

<http://www.cdc.gov/ncbddd/fasd/training.html>

Training & Education

Past Activities

Regional Training Centers

CDC began funding FASD Regional Training Centers (RTCs) in 2002. The purpose of these Centers is to develop, implement, and evaluate educational curricula regarding FASD prevention, identification, and care; and incorporate the curricula into the training programs at each grantee's university or college, into other schools throughout their regions, and into the credentialing requirements of professional boards.

Funded Projects from 2008 to 2011:

Arctic FASD Regional Training Center

The Arctic FASD RTC, first funded from 2008 to 2011 and based at the [University of Alaska, Anchorage](#) (UAA) (Anchorage, Alaska), served the state of Alaska. The Arctic FASD RTC worked to reach all medical and allied health audiences in the area with rurally tailored and culturally competent educational curricula and materials to increase knowledge, change behavior, and modify training and licensure guidelines. The Arctic FASD RTC collaborated with the [University of Washington](#) in Seattle, Washington; a statewide advisory board; and a group of over 20 community partners.

Frontier FASD RTC

The Frontier FASD RTC, first funded from 2008 to 2011 and located at the [University of Nevada – Reno](#) within the [Center for the Application of Substance Abuse Technologies](#), served seven frontier states: Colorado, Idaho, Montana, Nevada, North Dakota, Utah, and Wyoming. Program activities targeted nursing and social work students and nursing, social work, and substance abuse professionals in this region. The Frontier FASD RTC provided education and training activities to improve workforce capacity in the prevention and identification of and intervention with FASDs, and to increase the proportion of professionals and pre-service students who achieve core competencies related to FASDs.

Great Lakes FASD Regional Training Center

The Great Lakes FASD Regional Training Center (GLFRTC), first funded from 2008 to 2011 and based at the [University of Wisconsin](#) (Madison, Wisconsin), served the seven-state region of Hawaii, Indiana, Michigan, Minnesota, North Carolina, Ohio, and Wisconsin. The GLFRTC worked with a variety of medical and allied health professionals and students, including those in the fields of psychology and clinical social

work offering in-person and online training sessions based on the FASD curriculum and skills-based supplementary modules (such as diagnostic skills for physicians and skills and strategies for health care providers working with families living with FASDs).

Midwestern FASD RTC

The Midwestern FASD RTC (MRFASSTC), first funded in 2002 and based out of [University of Missouri](#), served the seven-state region of Arkansas, Iowa, Illinois, Kansas, Missouri, Nebraska, and Oklahoma. Due to the success of the MRFASSTC train-the-trainer (TOT) model utilized over the RTC's initial years, the MRFASSTC team created a streamlined version of this model that has been implemented in the region through the development of seven satellite MRFASSTC teams. MRFASSTC partners include [Saint Louis University](#), [University of Arkansas for Medical Sciences](#), [University of Oklahoma Health Sciences Center](#), and [Nurses for Newborns Foundation](#).

Southeastern FASD Regional Training Center

The Southeastern FASD RTC, first funded in 2002 and based out of [Meharry Medical College](#) (Nashville, Tennessee), served the nine-state region of Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, South Carolina, Tennessee, and Texas with an emphasis on FASD prevention, care, and ethics for minorities and individuals affected by health disparities.

Funded Projects from 2002 to 2008:

Southeastern U.S. Education Center for the Prevention of Fetal Alcohol Syndrome

The Southeastern RTC, in its first cycle of funding, served Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee, with an emphasis on FASD prevention, care, and ethics for minorities and individuals affected by health disparities. The center was a collaboration between [Meharry Medical College](#) (Nashville, Tennessee), [Morehouse School of Medicine](#) (Atlanta, Georgia), and [Tennessee State University](#) (Nashville, Tennessee). Training efforts have addressed the concern that while many health practitioners appreciate the importance of prevention and diagnosis for FAS and related conditions, they might feel apprehensive about their skills to assess maternal drinking or its consequences for a child. At Morehouse School of Medicine, the program worked closely with the [National Center for Primary Care](#) and its network of more than 150 clinics throughout the southeast. Also, via a joint program in Allied Health at Meharry Medical College and Tennessee State University, contacts were made with the College of Allied Health Deans throughout the region to enhance dissemination of educational materials. In 2008, the Southeastern RTC was funded for a new, three-year cooperative agreement (2008-2011).

[Northeastern FASD RTC](#)

The Northeastern RTC, located in the University of Medicine and Dentistry of New Jersey (UMDNJ), now part of [Rutgers, The State University of New Jersey](#), provided FASD-related education in multiple training and practice environments. It was closely associated with the NJ state-funded FAS Diagnostic Centers. This gave the Northeastern RTC direct access to child developmental specialists and pediatricians, allowing for practical assessment of strategies and materials developed as part of the educational network. Within the UMDNJ system, the Northeastern RTC provided FASD training to all three major campuses and worked with the affiliated nursing, allied health, and public health schools. Training was also provided to the New Jersey State Department of Justice personnel and local school districts and hospitals. Relationships and trainings were also established at the state level with the Department of Human Services, Department of Health, Division of Youth and Family Services, Division of Medical Assistance and Health Services, Maternal Child Health Consortia, and state nurses. The Northeastern RTC was also an important and active member of the New Jersey Governor's Task Force on FAS. The Northeastern RTC received an extension for 2008-2009 to complete project activities.

