

BACKGROUND

In Canada the incidence of Fetal Alcohol Spectrum Disorder (FASD) is estimated to be 1 in 100 live births. FASD is the leading cause of preventable developmental and cognitive disabilities in Canada.

Clinically it has been noted that many children with FASD also demonstrated Attachment Disorders. There is a paucity of research examining the incidence of Attachment Disorders in children with FASD.

OBJECTIVES

To determine if children presenting for a diagnosis of FASD also meet criteria for Attachment Disorder.

METHODS

Retrospective chart review was conducted in a large urban hospital.

Four hundred (400) children from across Ontario.



RESULTS

Seventy-eight (78) percent of the children diagnosed within the Fetal Alcohol Spectrum also met criteria for Attachment Disorder.

Ages ranged from 5 to 18 years with a mean age of 9.4 years.

Fifty-four (54) were boys and forty-six (46) were girls. All of the children demonstrated at least 3 of the risks factors for Attachment disorders (Table 1).

Qualitative data found that the signs of Attachment Disorders made the FASD diagnosis more difficult.



Table 1: Risk for Attachment Disorders

Adoption and foster care
Abuse and maltreatment in infancy
Maternal ambivalence to pregnancy
Neglect: physical, emotional
Undiagnosed painful illness i.e. colic, otitis
Inconsistent or inadequate day care
Inconsistency in primary caregiver
Sudden separation from primary caregiver
Traumatic experiences (serious illnesses, accidents)
Maternal depression, addictions,
Young or inexperienced parents(lack of support)

Recommendations for Practice

Consider the influence of attachment on the child's profile and screen for attachment disorders.

Ensure comprehensive neuro-psychological testing to allow for an accurate diagnosis of FASD.

Ensure children with attachment issues are offered interventions for attachment as well as strategies to support their disabilities associated FASD.

CONCLUSION

In this study, attachment disorders were very prevalent in children diagnosed with FASD.

Practitioners must screen and treat for attachment, as well as FASD, to ensure optimal outcomes for these children.