

Fetal Alcohol Spectrum Disorders: A Regional Training Center's Approach on Disseminating Knowledge and Training

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FASD Regional Training Centers (RTCs)

- Funded by the Centers for Disease Control and Prevention (CDC).
- Purpose is to develop, implement, and evaluate educational curricula regarding FASD prevention, identification and care; and
- To incorporate curricula into grantee's system as well as other schools in the region.
- Based upon seven comprehensive competencies.

FASD Competency-Based Curriculum

- Foundation
- Screening and Brief Interventions
- Models of Addiction
- Biological Effects of Alcohol on the Fetus
- Screening, Diagnosis, and Assessment of FAS
- Treatment Across the Lifespan for Persons with FASDs
- Ethical, Legal, and Policy Issues

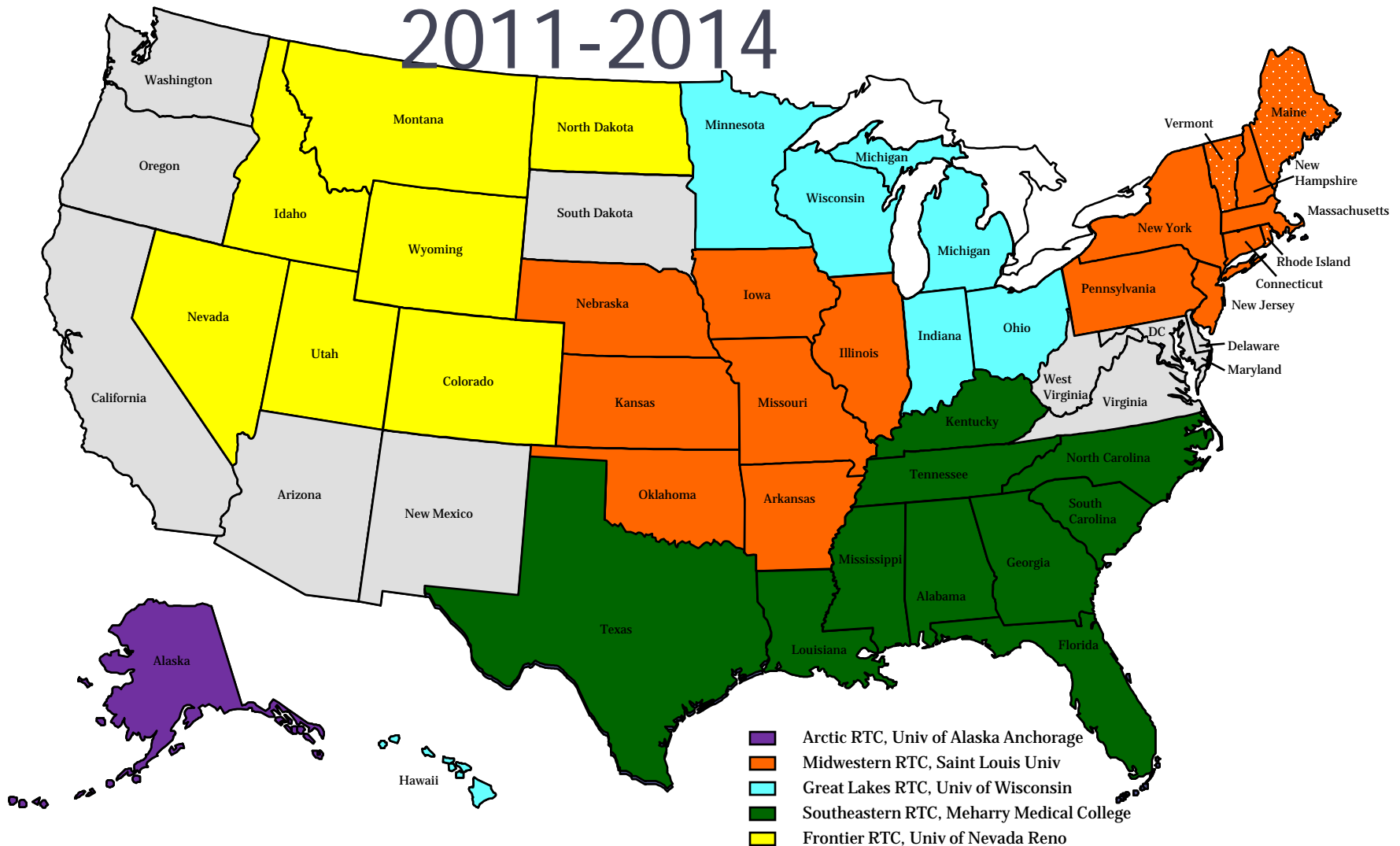
FASD Southeast Region

- Covers the states of AL, FL, GA, KY, LA, MS, NC, SC, TN, TX, & U.S. Virgin Islands



FASD Regional Training Centers

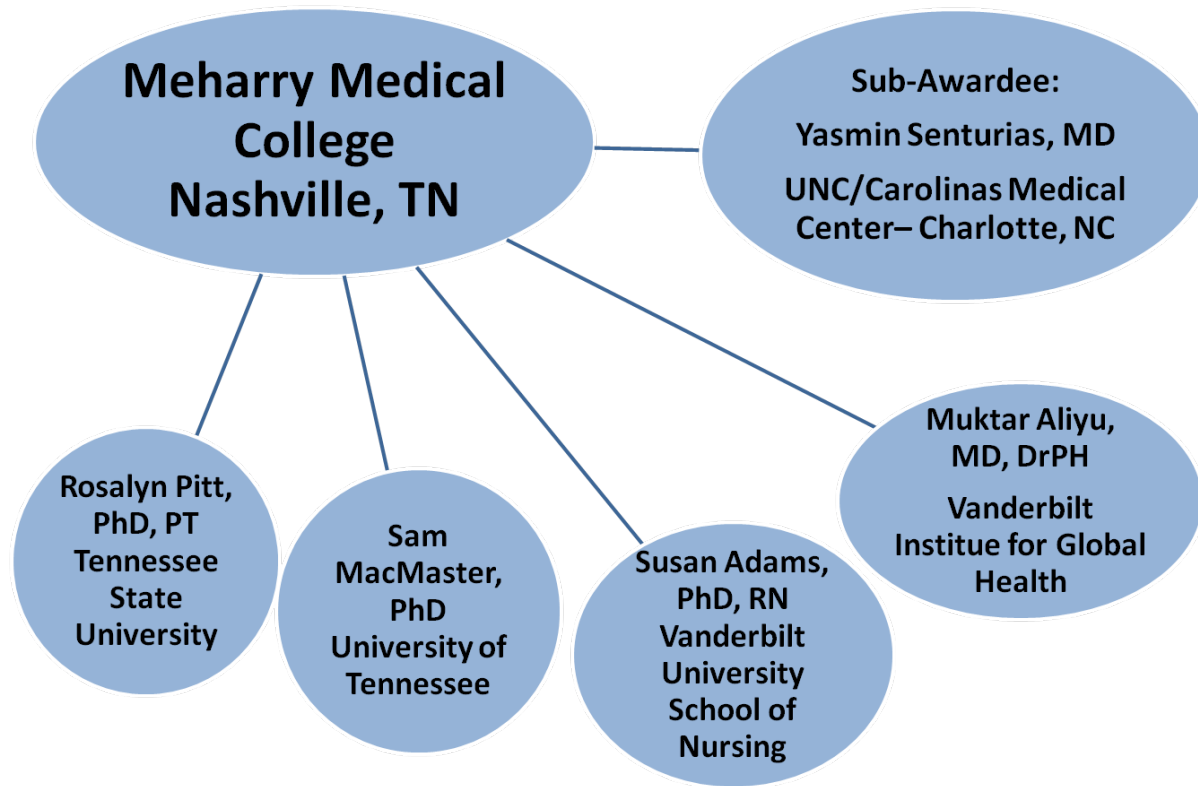
2011-2014



FASD Southeast

- Cooperative effort between Meharry Medical College and the University of North Carolina (UNC)/Carolinas Medical Center.
- Based at Meharry Medical College in Nashville, TN.
- Since its inception in 2002, the Center has reached over 15,000 practicing physicians, physician residency programs, and allied health providers.
- Training includes information on FASD as well as screening and brief intervention (SBI).

