitis media

Brain and behaviour – language, literacy, ADHD, autism, IDD

FASD FACIAL FEATURES



MOUTH AND LIPS AFFECTED …



DIAGNOSIS: PRENATAL EXPOSURE TO ALCOHOL

Unless the typical face is present (only 20% of cases)

We need confirmation from mother or family/friends

That alcohol was consumed …

Just one drink, even before the pregnancy was known

We do not need to know how much alcohol mother consumed

Was pregnancy planned? When did you know you were pregnant?

Do you remember having any alcohol before you knew?

Did you go to a wedding, or a funeral, or other event?

NO BLAME NO SHAME – 2009 before doctors advised none at all

MEDICAL AND/OR PSYCHOLOGICAL DIAGNOSIS – MULTIDISCIPLINARY TEAM

Dr Doug Shelton Gold Coast Child Development Clinic

Paediatrician Director Child Health

Took his allied health team to Canada to learn diagnosis of FASD

Psychologists may be able to assess the 9 cognitive domains including language and motor skills using the NEPSY-II neuropsychological test or others …

Usually psychologist; IQ 70 or below, academic achievement, adaptive functioning, executive functioning, or memory severely impaired at 3rd percentile or less. DSM-5 diagnosis anxiety, depression, DMDD

Also OT motor skills or paediatrician AD/HD diagnosis (attention), and speech and language pathologist.

SEVERE COGNITIVE IMPAIRMENT EXAMPLES 3/9

Academic achievement	Language	Motor skills
(Reading)		OT graphomotor drawing
Attention	IQ (40 to 140)	Memory
(ADHD)		
Executive function	Affect regulation	Adaptive functioning
(Impulse control)	Anxiety and depression	(Social skills, self-care, etc)
	DMDD	

FASD OR PTSD OR ASD OR ADHD OR ?

Permanent irreversible widespread fetal brain injury …

Causes pervasive brain dysfunction …

Trauma does affect the brain but it affects the frontal lobes and so the symptoms of PTSD are similar to AD/HD …

Trauma does not affect IQ or ability to read or write, or

Core language skills and higher language skills (social/autism)

FASD – may impair language, intelligence, social cognition, academics, motor skills, as well as self-regulation, affect, attention, memory, and general adaptive functioning.

BEHAVIOUR PROFILE

More severe behaviour problems than ADHD or ASD

Disruptive Mood Dysregulation Disorder – angry, irritable

(verbal and physical aggression people and property)

Difficulties with Maths, logic, understanding consequences

Low IQ score plus lack of self-regulation plus anger/aggression

Or delayed language plus anxiety plus lack of impulse control

Child may be confused and frustrated by social world

Blamed and shamed for “disobedience”, anger, aggression

SECONDARY DISABILITIES

Challenging behaviours/child abuse

School disrupted/suspensions/exclusion

Alcohol and other drug misuse/overdosing

Trouble with the law/incarceration

Vulnerable to sexual abuse/Sexual offences

Unemployment/poverty

Homelessness/relationship issues/parenting deficits

Suicide

RECOGNITION

Challenging behaviour – suspect FASD

Reading difficulties + ADHD – suspect FASD

Assessment – Speech and Language Therapist/ OT /psychologist

School files – IQ at 2nd percentile or less, academic achievement

School files may contain enough information to make a diagnosis of FASD … IQ + ABAS (adaptive functioning) at < 3rd percentile + WIAT academic achievement

Add a diagnosis of ADHD or anxiety = 4 cognitive domains

Disruptive Mood Dysregulation Disorder … childhood depression/aggression

NDIS – BRAIN INJURY

The earlier the diagnosis the better .. School support + NDIS

14 or 15 years old deny diagnosis, stigma, I’m stupid or crazy

Brain injury is not the same as stupid or crazy but …

Adults may say “we don’t want our children labelled as mental”

Reality is that they will be labelled as criminals, “thugs” “feral” etc

Screening before school starts … educate parents

Milestones … walking? 1-2 years - talking? 2-3 years

Behaviours … “naughty” needs assessment – children like to please

CRIMINAL JUSTICE SYSTEM

Under age 10 no possibility of criminal intent (disabled thinking skills age 6)
Age 10 to 14 doli incapax – assumption that incapable of criminal intent - rebut
Any age – fitness to plead - Presser criteria
Need to understand the charges – carrying a convenience/carriage in a conveyance
… the purpose of the hearing (did they do it?)
… the effect of the evidence
… decide on a defence (how can a child decide that they are not fit to plead?)
… instruct a lawyer, follow the proceedings in court

FASD DIAGNOSIS AND AFTERWARDS

DIAGNOSIS IS IMPORTANT FOR SCHOOL AND COURT
BEHAVIOUR IS NEUROTERATOGENIC NOT INTENTIONAL NON-COMPLIANCE
TREATMENT INCLUDES PARENTING SKILLS AND FAMILY UNDERSTANDING
TEACHING THE CHILD SOCIAL SKILLS AND EMOTIONAL REGULATION
REPEAT THE LESSON OVER AND OVER AND OVER AGAIN - EG CONSENT
VISUAL CUES OR SING A SONG
NDIS IS VERY IMPORTANT AS THERAPY IS EXPENSIVE – EG LANGUAGE
OCCUPATIONAL THERAPY AVAILABLE UNTIL AGE 17