Public Health Agency of Canada | Agence de la santé publique du Canada

Inventory of Literature on the Assessment and Diagnosis of **FASD Among Adults**

Prepared for:
The Public Health Agency of Canada

Canada

		Screening/ Referral A= Population(s) X Adult XX Adolescent XXX Child B= Process C= Tools/ Techniques			Diagnosis D= FAS E= pFAS/FAE F= ARBD G= ARND H= comorbid					Standards & Assessment Tools/ Techniques I= Cognitive J= Physical K= Emotional L= Behavioural				Emerging Issues M= Culturally Appropriate N= At-risk Population O= Absent Features P= Multidisciplinary				Type of Evidence Q= Conceptual R= Evidence-based S= Practice-based T= Incidence / prevalence				Notes from Categories	Additional Notes
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T		
1	Applebaum, M.G. (1995). Fetal Alcohol Syndrome: Diagnosis, management, and prevention. *Nurse Practitioner*, 20(10), 24–36.	X XX XXX			X	X					X							X					
2	Asante Centre for Fetal and Alcohol Syndrome. (2008, February 22). "Supporting Individuals and Families Affected by Fetal Alcohol Spectrum Disorder." Asante Centre for Fetal and Alcohol Syndrome. Retrieved October 10, 2008, from http://www.asantecentre.org/_Library/docs/FASD_Resource_List_Feb_2008.pdf.	X			X	X				X	X		X							X			
3	Astley, Susan J. (2006). Comparison of the 4-Digit Diagnostic Code and the Hoyme diagnostic guidelines for Fetal Alcohol Spectrum Disorders. *Pediatrics 118*(4), 1532–1544.	XX XXX			X		X	X			X						X		X				• Comparison of 4-digit diagnostic code and Hoyme guidelines
4	Astley, S.J. & Clarren, S.K. (2001). Measuring the facial phenotype of individuals with prenatal alcohol exposure: Correlations with brain dysfunction. *Alcohol and Alcoholism, 36*(2), 147–159.	XX XXX			X	X					X								X			• Compare diagnostic tools/ stat analysis • 4-digit diagnostic code; standard gestalt method	• Comparison of 4-digit diagnostic code and D-score

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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T		
5 Astley, Susan J., & Clarren, Sterling, K. (2000). Diagnosing the full spectrum alcohol-exposed individuals: Introducing the 4-Digit Diagnostic Code. *Alcohol and Alcoholism 35*(4), 400–410.	X XX	X	X	X	X	X	X		X	X		X				X		X	X		• Computer reading of images, stat analysis • Facial photograph • Need standardized diagnosis tools	• 4-digit diagnostic code more efficient in linking effects on brain and face… • Tools for use in multidisciplinary clinics
6 Astley, Susan J., & Clarren, Sterling, K. (1996). A case definition and photographic screening tool for the facial phenotype of Fetal Alcohol Syndrome. *The Journal of Pediatrics, 129*, 33–41.	X XX XXX		X	X				X		X						X		X	X		• No comparison of findings between ages	• Promote use photos for accurate diagnosis
7 Autti-Ramo, I., Fagerlund, Å., Ervalahti, N., Loimu, L., Korkman, M., & Hoyme, H.E. (2006). Fetal Alcohol Spectrum Disorders in Finland: Clinical delineation of 77 older children and adolescents. *American Journal of Medical Genetics, 140*(2), 137–143.	X XX XXX			X	X	X	X			X								X		X	• Incidence of each diagnosis	

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8	Barr, H., Bookstein, F., O'Malley, K., Connor, P., Huggins, J., & Streissguth, A. (2006). Binge drinking during pregnancy as a predictor of psychiatric disorders on the structured clinical interview for DSM-IV in young adult offspring. *American Journal of Psychiatry 163*(6), 1061–1065.	X XX XXX			X				X			X	X					X				• Longitudinal – 25-yr. follow-up • DSM • Comorbid p. 1063	• Mental health problems
9	BC Partners for Mental Health and Addictions Information. (2003). *The Primer: Fact Sheets on Mental Health and Addictions Issues: Fetal Alcohol Spectrum Disorder*. Canadian Mental Health Association of Canada, British Columbia Division. Retrieved October 8, 2008, from http://www.heretohelp.bc.ca/publications/factsheets/fasd.	X XX XXX			X	X		X							X				X		X		
10	Bertrand, J., Floyd, L.L., & Weber, M.K. (2005). Guidelines for identifying and referring persons with Fetal Alcohol Syndrome. *Morbidity and Mortality Weekly Report, 54*(RR-11), 1–10.	X XX			X					X	X							X				• Screening – referral guidelines	

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11 Bhatara, V., Loudenberg, R. & Ellis, R. (2006). Association of attention deficit hyperactivity disorder and gestational alcohol exposure. *Journal of Attention Disorders 9*(3), 515–522.	XX			X				X			X		X					X			• FAE/ADHD	
12 Boland, Fred J., Chudley, Albert E., & Grant, Brian A. (2002). The challenge of Fetal Alcohol Syndrome in adult offender populations. *CSC Forum, 14*(3). Retrieved October 9, 2008, from http://198.103.98.138/text/pblct/forum/e143/143s_e.pdf.	X XX	X		X				X	X	X		X		X	X	X			X	X	• FAE • Offender population	• Adult screening checklist p. 4
13 Bookheimer, Susan Y., & Sowell, Elizabeth R. (2005). Brain imaging in FAS: Commentary on the article by Malisza et al. *Pediatric Research 58*(6), 1148–1149.	X XXX			X						X								X				