FASDsoutheast 2011-2014



Audiences reached by our RTC

- Medicine (Family Medicine, Preventive, Occupational, Obstetrics and Gynecology, Pediatrics)
- Nursing
- Social Work
- Physical and Occupational Therapy
- Public Health
- Behavioral/mental health and corrections
- Dental

Types of trainings

- Didactics (classroom settings, coursework, grand rounds)
- Presentations at competitive National and International Conferences
- Case study/problem based learning
- Experiential/role play
- Testimonials via media and live presentations by caregivers of those affected
- Train the Trainer (TtT) workshops
- Panel discussions

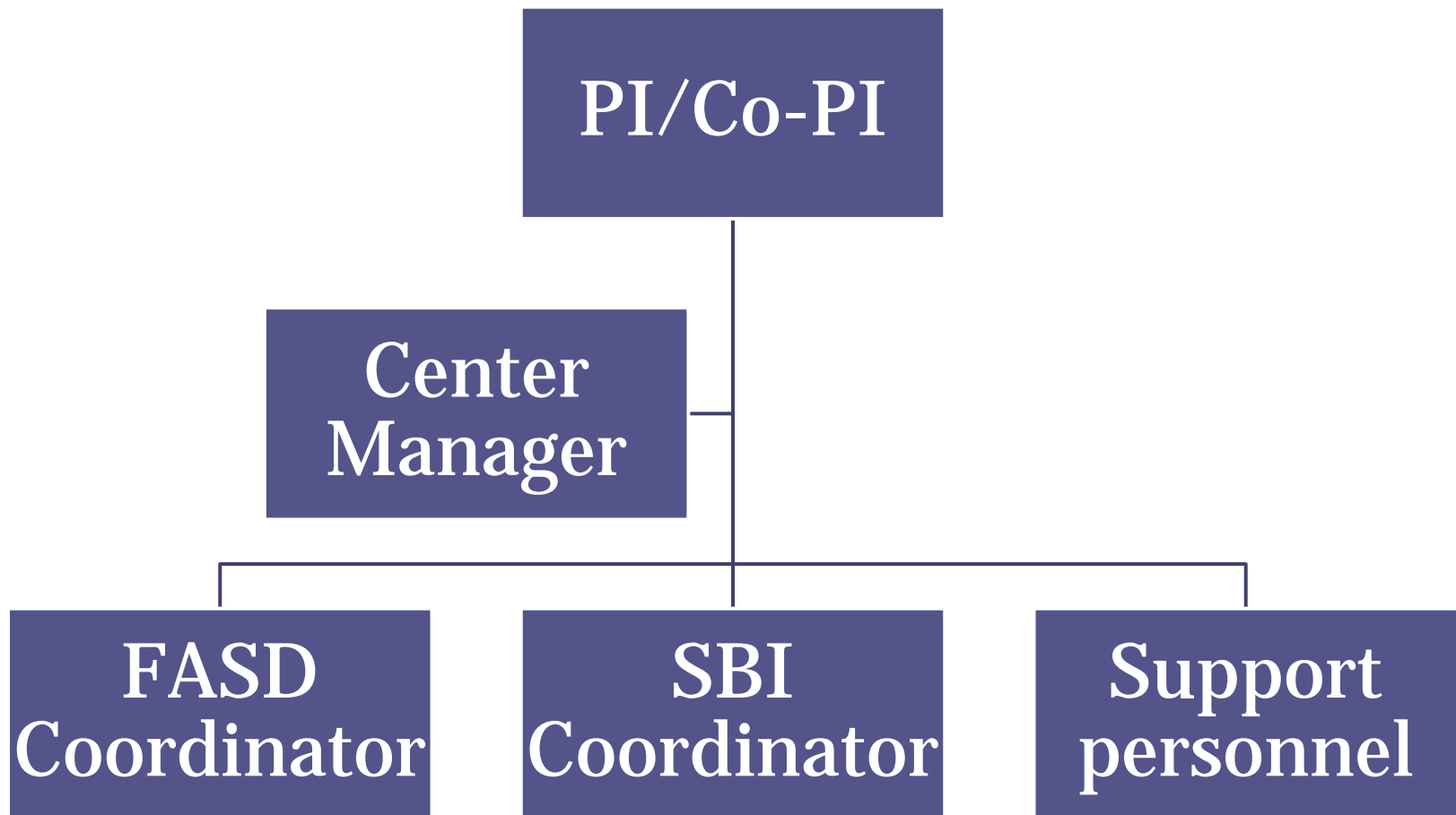
Successes

- Curricular implementation
- Incorporating ongoing lectures in many sites
- Training of a broad spectrum of health professions (Medical, dental, allied health)
- Expansion of Train the Trainer
- Team and site expansion all over the Southeast
- National and international presentations

Regional TtT events

- Initial TtT events in Nashville
- Collaboration resulted in successful TtT events in South Carolina and Texas (Dallas/Fort Worth, San Antonio, Houston)
- Current emphasis on similar event in Florida

FASD Southeast core team



Key activities

- Promotion
- Development of speakers' bureau
- Ongoing collaboration with CDC and other RTCs
- Train the Trainer (TtT)
- Presence on the web and in social media
- Data management through Redcap
- Technical support
- CME credit
- Training and implementation of SBI
- Evaluation

Screening and Brief Intervention in Primary Care: FASD Southeast/Meharry Family Medicine Experience

- CDC funded project using a system's approach to incorporate SBI as a standard of care in the clinic
- Patients 18 and older annually screened using the AUDIT embedded in a health appraisal form
- The results are entered during triage into the patient's EMR
- Provider addresses results and takes appropriate action



