Community success stories Making FASD History

FASD diagnosis, prevention and interventions – evaluating and scaling up successful models in remote Australian communities

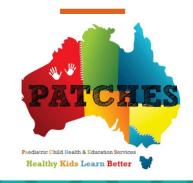






WARAJANGA MARNTI WARRARNJA TOGETHER WE WALK ON COUNTRY





Funded by the NHMRC, WA
Health, and BHP; led by the
Marulu Unit and Hedland FASD
Networks





FASD Diagnostic Clinics

7

LEVEL 1 MASS MEDIA

Broad awareness building and health promotion efforts

Supportive alcohol policy

LEVEL 4 POSTNATAL SUPPORT

Postpartum support for new mums and support for child assessment and development

LEVEL 3 ANTENATAL SUPPORT

Support of pregnant women with alcohol and other health/social issues

LEVEL 2 HEALTH PROMOTION

Discussion of FASD/ alcohol with all women of childbearing age and their families

Research and Evaluation Therapy and Support Programs



Kimberley and Pilbara Regions

Prevention Level Activities



Level 1 - Broad awareness and health promotion

mass media Community event Community support groups Health education resources Integrated Education Girl's Empowerment Groups Pre-conception care Reducing unplanned pregnancycontraception and family planning Guidelines Health practitioner training-raising awareness of FASD

Community awareness through

Level 2 -Women of childbearing age and networks

Antenatal screening Brief intervention Motivational interviewing Health practioner training- alcohol use during pregancy

Access to antenatal Care* Alcohol counselling Support for women with alcohol problems Support for women with social problems Rehabilitation services Harm minimisation Access to specialised care Specialised maternity care Supporting women affected by

Level 4-Postnatal support

Parenting support Postnatal care Access to postnatal alcohol

domestic violence

alcohol

Total alcohol bans - supply reduction Supportive Localised alcohol restrictions

counselling

Alcohol restrictions- supply reduction Broad alcohol management strategy

FASD Diagnosis and Therapy#

Diagnostic services

Therapeutic services Health practitioner services

Pregnancy and **FASD Related** Research

Quality improvement and evaluation Epidemiology Intervention studies

FASD strategy

FASD Strategy Coordinator in local community organisation Engagement of stakeholders in FASD prevention activitites

