

Postgraduate Online Learning Open Days

Fetal Alcohol Spectrum Disorder (FASD) PgCert

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Why learn about Fetal Alcohol Spectrum Disorder?



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What is FASD?

Fetal Alcohol Spectrum Disorder (FASD) is a descriptor term used to describe the range of physical, emotional and developmental differences that may affect a person if they were exposed to alcohol in utero.

FASD may not be detected at birth, however it can become apparent later in life as expectations for age increases but their abilities do not develop typically.

FASD affects people across the lifespan:

- Differences can occur in the structure, size, growth, and function of the brain and central nervous system.
- Difficulties can present with learning, academic attainment, social and emotional development.



FASD: Likely to be one of the most Common Neurodevelopmental Conditions

- 90% of people with FASD will not have obvious physical features, with the most common effects being on the brain and general neurodevelopment.
- 20% of those on the FASD spectrum will have an Intellectual Disability.
- IQ is typically above 70 (can often be seen as a 'patchy profile') + may have ASD/ADHD
- FASD can also affect:
 - Language & memory abilities.
 - Academic performance & adaptive function is often at younger age / stage
 - Social & emotional self-regulation – executive function is a huge issue.

FASD is 3-5 times as common as Autism.

Is FASD considered within your workplace?



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Even Higher Prevalence rates....

- **Care-experienced**

One in four children in foster care may have FASD

(Popova et al., 2019)

- **Criminal justice system**

23-36% of youth forensic inpatients may have FASD

(Fast et al, 2009; Bower et al., 2018)

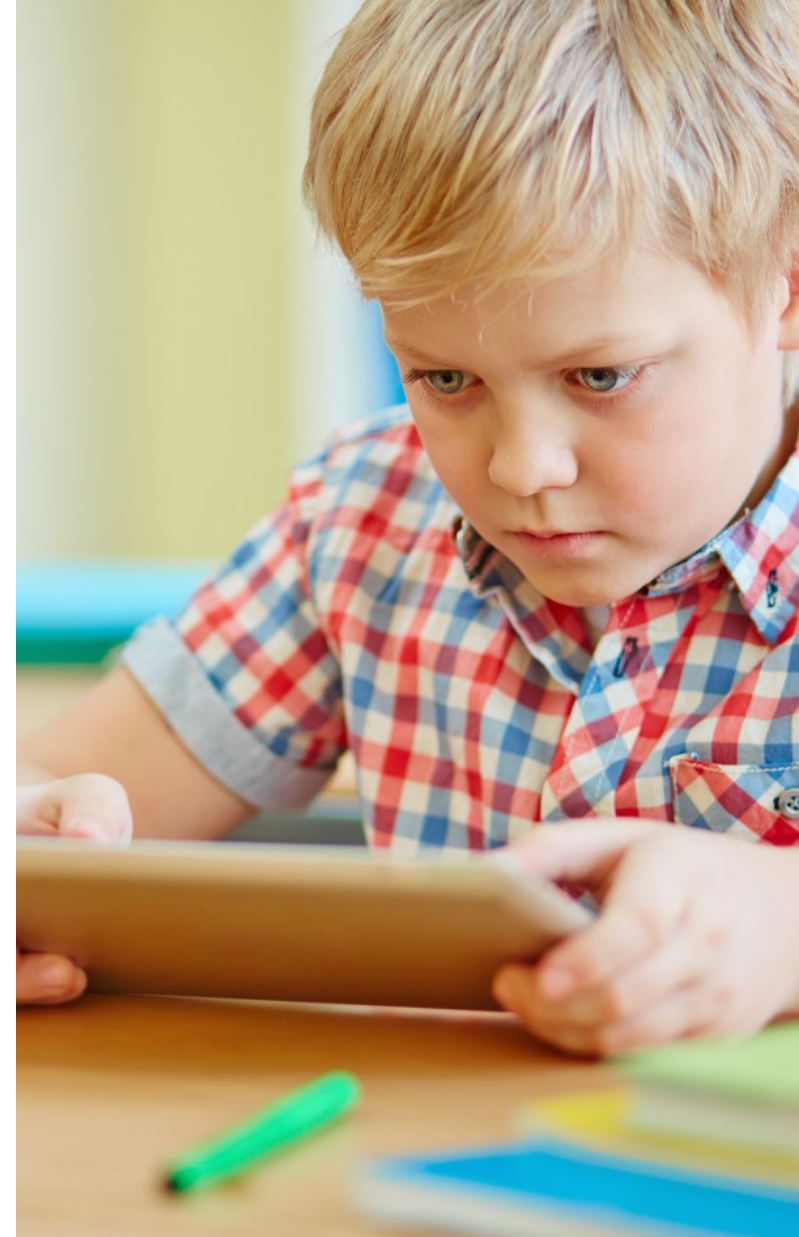
- **Mental health difficulties**

>14% of those in psychiatric care may have FASD

(Popova et al., 2019)

