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Beyond the Diagnosis: Introducing a Functional Classification Model for FASD Intervention and Support Proposal for a Functional Classification Model

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ORIGINAL ARTICLE

The Role of Developmental-Behavioral Clinicians in FASD Diagnosis and Management: Insights From a National Survey

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Role of Developmental–Behavioral Clinicians in FASD: Opportunities and Limitations in Current Practice

- Developmental–behavioral clinicians are **well positioned** to evaluate and manage FASD given expertise in complex neurodevelopmental conditions
- FASD is **common**, with prevalence estimates of **1.1%–5.0%** in U.S. school-aged populations
- Despite this, FASD remains underdiagnosed and frequently misdiagnosed.

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Study Rationale

Given the intersection of high prevalence and clinical responsibility, we sought to assess clinician preparedness in the diagnosis and management of FASD.

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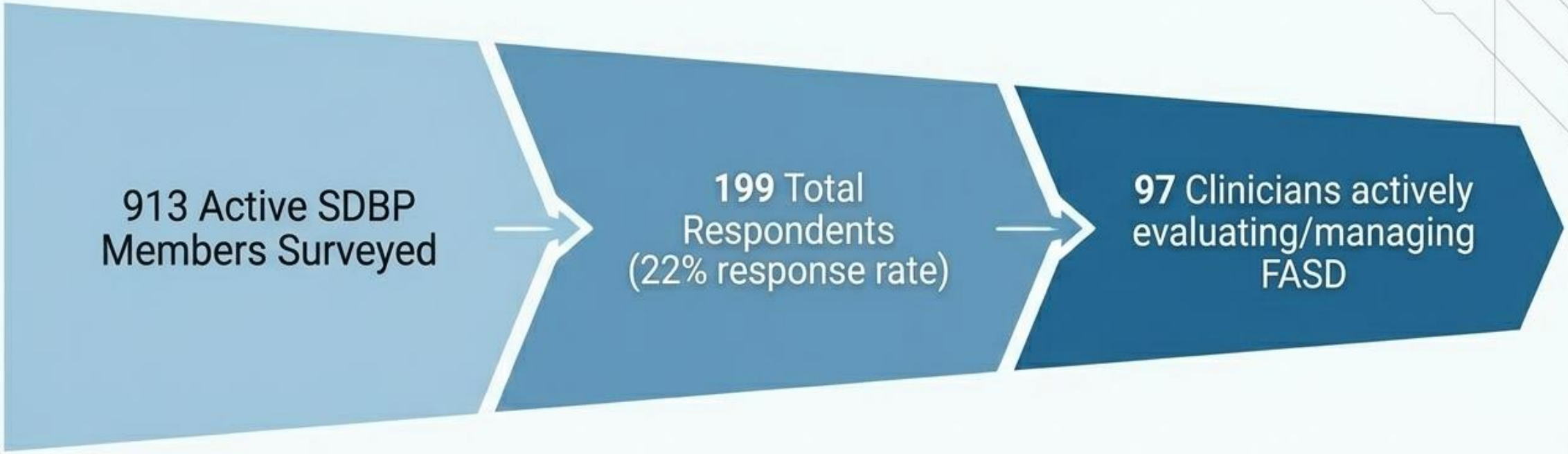
SOCIETY OF DEVELOPMENTAL BEHAVIORAL PEDIATRICS (SDBP)

The 2023 SDBP Survey Methodology



State of the Union

The survey was designed to capture diagnostic practices, clinician preparedness, and training gaps among developmental-behavioral pediatricians, psychologists, and associated pediatric clinicians.

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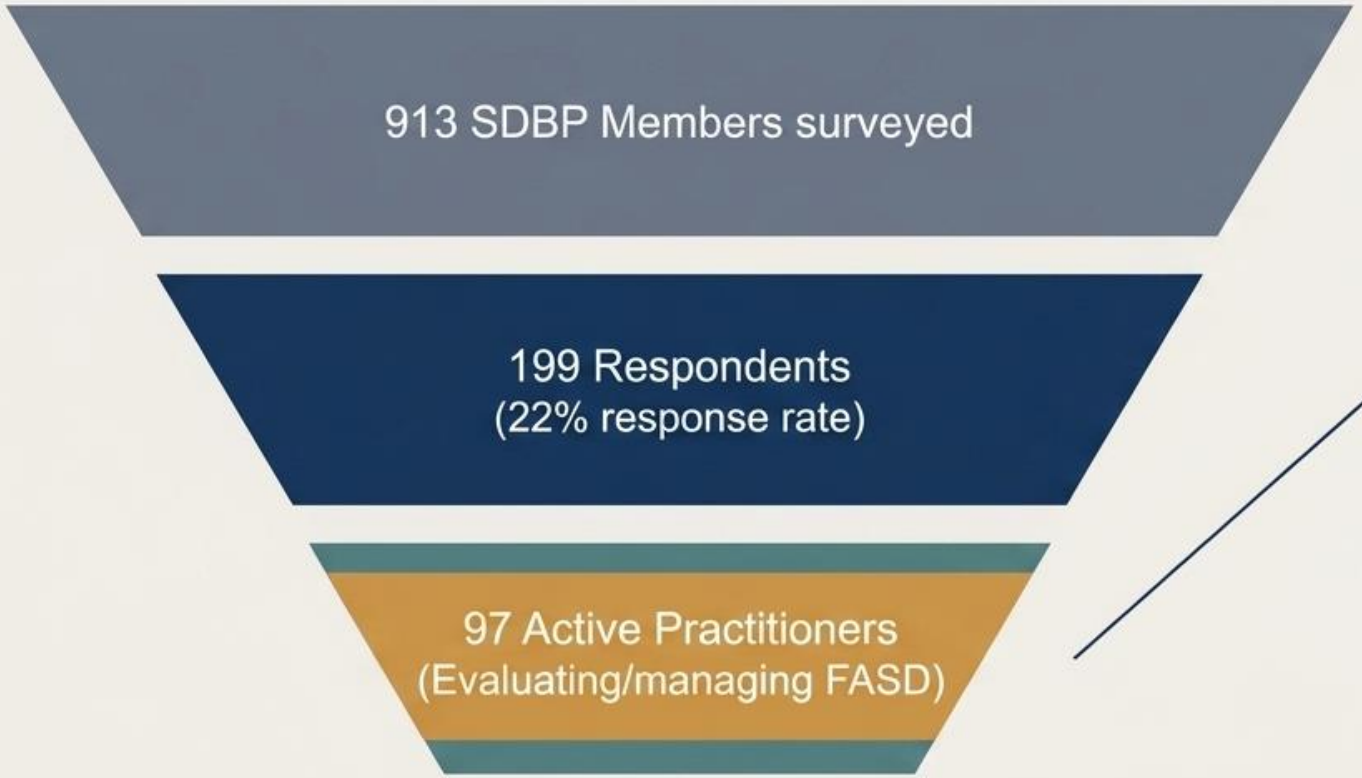
Assessing the front lines of developmental-behavioral care



