

**NC Department of Health and Human Services**

**Division of Mental Health, Developmental Disabilities, and Substance Use Services**

# **Fetal Alcohol Spectrum Disorder Recognizing the Red Flags**

**Kathy Hotelling, Ph.D., ABPP**

**Co-Founder and Board Co-Chair, NCFASD Informed, Inc.**

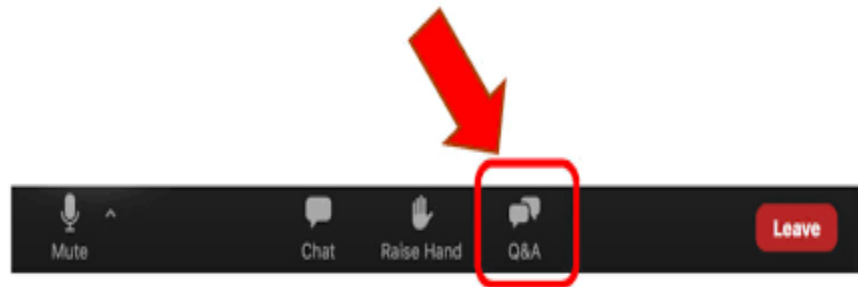
**Ginger Yarbrough, MPA, CPHQ, NADD-DDS**

**Director, IDD, TBI & Olmstead, DMHDDSUS**

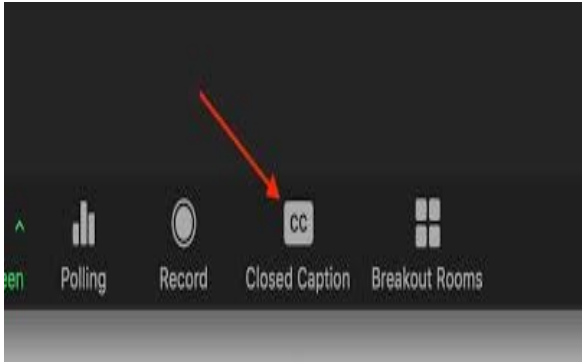
**September 25, 2024**

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- Reminders about the webinar technology:
  - Please make sure you are using a computer or smart phone connected to the internet, and the audio function is on, and the volume is turned up.
  - Please make sure your microphone is muted for the duration of the call unless you are speaking or asking questions.
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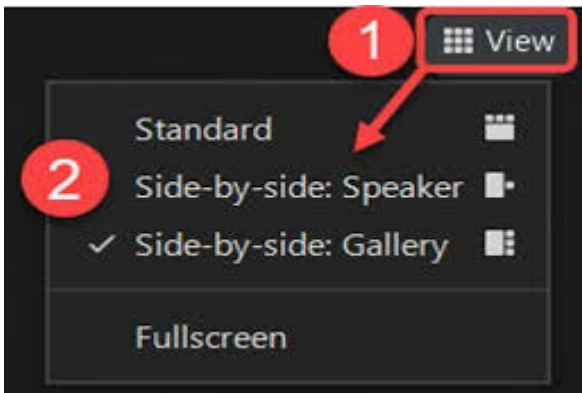


# Housekeeping



- American Sign Language (ASL) Interpreters and Closed-Captioning
  - ASL Interpreters and Closed-Captioning options will be available for today's event.
  - For closed-captioning options select the "Closed Caption" feature located on your control panel.

Intérpretes y subtítulos en lengua de signos americana (ASL). Habrá intérpretes de ASL y opciones de subtítulos disponibles para el evento de hoy. Para opciones de subtítulos, seleccione la función "Subtítulos" ubicada en su panel de control.



- Adjusting Video Layout and Screen View
  - Select the "View" feature located in the top-right hand corner of your screen.

# Agenda

1. Introductions/Opening Remarks
2. Red Flags of Fetal Alcohol Syndrome Disorder
3. Panel Discussion
4. Q&A
5. Closing Remarks

# Speakers

**Ginger Yarbrough, MPA, CPHQ, NADD-DDS**  
Director, IDD, TBI & Olmstead, DMHDDSUS



- 24 years in IDD/TBI & dual diagnosis (DD & MH) field
- Experience as a Direct Support Professional, Care Manager, and Quality Management
- DMHDDSUS since March 2023

**Kathy Hotelling, Ph.D., ABPP**  
Co-Founder and Board Co-Chair, NCFASD Informed, Inc.



- 17 years studying FASD and serving as Consulting Psychologist in FASD field
- Mother of 30-year-old daughter with FASD
- Retired Counseling Psychologist



