

Development of Recognition Cues to Improve Identification of FASD in Clinical Settings - A Qualitative Investigation of Clinicians' Perspectives **Knowledge Translation**

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Lack of Recognition

- Adults with undiagnosed FASD are entering clinical settings everyday, yet going unrecognized

Various reasons *why?*

- Invisibility of FASD
- Disguise of a misdiagnosis
- Inconsistent clinical settings
 - (i.e. no family doctor)
- Lack of awareness of FASD by clinicians
 - Especially in adults

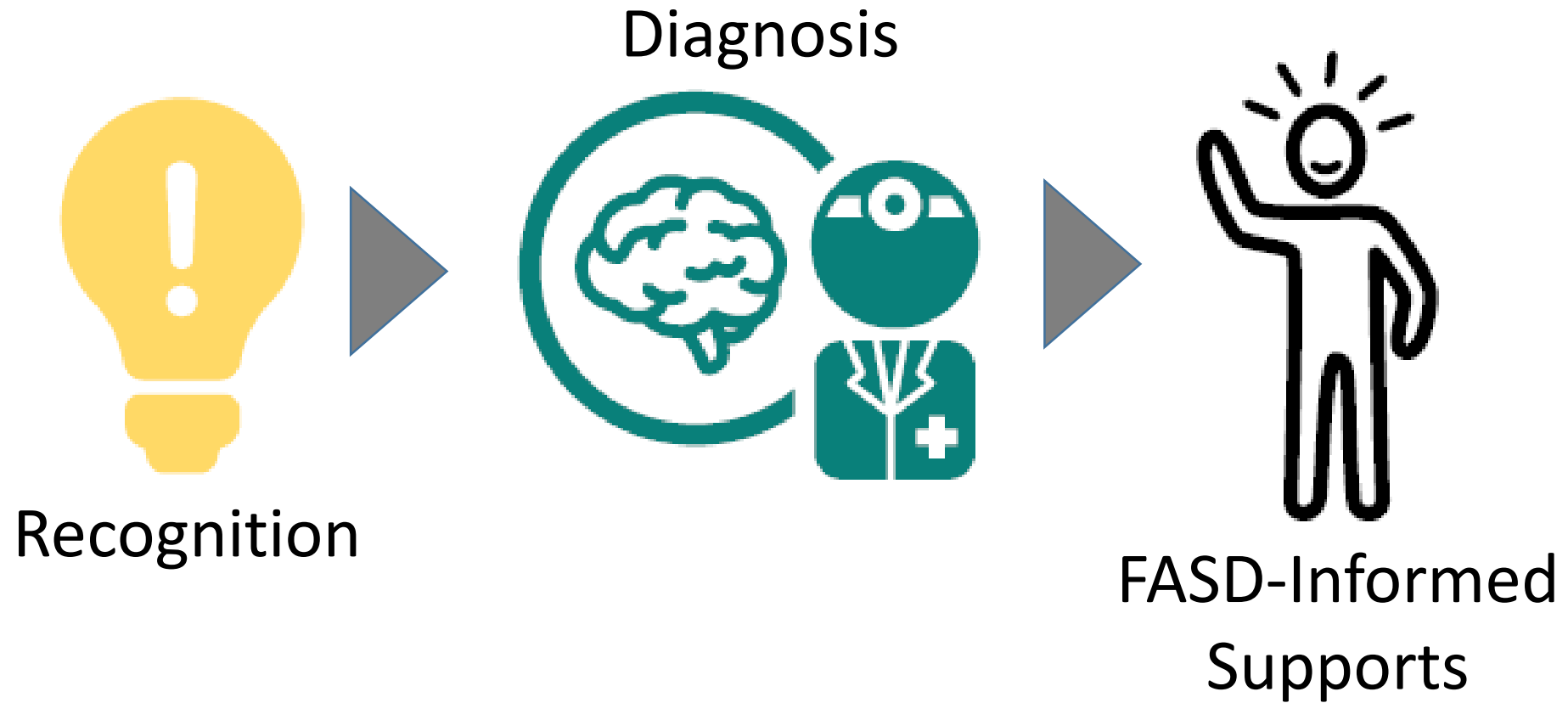


Lack of Understanding

- FASD training is often absent but (if done at all) is often very *medical* in nature
- Value in a more comprehensive, narrative understanding of FASD's clinical presentation



- Example: Medical Student “impaired brain domains”
- How do we contextualize this for the way FASD presents in a clinical setting to help learners with recognition?





Can qualitative recognition cues help clinicians identify individuals who may have undiagnosed FASD in adult settings?