- **Homelessness (?)**

**FASD is not just limited to these subpopulations:
FASD affects individuals across all
socioeconomic demographics**



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Secondary Difficulties

If prognosis is not accurately understood, as children with FASD grow older they may experience:

- Mental health problems (94%)
- Alcohol and/or substance misuse (38-46%)
- Employment problems (37-80%)
- Legal problems with offending (30-42%)
- Risk of suicide (23%)
- Living in sheltered housing (21%)
- Risk of violence exposure (72%)
- Inappropriate sexual behaviour (45%)



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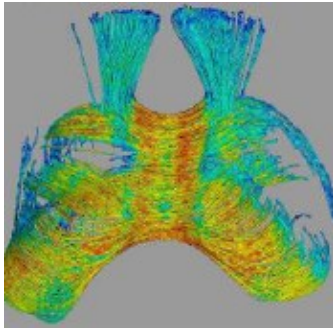
A hidden disability: evidence from functional imaging

The brain is particularly vulnerable to the effects of alcohol

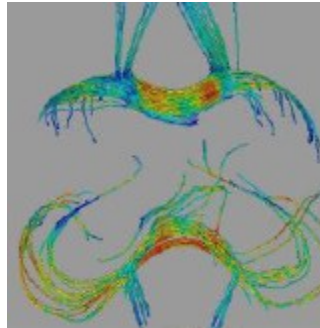
- Alcohol, specifically ethanol, significantly hinders cell growth in the brain across all of gestation.
- Alcohol has more effects on brain development than other illicit substances such as heroin or cocaine.
- Severity of impact is linked to frequency and amount of drinking, in addition to maternal factors and stage of pregnancy.

Fewer connections...

Control



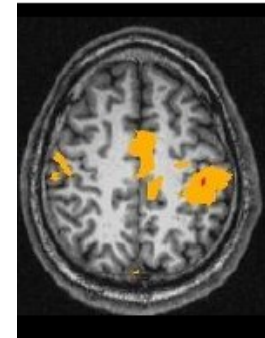
FAS



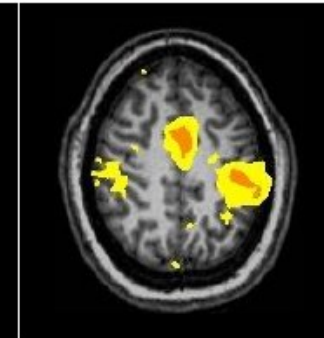
Diffuser Tensor Imaging studies
(CIFASD)