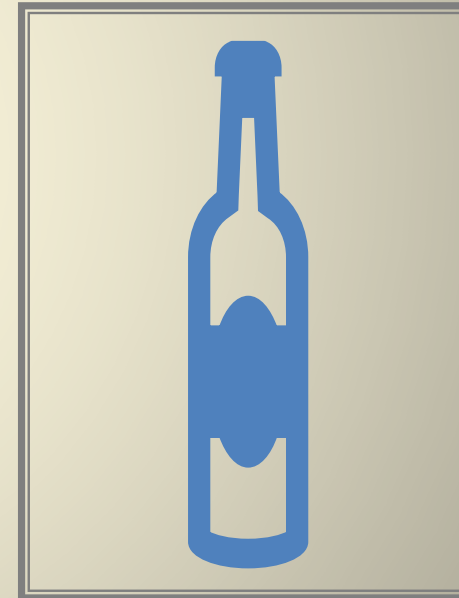
# Fetal Alcohol Spectrum Disorder Recognizing Red Flags

Kathy Hotelling, Ph.D., ABPP  
NCFASD Informed, Inc.  
in partnership with the  
Division of Mental Health, Developmental Disabilities, and  
Substance Use Services  
NCDHHS  
September 25, 2025

# Drinking during pregnancy

# 1 CAUSE

of intellectual and  
developmental  
disabilities



1 in 20

Philip May (UNC) and Colleagues  
(Lancet, 2018)