MARULU FASD STRATEGY - MAKING FASD HISTORY

GOVERNANCE AND STRATEGY DEVELOPMENT

Child, Culture, Country Centre

Marulu Strategy Leadership Team

Marninwarntikura Fitzroy Womens Resource Centre

Nindilingarri Cultural Health Services

Telethon Kids Institute

Kimberley Paediatric and Child Health Team

COORDINATION AND MANAGEMENT

Marulu Unit Coordinator
Marninwarntikura

Marulu Strategy Coordinator Telethon Kids Institute

PARTNERS

Kimberley Education Regional Office

Patches Paediatrics

The George Institute

The University of Sydney

Kimberley Diamond Company/Variety WA

McCusker Charitable Trust

Australian/ WA State Government

Lotterywest

PROCESS AND OUTCOME EVALUATION AND TARGETED RESEARCH

Telethon Kids Institute, Marninwarnitikura, Nindilingarri, Sydney University

IMPLEMENTATION

PREVENTION

Antenatal support and Community prevention campaign

Nindilingarri

Marninwarntikura
Telethon Kids Institute

DIAGNOSIS

Marulu clinics, Diagnostic capacity and Data collection

Nindilingarri

Kimberley Health Kimberley Education

Patches Telethon Kids Institute

TARGETED THERAPIES & SUPPORT

School-based therapeutic programs

Telethon Kids Institute Nindilingarri

Kimberley Health Kimberley Education

Patches
Parenting and Family support

Marninwarnitikura University of Sydney

CAPACITY BUILDING AND TRANSLATION

Local capacity building

Marulu Leadership Team
Marninwarnitikura
Nindilingarri

Translation to other sites

Telethon Kids Institute Kimberley Health Kimberley Education

ADVOCACY

High Impact Communications Strategy

Coordinated Media Strategy

Scientific publications and reports

Use of film in advocacy

Inform Policy

Ministerial briefings

Australian and State/Territory Inquiries

Implementation working groups

Convergence with National and International FASD Agenda

Australian FASD Collaboration and Centre for Research Excellence

International collaborations and representation

Translation to other sites

Embed in Regional service plans

Training and education strategy







CORE VALUES AND

PRINCIPLES

Community Ownership

Local consultation and

feedback

Aboriginal ways of

knowing and doing

Working from and build

on evidence base

Strategic Partnerships





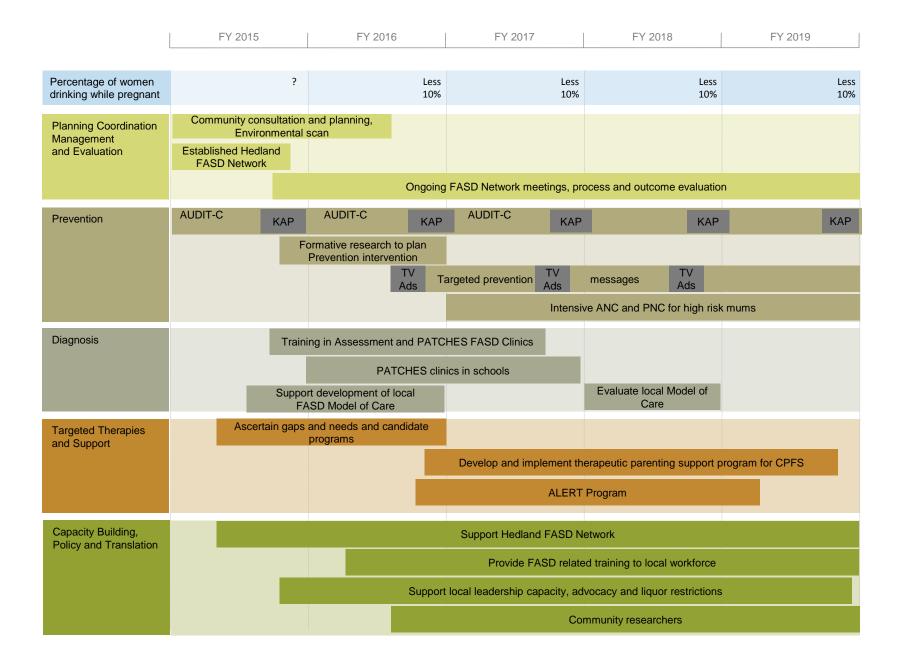




FITZROY CROSSING MARULU FASD STRATEGY 2013 - 2017

	2013	2014	2015	2016	2017	
Percentage of women drinking while pregnant	<50%	<40	<30%	<20%	<10%	
Planning Coordination Management and Evaluation	Planning and consulta	ation				
	Establishment of of Marulu Unit coordinator and Marulu Strategy Coordinator					
	Ongoing process and outcome evaluation					
Prevention	Develop and implement prevention strategies					
		Embed prevention strategies locally and introduce to other sites				
Diagnosis	Establish Marulu child hea	Ith clinics				
	Ascertain service gaps based on current prevalence and advocate for adequate services					
		Train local and regional child and establish national	health teams in FASD diagnosis diagnostic training program			
		Est	ablish national FASD database with	n national collaborators		
Targeted Therapies and Support	Establish Ma	rulu Unit to coordinate family support				
		Kimberley FASD Education network established and school FASD resource developed				
		Establish parenting and family support program				
		Plan implement and evaluate FASD therapy				
Capacity Building and Translation	Establish Marulu FASD Unit Val					
	Provide FASD related training to local workforce					
		Increase local	leadership capacity			
	Develop FASD Strategy in other regions				ons	

PILBARA FASD STRATEGY 2015 - 2019





FASD Diagnostic Clinics

7

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Broad awareness building and health promotion efforts