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14	Bookstein, F.L., Streissguth, A.P., Connor, P.D., & Sampson, P.D. (2006). Damage to the human cerebellum from prenatal alcohol exposure: The anatomy of a simple biometrical explanation. *The Anatomical Record 289B*, 195–209.	X XX		X	X				X		X								X			• Morphometric stat analysis of cerebellum triangulation analysis; compare FASD & non • Shortfall in size larger for FAS than FAE • Differences between adult and adolescent not clearly explained	• Conventional magnetic resonance • Fetal alcohol spectrum disorders/ FAE/prenatal malnutrition/ intrauterine growth retardation/ iron deficient
15	Bookstein, F.L., Sampson, P.D., Streissguth, A.P., & Connor, P.D. (2001). Geometric morphometrics of corpus callosum and subcortical structures in the fetal-alcohol-affected brain. *Teratology, 64*(1), 4–32.	X		X	X	X					X								X			• Comparison with control group • MRI 33 landmarks	• Brain shape
16	Bookstein, F.l., Streissguth, A.P., Sampson, P.D., Connor, P.D., & Barr, H.M. (2002). Corpus callosum shape and neuropsychological deficits in adult males with heavy fetal alcohol exposure. *NeuroImage, 15,* 233–251.	X		X	X						X								X			• Stat analysis to compare FAS and FAE using multivariate analysis comparing shape and correlates	• MR: T1-weighted sagittal SPGR images • Discussion of FAE and FAS in adults; the brain is more useful to study than facial features, as latter go away with time

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17	Brock, S.R. (2000). An investigation of the long-term neuropsychological outcome of prenatal teratogenic exposure: Fetal Alcohol Syndrome and maternal PKU syndrome. University of Saskatchewan Dissertation.	X		X	X				X	X									X			• Paired comparisons of FAS and MPKUS with control group of similar CA and IQ • Memory and learning tests … Maternal phenylketo-nuria syndrome (MPKUS)	• Attention and memory deficits similar to children and adolescent FAS findings; adults with FAS and MPKUS have deficits in acquisition of new material, delayed recall and response inhibition
18	Burd, Larry, Carlson, C., & Kerbeshian, J. (2007). Fetal Alcohol Spectrum Disorders and mental illness. *International Journal on Disability and Human Development, 6*, 4: 383–396.	X XX			X				X	X			X					X				• Systematic review of published articles	• Referring to implications for the population
19	Burd, L., Cotsonas-Hassler, T.M., Martsolf, J.T., & Kerbeshian, J. (2003). Recognition and management of Fetal Alcohol Syndrome. *Neurotoxicology and Teratology, 25*, 681–688.	X XX XXX			X			X		X	X	X	X						X		X	• FASD and mental illness	

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20	Burd, L., Klug, M.G., Martsolf, J.T., & Kerbeshian, J. (2006). Fetal Alcohol Syndrome: Neuropsychiatric phenomics. *Neurotoxicology and Teratology, 25*, 697–705.	X XX XXX			X	X		X	X		X	X			X				X		X	• Neuropsychiatric disorders • Comorbid psychiatric disorders	• Severity scale for FAS and related disorders • Continuum of brain damage
21	Calgary Fetal Alcohol Network. (n.d.). *New Perspectives on Transitions and Fetal Alcohol Spectrum Disorders: Shedding Light on the Transitioning Issues with People Who Are Affected by Fetal Alcohol Spectrum Disorders.* Calgary.	X XX			X	X	X	X		X		X			X		X			X	X	• Information on FASD among youth and adults • Support essential during transition from adolescence to adulthood	• Support in early years can prevent at-risk behaviours in later years
22	Camden, J.R., & Spiegel, D.R. (2007). Manic behaviour resulting from left frontal closed head injury in an adult with Fetal Alcohol Syndrome. *Psychosomatics, 48*(5), 433–435.	X		X	X				X	X	X	X						X				• Case study • Secondary mania from closed head injury	• Computerized tomography/ Young Mania Rating Scale • Lack of awareness in brain injury and mental illness with FAS

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23 Capital Health Edmonton and Area. (2005, November). *Fetal Alcohol Spectrum Disorder: A Learning Module for Health and Social Service Workers.* Retrieved October 10, 2008, from http://www.region6fasd.ca/pdfs/FASD%20Region%20 6%20-	X XX XXX			X					X	X	X	X				X			X		• Learning Modules	• Therapy needed for adults and parents with or affected by FASD; subcommittee for adults in Region 6 living with FASD
24 Chan, Daisy Q. (1999). Fetal Alcohol Syndrome. *Optometry and Vision Science, 76*(10), 678–685.	X			X					X	X						X		X			• 2 case reports	• Focus on vision defects
25 Chudley, A.E., Conry, J., Cook, J.L., Loock, C., Rosales, T., & Leblanc, N. (2005). Fetal Alcohol Spectrum Disorder: *Canadian Guidelines for Diagnosis. Canadian Medical Association Journal, 172*(5 Suppl), S1–S21.	X	X		X	X		X	X	X p. 57	X	X							X			• Adult diagnosis as emerging issue p. S14 • Detailed screening process outlined p. 54	• Need to harmonize IOM and 4-digit diagnostic codes • Emerging issues: biomarkers; remote and rural areas; **adult diagnosis**
26 Chudley, A.E., Kilgour, A.R., Cranston, M., & Edwards, H. (2007). Challenges of diagnosis in Fetal Alcohol Syndrome and Fetal Alcohol Spectrum Disorder in the adult. *American Journal of Medical Genetics, 145C*, 262–272.	X			X	X	X	X	X	X	X	X	X				X		X		X		