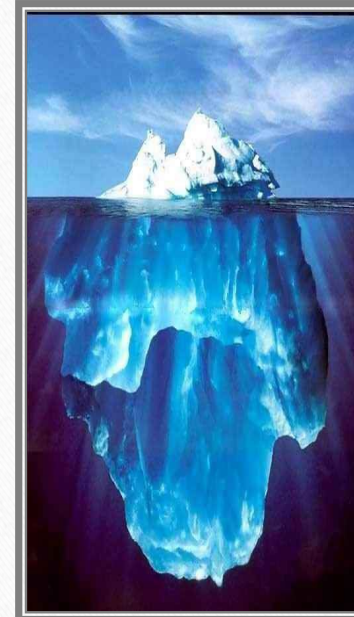
**Only 10% are diagnosed properly**

**90% have misdiagnosis or missing diagnosis**

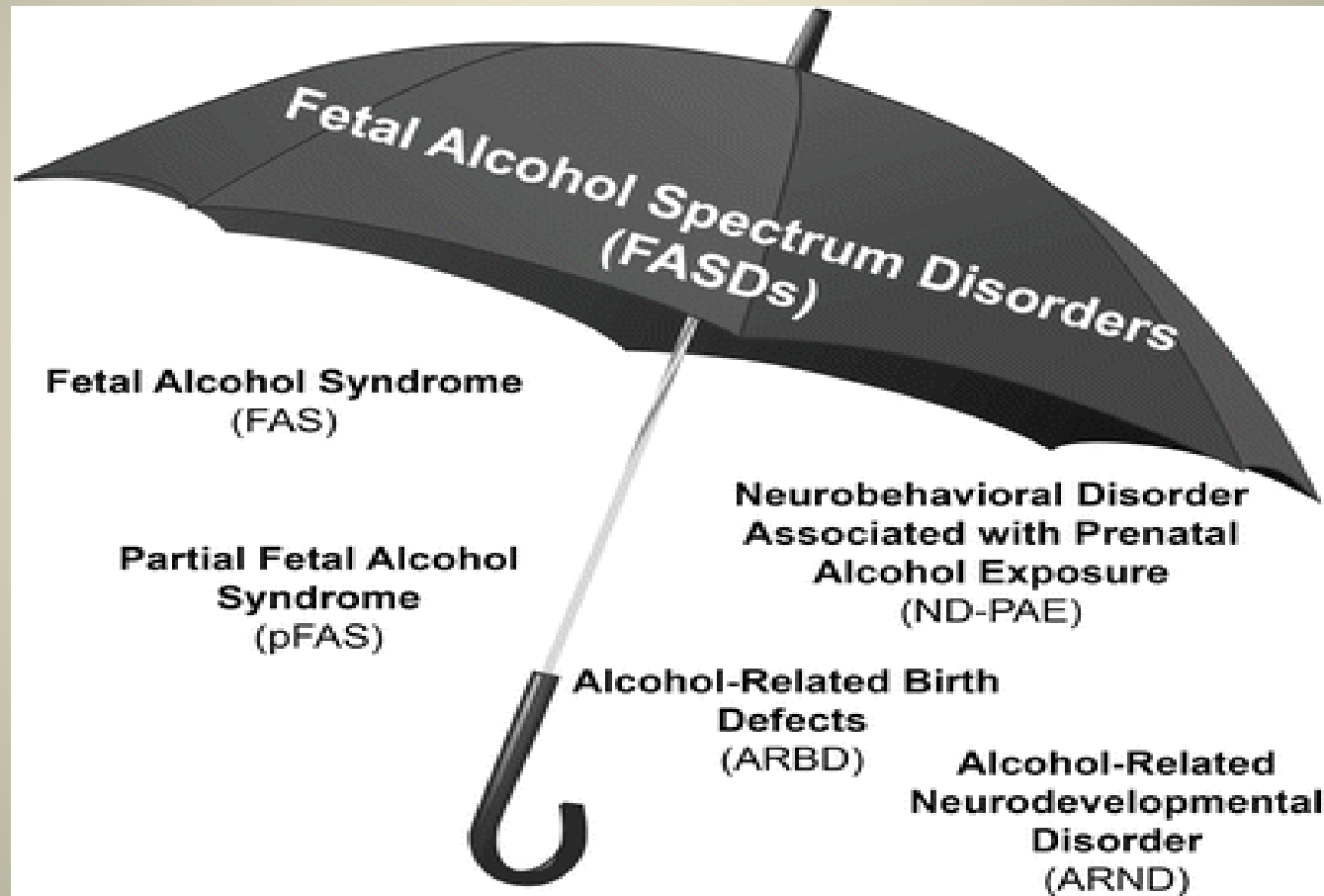
# Primary Myth

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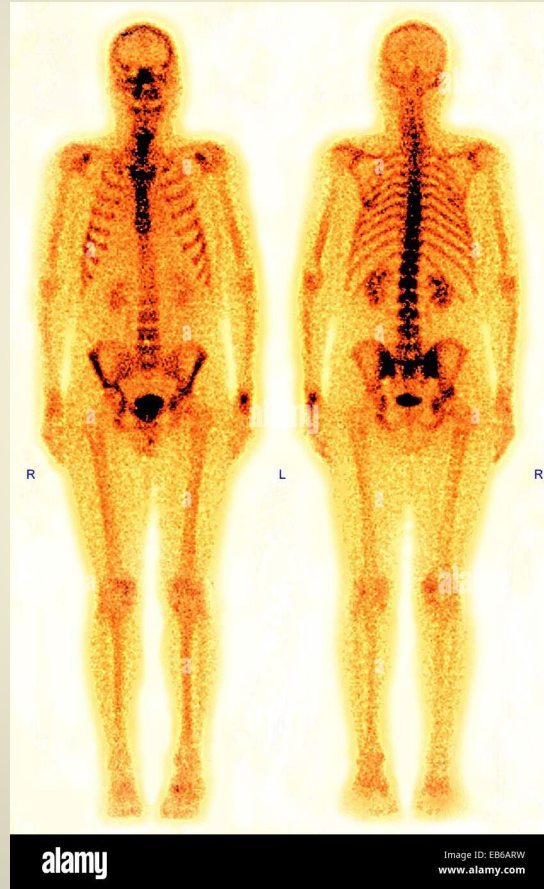
All with FASD have  
distinctive  
facial characteristics  
(actually 10%)



# Umbrella Term



# WHOLE BODY DIAGNOSIS



Failure to Diagnose = Failure to Treat  
Implication of **1 in 5** in foster care

**558** infants/children enter care each day in US: **104** have FASD

**42%** of NC foster children had **2 or more placements**

**22%** had **over 4 placements**

Problematic behaviors which foster parents feel ill equipped to  
handle

Diagnosis of FASD would indicate that different parenting tools  
are needed

# Recognizing FASD

What are the red flags?



- Presence of facial dysmorphology
- Confirmed prenatal exposure to alcohol
- Confirmed maternal drug use
- *Possible* maternal alcohol/drug use or dependency



- Biological sibling with FASD diagnosis
- In foster care system
  - ❖ **558 enter system daily. 104 have FASD.**
  - (Casey Foundation, TAEC, 2022)
- Domestically or internationally adopted

# Multiple co-occurring disorders

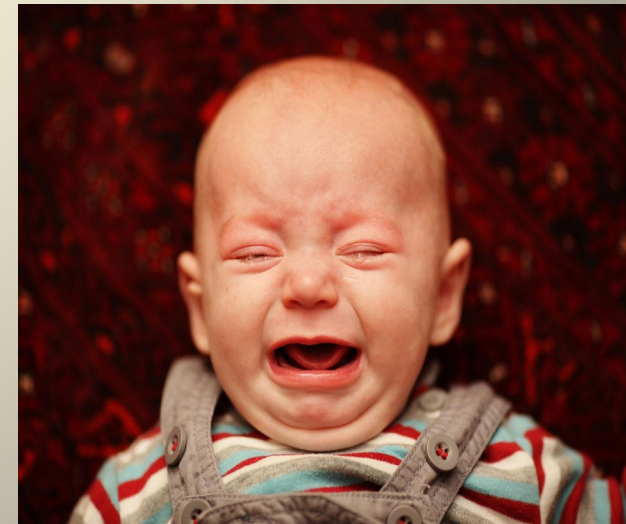
- Don't respond typically to interventions
  - Medication
  - Talk therapy