Supportive alcohol policy

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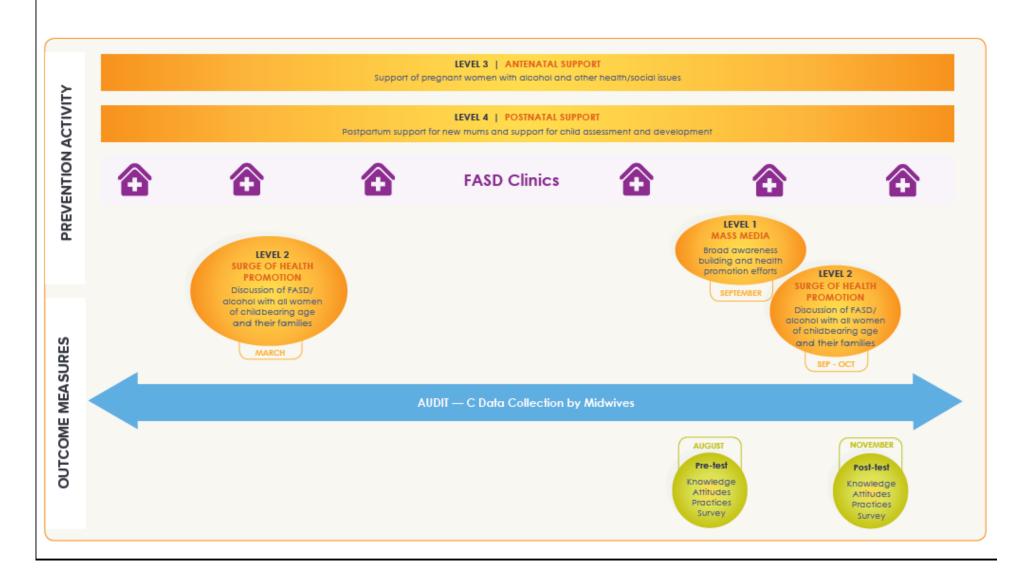
Research and Evaluation Therapy and Support Programs



TARGETS



Community Knowledge, Attitudes and Practices of alcohol use in pregnancy





FASD Prevention Strategy

Research Goal

To develop, implement and evaluate The FASD Prevention
 Strategy to increase the proportion of women abstaining from alcohol while pregnant.





Methodology

- Participatory action research
- Support local organisations to develop and implement The Prevention Strategy
- Evaluate impact on rates of pregnant women abstaining from alcohol during pregnancy
- Document The Prevention Strategy





Meet the Kimberley Project Team















Meet the Pilbara Project Team

















Level 1 & 2 Activities: Fitzroy

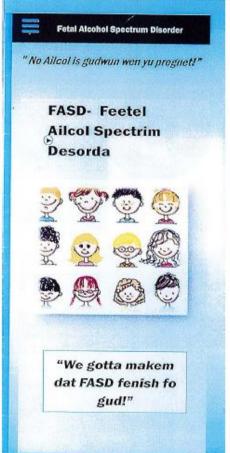


Television Ad

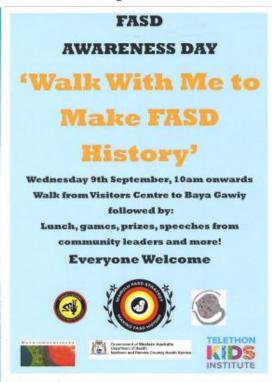




Marulu T-shirt



Brochure/Pamphlet/Flyer



FASD Awareness Day/Walk





"Alcohol Think Again" poster



Level 1 & 2 Activities: Pilbara

Broad awareness building and health promotion efforts



by not drinking around them while they're pregnant





Level 3 & 4 Workforce Capacity Building

- Training of antenatal and primary care workforce AUDIT-C;
 Brief Intervention & Motivational Interviewing; Health
 Pathways (PHN's).
- Training in cost effective FASD Diagnosis and Therapy/Support approaches.
- Developing sustainable funding pathways with inbuilt drivers of efficiency and accountability – MBS, NDIS, Agency-funded (Child Protection and Justice).



Community Engagement & Capacity Building

- Aboriginal Health Services as Lead Partners.
- The direct involvement of Aboriginal people and their families.
- Increase the capacity of families and communities to support children with FASD.
- Recruit, train and employ community members as researchers.