- Not to create a specific *profile*, but allow for cues to lead to helpful questions

Methods

- Online survey collecting qualitative responses
 - Gathered data about common clinical presentation from clinicians working with clients living with FASD :
1. Patterns of behaviours associated with FASD
 2. Narrative/stories that depicts recognizable characteristics of FASD



Methods

- Determined most common cues from clinician's responses
- Coded using the Canadian Diagnostic Guidelines 10 domains for the basis of the thematic structure
(Cook et al. 2015)
- This structure is familiar and makes sense to clinicians

- Additional categories were added
- Descriptions that were commonly present but *didn't fit* into the diagnostic categories
 - FASD is a hidden disability
 - "Secondary" Challenges
 - FASD-specific interventions



Participants

- 51 clinicians/professionals from across Canada
- Recruited through contacting FASD Clinics
- Mean of 9.5 years of experience with FASD in clinical settings
 - Psychologists, Paediatricians, Registered Nurses, Program Managers, Social Workers, Family and Community Support Workers, Speech Language Pathologists, Addiction and Clinical Counsellors, and Occupational Therapists

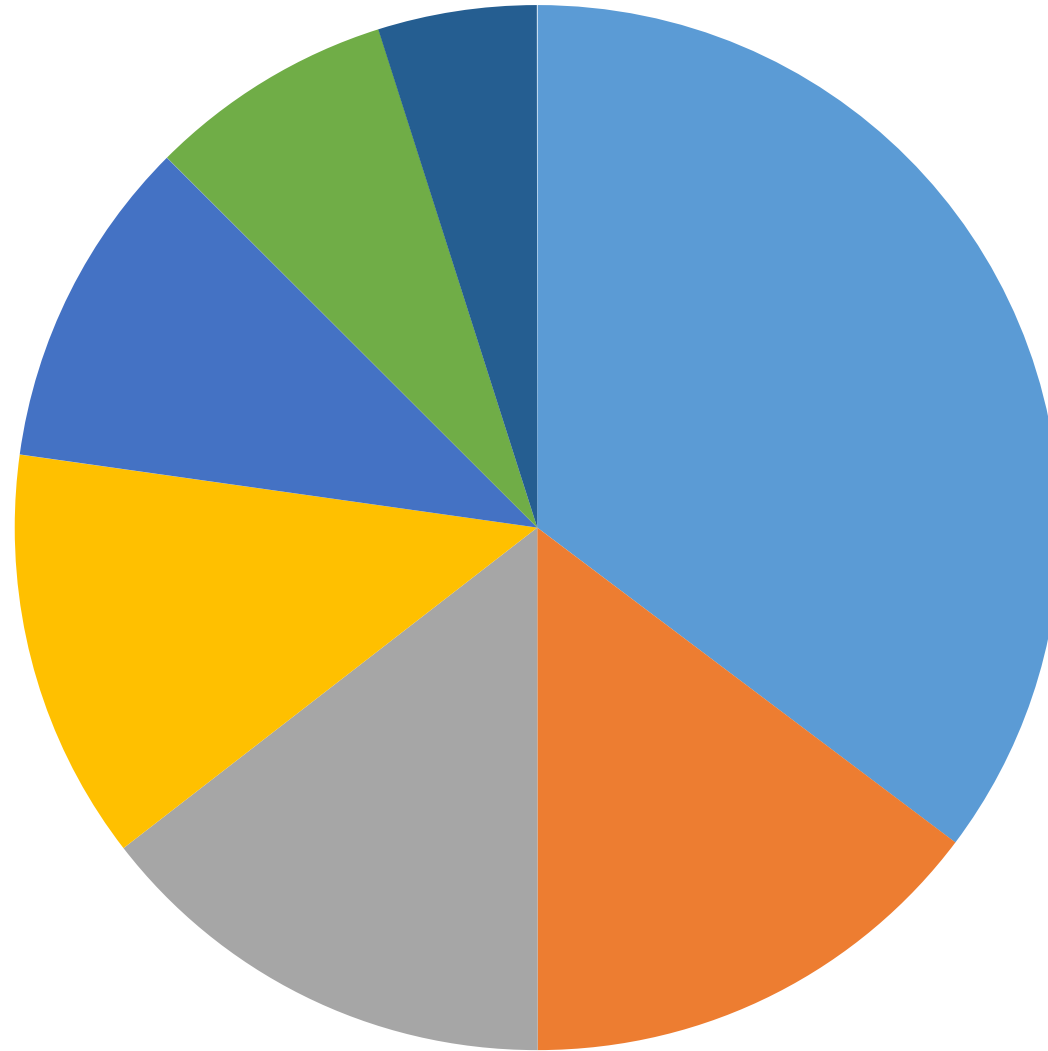


Results

- Data was coded by 2 different researchers
- NVivo Kappa Coefficients indicate agreement between the researchers coding
- 0.40-0.75 = Fair to Good agreement
- >0.75 = Excellent agreement

