

# Assessing Affect Regulation in FASD

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# Contributors

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# Presenter Disclosures

- The presenters have no conflicts of interest to disclose

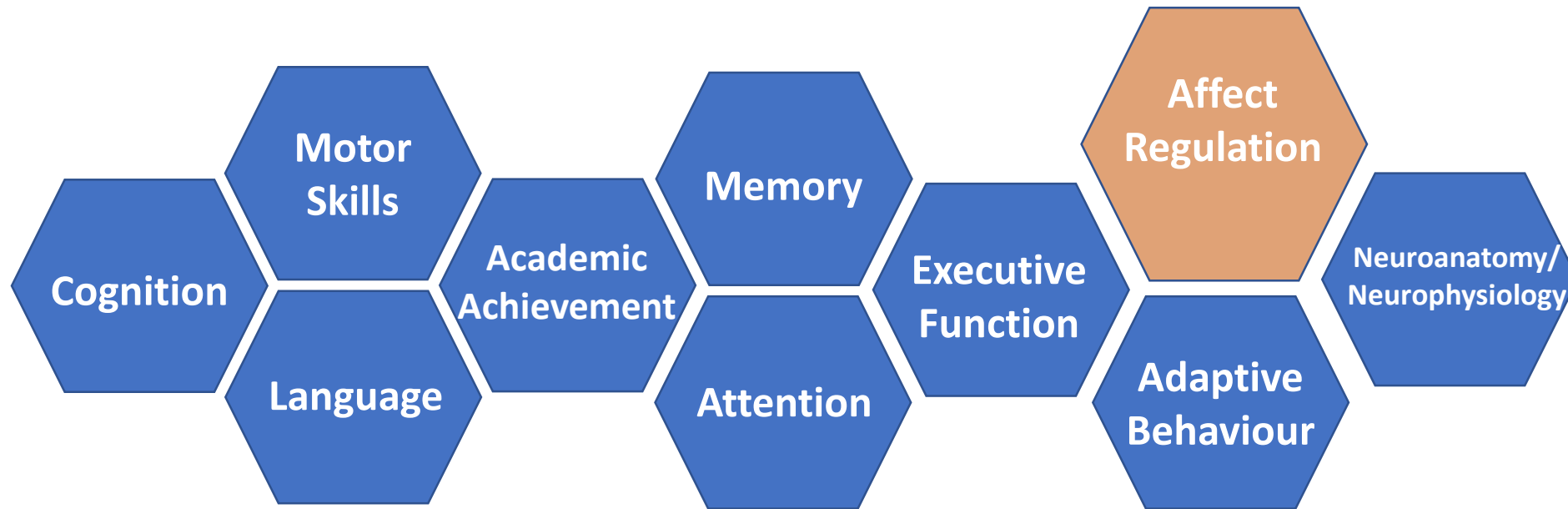
# Overview

- What is Affect Regulation (AR)
- Challenges with measuring AR in FASD
- Proposed new framework for assessing AR
- How we tested it and Results
- How can we make it better?



# FASD Diagnosis in Canada

- **“Fetal alcohol spectrum disorder: a guideline for diagnosis across the lifespan”** (Cook et al. 2016)
- An additional domain was added—Affect Regulation