Brief Intervention Treatment

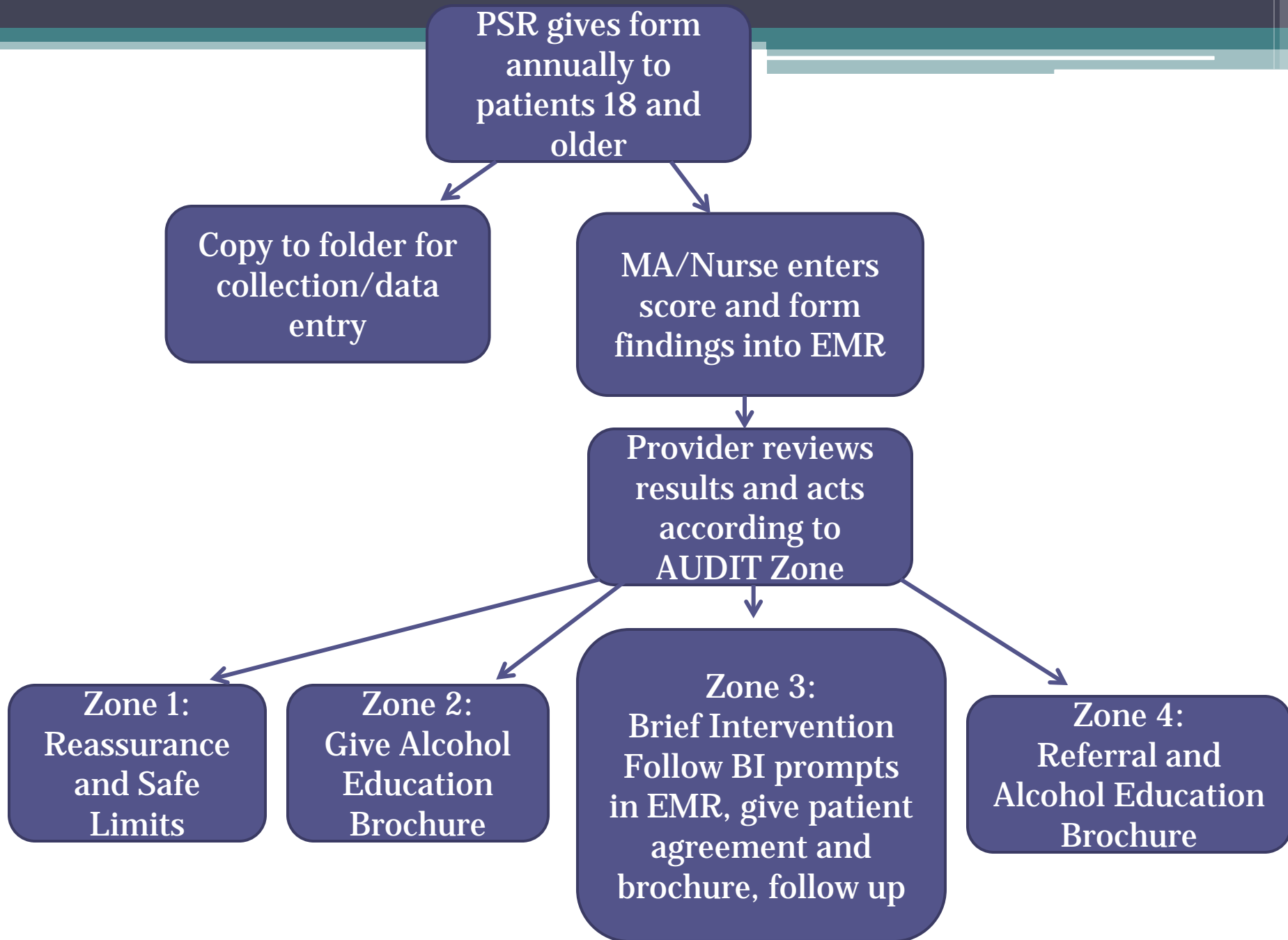
- Found to be effective with women problem drinkers in primary-care clinics
- 5-10 minute counseling session has been found to reduce alcohol use in women by 20-30%

Wallace P, Cutler S, Hains A. Randomized controlled trial of general practitioner in patients with excessive alcohol consumption. *British Medical Journal*. 1988;297(6649):663-668.

Fleming MF, Barry KL, Manwell LB, Johnson K, London R. Brief physician advice for problem alcohol drinkers: A randomized controlled trial in community-based primary-care practices. *JAMA*. 1997;277(13):1039-1045.

FASD Southeast Multidisciplinary Approach to SBI

- Physicians in family medicine clinics
- Resident physicians
- Clinical psychologist
- Licensed clinical social worker
- Medical assistants
- Patient services representatives
- Nurse manager



Pocket Guide/Protocol

For Zone III: Brief Intervention							
ZONE I		ZONE II		ZONE III		ZONE IV	
Audit 0-7 Low risk/Abstain		Audit 8-15 Risky		Audit 16-19 Harmful		Audit 20+ Dependent	
Raise the subject: "If it's okay with you, let's talk about the health and wellness form you filled out today."							
Provide feedback: "I am concerned about how your drinking may affect your health and possibly the health problem you came in for today." State low-risk drinking limits.							
Assess readiness to change:							
YES Proceed to plan.							
NO Select: Not ready to change. "What would have to happen for you to consider cutting back?" If patient is unwilling, the Brief Intervention will end here.							
Negotiate a plan: "Let's set a drinking goal; what do you think will work best for you?" (Try to make it within limits, but keep realistic.) Enter goal: # drinks per week and per day on drinking agreement.							
NO DRINKING if driving, pregnant or possibly dependent.							

Low Risk Drinking Limits:

Men 14 drinks per week / 4 drinks per day
Women 7 drinks per week / 3 drinks per day
All ages > 65 7 drinks per week / 3 drinks per day

What is a standard drink?