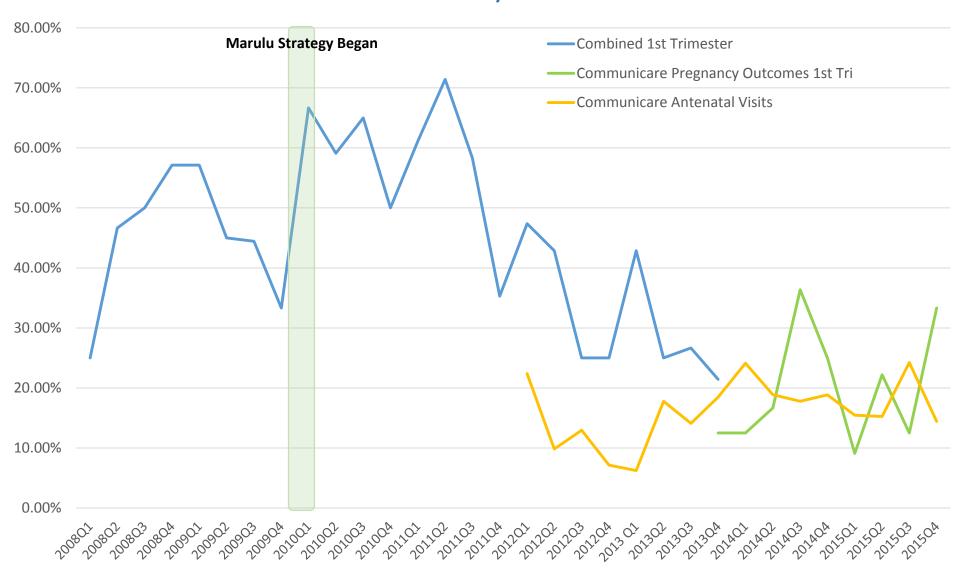


Alcohol Consumption During Pregnancy

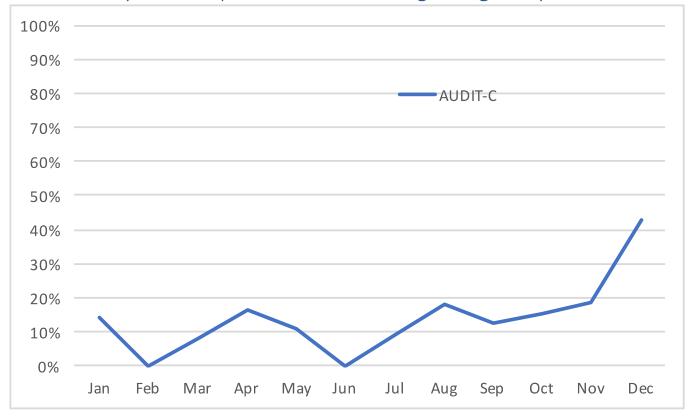
- Self-reported alcohol consumption.
- Recorded by experienced midwives in Fitzroy.
- ~900 pregnancies in the Fitzroy Valley between 2008 2017.



Proportion of Women Consuming Alcohol in the 1st Trimester, Fitzroy Valley



AUDIT-C Any Consumption After Knowledge Pregnancy 2016





KAP Survey

- 60 questions in 11 categories.
- Quantitative and qualitative.
- ~35 minutes to complete.
- Designed to be culturally appropriate and conducted with local community researchers.
- Data from first 1100 surveys presented here.