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27	Clark, C.M., Li, D., Conry, J., Conry, R., & Loock, C. (2000). Structural and functional brain integrity of Fetal Alcohol Syndrome in nonretarded cases. *Pediatrics, 105*(5), 1096–1099.	X		X	X					X	X								X			• MRI/PET/FEG	• Statistical analysis of brains and interview with guardians
28	Clark, E., Minnes, P.A., Lutke, J., & Ouelette-Kuntz, H. (2008). Caregiver perceptions of the community integration of adults with Foetal Alcohol Spectrum Disorder in British Columbia. *Journal of Applied Research in Intellectual Disabilities, 21*, 446–456.	X		X	X	X	X	X	X		X	X							X			• Client and caregiver survey and phone interview • FASD/ FAS/E	• Functional Assessment; AIMS interview
29	Connor, P., Sampson, P., Streissguth A., Bookstein, F., & Barr, H. (2006). Effects of prenatal alcohol exposure on fine motor coordination and balance: A study of two adult samples. *Neuropsychologia, 44*, 744–751.	X		X	X						X							X				• Client and caregiver survey and phone interview	• Functional assessment; AIMS interview
30	Connor, P., Sampson, P., Streissguth A., Bookstein, F., & Barr, H. (2006). Effects of prenatal alcohol exposure on fine motor coordination and balance: A study of two adult samples. *Neuropsychologia, 44*, 744–751.	X		X	X						X			X			X		X			• Comparison studies	• LCT/CPT/CTT/ APT

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31	Day, N.L., Leech, S.L., Richardson, G.A., Cornelius, M.D., Robles, N., & Larkby, C. (2002). *Prenatal alcohol exposure predicts continued deficits in offspring size at 14 years of age. Alcoholism: Clinical and Experimental Research, 26*(10), 1584–1591.	XX		X						X									X			• Looks at long-term effects of FAS to age 14	
32	Dewane, Sarah, Scott, Sherri, & Brems, Christiane. (2005). *Teamwork: Developing a Fetal Alcohol Spectrum Disorder Multidisciplinary Diagnostic Team.* FAS Technical Series Report No. 31. Behavioral Health Research and Services (BHRS), University of Alaska Anchorage. Retrieved October 18, 2008, from http://bhrs.uaa.alaska.edu.																						
33	Duquette, C., Stodel, F., Fullarton, S., & Hagglund, K. (2006). Persistence in high school: Experiences of adolescents and young adults with Fetal Alcohol Spectrum Disorder. *Journal of Intellectual and Developmental Disability*, 31(4), 219–231.	X XX			X	X		X	X	X	X	X	X				X		X			• FAE • ADHD	• 8 case studies – focused on diagnosis, characteristics, school experiences, academic progress and social connectedness

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34 Fagerlund, Å., Heikkinen, S., Autti-Ramo, I., Korkman, M., Timonen, M., Kuusi, T., et al. (2006). Brain metabolic alterations in adolescents and young adults with Fetal Alcohol Spectrum Disorders. *Alcoholism: Clinical and Experimental Research, 30*(12), 2097–2104.	X XX		X	X	X		X		X	X								X			• H MRSI/MRI/ PET	
35 Famy, C., Streissguth, A.P., & Unis, A.S. (1998). Mental illness in adults with Fetal Alcohol Syndrome or Fetal Alcohol Effects. *American Journal of Psychiatry, 155*(4), 552–554.	X		X	X	X				X		X	X						X			• Clinical interviews • FAE	• SCID II-DSM III R/ SCID-DSM IV
36 FAS Community Resource Center. (n.d.). *Neurobehaviour in Adolescents and Adults.* FAS/E Support Network and FAS Community Resource Center. Retrieved October 8, 2008, from http://www.come-over.to/FAS/Neurobehavior.htm.	X XX			X	X				X	X	X					X	X				• FAE • Resource on FAS/E with adults and youth	

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37 FASD Support Network of Saskatchewan. (2006). *FASD Tip #17: Healthy and Safe Sexuality for Teens and Adults with FASD*. Saskatoon, Sask.: FASD Support Network of Saskatchewan.	X XX			X					X		X	X					X				• Resource on FAD for adults and youth and sexual health	• Thorough description of possible sexual health behaviour and tips for adolescents, adults and their parents or community
38 Fast, Diane. K., & Conry, Julianne. (2004). The challenge of Fetal Alcohol Syndrome in the criminal legal system. *Addiction Biology, 9*, 161–166.	XX	X	X	X				X	X			X							X		• Summary of studies • Report on FASD and legal system • Learning disabilities, ADHD, conduct disorder	• Need to screen behaviour tools – numbers in the justice system high but unknown – legal system difficult to manage for people with FASD – sentencing circles may be helpful
39 Fryer, M. (2005). *Fetal Alcohol Spectrum Disorder Assessment and Diagnostic Clinic – A Pilot Project. Process Evaluation Report.* (2005). Child, Youth and Family Health, Vancouver Island Health Authority. Retrieved October 8, 2008, from http://www.fasdconnections.ca/HTMLobj-1289/FASDpilotevaluation.pdf.																						