Node	Behaviours	Narratives
	Kappa Coefficient	
Adaptive Behaviour	0.55	0.48
Affect Regulation	0.89	0.95
Cognition	0.44	0.62
Executive Functioning	0.84	0.73
Language & Communication	0.91	1
Secondary Challenges	0.68	0.56
Sensory & Motor	0.79	1

Results



■ Executive Function

■ Secondary Challenges

■ Sensory & Motor

■ Affect Regulation

■ Cognition

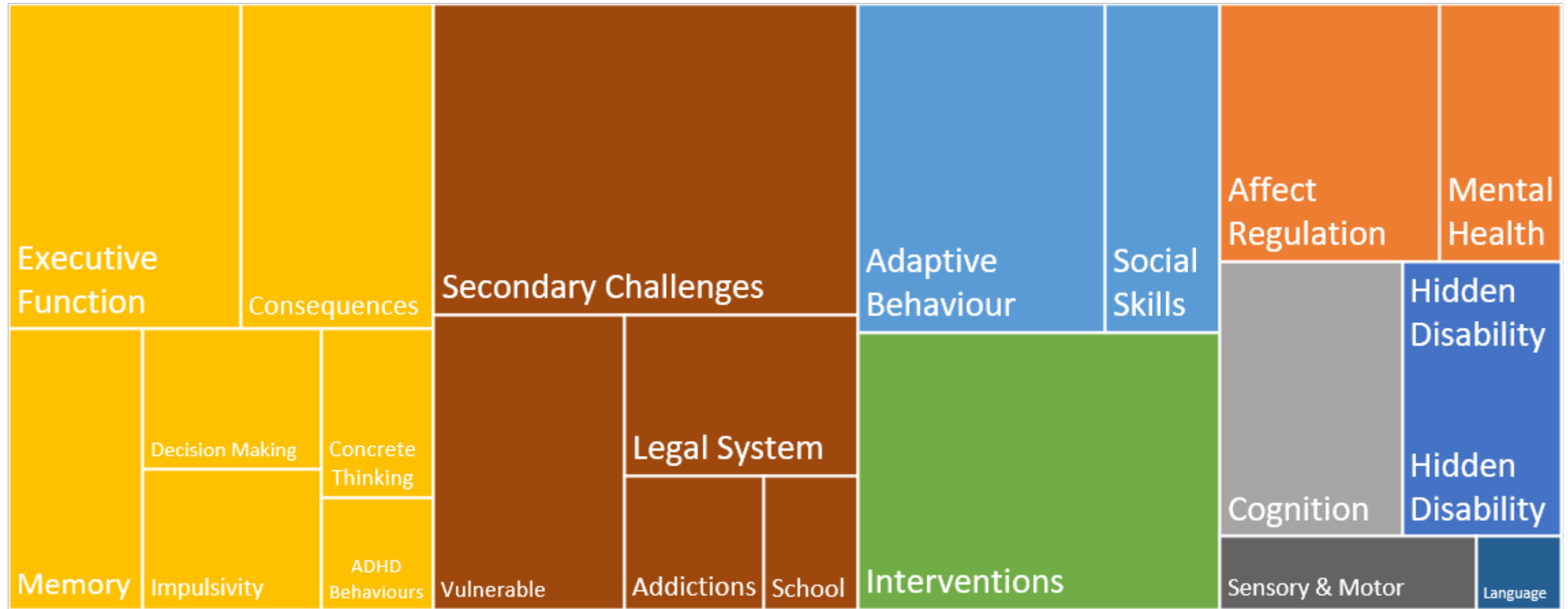
■ Hidden Disability

■ Adaptive Behaviour

■ Language

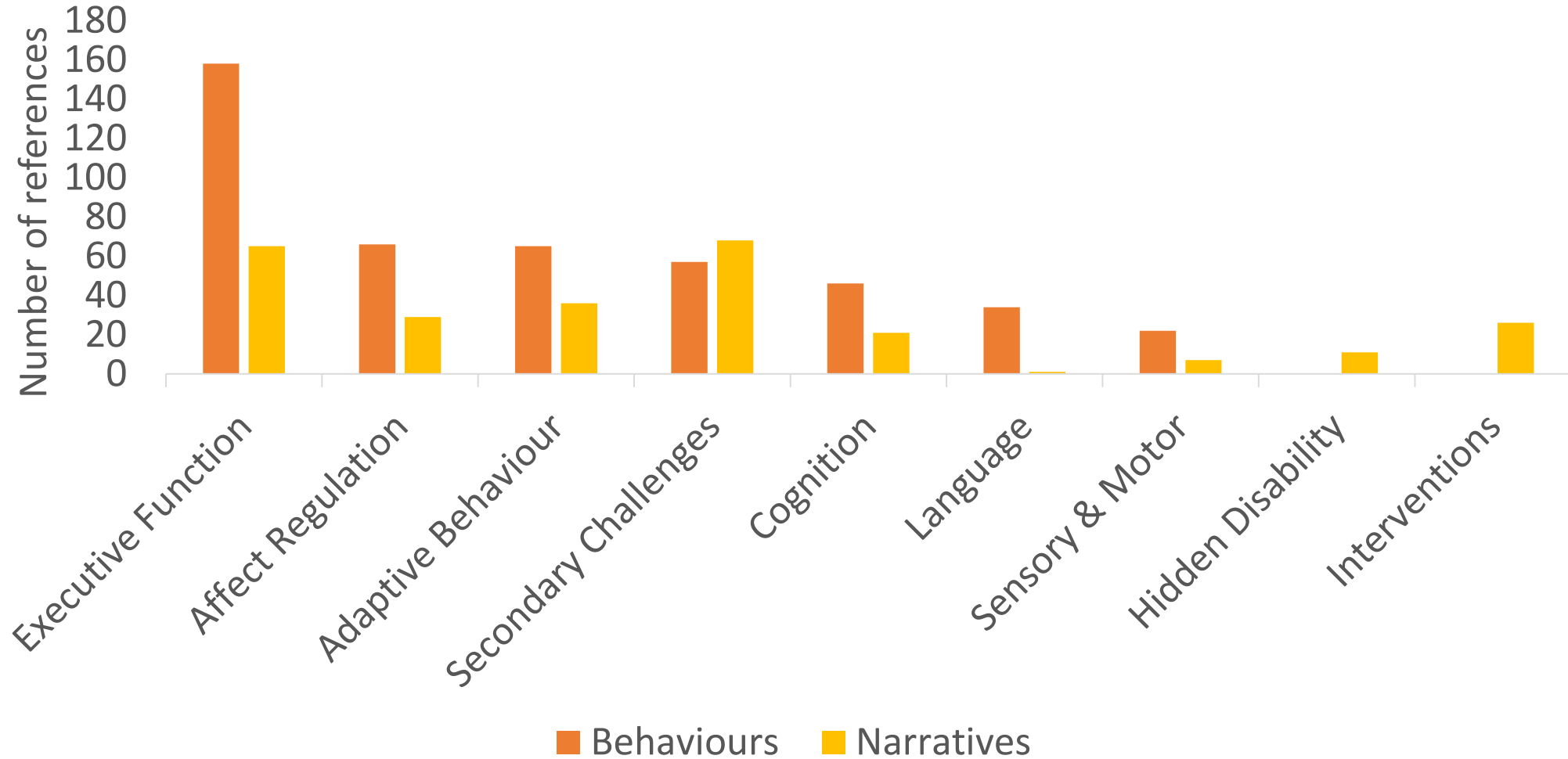
■ Interventions

Results



- Adaptive Behaviour
- Affect Regulation
- Cognition
- Executive Function
- Hidden Disability
- Interventions
- Language
- Secondary Challenges
- Sensory & Motor

Results



Knowledge Translation

- Developed training vignettes and content for training sessions from the narratives highlighted in the study data
- 1-Day FASD Training for Professionals in Adult Clinical Settings
- Attended by Physicians, Psychologists, Social Workers, Nurses, & Other Professional (N=15)
- Professionals scored vignettes from 1-10 Likert scales based on recognition of FASD both pre & post training

Example

“A young adult stopped by the Alberta Works office asking for help. He explained he lost his social assistance cheque (from disability income). The worker noted that he struggles to organize himself and gets too anxious and emotionally unstable to follow through on a plan. After being offered several appointments to come and complete the application, he failed to attend. When someone offered to meet him in the Tim Hortons and fill out the forms with him, he showed up and since then has attended more appointments on his own with the use of text messages to prompt him.”

- Change scores indicated professionals more accurately recognized the potential presence of FASD in this vignette (mean change score=+2.4 for this vignette)

Knowledge Translation

- Professionals improved their ability to recognize FASD within the vignettes accurately by a total mean change score of +4.7
- Comments from the training highlighted;
 - The emphasis of the need for supports for “secondary challenges”
 - The presence of overlap regarding affect regulation/mental health
 - Vulnerabilities
 - Brain differences (Executive Function)

Knowledge Translation

- Qualitative approach with narrative content was useful in a training setting
- Broadening our understanding of how to help clinicians recognize FASD in clinical settings requires a holistic understanding of the disorder
- Helping build understanding that goes beyond a diagnostic domain explanation is valuable

Thank you

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