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Foetal Alcohol Spectrum Disorder (FASD) Assessments at Treehouse Practice



Why Refer to Treehouse Practice?

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Treehouse Practice is a specialised team-based service in Sandycove, Co. Dublin. The team provides trauma sensitive and neuroaffirmative assessments and interventions for young people aged 0-25 years. For FASD identification assessments, Treehouse Practice works in partnership with Dr Farhana Sharif (Consultant Paediatrician) to integrate specialised medical, psychological, speech and language and occupational therapy assessments. This partnership is currently the **only integrated multi-disciplinary service for FASD identification in Ireland**.

Treehouse Practice is uniquely positioned to respond to the particular needs of young people who have experienced both trauma and who are neurodivergent. The essential philosophy of the practice is that all young people need to feel loved, safe, seen, and supported in relationships and this is no different for individuals with FASD. Adopting a lifespan approach with transition planning from child to adult services, as well as family-centred supports, education and tailored interventions is key to the approach at Treehouse Practice.

Treehouse Practice and Dr Farhana Sharif (Consultant Paediatrician) offer integrated multi-disciplinary assessments for the identification of FASD. Treehouse Practice provides interventions to children, young people, families and systems. This guidance document sets out the current status of FASD in Ireland and best practice guidelines for identification.

Making a Referral

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To make a referral enquiry, email hello@treehousepractice.ie and a member of the clinical team will respond. Treehouse Practice and Dr Sharif request that the following documents are provided in order to make a referral:

- Completed referral and consent forms
- Maternity records, if available
- Alcohol exposure questionnaire
- Copies of all previous reports

The Scale of FASD in Ireland

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Foetal Alcohol Spectrum Disorder (FASD) is a lifelong neurodevelopmental condition caused by prenatal alcohol exposure. FASD refers to a range of physical, cognitive, emotional, and behavioural difficulties that can occur in individuals whose parents consumed alcohol prior to and/or during pregnancy. FASD includes several related diagnoses: Foetal Alcohol Syndrome (FAS), Partial Foetal Alcohol Syndrome (PFAS), Alcohol-Related Neurodevelopmental Disorder (ARND) and Neurodevelopmental Disorder associated with Prenatal Alcohol Exposure (NDPAE).

FASD is NOT recognized as a disability in Ireland. Ireland remains the only developed country without formal FASD disability recognition. At present, there are no statutory guidelines or established diagnostic pathways. Consequently, this results in limited support services available to affected individuals and families. At present, it is estimated that 379,000 people in Ireland live with FASD (2.8–7.4% of population). This represents the third-highest prevalence globally. Within a population of young people in care and adopted young people, the prevalence is much higher. Up to two-thirds of care-experienced children have FASD. Irish estimates suggest that 36% of FASD identifications are in adoptive families; 40% in foster care.

The impact of non-recognition of FASD can be seen across multiple layers, including reduced access to specialised services and supports, struggles to obtain diagnoses and lack of recognition in school systems. Amidst ongoing advocacy for government action and national strategy the Health Service Executive (HSE) provides public information on Foetal Alcohol Spectrum Disorders (FASD) and has issued a formal HSE position on prevention that highlights prevalence estimates and prevention priorities (public health measures, warning labels, screening and training). Community organisations such as FASD Ireland provide support, training and a national helpline.



Dispelling Myths

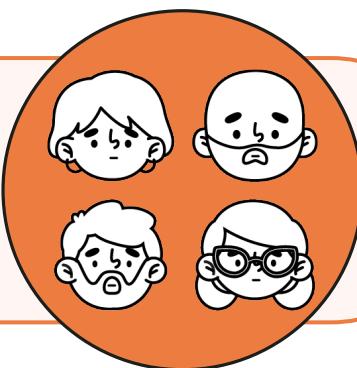
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FASD can result from any amount of alcohol at any stage of pregnancy.



Alcohol consumption by both parents before conception and during pregnancy can contribute to FASD. Men's drinking habits are also important.

Most people with FASD (80–90%) do not have visible facial features, making FASD an often invisible disability.



Whilst effects are lifelong; early support significantly improves outcomes. With early diagnosis, appropriate support, and understanding, people with FASD can thrive.

Common Indicators That May Suggest FASD

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Physical Indicators

- Low body weight and shorter-than-average height
- Small head size
- Poor coordination and motor skills



Behavioural Indicators

- Hyperactive behaviour
- Difficulty with attention and poor memory



Cognitive Indicators

- Learning disabilities, especially in mathematics
- Speech and language delays
- Intellectual disability
- Poor reasoning and judgment skills



Health Issues

- Sleep problems
- Chronic ear infections
- Vision or hearing problems
- Problems with heart, kidneys, or bones

What is Involved in a Multidisciplinary Team Assessment

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A comprehensive FASD assessment requires a team with complementary expertise:



Paediatrician

Medical assessment and facial feature evaluation



Psychologist

Cognitive and neurodevelopmental assessment



Speech and Language Therapist

Communication and language evaluation



Occupational Therapist

Sensory, motor, and daily functioning assessment



Social worker and Psychotherapist

Attachment and relational history



Key Assessment Components

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Prenatal Alcohol Exposure History

- Documentation of parental alcohol consumption
- Note: If sentinel facial features are present, diagnosis can be made without confirmed exposure history
- Frequency, timing, and amount

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Physical Examination

- Growth measurements (height, weight, head circumference)
- Check for associated physical anomalies (heart, kidneys, bones, vision, hearing)

- Assessment for three sentinel facial features: short palpebral fissures (eye openings), smooth philtrum (groove between nose and upper lip), thin upper lip

3

Neurodevelopmental Assessment – Multiple Domains

Assessment across multiple areas:

- Cognitive functioning and IQ
- Language and communication
- Social skills and adaptive behaviour
- Emotional regulation
- Executive functioning (planning, organization, problem-solving)

- Memory and attention
- Motor skills and coordination
- Academic achievement
- Relational history (attachment)

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Differential diagnosis

Assessment of co-occurring conditions (for example, autism, ADHD, learning disability, mental health)

Treehouse Practice and Dr Sharif adopt the **4-Digit Diagnostic Code**, the most widely used diagnostic system globally. This measures the following on a 4-point scale:

- Growth deficiency
- Facial features (FAS facial phenotype)
- Central nervous system dysfunction
- Prenatal alcohol exposure

This allows for FASD diagnosis even when prenatal exposure is unknown, if the characteristic facial phenotype is present.



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