[Midwestern FASD RTC](#)

MRFASDTC was a collaboration between the [Saint Louis University School of Medicine](#) and [College of Health Sciences](#), the [University of Missouri-Columbia Schools of Medicine](#) and [Health Professions](#), and the [St. Louis Arc](#). The MRFASDTC integrated material into medical school curricula and offering workshops to health care professionals throughout an eight-state area-Arkansas, Indiana, Illinois, Iowa, Kansas, Missouri, Nebraska, and Oklahoma. In 2008, MRFASDTC was funded for a new, three-year cooperative agreement (2008-2011).

[Western FASD RTC](#)

The Western RTC, based out of the [David Geffen School of Medicine at the University of California, Los Angeles \(UCLA\)](#), introduced medical students to the practice of public health and preventive health care by integrating preventive clinical medicine into a basic science curriculum. The Western RTC integrated educational materials on FASDs into the medical school curriculum at UCLA. The program included a variety of education experiences, such as use of standardized patient (SP) cases-that is, scenarios in which an actor is carefully coached to accurately and consistently portray a specific patient-to allow students to learn and practice skills in counseling patients to promote positive changes in health behaviors. Various SP cases were developed to teach techniques such as screening for alcohol use and brief intervention as well as assessing an individual for effects from prenatal alcohol exposure.

Related Articles

These scientific articles are from 2004 to 2011.

Fetal alcohol spectrum disorders: Flying under the radar

The Journal of the Arkansas Medical Society; 2011;107(12):260-262

Eaton B, Gangluff D, Mengel M

[\[Read Summary\]](#)

Training needs of healthcare providers related to Centers for Disease Control and Prevention core competencies for fetal alcohol spectrum disorders

Journal of Population Therapeutics and Clinical Pharmacology; 2010; 17(3); e405-417

Brems C, Boschma-Wynn R, Dewane SL, Edwards AE, Robinson RV

[\[Read summary\]](#)

Knowledge, attitudes, and behaviors of health, education, and service professionals as related to fetal alcohol spectrum disorders

International Journal of Public Health; 2010;55(6):627-635

Johnson ME, Robinson RV, Corey S, Dewane SL, Brems C, Casto D

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Fetal Alcohol Spectrum Disorders Competency-Based Curriculum Development Guide for Medical and Allied Health Education and Practice

Centers for Disease Control and Prevention; 2009

FASD Regional Training Centers Curriculum Development Team

[\[Read Guide\]](#)

Integrating Case Topics in Medical School Curriculum to Enhance Multiple Skill Learning: Using Fetal Alcohol Spectrum Disorders as an Exemplary Case

Academic Psychiatry; 2009; 33(2):143-148

Paley B, O'Connor MJ, Baillie SJ, Guiton G, Stuber M.

[\[Read summary\]](#)

Fetal Alcohol Syndrome Related Knowledge Assessment and Comparison in New Jersey Health Professional Groups

Canadian Journal of Clinical Pharmacology; winter 2008; 15(1):e57-65

Brimacombe M, Nayeem A, Adubato S, Zimmerman-Bier B.

[\[Read summary\]](#)

Fetal Alcohol Syndrome Disorder Pilot Media Intervention in New Jersey

Canadian Journal of Clinical Pharmacology; winter 2008; 15(1):e124-31

Awopetu O, Brimacombe M, Cohen D.

[\[Read summary\]](#)

Educating Health Professionals about Fetal Alcohol Spectrum Disorders

American Journal of Health Education; Nov-Dec 2007; 38(6):364-373

FASD Regional Training Centers

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Knowledge and Attitudes about FAS, FASD, and Alcohol Use During Pregnancy by Occupational Therapists in the Midwest

Journal of Allied Health; 2007; 36(3):e203-220

Rudeen PK, Cook K, Mengel MB, Wedding D, Braddock S, Ohlemiller M.

[No article summary available]

Psychologists' Knowledge and Attitudes about FAS, FASD, and Alcohol Use During Pregnancy

Professional Psychology: Research & Practice; 2007; 38(2):208-213

Wedding D, Kohout J, Mengel MB, Ohlemiller M, Ulione M, Cook K, Rudeen K, Braddock S.

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Pediatricians' Knowledge, Training, and Experience in the Care of Children with Fetal Alcohol Syndrome

Pediatrics; 2006; 118(3):e657-e668

Gahagan S, Sharpe TT, Brimacombe M, Fry-Johnson Y, Levine R, Mengel M, O'Connor M, Paley B, Adubato S, Brenneman G.

[[Read summary](#)]

Preventing Alcohol-Exposed Pregnancies

Journal of the American Board of Family Medicine; 2006; 19(5):494-505

Mengel MB, Searight HR, Cook K.

[[Read summary](#)]

Midwest Family Physicians' Knowledge and Attitudes about FAS, FASD, and Alcohol Use During Pregnancy

Journal of FAS International; 2006; 4:e7

Mengel MB, Ulione M, Cook K, Rudeen K, Braddock S, Ohlemiller M.

[[Read summary](#)]

Weaving in Important Curricular Topics: Using Fetal Alcohol Syndrome as an Integrating Theme in Medical Education

Medical Education;2005; 39:505

Baillie S, Paley B, Guiton G, O'Connor M, Stuber M.

[No article summary available]

Comprehensive Approaches to the Screening, Diagnosis and Prevention of Fetal Alcohol Syndrome in New Jersey

Journal of FAS International; 2005; 3:e4

Brimacombe M, Adubato S, Cohen D, Wilson A, Lamendola M.

[\[Read summary\]](#)

Report from the CDC.Physician and Allied Health Professionals' Training and Fetal Alcohol Syndrome

Journal of Women's Health; 2004; 13(2):133-139

Sharpe TT, Alexander M, Hutcherson J, Floyd RL, Brimacombe M, Levine R, Mengel M, Stuber M.

[\[Read summary\]](#)