Only ~49% of responding clinicians are actively involved in FASD care, revealing widespread hesitancy or lack of clinical capacity within the specialty.

***SOCIETY OF DEVELOPMENTAL BEHAVIORAL PEDIATRICS (SDBP)**

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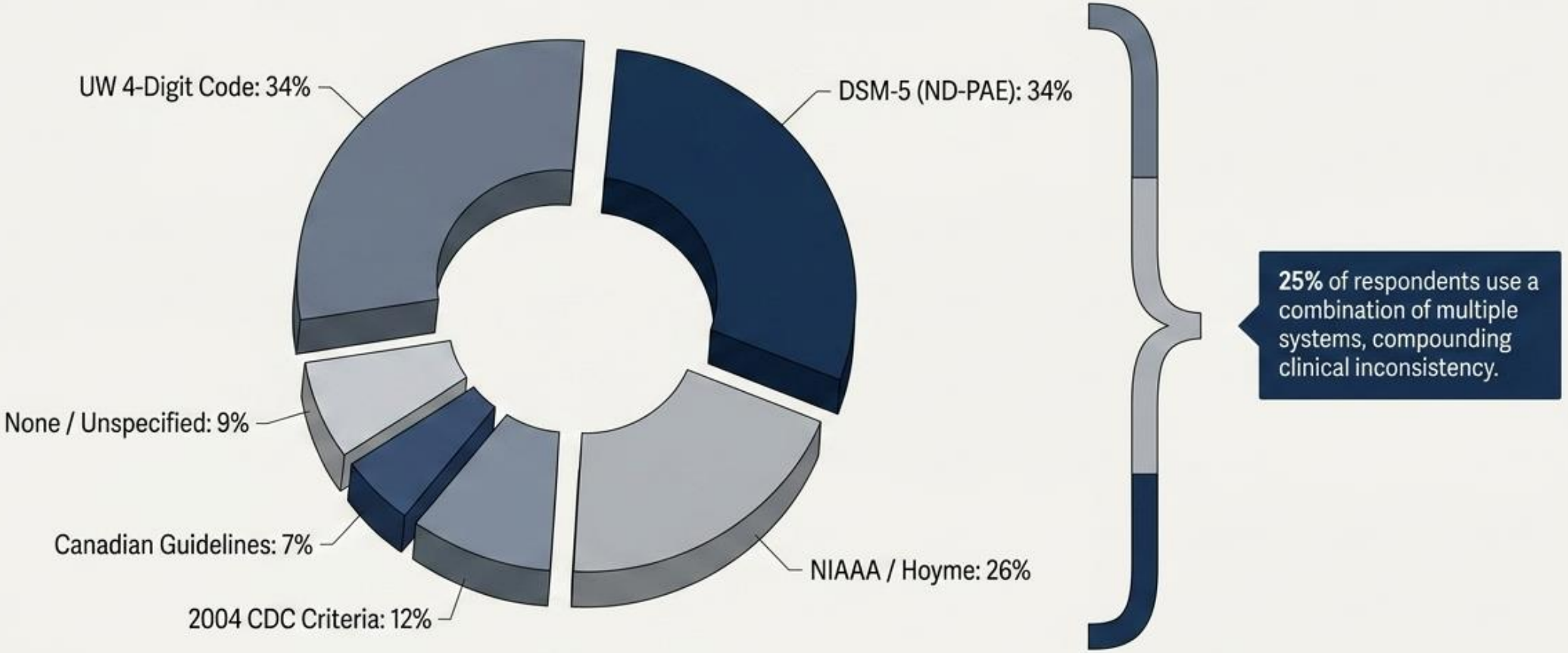
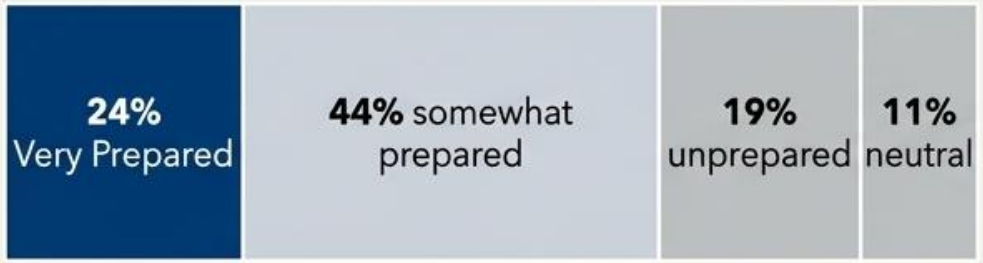
Clinicians are divided across five distinct diagnostic frameworks



Practitioners feel underprepared and are asking for targeted training

Preparedness



Training Needs

More than half of the workforce is actively requesting comprehensive diagnostic and management support.