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Grant, T., Huggins, J., Connor, P., & Streissguth, A. (2005). Quality of life and psychosocial profile among young women with Fetal Alcohol Spectrum Disorders. *Mental Health Aspects of Developmental Disabilities, 8*(2), 33–40.	X XX		X	X	X	X	X		X		X	X						X			• Addiction Severity Index 5th Ed.; brief Symptom Inventory; young Adult Self-Report questionnaire; World Health Org. Quality of Life	• Focus on women • Understanding needs through diagnosis improves quality of life

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Howell, K.K., Lynch, M.E., Platzman, K.A., Smith, G.H., & Coles, C.D. (2006). Prenatal alcohol exposure and ability, academic achievement, and school functioning in adolescence: A longitudinal follow-up. *Journal of Pediatric Psychology, 31*(1), 116–126.	XX		X	X				X	X			X		X				X			• Longitudinal study of intelligence, academic performance and school functioning/ prenatally exposed vs. control • Developmental disabilities seen in schools/ exposed dysmorphic DYSM • LOW SES	• Wechsler Individual Achievement Test; Wechsler Intelligence Scale for Children; Vineland Adaptive Behavior Scales; Conduct, Attendance, Medical examination; Caregiver Addiction Severity Index, EMIT, GGTP • FAS affects academic skills and less conduct and brain damage may change over the lifespan • Environmental factors also have strong impact on skill set

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42 Kerns, K.A., Don, A., Mateer, C.A., & Streissguth, A. (1997). Cognitive deficits in nonretarded adults with Fetal Alcohol Syndrome. *Journal of Learning Disabilities, 30*(6), 685–693.	X		X	X					X									X			• WAISR/CVLT/ CTT/APT/ COWAT/RFF	
43 Kodituwakku, P.W., May, P.A., Clericuzio, C.L., & Weers, D. (2001). Emotion-related learning in individuals prenatally exposed to alcohol: An investigation of the relation between set shifting, extinction of responses, and behaviour. *Neuropsychologists, 37*(7), 699–708.	XX XXX			X					X	X		X						X			• Pp. 701–703 BEV.	
44 Kopera-Frye, K., Dehaene, S., & Streissguth, A.P. (1996). Impairments of number processing induced by prenatal alcohol exposure. *Neuropsychologia, 34*(12), 1187–1196.	X XX			X	X				X							X		X			• FAE	

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45 Ladue, R. (1993, February 4). *Psychosocial Needs Associated with Fetal Alcohol Syndrome: Practical Guidelines for Parents and Caretakers.* Fetal Alcohol and Drug Unit, University of Washington. Retrieved October 20, 2008, from http://depts.washington.edu/fadu/Ladue.psychosocialneeds.pdf.	X XX XXX			X					X	X	X	X							X		• Factsheet on concerns and recom-mendations	• Fact sheet on FAS and Adulthood with focus on behaviour and steps to be taken by caregivers or case managers
46 Langbehn, D.R., & Cadoret, R.J. (2001). The adult antisocial syndrome with and without antecedent conduct disorder: Comparisons from an adoption study. *Comprehensive Psychiatry, 42*(4), 272–282.	X							X			X	X						X			• ASPD	• Adult antisocial syndrome with and without conduct disorder – not able to declare but suggests that FAS risk factor for ASPD
47 Ma, X., Coles, C.D., Lynch, M-E., LaConte, S.M., Zurkiya, O., Wang, D., et al. (2005). Evaluation of corpus callosum anisotropy in young adults with Fetal Alcohol Syndrome according to diffusion tensor imaging. *Alcoholism: Clinical and Experimental Research, 29*(7), 1214–1222.	X			X					X	X					X			X			• MRI/PET • Growth absent p. 1216 • Other study, see p. 1219	

	Screening/ Referral A= Population(s) X Adult XX Adolescent XXX Child B= Process C= Tools/ Techniques			Diagnosis D= FAS E= pFAS/FAE F= ARBD G= ARND H= comorbid					Standards & Assessment Tools/ Techniques I= Cognitive J= Physical K= Emotional L= Behavioural				Emerging Issues M= Culturally Appropriate N= At-risk Population O= Absent Features P= Multidisciplinary				Type of Evidence Q= Conceptual R= Evidence-based S= Practice-based T= Incidence / prevalence				Notes from Categories	Additional Notes
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T		
48 Malisza, K.L., Allman, A.A., Shiloff, D., Jakobson, L., Longstaffe, S., & Chudley, A.E. (2005). Evaluation of spatial working memory function in children and adults with Fetal Alcohol Spectrum Disorders: A Functional Magnetic Resonance Imaging Study. *Pediatric Research 58*(6), 1150–1157.	X XXX			X			X		X									X				
49 Martinius, J. (1993). The developmental approach to psychopathology in childhood and adolescence. *Early Human Development, 34*(1-2), 163–168.	XX XXX			X						X		X			X		X				• ABSENT FEATURES P. 164	• Longitudinal studies show that physical abnormalities, present at birth, may improve or even disappear during postnatal development p. 164

