

Case study – Nate aged 14 – Part 2

Nate's child protection worker lets the care team know that Nate's younger brother, Tyson, 6, has just been diagnosed with Fetal Alcohol Spectrum Disorder and wonders if this might be something to consider for Nate. No-one has previously suggested that Nate was exposed to alcohol prenatally, but his mother had a well-documented history of drug and alcohol use. The care team meets and makes a plan:

- The child protection worker reviews the files and finds some information that Nate's mother drank alcohol after he was born. The report before his birth shows that his mother was intoxicated but it's not clear what substance was involved. Digging a bit deeper, the worker finds a reference in one of Nate's older sister's files that their mother was alcohol affected at a contact visit which occurred when she was about 3 months pregnant with Nate.
- Nate's paediatrician is asked to request his birth records, and his mother's antenatal records. The midwife has ticked the box for alcohol but it's not clear how much was involved.
- The child protection worker contacts Nate's MGM who can remember visiting the parents' temporary accommodation and seeing bourbon cans, and that both Nate's mother and father were drinking alcohol together.
- The worker advises the paediatrician who documents confirmed prenatal alcohol exposure.
- Ideally, Nate needs a neuropsychological assessment, as well as speech/language and OT, but he doesn't always attend appointments. A short OT assessment is arranged at the unit.
- Birth records indicate that Nate had a very small head circumference at birth.
- The school psychologist reviews his past assessments and school reports. It's identified that his reading is in the lower range but that his maths skills are lower than would be expected from his overall ability.
- Nate agrees to attend one session with a Neuropsychologist
- Once all the information is gathered, the paediatrician reviews the information and finds that Nate has a severe impairment in:
 - Neurology (small head circumference at birth)
 - Attention
 - Executive function
 - Fine motor skills
 - Receptive and expressive language
 - Adaptive function/social communication.

- The Paediatrician considers other options (genetic testing, facial features, other possible explanations) and concludes that Nate meets criteria for FASD with <3 facial features.

Reflection

What does this new diagnosis mean for understanding Nate's behaviour?

What does it change about our approach?

What would we do differently, to support him?