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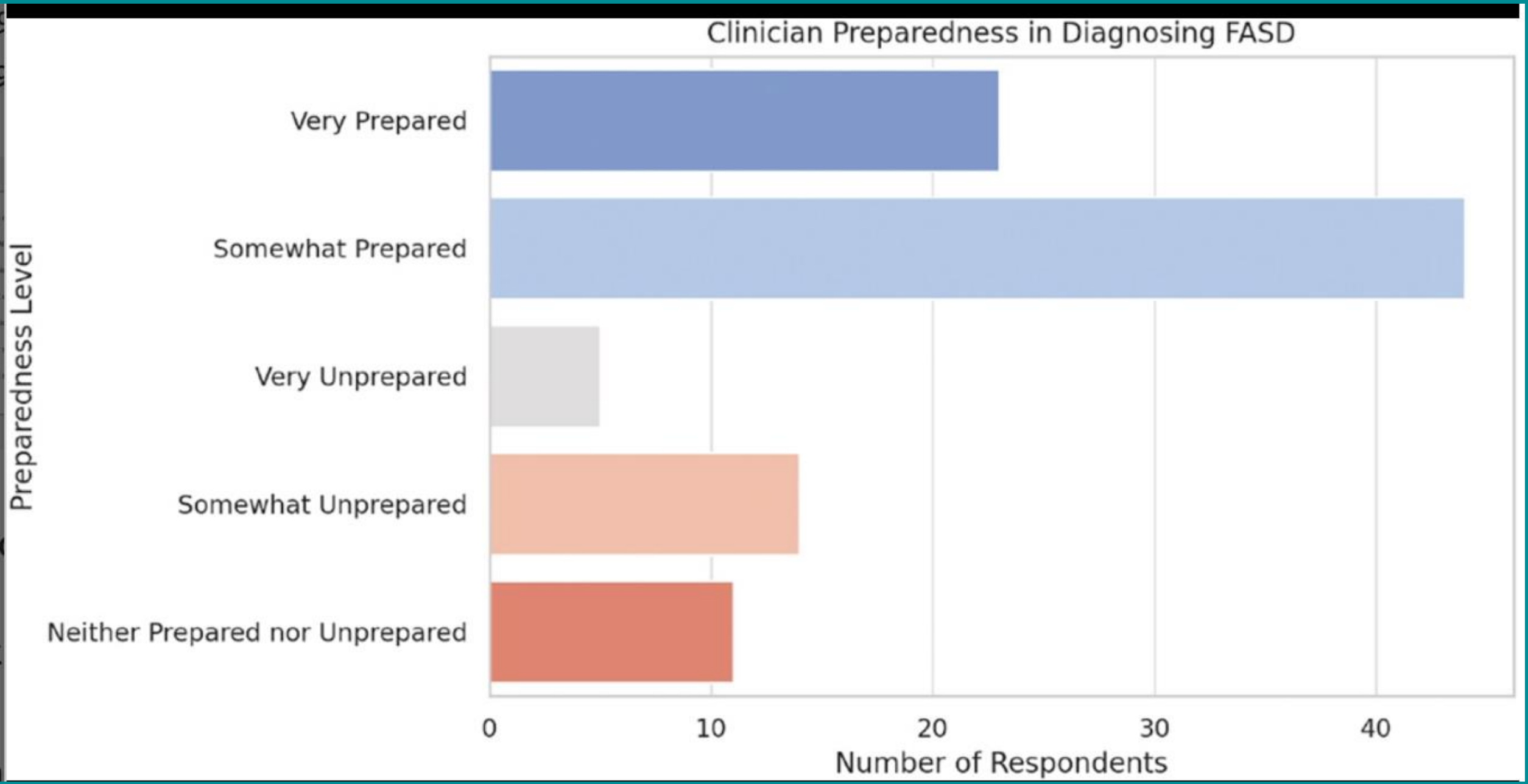
Clinician Preparedness in Diagnosing FASD
Very Prepared
Somewhat Prepared
Very Unprepared
Somewhat Unprepared
Neither Prepared nor Unprepared
Preparedness Level
0
10
20
30
40
Number of Respondents

Diagnosis names the condition.

Function defines the support.

Moving ‘Beyond the Diagnosis’ means adopting a functional overlay that works universally, regardless of which diagnostic label is applied.