		Screening/ Referral A= Population(s) X Adult XX Adolescent XXX Child B= Process C= Tools/ Techniques			Diagnosis D= FAS E= pFAS/FAE F= ARBD G= ARND H= comorbid					Standards & Assessment Tools/ Techniques I= Cognitive J= Physical K= Emotional L= Behavioural				Emerging Issues M= Culturally Appropriate N= At-risk Population O= Absent Features P= Multidisciplinary				Type of Evidence Q= Conceptual R= Evidence-based S= Practice-based T= Incidence / prevalence				Notes from Categories	Additional Notes
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T		
50	McFarlane, Audrey, & Rajani, Hasmukhalal. (2007). Rural FASD Diagnostic Services Model: Lakeland Centre for Fetal Alcohol Spectrum Disorder. *Canadian Journal of Clinical Pharmacology, 14*(3), 301–306. Retrieved October 8, 2008, from http://www.cjcp.ca/pdf/FAR8002_Clarren-e223-e237.pdf.	X XXX		X	X					X	X		X	X			X			X		• Diagnostic process in rural setting • Aboriginal members of team & other cultures • Rural FASD diagnostic services model	• Pre-clinic screening • Factors critical to success of model: team selection; team development and management; team coordination; community preparation; client/family focus; cultural connections; politically active and visible
51	Merrick, J., Merrick, E., Morad, M., & Kandel, I. (2006). Fetal Alcohol Syndrome and Its Long-Term Effects. *Minerva Pediatrica, 58*, 211–217.	X XX XXX		X	X	X	X	X		X	X	X	X	X					X		X	• Review of long-term studies • Discussion of pilot intervention assisting young women and women with FASD	• Revised IOM Criteria for diagnosis of the FASD • Mediocre review of long-term observation studies
52	Minnesota Organization on Fetal Alcohol Syndrome. (2004). *Adults Who Have FASD*. Retrieved October 8, 2008, from www.mofas.org/download_files/Adults_Who_Have_FASD.pdf.	X			X	X	X	X		X		X	X				X			X		• Adults with FASD can benefit from proper diagnosis and support	

	Screening/ Referral A= Population(s) X Adult XX Adolescent XXX Child B= Process C= Tools/ Techniques			Diagnosis D= FAS E= pFAS/FAE F= ARBD G= ARND H= comorbid					Standards & Assessment Tools/ Techniques I= Cognitive J= Physical K= Emotional L= Behavioural				Emerging Issues M= Culturally Appropriate N= At-risk Population O= Absent Features P= Multidisciplinary				Type of Evidence Q= Conceptual R= Evidence-based S= Practice-based T= Incidence / prevalence				Notes from Categories	Additional Notes
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T		
53 Moore, E.S., Ward, R.E., Wetherill, L.F., Rogers, J.L., Autti-Ramo, I., & Fagerlund, Å., et al. (2007). Unique facial features distinguish Fetal Alcohol Syndrome patients and controls in diverse populations. *Alcoholism: Clinical and Experimental Research, 31*(10), 1707–1713.	X XX XXX			X	X	X	X	X		X			X					X			• Risk of suicide	
54 National Center on Birth Defects and Development Disabilities, Centers for Disease Control and Prevention, Department of Health and Human Services & National Task Force on Fetal Alcohol Syndrome and Fetal Alcohol Effect. (2004). *Fetal Alcohol Syndrome Guidelines for Referral and Diagnosis.*	XX XXX		X	X	X		X	X	X	X		X	X			X					• Report on criteria to help mainstream diagnosis • Comorbid: Aarskog, Williams, Noonan's, Dubowitz, Brachman-Delange syndromes; toluene embryopathy, fetal hydantoin and fetal valproate syndromes; MPKU	• Washington Lip Philtrum Guide; Head Circumference; Growth deficits; CNS abnormality • More diagnostic criteria needed and increased consistency in diagnosis

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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T		
55 National Task Force on FAS/FAE, Bertrand, J., Floyd, R.L., Weber, M.K., O'Connor, M., Riley, E.P., et al. (2004). *Fetal Alcohol Syndrome: Guidelines for Referral and Diagnosis.* Centers for Disease Control and Prevention (CDC). Retrieved October 10, 1008, from http://www.guideline.gov/summary/summary.aspx?doc_id=5960.	X XX XXX		X	X	X		X	X	X	X			X				X				• Summary of literature review; guidelines for referral and diagnosis • Need for developmental screening of all children and appropriate referral • Need for screening of all mothers and potential mothers for alcohol use and sensitization	• Dysmorphia: Washington Lip Philtrum Guide; Growth: pre/postnatal weight; Central nervous system: structural, neurological, functional
56 O'Malley, K., & Huggins, J. (2005). Suicidality in adolescents and adults with Fetal Alcohol Spectrum Disorders. *Canadian Journal of Psychiatry, 50*(2), 125.	X							X			X						X				• Schizo-affective; ADHD	• Underap-preciated risk of suicide in adolescents and adults with FASD

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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T		
Ontario Federation of Indian Friendship Centres. (2005). *FASD Tool Kit for Aoriginal Families*. Toronto.	X XX XXX		X	X	X	X	X		X	X	X	X	X	X		X			X		• Growth parameters (body, head); developmental assessment; genetics assessment; occupational assessment; speech, language assessment; psychiatric assessment • First Nations	• Developing trust with clients • Holistic assessment that is client-centred • Need for sensitization around the stereotype of FASD as being associated with First Nations; community mobilization needed

