

PTARMIGAN CONNECTIONS Policy for Accepting FASD referrals:

- 1) Child must be 3 years old or older
- 2) There must be documented evidence of at least 1 of the following:
 - a. Cognitive Impairment OR
 - i. Language Impairment (e.g., history of speech-language therapy)
 - ii. Learning Disorder (e.g., history of problems with reading, writing, or math and an IEP at school or services for “dyslexia” at Reading Write Alaska)
 - iii. Visual-Spatial Impairment (e.g., history of occupational therapy services)
 - iv. Motor Skills Impairment (e.g., history of physical therapy)
 - v. IQ test scores in the below average range (> 1.5 SD below the mean; score of 77 or lower)
 - vi. Memory Problems (e.g., neuropsychological test results)
 - b. Behavioral Impairment
 - i. Mood Disorder (e.g., history of depression or anxiety diagnosis)
 - ii. Attention Problems (e.g., ADHD diagnosis)
 - iii. Impulse Control Problems (e.g., history of conduct disorder, or oppositional defiant disorder)

***PTSD or attachment disorder diagnosis alone is not sufficient.
- 3) Prenatal exposure to alcohol suspected at least, but confirmation not required.

TABLE 2 Definition of Documented Prenatal Alcohol Exposure (as Applied to the Diagnostic Categories Set Forth in Table 1)

One or more of the following conditions must be met to constitute documented prenatal alcohol exposure during pregnancy (including drinking levels reported by the mother 3 mo before her report of pregnancy recognition or a positive pregnancy test documented in the medical record). The information must be obtained from the biological mother or a reliable collateral source (eg, family member, social service agency, or medical record):

- ≥6 drinks/wk for ≥2 wk during pregnancy^a
- ≥3 drinks per occasion on ≥2 occasions during pregnancy^a
- Documentation of alcohol-related social or legal problems in proximity to (before or during) the index pregnancy (eg, history of citation[s] for driving while intoxicated or history of treatment of an alcohol-related condition)
- Documentation of intoxication during pregnancy by blood, breath, or urine alcohol content testing
- Positive testing with established alcohol-exposure biomarker(s) during pregnancy or at birth (eg, analysis of fatty acid ethyl esters, phosphatidylethanol, and/or ethyl glucuronide in maternal hair, fingernails, urine, or blood, or placenta, or meconium)⁵⁰⁻⁵⁵
- Increased prenatal risk associated with drinking during pregnancy as assessed by a validated screening tool of, for example, T-ACE (tolerance, annoyance, cut down, eye-opener) or AUDIT (alcohol use disorders identification test)⁵⁶

Assignment of documented prenatal alcohol exposure to any individual case requires the sound judgment of an experienced clinician.

^a These criteria for maternal drinking are based on large epidemiologic studies that demonstrate adverse fetal effects from ≥3 drinks per occasion^{26,57} and others that indicate 1 drink/day as a threshold measure for FASD.⁵⁸⁻⁶⁰