Data Collection









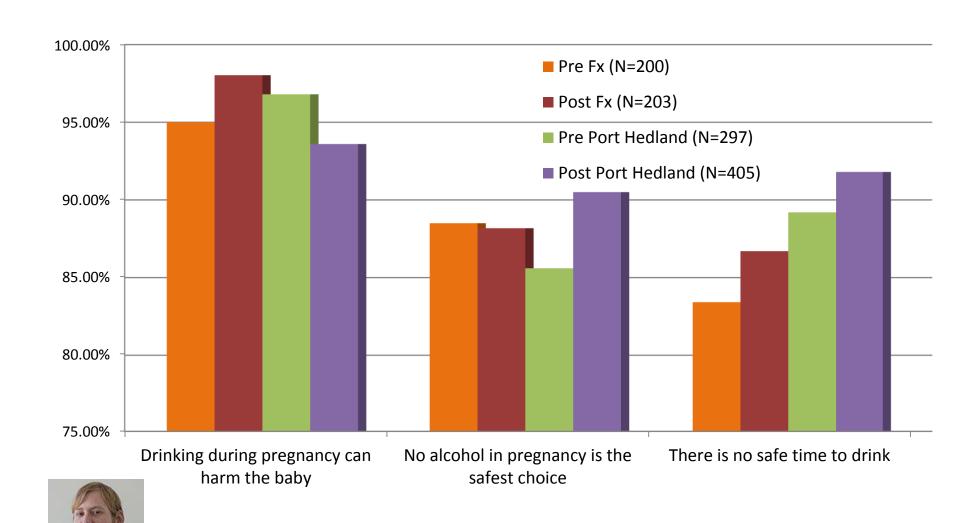








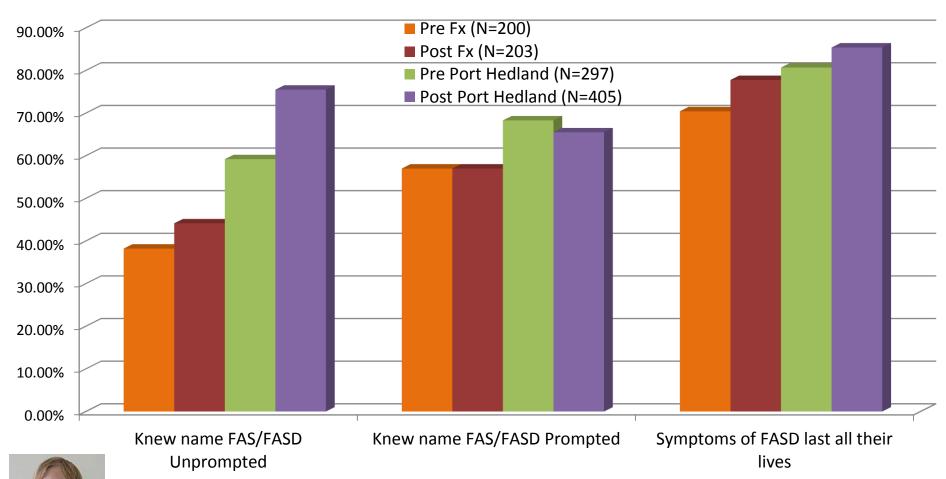
Drinking in Pregnancy Knowledge







FASD Knowledge







FASD Prevention Summary

- Alcohol consumption during pregnancy in the Fitzroy
 Valley in the 1st Trimester of pregnancy has dropped from 65% to <20%.
- Knowledge of the dangers of drinking during pregnancy was high in both areas.
- There are some gaps in the knowledge of the finer details about FASD, and acting to prevent FASD.
- Communities can overcome the problem of FASD.





FASD Diagnostic Services and Models of Care National Project

National Consortium





FASD National Program:

• WA: Metro, Pilbara, Kimberley

• NT: Darwin, Alice Springs

• SA: Adelaide, Ceduna, Yalata

VIC: Shepparton

• TAS: Hobart, Launceston

Funded by the **FASD Diagnostic Services and Models of Care Grant Opportunity** Grant









FASD Diagnostic Services

& Models of Care

National Consortium









Program Objectives:

- 1. Map and integrate existing service capacity and processes.
- 2. Develop and implement sustainable regional FASD models of care.
- 3. Models of care will be based upon existing models established in the WA Pilbara.

Pilbara Model of Care: Health System

Dudley, A; Fitzpatrick, J; Walker, R







A mother and child's Integrated Journey: Fetal Alcohol Spectrum Disorder (FASD)

REASONS FOR REFERRAL

Mother known to Drug and Alcohol Service or known to be using alcohol and/or other drugs in this pregnancy or previous pregnancy

- Mother residing in communities known to have high levels of alcohol consumption
- Baby referred for Paediatric surveillance and/or Baby Follow up Program
- Self-regulation, excessive irritability, sleep difficulties and/or developmental delay
- Child has family member with a diagnosis of
- Children previously referred to WACHS or CAMHS who have behavioural concerns such as attention, behaviour/and developmental delay, growth impairments
- Child in the care of CPFS or residing in any out of home care

SCREENING

GP. AMS. Community Nurse, Midwife, Obstetrician

Antenatal screening, AUDIT-C/ Hand held record

Community Child Health, Child Health Nurse (CHN) or Registered Nurse at WACHS & AMS, Early Childhood Educators

3AEDC, ASQ. ²ASQ-TRAK, ¹¹PEDS

SUPPORT/ASSESSMENT **SERVICE PROVIDERS**

GP, antenatal clinic at WACHS/AMS + other drug and alcohol or mental health services

Community outreach clinic -

Diagnostic Services WACHS & AMS & CAMHS And other visiting service providers FASD waitlist

PATCHES multidisciplinary clinic

ASSESSMENT TEAM Community paediatric outreach clinic WACHS/AMS Gumala Aboriginal Corporation 3a New pos Chil Community CHN/SHN,Paediatrician, Allied health WACHS/AMS

SERVICES AND SUPPORT

Pilbara Aboriginal Drug and Alcohol Program ♠ Bloodwood Tree – Drug and Alcohol Services

- Pilbara Community Alcohol and Drug Service & Mission Australia
- WACHS Paediatric Surveillance/Baby Follow