# What is Affect Regulation Impairment?

- Difficulty controlling & regulating emotional reactions



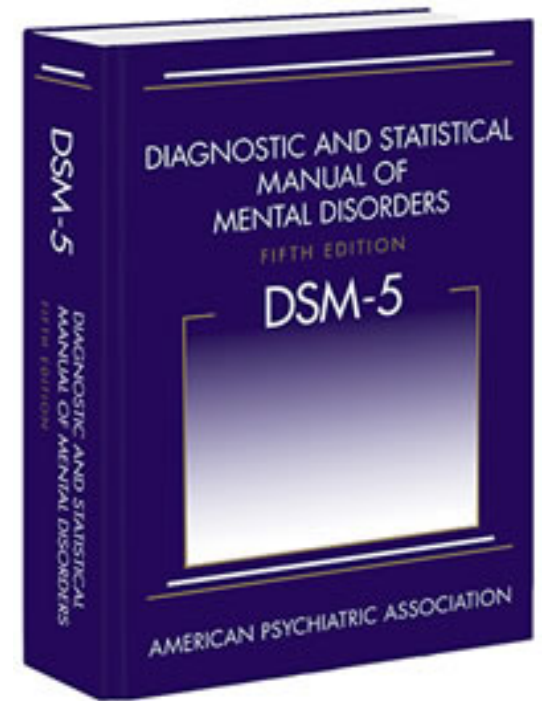
# How do we know AR is related to prenatal alcohol exposure?

- In animal models, Dr. Joanne Weinberg (UBC) and others showed PAE results in changes to the hypothalamic-pituitary-adrenal (stress) axis
- These changes lead to increased dysregulation of the system that responds to stressors and...
- ...in humans, **70-90%** with PAE have mental health problems by adulthood