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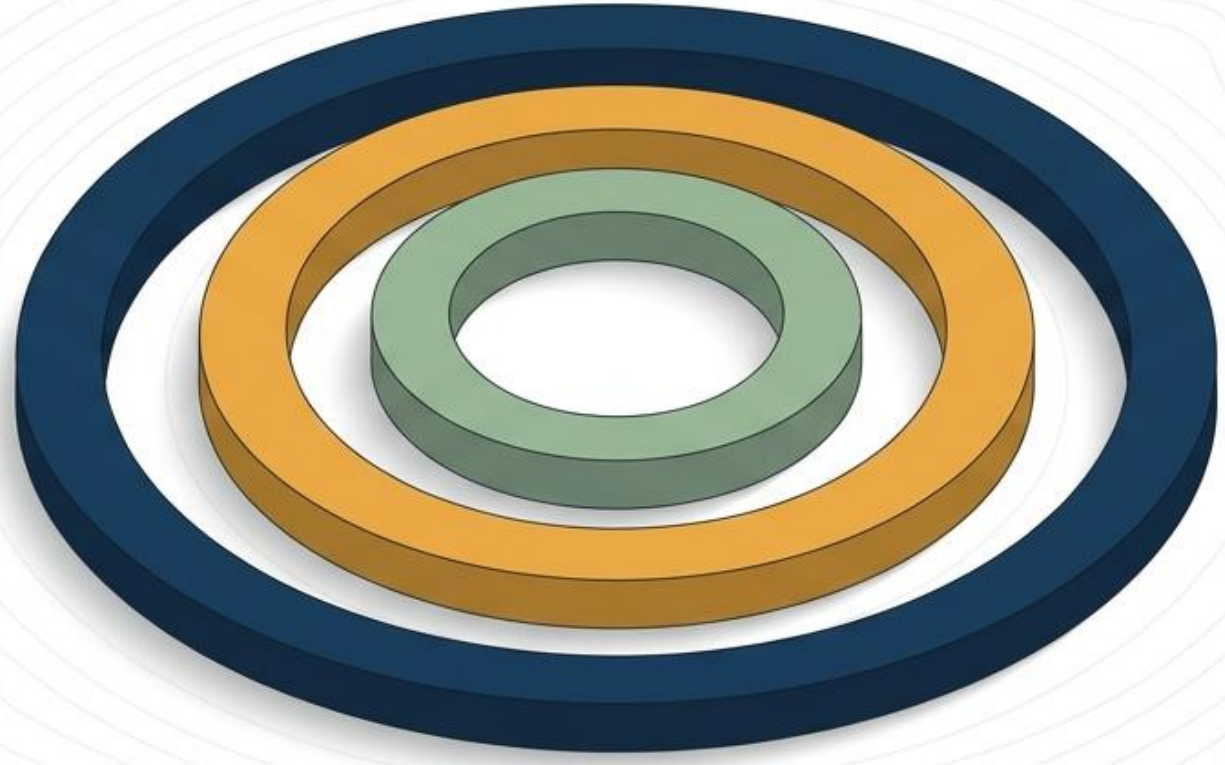
The Functional Classification Model for FASD



The Functional Classification Model (FCM) for FASD

FASD Level	Functional Presentation	Support Needs (FASD-Specific Interventions)
Level 1 (mild) (subtle)	Mild differences in self-regulation, neurocognitive, and adaptive functioning (e.g., executive function challenges, concrete thinking, and differences in social-emotional development); may mask difficulties through rote memory and superficial social skills	• Targeted executive function and self-regulation interventions (e.g., GoFAR, occupational therapy with Zones of Regulation) • Social skills coaching using neurobehavioral FASD strategies (concrete language, visual supports) • IEP or 504 Plan addressing learning needs, emphasizing structure, predictable routines, and strength-based approaches • Parent education on FASD-informed behavior support (e.g., reframing behaviors as “can’t vs won’t”)
Level 2 (moderate) (significant)	Significant challenges in self-regulation, neurocognitive, and adaptive functioning across home, school, and community settings; differences in emotional regulation and impulse control, with increased social vulnerability, are commonly observed	• In addition to level 1 supports, IEP with explicit instruction in learning, adaptive, and social communication skills • Evidence-based caregiver interventions such as Families Moving Forward to build consistency and reduce secondary behaviors • Trauma-informed therapy addressing anxiety, ADHD, or trauma, adapted to developmental—not chronological—age • Respite and family support programs to prevent caregiver burnout
Level 3 (severe) (pervasive)	Severe or pervasive challenges in self-regulation, neurocognitive, and adaptive functioning, with reduced insight and judgment—particularly in complex or unstructured situations—and increased vulnerability in social and environmental contexts (including safety risks); often with significant co-occurring mental health and/or substance use concerns	• In addition to level 2 supports, multidisciplinary and wraparound services with FASD-informed intensive case management • 24-hour supervision or supported living environments • Structured behavioral stabilization (e.g., FASD-informed crisis plans) • Functional communication training and life-skills curricula tailored for FASD • Transition planning emphasizing guardianship, vocational programs, and community integration

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FASD Functional Classification Model

The severity of functional challenges dictates the intensity of clinical support needed.

Level 1: Mild and Subtle

Individual may mask difficulties but requires targeted supports for subtle executive function needs.

Level 2: Moderate and Significant

Presents consistent challenges across settings requiring structured, coordinated supports.

Level 3: Severe and Pervasive

High-level, long-term intensive support is required to manage pervasive challenges and safety risks.

