

UNIVERSITY OF NEW ENGLAND Center for Excellence

WHAT IS FASD?

• Is a birth defect that occurs when a person is prenatally exposed to alcohol

PRENATAL ALCOHOL **EXPOSURE (PAE)**

• Causes a range of adverse physical, neurocognitive, and behavioral effects

We are an interprofessional team that worked together to educate and bring awareness to FASD. There are a lot of misconceptions regarding this disorder. After learning that there are no medical trainings for physicians regarding diagnosing which results in a lack of therapy, we were eager to bring awareness to this serious matter.

COMMON **MISCONCEPTIONS**

- Facial abnormalities are a common sign • 29.2% of male youth with FASD reported a serious suicide attempt of an FASD diagnosis
- All healthcare professionals receive proper education and training about FASD

Fetal Alcohol Spectrum Disorder Awareness

in Collaborative Education Stephanie Burns, HWOS & Danielle Clymer, AES Pre-Medicine

University of New England

PREVALENCE AN

PREVALENCE

- 1 out of every 20 children in the U.S.
- 10 times greater diagnosis for children in fos
- However, many foster children have missed

DIAGNOSIS

- Criteria for diagnosis includes PAE and CNS
- Although facial abnormalities such as small with FASD, they only occur in 10% of peopl

THE HAZARDS OF

IMPORTANCE OF TREATMENT

- Conduct a FASD diagnostic evaluation as ea document alcohol exposure in the medical re-
- Re-evaluate at age 8 to update diagnosis
- Predictors of positive outcomes include
 - Early Diagnosis and Intervention & Stable, Nurturing Home Environment

WHAT HAPPENS TO FAMILIES IF THEY DO NOT GET A DIAGNOSIS?

- Almost 50% experience problems related to alcohol and drugs
- Legal trouble at a younger age which may result in incarceration and/or juvenile detention

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• oster care d diagnoses of FASD	The 8 Adap Func Sense Disat
• IS or brain abnormalities I eyes and thin lips are often associated ole with FASD F NOT KNOWING	Our g FASE field o decrea treatm
early as possible (birth to age 3) to record and begin early intervention •	Caryr Valeri Kelse Shelle

LY OCCUPATIONS IMPACTED

8 areas of occupations are impacted due to: ptive Function, Severe Executive ctioning, Attention, and Memory Deficits, sory Overload, Average/Low IQ, Learning bilities, Sleep Disorder

UTURE IMPLICATIONS

goal is to spread awareness about D diagnosis across an interdisciplinary of healthcare providers. Leading to a ease in misdiagnoses and an increase in ment and therapies.

American Occupational Therapy Association. (1999, November 1). Definition of OT practice for the Aota Model Practice Act. American Occupational Therapy Association. Retrieved April 20, 2022, from https://research.aota.org/ajot/article/53/6/608/6703/Definition-of-OT-Practice-for-the-AOTA-Model

American Occupational Therapy Association. (n.d.). Aota.org. Retrieved April 20, 2022, from https://www.aota.org/

Cote, M., Teegan, K., & Konrad, S. C. (2022, February). The Hidden Epidemic: Exploring Fetal Alcohol Spectrum Disorder. UNE Center for Excellence in Collaborative Education. Biddeford, ME; Bush Board Room, Ketchum Library.

Hemingway, S. J. (2022, February). Fasd Diagnosis, Intervention & Prevention. Maine Pediatric & Behavioral Helath Partnership's Learning Series 2022

Keller, M. (2003). Occupational Therapy 's Intervention for Fetal Alcohol Syndrome: Family Centered Therapy. UND Scholarly Commons. Retrieved April 21, 2022, from https://commons.und.edu/cgi/viewcontent.cgi?article=1105&context=ot-grad

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REFERENCES