...means the brain has to work harder

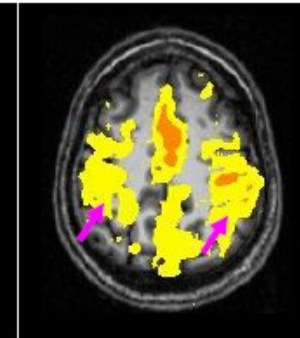
Control



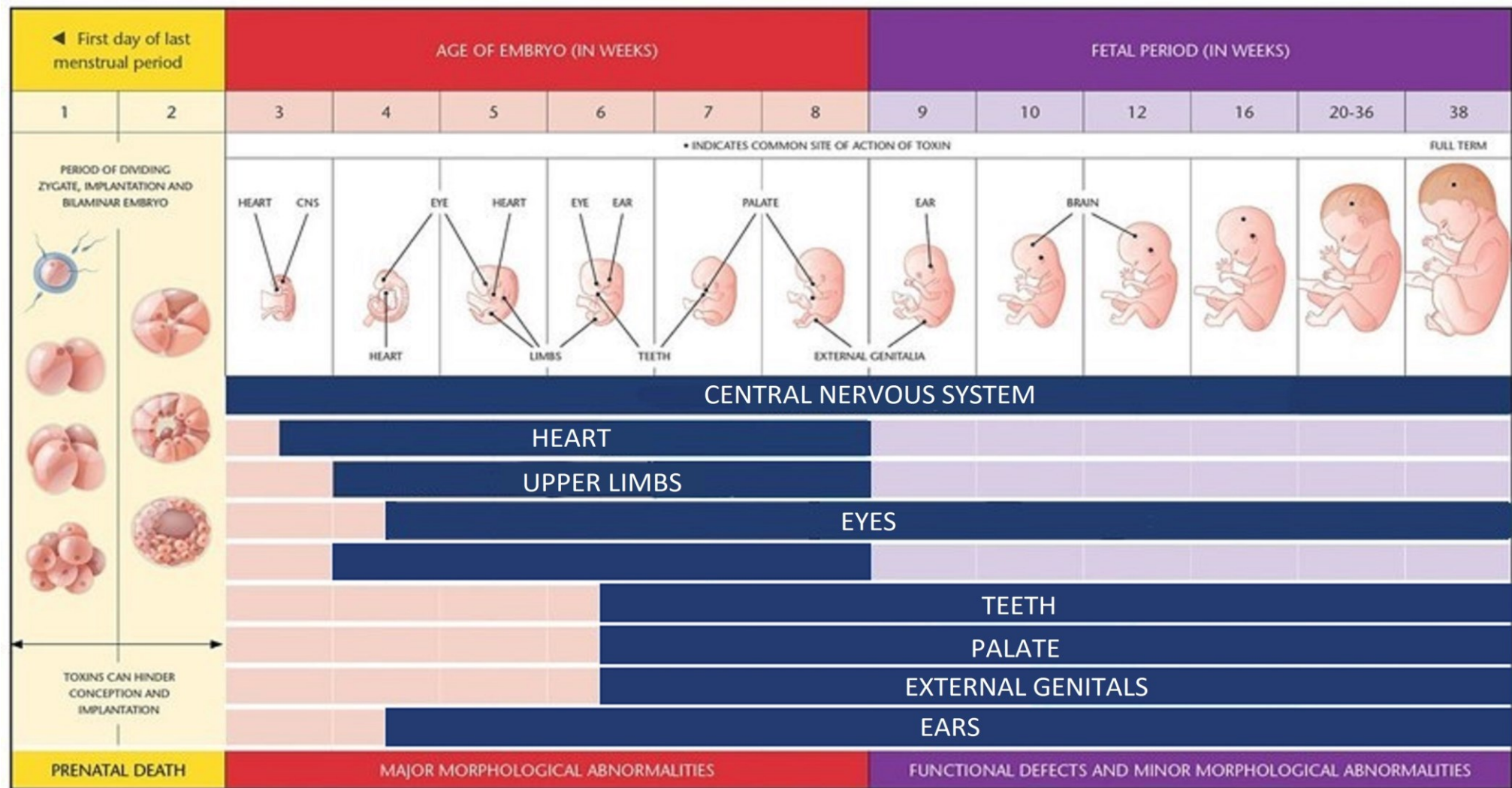
ARND



FAS



Functional MRI



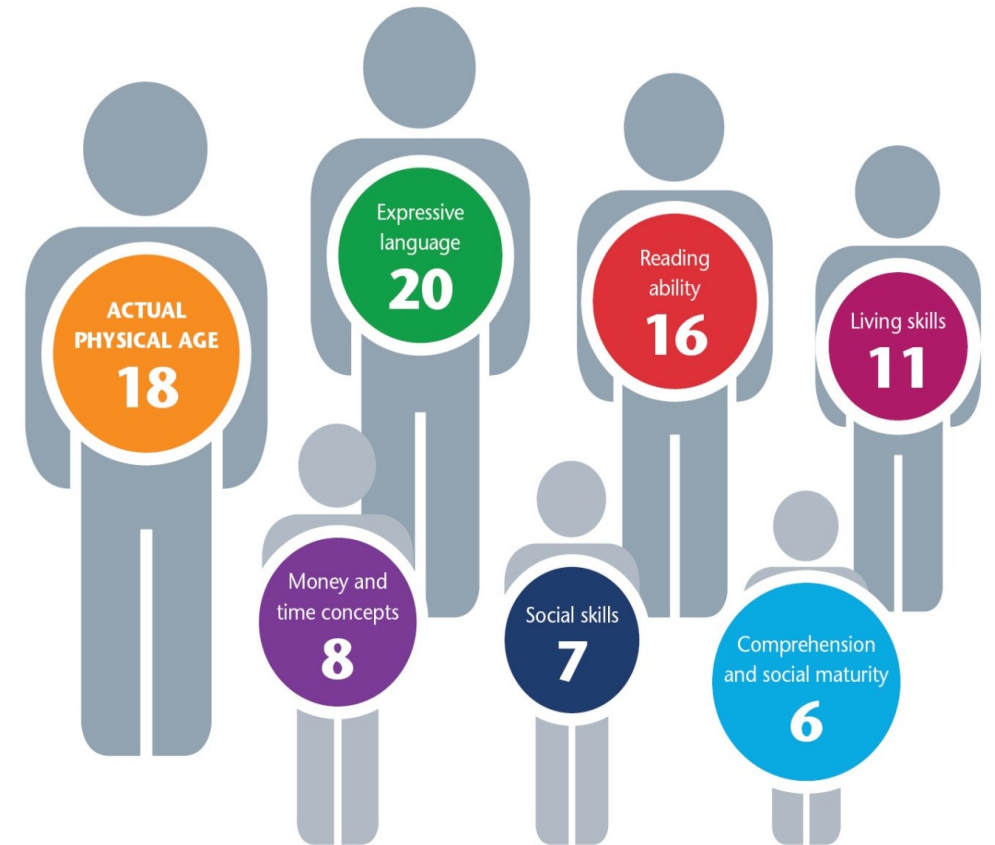
 Indicates highly sensitive periods when toxins may induce abnormalities

Brain Domains

This means what you see isn't always what you get.