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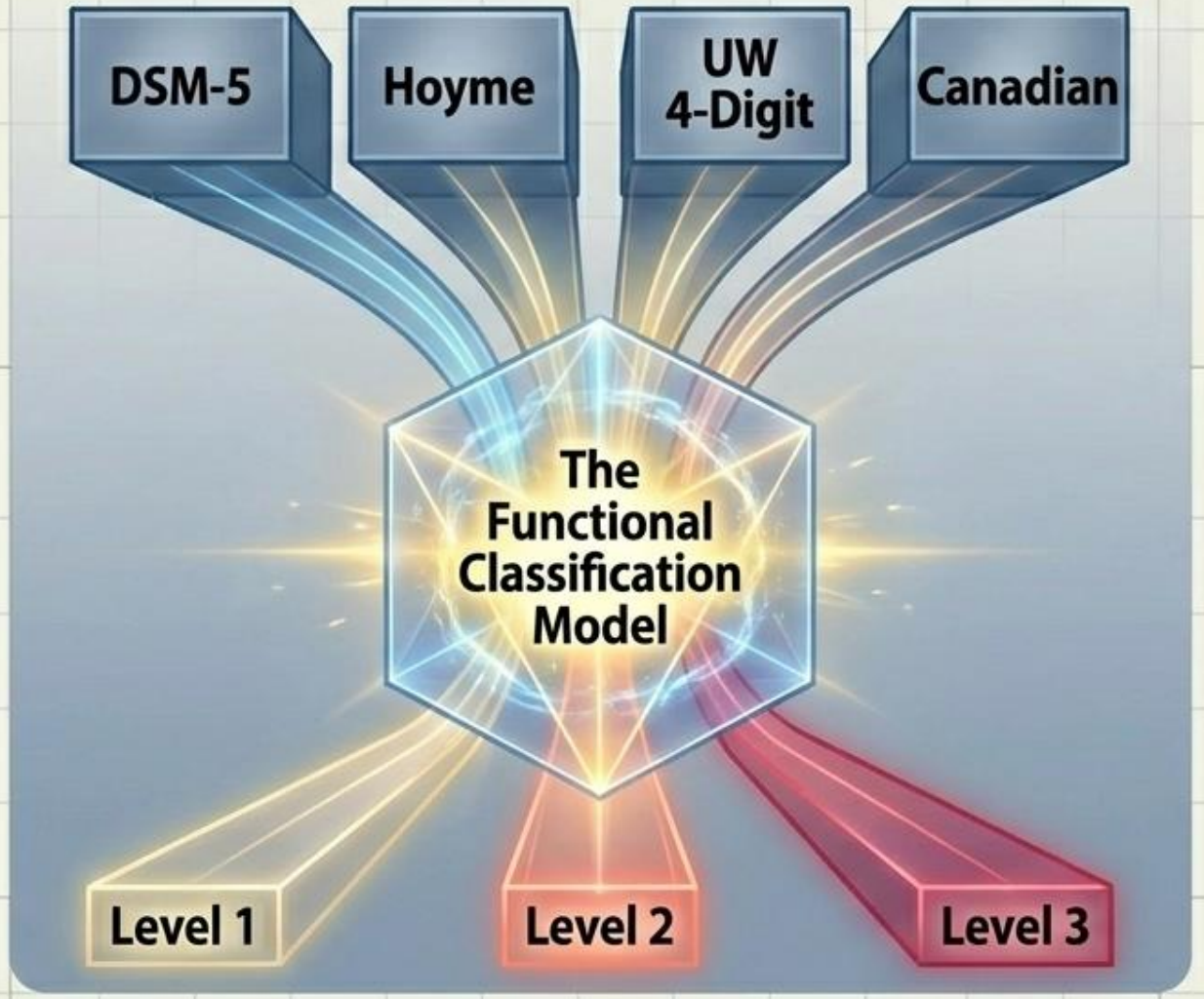
The Functional Overlay: A Shared Clinical Shorthand

Diagnostic Funnel to Support Framework



Not a replacement: Preserves clinician autonomy in choosing foundational diagnostic systems.

A universal translator: Establishes a shared language of support needs across medical, behavioral, and educational settings.

The Shift: Moving the core question from "Which criteria do they meet?" to **"What support do they need?"**

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Functional Classification Model (FCM) Level 1

Functional Presentation

- Mild differences in self-regulation, neurocognitive, and adaptive functioning (e.g., executive function challenges, concrete thinking, and differences in social-emotional development); may mask difficulties through rote memory and superficial social skills

- **Support Needs (FASD-Specific Interventions)**
- Targeted executive function and self-regulation interventions (e.g., GoFAR, occupational therapy with Zones of Regulation)
- Social skills coaching using neurobehavioral FASD strategies (concrete language, visual supports)
- IEP or 504 Plan addressing learning needs, emphasizing structure, predictable routines, and strength-based approaches
- Parent education on FASD-informed behavior support (e.g., reframing behaviors as “can’t vs won’t”)

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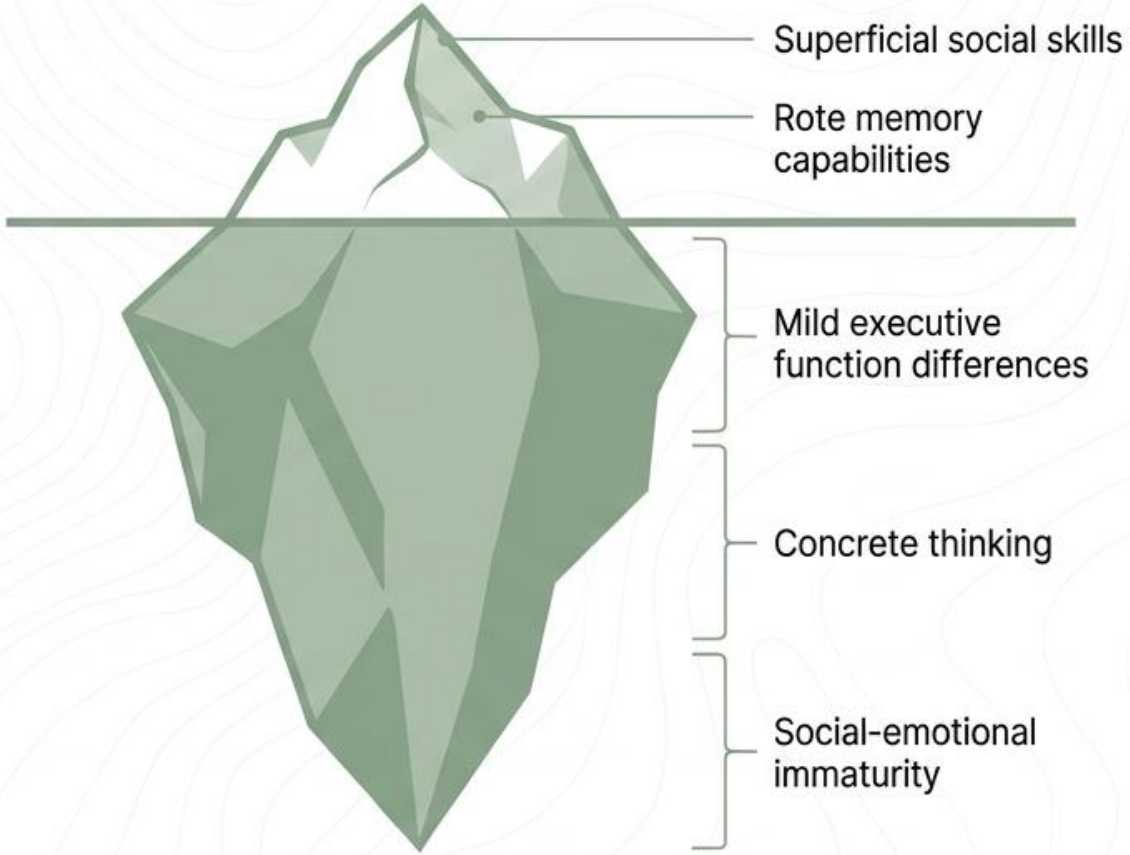
Level 1 (Mild): The Subtle Presentation

Individuals at this level may successfully mask their difficulties, appearing neurotypical while internally working harder to process the world. This hidden nature makes Level 1 highly vulnerable to misinterpretation.