# Common Symptoms



## INFANTS

- Low birth weight; failure to thrive; small size; small head circumference
- Disturbed sleep; unpredictable sleep patterns, irritability, restlessness
- Often trembling and difficult to sooth; may cry a lot
- Problems with bonding
- Weak sucking reflex; little interest in food; feeding difficulties
- Poor muscle tone, floppy or too rigid
- High susceptibility to illness
- High sensitivity to sights, sounds and touch
- Failure to develop routine patterns of behavior
- Motor delays
- Behavioral deficits (e.g., lack of social engagement; emotional withdrawal; difficulties with emotion regulation)



## PRESCHOOLERS



- Slow to acquire skills
- Difficulties with emotional regulation (**rages**)
- Feeding and sleep problems
- Poor fine and gross motor control
- Short attention span
- Difficulty following directions or doing as instructed
- Hypersensitive to sounds, lights and being touched
- Hypersensitivity (irritability, stiffness, over-reaction to injury)
- Easily distracted or hyperactive
- Difficulty with changes and transitions; prefers routines
- Receptive and expressive language delays
- Lack of inhibition
- Conduct problems
- Insecure attachment





## School Aged Children

Sleep difficulties

Difficulty processing received information

Difficulty with comprehension (reading)

Ongoing expressive and receptive language delays

Poor attention span; low impulse control

Difficulty keeping up as school demands become increasingly abstract

Consistent repetition needed to learn a skill

Ongoing sensory difficulties which may lead to behavior changes or challenges

May need constant reminders





# Older Children/Teens

With early diagnosis and interventions such as

- Physical therapy
- Occupational therapy
- Speech language therapy
- Social skills training
- Families Moving Forward
- The Alert Program



the above symptoms may be minimized

Other symptoms do not dissipate  
or may become worse with  
increasing expectations to be independent as chronological age  
increases.



# Executive Functions Across the Lifespan

- Planning
- Problem Solving
- Motivation
- Judgment
- Decision Making
- Impulse Control
- Social Behavior
- Memory

# Notable Characteristics across the lifespan

- Dysmaturity
- Literal
- Slow Processing Speed
- Impulse

# Panel

- **Susan Shepard Carlson, JD**

FASD United Board Chair

Retired Judge

- **Purnima Valdez, MD**

Developmental-Behavioral Pediatrician

Duke Health

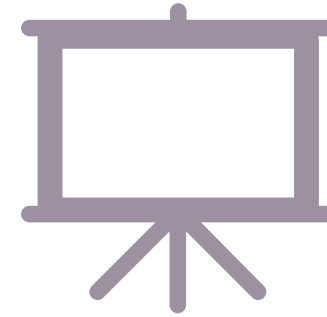
- **Mother** of 16yo son

[www.ncfasdinformed.org](http://www.ncfasdinformed.org)

# Q&A



Questions and feedback are welcome at  
[BHIDD.HelpCenter@dhhs.nc.gov](mailto:BHIDD.HelpCenter@dhhs.nc.gov).



The recording and presentation slides for this  
webinar will be posted to the [Community  
Engagement & Training](#) webpage.

# Closing Remarks



NC DEPARTMENT OF  
**HEALTH AND  
 HUMAN SERVICES**  
 Division of Mental Health,  
 Developmental Disabilities and  
 Substance Use Services

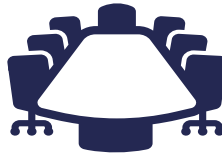
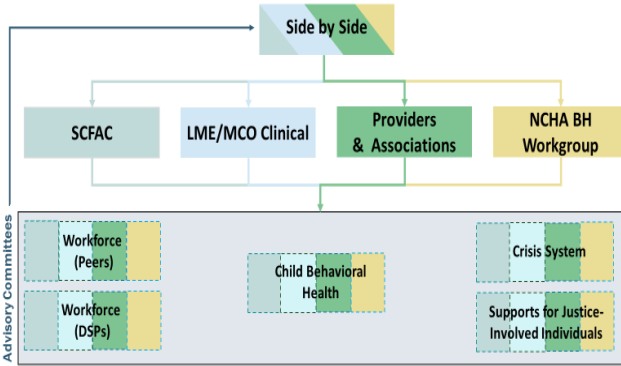
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