Profiles differ significantly from individual to individual:

- There is no single profile of FASD.
- An individual's actual age may not be an indicator of their functional key areas of their life.
- Individuals may function well in some domains, yet poorly in others.
- Highly variable from individual to individual.
- Building up a strengths profile of ***every individual*** is key!



Example of a possible developmental profile of 18 year old with FASD

Why is FASD not Commonly Recognised?

Very few children with FASD are properly identified and offered diagnosis due to a lack of:

- Facial features
- FASD Awareness and Assessment Capacity
- Asking about and / or documentation of alcohol exposure
- Diagnostic Overshadowing

Features of FASD may overlap with or be misunderstood as another condition, such as autism or ADHD



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Does Diagnosis Matter?

Diagnosis = “through knowledge” =

- Appropriate care and assessments
- Provides early identification and support
- Reduces risk in future pregnancies
- Reduces behavioural problems, social exclusion and mental illness
- Can facilitate individuals to achieve their potential through a shared understanding of their specific needs
- Reduces cost: over lifetime estimated cost of £1.3m per individual

Key point: a diagnosis can facilitate access to the appropriate support, allowing for more positive outcomes and the avoidance of secondary harms



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Successful Outcomes

Early identification and diagnosis provides a crucial window of opportunity:

- To enhance educational outcomes
- To enhance the child's understanding of themselves
- To provide early intervention
- To link with resources and support
- To facilitate successful transition to adulthood
- To improve family relationships

Diagnosis and early intervention is known to improve outcomes



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How can I learn more?

Postgraduate Certificate in Fetal Alcohol Spectrum Disorder (FASD)



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PgC Fetal Alcohol Spectrum Disorder

- 3 x 10 week courses (each 20 credits)
- Part time and online
- Applied, clinical focus
- Recorded content for flexible participation
- Designed to fit around working professionals
- Taken flexibly over 18-36 months



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Understanding FASD: Context, Contributors & Clinical Presentation

- Introduction to FASD
- Being Trauma-Informed, Societal Problems and the Ethics of FASD
- Potential 'Causes' of Prenatal Alcohol Use
- The Biological Basis of FASD
- The Primary Effects of FASD
- The Secondary Effects of FASD
- Importance of Support and Diagnosis
- How FASD is Detected
- FASD Prevention
- Next Steps



The Assessment and Diagnosis of FASD

- Introduction to FASD and Service Considerations
- Diagnostic Systems and Guidelines
- Diagnosing FASD: Assessing Prenatal Alcohol Exposure
- Diagnosing FASD: Physical Features and Health Assessment
- Diagnosing FASD: Neurodevelopmental Assessment 1
- Diagnosing FASD: Neurodevelopmental Assessment 2
- Differential Diagnosis and Developmental Trauma
- The Ethics of Diagnosing FASD
- Seminar 1
- Seminar 2



- Advanced Practice in FASD
 - Service Pathways and Assessment Structures
 - Polydrug Use, Genetic Finding and Inheritable Vulnerabilities
 - Seminar 1
 - Neuroassessment focus week 1
 - Birth families – safeguarding and safety nets
 - Seminar 2
 - Neuroassessment focus week 2
 - Disentangling ACES, trauma and neglect and adult forensic considerations
 - Seminar 3
 - Strategies, recommendations, report writing



Postgraduate Certificate in Fetal Alcohol Spectrum Disorder

Learning Outcomes:

- A trauma informed understanding of the wider causes and contributors to prenatal alcohol use
- Confidence in the diagnosis, and differential diagnosis, of complex cases with fetal alcohol exposure
- Skills required for developing and supporting service design & development
- Knowledge of the multi-disciplinary diagnostic process allowing you to act as case manager
- The expert level skills to allow you to supervise others



Contact details for follow-up questions

We apologise if we did not get through all of your questions in the time allotted for this session.

If you have further questions that have not been answered, please email:
futurestudents@ed.ac.uk

OR contact our team directly on:
faast@ed.ac.uk



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Thank you

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