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Level 1 Supports: Foundational Interventions

Targeted Self-Regulation: GoFAR, occupational therapy utilizing Zones of Regulation

Social Skills Coaching: Neurobehavioral FASD strategies utilizing concrete language and visual supports

Structured Learning Environment: IEP or 504 Plan emphasizing structure, predictable routines, and strength-based approaches

Parent Education: FASD-informed behavior support strategies

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Level 1 Overlay: Mild / Subtle Impact

Patient Profile

Clinical Snapshot

- Mild differences in self-regulation, neurocognitive, and adaptive functioning.
- Concrete thinking and social-emotional immaturity.
- May mask difficulties through rote memory and superficial social skills.

Intervention Prescription

Target **executive function** with GoFAR interventions.

Implement **Occupational Therapy** utilizing the Zones of Regulation.

Establish IEP/504 plans utilizing concrete language and predictable routines.

Reframe behaviors for caregivers ("can't vs won't" paradigm).

Functional Classification Model (FCM) Level 2

Functional Presentation

- Significant challenges in self-regulation, neurocognitive, and adaptive functioning across home, school, and community settings; differences in emotional regulation and impulse control, with increased social vulnerability, are commonly observed

Support Needs (FASD-Specific Interventions)

- In addition to level 1 supports, IEP with explicit instruction in learning, adaptive and social communication skills
- Evidence-based caregiver interventions such as Families Moving Forward to build consistency and reduce secondary behaviors
- Trauma-informed therapy addressing anxiety, ADHD, or trauma, adapted to developmental—not chronological—age
- Respite and family support programs to prevent caregiver burnout

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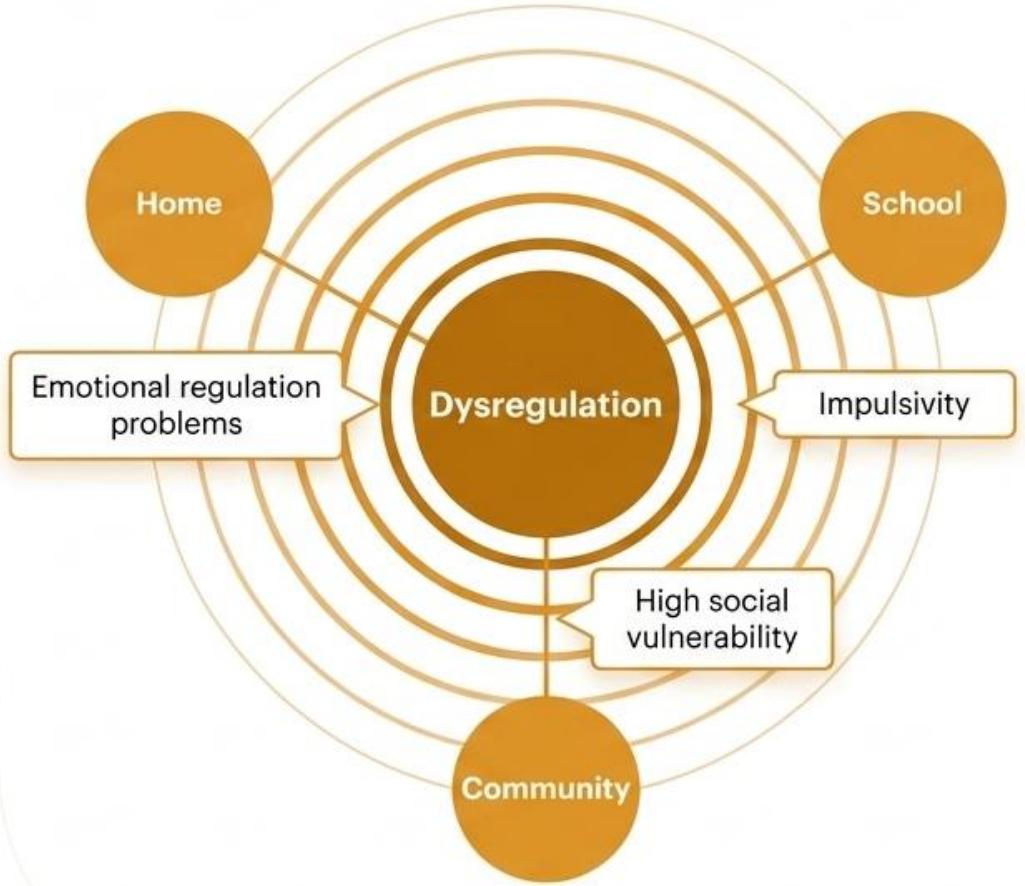
Level 2 (Moderate): The Significant Presentation



Deficits echo across all daily settings, breaking past the containment of rote memory or masking.

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Level 2 Supports: Structural Ecosystem Interventions

In addition to all Level 1 supports...

Explicit Instruction: IEPs featuring direct teaching in learning, adaptive, and social communication skills.

Caregiver Interventions: Evidence-based programs (e.g., Families Moving Forward) to build consistency.

Trauma-Informed Therapy: Interventions for anxiety, ADHD, or trauma.