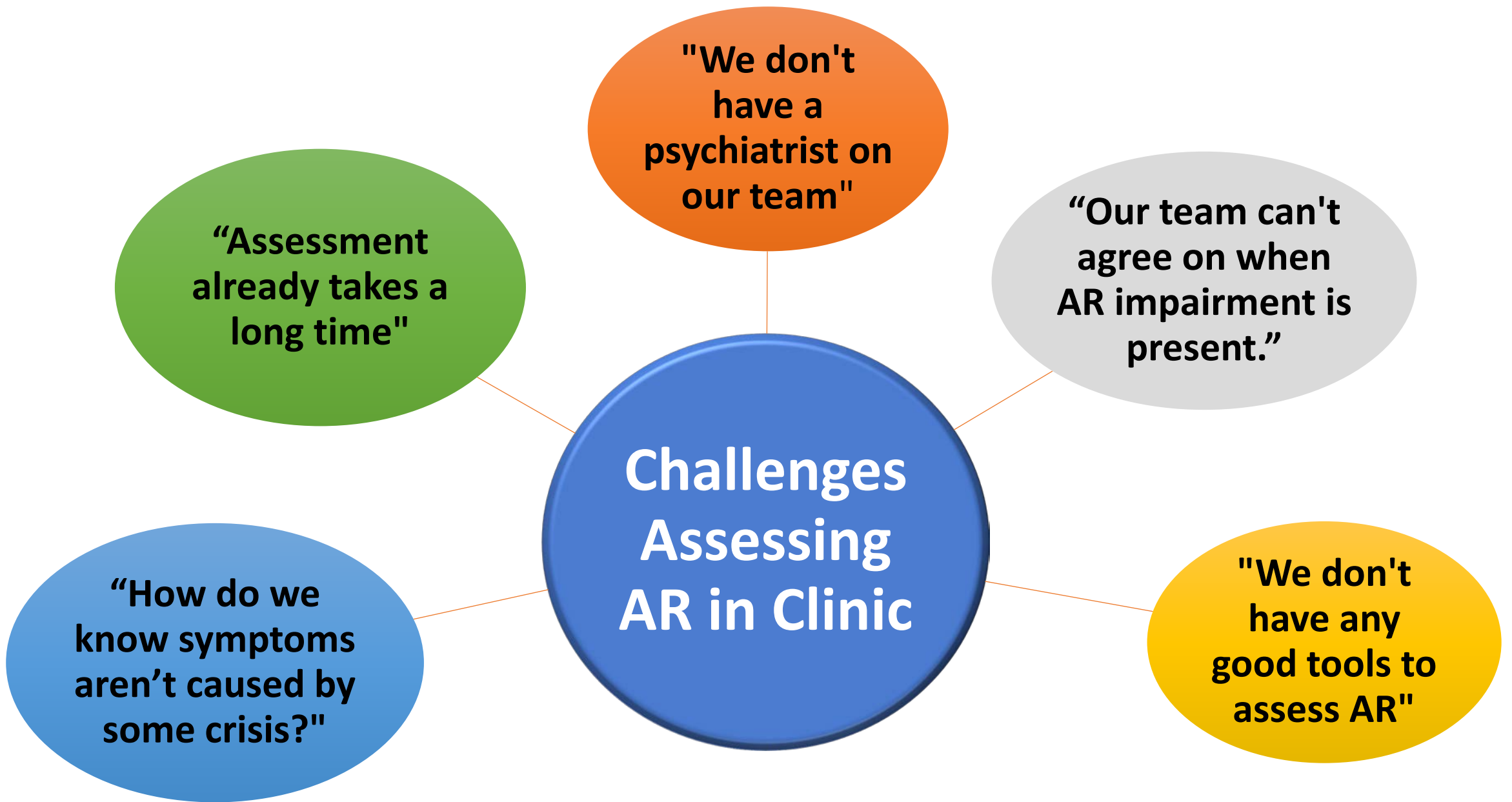


# How do we know if someone has AR impairment?

- Operationalized in Canadian FASD guidelines as a DSM-5 diagnosis of Mood or Anxiety disorder
- 9 different disorders included
- Also, AR must be present over an extended period of time