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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T		
PLEA Community Services Society of BC & The Asante Centre for Fetal Alcohol Syndrome. (2005). *Specialized Assessment and Program Pilot Project for Young Offenders with FASD, March 14, 2003–March 31, 2005.*	XX		X	X	X		X		X		X	X		X		X			X		• Pilot program project report; project-tested tool, researched FASD and youth and did survey • Youth involved in legal system • Project aimed at identifying strengths of youth with FASD to better serve them in life and work with and avoid the legal system	• FASD probation officer screening tool; speech and language assessments • FASD probation officer screening tool useful; need for diagnosis and assessment; need for sensitization; need for family assistance; need to look into community work instead of custody; need help with transition to adulthood

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		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T		
59	Rasmussen, C. (2005). Executive functioning and working memory in Fetal Alcohol Spectrum Disorder. *Alcoholism: Clinical and Experimental Research, 29*(8), 1359–1367.	X XX XXX		X	X	X		X		X	X								X			• Review research on executive functioning and working memory • CNS deficits • More research needed to understand EF in FASD • EF has too many definitions	• Adults with FAS have deficits in EF, particularly around shifting tasks, attention, visuospatial processing, holding and manipulating information in working memory; adults also show working memory deficits
60	Region 6 FASD Steering Committee. (2005). *Fetal Alcohol Spectrum Disorder: Community Resource Directory for Capital Region 6.* Edmonton.	X XX XXX																		X		• Community Resource Directory for Edmonton region	
61	Riley, E.P., Mattson, S.N., Ting-Kai, Li, Jacobson, S., Coles, C.D., Kodituwakku, P.W., et al. (2003). Neurobehavioral consequences of prenatal alcohol exposure: An international perspective. *Alcoholism: Clinical and Experimental Research, 27*(2): 362–373.																						

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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T		
62 Riley, E.P., McGee, C.L., & Sowell, E.R. (2004). Teratogenic effects of alcohol: A decade of brain imaging. *American Journal of Medical Genetics Part C: Seminars in Medical* Genetics, *127*C(1), 35–41.	X XX XXX		X	X	X	X	X			X							X				• Review of MRI literature • Community resource directory for Edmonton region	• MRI; novel image analytic techniques
63 Rudnick, Abraham,, & Ornoy, Asher. (1999). Fetal alcohol exposure and adult psychiatric disorders. *American Journal of Psychiatry, 156*(7), 1128.	X				X			X									X				• Letter to the editor re: Famy et al., 1998 study • Mental retardation	• Neuropathology of FAE is different from neuro-pathology of schizophrenia • More research on FAD and adults needed because it is likely common

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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T		
64 Ryan, D.M, Bonnett, D.M., & Gass, C.B. (2006). Sobering thoughts: Town Hall meetings on Fetal Alcohol Spectrum Disorders. *American Journal of Public Health, 96*(12), 2098–2101.	X XX XXX		X	X		X	X	X											X		• Report on recom-mendations from national town hall meetings • Mental retardation, learning disabilities, hyperactivity, attention deficits, problems with impulse control, social skills, language and memory	• Misdiagnosis and inappropriate treatment; diagnosis particularly important to ease the confusion and suffering of children and their families • Need for more programs and recognition of FASD as well as prevention
65 Sharpe, Tanya T., Alexander, Martha, Hutcherson, Johnni, Floyd, Louise, Brimacombe, Michael, Levine, Robert, et al. (2004). Report from the CDC: Physician and allied health professionals' training and Fetal Alcohol Syndrome. *Journal of Women's Health, 13*(2), 133–139.	X XX XXX		X	X												X			X		• Report on curriculum for FAS regional training centres under CDC • Education and re-education of health practitioners needed for screening, treatment of people with FAS	• Needs assessment through forums; survey for practitioners re: FAS

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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T		
66 Smitherman, C.H. (1994). The lasting impact of Fetal Alcohol Syndrome and Fetal Alcohol Effect on children and adolescents. *Journal of Pediatric Health Care, 8*(3), 121–126.	X XX XXX		X	X	X				X	X							X				• Growth retardation, central nervous system involvement, facial dysmorph-ology, maternal history	• Need for referrals and counselling for children with FAS/FAE to mitigate problems later in their lives
67 Sowell, E.R., Mattson, S.N., Kan, E., Thompson, R.M., Riley, E.P., & Toga, A. (2008). Abnormal cortical thickness and brain-behavior correlation patterns in individuals with heavy prenatal alcohol exposure. *Cerebal Cortex 18*(1), 136–144.	X XX XXX		X	X	X	X	X	X	X		X							X			• MRI, surface-base cortical thickness analysis; California verbal learning test for children, rey-osterrieth complex figure test	• Cortical thickness increased in right lateral frontal regions with PAE; alcohol exposure affects brain-behaviour relationship; facial dysmorphology not necessarily associated with brain dysmorphology

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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T		
Sowell, E.R., Thompson, P.M., Mattson, S.N., Tessner, K.D., Jernigan, T.L., Riley, P., et al. (2002). Regional brain shape abnormalities persist into adolescence after heavy prenatal alcohol exposure. *Cerebral Cortex, 12*(8), 856–865.	X XX XXX		X		X		X											X			• SPGI MRI • Brain growth continues to be adversely affected long after the prenatal insult of alcohol exposure to the developing brain; behavioural deficits correspond to the brain regions affected, including: frontal and inferior parietal/ perisylvian	• Surface or voxel-based methods give higher spatial resolution in the assessment of the effects of PAE on gray matter because can assess smaller regions that are anatomically matched across subjects but may not have boundaries needed for volumetric assessments