12 fl oz regular beer ~5% alcohol

8-9 fl oz malt liquor (shown in 12 oz bottle) ~7% alcohol

5 fl oz table wine ~12% alcohol

1 fl oz shot 80-proof liquor (vodka, tequila, etc) ~40% alcohol

MEHARRY Health FAMILY MEDICINE

Action Steps

Risk Level	Intervention	AUDIT Score
Zone 1	Reassurance and general education	0-7
Zone 2	Alcohol education brochure	8-15
Zone 3	Brief intervention: drinking agreement and brochure	16-19
Zone 4	Referral and brochure	20-40

Brochure



How much is TOO MUCH?

MEN: More than **4** drinks per day
More than **14** drinks per week

WOMEN: More than **3** drinks per day
More than **7** drinks per week

AGE 65+: More than **3** drinks per day
More than **7** drinks per week

To stay at low risk,
keep within both daily and weekly limits.

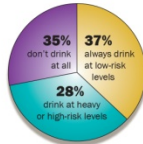
NEVER drink IF YOU ARE

pregnant, trying to become pregnant,
or breastfeeding

taking medications that may cause
harmful reactions when mixed with alcohol

planning to drive or operate machinery
managing a medical condition that can
be worsened by alcohol (liver disease, etc.)

Alcohol Use by Adults (18 and up) in the United States



For more INFORMATION



Family Medicine Clinic at Meharry Family Medicine Clinic at Skyline
1005 Dr. D.B. Todd Jr. Blvd. 3443 Dickerson Pike, Suite 530
Nashville, TN 37208 Nashville, TN 37207
615.327.6348 615.860.7511

Elam Mental Health Center Centersonline Tennessee
1005 Dr. D.B. Todd Jr. Blvd. 1101 Sixth Ave. North
Nashville, TN 37208 Nashville, TN 37208
615.327.6856 615.463.4357



Do you drink TOO MUCH?



What is a STANDARD drink?

BEER
1 drink = 12 oz.



MALT LIQUOR
1 drink = 8 oz.



TABLE WINE
1 drink = 5 oz.



HARD LIQUOR
1 drink = 1.5 oz.



MIXED DRINKS
1 drink = 1.5 oz. or less*

*Mixed drinks may contain more alcohol

Dangers of RISKY drinking

Injuries

Motor vehicle crashes, falls,
intimate partner violence, child abuse,
drowning, suicide, burns, homicides.

Pregnancy Risks

For women: Unplanned pregnancy,
miscarriage, stillbirth, premature
delivery, reproductive difficulties.

Lifelong physical and intellectual
disabilities for persons exposed
to alcohol prenatally.

Health Risks

Liver disease, heart disease,
high blood pressure, depression,
stroke, stomach bleeding,
sexually transmitted disease,
cancers of the mouth, esophagus,
throat, liver, colon and breast.



Tips for REDUCING your drinking

Keep track of how often and how much you drink.

Count and measure: Know the "standard drink size" so you can count drinks more accurately.

Set goals: Keep track of how many drinks you will have per day and per week.

Pace and space: When you drink, pace yourself and have no more than one alcoholic drink per hour. Alternate with non-alcoholic beverages.

Avoid triggers: If certain people or places make you drink even when you don't intend to, try to avoid them.

Plan to handle urges: Talk things through with someone you trust; get involved in a healthy distracting activity (physical exercise or hobby).

Know your NO: Have a polite and convincing "No, thanks" ready. If you hesitate, it allows time to think of excuses.



Challenges and Recommendations

- Integration of FASD curriculum into existing allied health programs
 - Who are the decision makers?
 - Training faculty under TtT model to assume recurring lectures
- Presentations at scholarly conferences
 - Seeking out opportunities in all key disciplines
- Screening and Brief Intervention as a standard of care
 - Changing perceptions of staff and providers

Evaluation data

- Overall, participants' knowledge increased from pre- to post-test ($p < .01$)
- Participants confidence in skills significantly increased from pre- to post-test ($p < .01$)
- Results analyzed and submitted for publication and national presentations