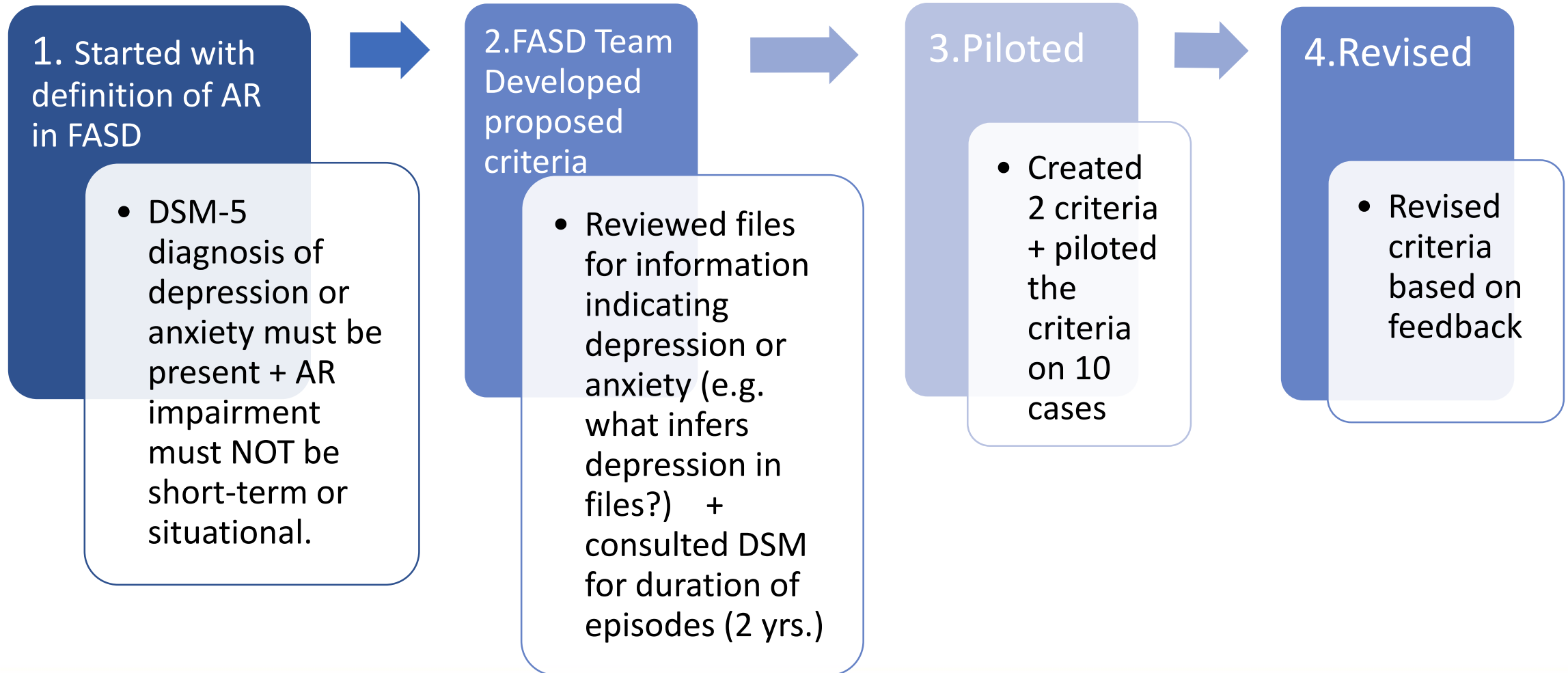




# We needed a method to....

- ✓ Assess AR that doesn't require more clinic resources
- ✓ A framework that clinics can use even if they don't have a mental health professional
- ✓ A way to ensure AR impairment is long term

# Method: How did we develop a Proposed Criteria for assessing AR in FASD?



# Proposed Criteria: AR impairment is present if both 1 and 2 are met:

## 1/ There is a CURRENT diagnosis of depression or anxiety:

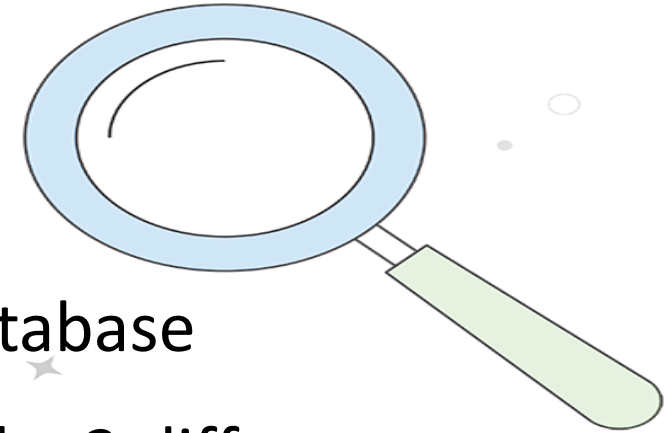
- a. Given at the FASD clinic or
- b. Given in the last 2 years by another healthcare professional or
- c. Inferred (from file data) by treatment for depression or anxiety in the last 2 years (e.g., anti-depressants prescribed, counselling, or MH hospitalization)

## 2/ There is a HISTORY of depression or anxiety MORE than 2 years ago:

- a. Diagnosis of depression or anxiety was given by a healthcare professional in the past or
- b. Treatment for depression or anxiety in the past (e.g., medication, counselling etc.)

# Our Research Question: Is this Method Reliable?

*Can different clinicians use this proposed criteria and come to the same conclusion? Our Method of Testing:*



1. Randomly choose 21 case from our FASD clinic database
2. Each of 21 cases evaluated using the new criteria by 2 different clinicians (a nurse and psychologist) blind to each other's ratings
3. Clinicians judged each case to be AR impaired or not impaired
4. Cohen's Kappa calculated for level of agreement between raters

# Results

- **Inter-rater reliability was 90%** which means two professionals with different background/training could come to an agreement most often
- **Cohen's Kappa was .79 (High)** This is a statistical method that takes into account the possibility of chance agreement
- **Raters found the method easy to use**

# We hope that....



- Using this method can simplify the process of AR assessment for diagnostic clinics
- It offers a way to save time for diagnostic clinics
- It might enhance the reliability and validity of the AR domain by establishing both a historical pattern of dys-regulation and current deficits

# We wonder if....

- It can be applied to teens and older children too?  
We used it only on adults.
- How young a child?
- How we might improve this method?
- If other clinics might be willing to give us input or try it out?  
(We have handouts for anyone interested)





# SURREY PLACE

Specialized Clinical Services for People with Developmental Disabilities and Autism Spectrum Disorder