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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T		
69 Spear, N.E., & Molina, J.C. (2005). Fetal or infantile exposure to ethanol promotes ethanol ingestion in adolescence and adulthood: A theoretical review. *Alcoholism: Clinical and Experimental Research, 29*(6), 909–929.	X XX XXX			X	X												X				• Theoretical review of experimental studies with animals and clinical, epidemiologic and experimental studies with humans	• Key article review. Concludes with "mere exposure" theory • Fetuses incorporate sensory information from the maternal diet • Predisposition in children and adolescents for alcohol abuse; alcohol abuse common among adults with FAE; however, causal link still not definite
70 Spohr, H.L., Willms, J., & Steinhausen, H.C. (2007). Fetal Alcohol Spectrum Disorders in young adulthood. *The Journal of Pediatrics, 150*, 175–179.	X XX		X	X	X				X	X	X				X			X			• 20-yr. follow-up • Physical examination, YABCL, Interview of life circumstances	• Young Adult Behavioural Checklist

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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T		
71 Stade, B., Clark, K., & D'Agostino, D. (2004). FAS at street level: Fetal Alcohol Spectrum Disorder and homelessness. *Journal of FAS International, 2*(10), 1–50.	X XX XXX		X	X	X	X	X	X	X	X	X				X		X				• Training manual based on case studies • Homelessness • Strategies for working with individuals with FASD; includes resources and agencies working with individuals with FASD	• Physical exam, prenatal or postnatal growth restriction; facial anomalies; central nervous system dysfunction; psychological testing, history of prenatal alcohol • ADHD, short-term memory deficits, cognitive impairment
72 Stade, B.C., Stevens, B., Ungar, W.J., Beyene, J., & Koren G. (2006). Health-related quality of life of Canadian children and youth prenatally exposed to alcohol. *Health and Quality of Life Outcomes, 4*(81), n.p. indicated.	X XX XXX		X	X	X	X	X		X		X	X						X		X	• Cross-sectional study, stat analysis • Children and young adults with FASD have lower HRQL compared with individuals without FASD • Utility score between age groups similar	• HRQL study: Health Utilities Index Mark 3 • Likelihood of emotional and mental health problems can be prevented and lessened with early diagnosis

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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T		
Steinhausen, H.C. & Spohr, H.L. (1998). Long-term outcome of children with fetal alcohol syndrome: Pychopathology, behaviour, and intelligence. *Alcoholism: Clinical and Experimental Research, 22*(2), 334–338.	XX XXX		X	X				X	X	X	X	X						X			• Longitudinal study between 1977 and 1991 with surveys and questionnaires • Hyperactivity and attention deficit	• Prenatal or postnatal growth retardation, central nervous system dysfunction, characteristic craniofacial abnormalities; psychiatric assessment including algorithms, child behaviour checklist, teacher rating form, Columbia mental maturity scale, intelligence scale for children-revised

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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T		
74 Steinhausen, H.C., Willms, J., & Spohr, H.L. (1993). Long-term psychopathological and cognitive outcome of children with Fetal Alcohol Syndrome. *American Academy of Child and Adolescent Psychiatry, 32*(5), 990–994.	XX XXX		X	X				X	X	X	X	X						X			• Emotional disorders increased • Enuresis, encopresis, eating disorders remitted over time • Persistence in attention deficit and social relationship problems rated by parents and teachers • 2/3 suffer from psychiatric disorders	• Psychiatric assessment including algorithms, child behaviour checklist, teacher rating form, Columbia mental maturity scale, intelligence scale for children-revised • Longitudinal study between 1977 and 1991 with surveys and questionnaires
75 Stonehocker, Diane. (2007, June 8). Adult Support Coordinator Program: Final Evaluation 2004–2007. Cold Lake, Alberta: Centre for FASD, Community Support Services Branch, Alberta Seniors and Community Supports.																						

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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T		
76 Streissguth, Ann P. (1994). A long-term perspective of FAS. *Alcohol Health and Research World, 18*(1), 74–81.	X XX			X	X				X	X	X	X					X	X			• Facial features decrease over time making it more difficult to identify people with FAS in adolescence and adulthood when CNS symptoms become more severe, such as mental retardation and behaviour problems • IQ scores stabilize over time and are not changed according to environment	• Key article review • Highlights the need to understand the characteristics and needs of patients with FAS/ FAE to make appropriate interventions • Accurate diagnosis needed
77 Streissguth, A.P., Bookstein, F.L., Barr, H.M., Press, S., & Sampson, P.D. (1998). A fetal alcohol behavior scale. *Alcoholism: Clinical and Experimental Research, 22*(2), 325–333.	X XX		X	X	X		X		X	X	X	X	X	X			X			X	• Derivation, Detection, Normative, Test/retest and prediction	• Scale is useful for those aged 2–35