Caregiver Survival: Respite and family support programs to actively prevent caregiver burnout.

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Level 2 Overlay: Moderate / Significant Impact

Patient Profile

Clinical Snapshot

- Significant neurobehavioral deficits spanning home, school, and community settings.
- Prominent emotional regulation problems and impulsivity.
- High social vulnerability.

Intervention Prescription

Integrate **explicit instruction** in learning and adaptive skills into the IEP.

Deploy **evidence-based caregiver frameworks** like *Families Moving Forward* to reduce secondary behaviors.

Provide **trauma-informed therapy** strictly adapted to developmental age, not chronological age.

Secure structured respite to prevent severe caregiver burnout.

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Functional Classification Model (FCM) Level 3

Functional Presentation

- Severe or pervasive challenges in self-regulation, neurocognitive, and adaptive functioning, with reduced insight and judgment—particularly in complex or unstructured situations—and increased vulnerability in social and environmental contexts (including safety risks); often with significant co-occurring mental health and/or substance use concerns

Support Needs (FASD-Specific Interventions)

- In addition to level 2 supports, multidisciplinary and wraparound services with FASD-informed intensive case management
- 24-hr supervision or supported living environments
- Structured behavioral stabilization (e.g., FASD-informed crisis plans)
- Functional communication training and life-skills curricula tailored for FASD
- Transition planning emphasizing guardianship, vocational programs, and community integration

Level 3: Severe/Pervasive

Significant challenges in self-regulation, neurocognitive, and adaptive functioning across home, school, and community settings; differences in emotional regulation and impulse control, with increased social vulnerability, are commonly observed

The Metaphor (Permanent Scaffolding): This is not temporary construction support meant to be removed. The individual's architecture requires lifelong, structural bracing to remain stable.

Targeted Interventions:

- 24-hour supervision or supported living environments.
- FASD-informed intensive case management.
- Transition planning emphasizing guardianship and community integration.

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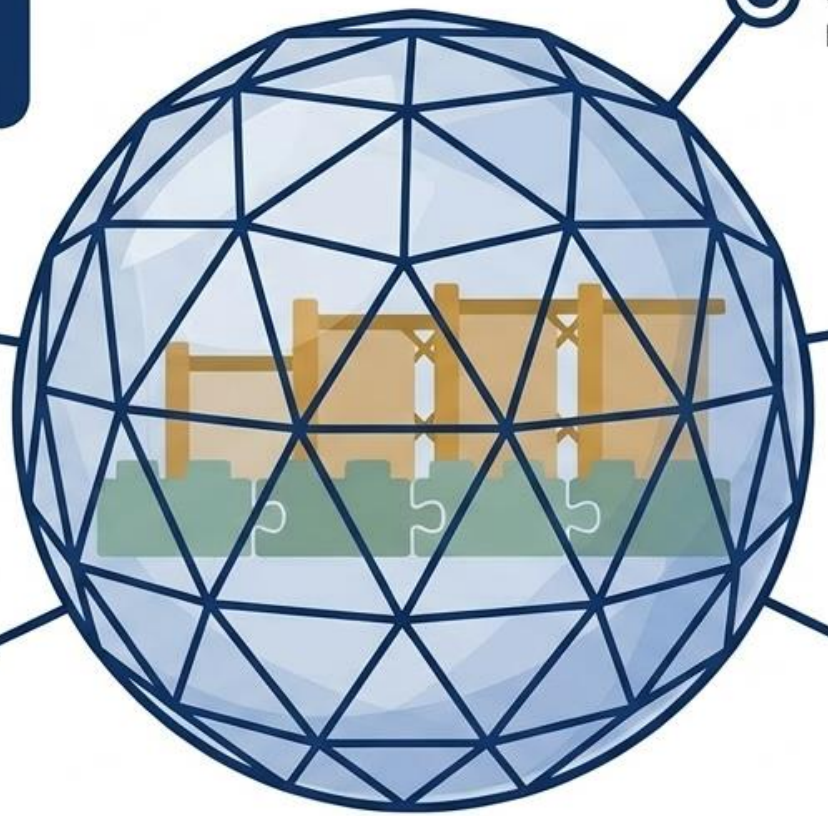
Level 3 Supports: The Wraparound Safety Net

In addition to Level 1 and Level 2 supports...



Multidisciplinary wraparound services with intensive case management

24-hour supervision or supported living environments

Structured behavioral stabilization (FASD-informed crisis plans)

Functional communication and life-skills curricula

Transition planning emphasizing guardianship and vocational programs

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Level 3 Overlay: Severe / Pervasive Impact

Patient Profile

Clinical Snapshot

- Severe, pervasive neurobehavioral and adaptive impairments.
- Critically limited insight and poor judgment.
- High risk for victimization, crises, and concurrent mental health/substance use concerns.

Intervention Prescription

- Initiate **multidisciplinary Wraparound services** with intensive FASD-informed case management.
- Secure **24-hour supervision** or supported living environments.
- Develop rigorous FASD-informed **behavioral stabilization** and crisis plans.
- Execute **transition planning** emphasizing guardianship and vocational programs.

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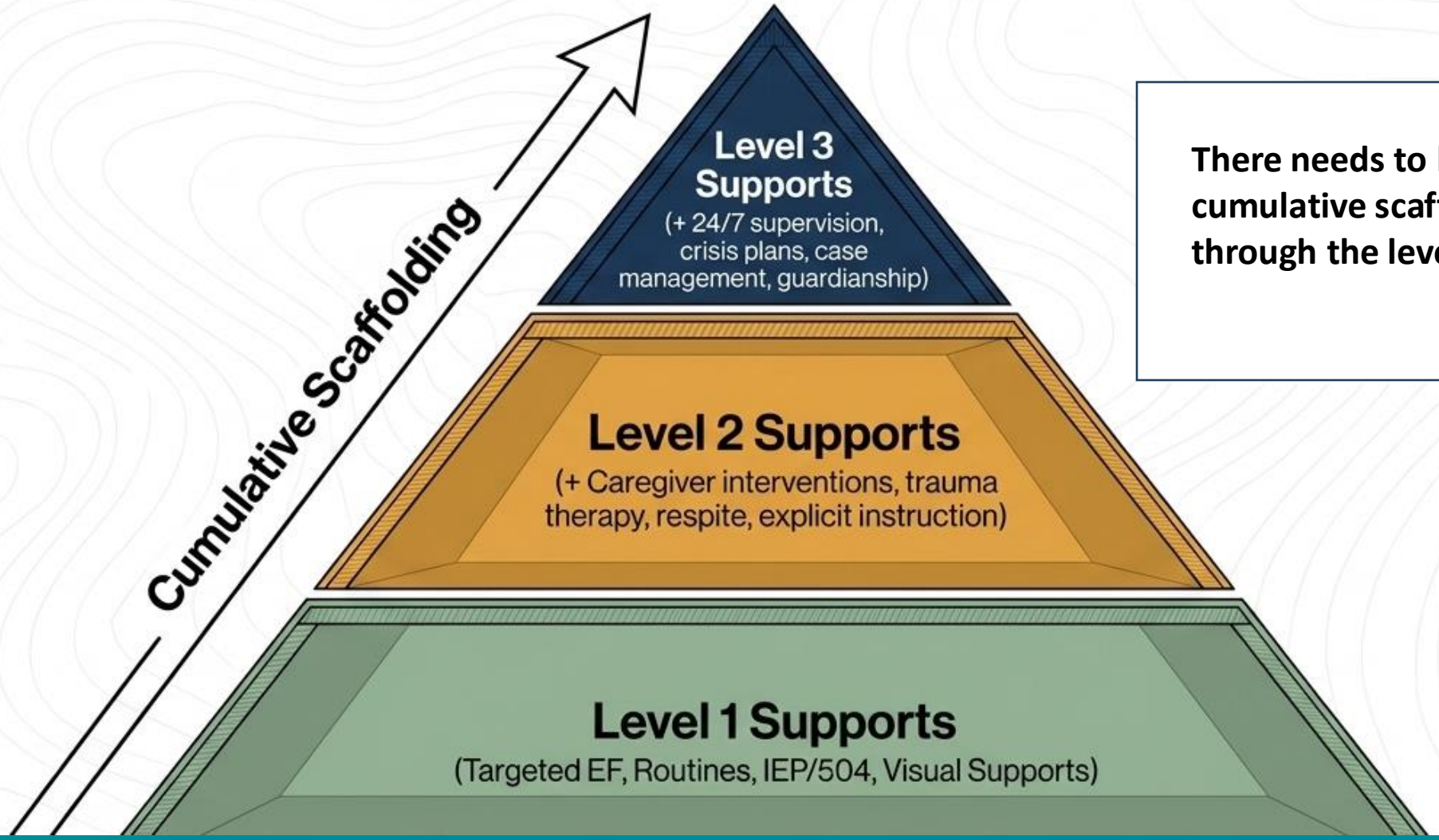
The Cumulative Intervention Pyramid



There needs to be cumulative scaffolding through the levels.

The Functional Escalation Matrix

	Level 1	Level 2	Level 3
Educational Support	IEP/504 with concrete language	Explicit instruction	Functional communication & Life-skills curricula
Behavioral & Mental Health	OT & Zones of Regulation	Trauma-informed therapy (developmental age)	Wraparound & FASD-informed crisis plans
Caregiver & Safety	Reframe “can’t vs won’t”	Families Moving Forward & Respite	24-hr supervision & Guardianship

A single, scannable reference guiding resource allocation instantly.

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From Diagnosis to Action

- Diagnosis identifies the condition
- **Function defines the support needed**
- Current systems do not consistently guide intervention
- **The Functional Classification Model bridges this gap**

A Shared Framework for Care

- **Clinicians:** clearer, structured decision-making
- **Systems:** more consistent service allocation
- **Families:** clearer understanding of support needs
- **Across settings:** shared language for communication

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From Diagnosis to Action

1. DIAGNOSIS
(Starting Point)

Diagnosis identifies the condition.

It establishes the clinical starting point but does not always dictate the path forward.

2. FUNCTION
(Support Levels)

Function defines the support needed.

Support is categorized by severity: Level 1, Level 2, and Level 3.

3. CURRENT SYSTEMS
(The Gap)

Current systems lack intervention guidance.

Existing frameworks often fail to consistently link a diagnosis to actionable support strategies.

4. FCM
(The Bridge)

The FCM bridges the gap.

The Functional Classification Model connects diagnosis to function to ensure appropriate support.

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PARADIGM SHIFT

FROM:
"DOES THIS INDIVIDUAL MEET CRITERIA?"

TO:
"WHAT LEVEL OF SUPPORT IS NEEDED FOR SUCCESS?"

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The Functional Classification Model (FCM) for FASD

- **Diagnosis names the condition.**
- Function defines the support.

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Moving from Concept to Practice

- **Adopt a functional lens** alongside diagnosis in clinical care
- **Use shared language** to communicate support needs across systems
- **Integrate into practice**: evaluation → support planning → follow-up
- **Advance training** to include functional classification in FASD care
- **Align systems** (education, healthcare, community) around support levels

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The Functional Classification Model (FCM) for FASD

A Unified Path Forward for FASD Care

Harmonizing diagnostic criteria and incorporating severity levels promotes immediate clarity.

Bridges the gap between identification and actionable, equitable service planning.

Shifting the clinical focus to a shared language of support need moves us from diagnostic frustration to functional intervention.

Empowering clinicians, aligning educators, and supporting families through a single, functional clinical shorthand.

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