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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T		
78 Streissguth, A.P., Bookstein, F.L., Barr, H.M., Sampson, P.D., & O'Malley, K. (2004). Risk factors for adverse life outcomes in Fetal Alcohol Syndrome and Fetal Alcohol Effects. *Developmental and Behavioral Pediatrics, 25*(4), 228–238.	X		X	X	X							X						X			• LHI/Potential risk and protective factors/adverse life outcomes	
79 Streissguth, A.P., Herman, C.S., & Smith, D.W. (1978). Intelligence, behaviour, and dysmorphogenesis in the Fetal Alcohol Syndrome: A report on 20 patients. *The Journal of Pediatrics, 92*(3), 363–367.	X XX XXX		X	X					X	X	X	X						X			• Growth measurements, dysmorphology examination, IQ scores, Bayley Scales of Infant Mental and Motor Development, Standor-Binet Form L-M, Wechsler Intelligence Scale for Children, Wechsler Adult Intelligence Scale, WISC-R	• No comparison of children and adults reported on; states however that both children and adults are affected and the continuum of symptoms is broad

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		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T		
80	Streissguth, A.P., & O'Malley, K. (2000). Neuropsychiatric implications and long-term consequences of Fetal Alcohol Spectrum Disorders. *Seminars in Clinical Neuropsychiatry, 5*(3), 177–190.	X XX XXX			X	X			X	X	X	X	X						X			• Outlines maladaptive behaviours in patients with FAS/FAE over the long term • Maladaptive behaviours	• Good overview of studies with adults over time; suggests the need for early diagnosis, appropriate support for adult as well as caregiver
81	Streissguth, A.P., Sampson, P.D., & Barr, H.M. (1989). Neurobehavioral dose–response effects of prenatal alcohol exposure in humans from infancy to adulthood. *Annals of the New York Academy of Sciences*, 145–157.	X XX XXX		X	X	X				X	X	X	X						X			• WISC-R, WAIS-R, WRAT-R, PPVT, VABS; quantity frequency variability interview, Caldwell HOME scale • Comparing results of two studies	• Long-term effects not yet evaluated but there are symptoms throughout the lifetime
82	Swayze, Victor W. 2nd , Johnson, V.P., Hanson, J.W., Piven, J., Sato, Y., Giedd, J.N., et al. (1997). Magnetic resonance imaging of brain anomalies in Fetal Alcohol Syndrome. *Pediatrics, 99*(2), 232–240.	X XX XXX		X	X					X	X	X	X						X			• Assessment of craniofacial features; Wechsler Intelligence Scale for Children, Wechsler Adult Intelligence Scale; Growth measurements; MRI	• Close relationship found between facial anomalies in FAS and midline brain anomalies; brain malformations occur in children adolescents and adults

		Screening/ Referral A= Population(s) X Adult XX Adolescent XXX Child B= Process C= Tools/ Techniques			Diagnosis D= FAS E= pFAS/FAE F= ARBD G= ARND H= comorbid					Standards & Assessment Tools/ Techniques I= Cognitive J= Physical K= Emotional L= Behavioural				Emerging Issues M= Culturally Appropriate N= At-risk Population O= Absent Features P= Multidisciplinary				Type of Evidence Q= Conceptual R= Evidence-based S= Practice-based T= Incidence / prevalence				Notes from Categories	Additional Notes
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T		
83	Tishler, P.V., Henschel, C.E., Ngo, T.A., Walters, E.E., & Warobec, T.G. (1998). Fetal Alcohol Effects in alcoholic veteran patients. *Alcoholism: Clinical and Experimental Research, 22*(8), 1825–1831.	X		X	X				X	X	X	X	X		X				X			• Physical measurements: phys. exam, vernier callipers, parent questionnaire, subject questionnaire • Findings limited to male veterans • More research with FASD and adults needed	• Alcoholism, short attention span, hyper-activity • Difficult to verify mothers' levels of drinking with adults
84	Warren, K.R., Calhoun, F.J., May, P.A., Viljoen, D.L., Li, T-K., Tanaka, H., et al. (2001). Fetal Alcohol Syndrome: An international perspective. *Alcoholism: Clinical and Experimental Research, 25*(5), 202S–206S.	XX XXX			X														X		X	• Workshop Proceedings	• International perspective
85	Wright, Anne and Associates. (2004). *We Care Facilitators' Manual.* HRSDC National Homelessness Initiative. Ottawa.	X			X				X						X		X			X		• Sensitizing staff in various sectors • Mental & physical disabilities • At-risk – homelessness	• Need holistic approach in practice • Diagnosis helpful to understand expectations of self and others

	Screening/ Referral A= Population(s) X Adult XX Adolescent XXX Child B= Process C= Tools/ Techniques			Diagnosis D= FAS E= pFAS/FAE F= ARBD G= ARND H= comorbid					Standards & Assessment Tools/ Techniques I= Cognitive J= Physical K= Emotional L= Behavioural				Emerging Issues M= Culturally Appropriate N= At-risk Population O= Absent Features P= Multidisciplinary				Type of Evidence Q= Conceptual R= Evidence-based S= Practice-based T= Incidence / prevalence				Notes from Categories	Additional Notes
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T		
Yates, W.R., Cadoret, R.J., Troughton, E.P., Stewart, M., & Giunta, T.S. (1998). Effect of fetal alcohol exposure on adult symptoms of nicotine, alcohol, and drug dependence. *Alcoholism: Clinical and Experimental Research, 22*(4), 914–920.	X	X			X			X	X					X				X			• DSMIII-R • Males show higher symptoms of addiction compared with females; FAE leads to adult substance abuse	• Difficult to get maternal alcohol exposure for adults • Stat. analysis, interview guide • Addictions