- 0
- WACHS/link to Telehealth/Perth therapy support
- 0 WACHS Outreach to communities
- AMS Collaborative Child Health support 0-5 high risk program for aboriginal children and their families, play groups
- Best Start Program communities AMS complex case coordination
- Gumala 3a communities
- Inclusion Support Program One Tree
- South Hedland Child and Parent Centre, other childcare centres
- CPFS Case Workers
- Helping Minds (formerly ARAFMI)-Young Minds Family Mental Health Services Support

- YMCA Supported Playgroups, Play in the
- West Pilbara Mobile Playgroup Service to
- Families Moving Forward parenting program.
- Parenting support up to 8 years of age phone support and workshops
- Raising Children website

6 SERVICES FUNDING FOR THOSE DIAGNOSED WITH SIGNIFICANT **FUNCTIONAL IMPAIRMENT**

- Disability Funding DSC/NDIS - Local Area Coordinator
- For DSC funding must meet criteria for any intellectual, cognitive, neurological, day with either self-care, communication mobility, making decisions, interacting wit

Centrelink application for carer's

- Better Start for Children with Disability (Better Start) - (if available)
- Education department individual allocatio

5 **DIAGNOSES**

GP, AMS, Community Nurse,

Antenatal screening: AUDIT-C/Hand held record, Brief Intervention

- Potential Diagnoses
 - Global Developmental Dela

 - Spectrum Disorder
 - ADHD Attention Deficit
 Hyperactivity Disorder
 Mental Health diagnoses
 Anyloty Depression
 - Anxiety, Depression, Post Traumatic Stress Disorder

I or T = Instruments or Tools

Assessments: 1Ages and Stages Questionnaire (ASQ), 2Ages and Stages Questionnaire for Aboriginal Children (ASQ-TRAK), 3Australian Early Development Consensus (AEDC), 4Bayleys Scales of Infant and Toddler Development, 5Bruininks-Oseretsky Test of Motor Proficiency-2, 6 Comprehensive Evaluation of Language Fundamentals 4 - English Screener (CELF-4), 7 Comprehensive Evaluation of Language Fundamentals Preschool (CELF-P), 8 Conners Early Childhood) 10 Movement Assessment Battery for Children-2, National Disability Insurance Scheme (NDIS), 11 Parents Evaluation of Developmental Status (PEDS), 11 Wide-range Assessment of Memory & Learning (2nd edition) Organisations: Aboriginal Medical Service (AMS), Child and Adolescent Mental Health Service (CAMHS), Department for Child Protection & Family Support (CPFS), Disability Services Commission (DSC) No specific screening tools are available for FASD

Pilbara Model of Care: Education System

Dudley, A: Fitzpatrick, J: Walker, R







A child's Integrated Journey:

Fetal Alcohol Spectrum Disorder (FASD)

4 years and over

REASONS FOR REFERRAL

- Child registered with Paediatric Surveillance through WACHS, mother known to Drug and Alcohol Service or known to be using alcohol and/or other drugs
- Children already referred to WACHS or CAMHS who have behavioural concerns such as attention, behaviour, or growth imapairment or developmental delay.
- Child in the care of the Department for Child Protection and Family Support (CPFS) or residing in any out of home care
- Child with a family member with a diagnosis of FASD.
- Children residing in communities known to have high levels of alcohol
- Children with a diagnosis of global developmental delay or intellectual disability with unknown cause or history
- Concern about FASD, ASD, ADHD or other neurodevelopmental concern.

Youth in or known to juvenile justice settings.

SCREENING

- **Education Department**

 - · School Readiness Groups WACHS & AMS
 - · Early childhood Educators
- CPFS
- Gumala Aboriginal Corporation 3a program in communities
- 3AEDC, 1ASQ/2ASQ-TRAK, 4 year old check, ¹⁰PEDS
- GP, WACHS Community/School Health Nurse, Aboriginal Health worker
- School Psychologist assesses a child Consent from family to refer to school health nurse

WHO CAN REFER

- Child Health Nurse, School Health Nurse, General Practitioner (GP)
- School Health Nurse diagnostic

ASSESSMENT SERVICE PROVIDERS

- WACHS Priority System for assessment Dependent on age and severity
- Diagnostic Services WACHS & AMS And other service providers
 - WACHS Priority System for assessment 0-5 years
- Diagnostic Services WACHS & WHMSAC And other service providers
 - PATCHES multidisciplinary clinic local or travel to Perth (fee applicable)
- Low priority DSC/very low priority <u>WACHS</u> (will diagnose Intellectual Disability)

SERVICES AND SUPPORT

- CAMHS/WACHS/AMS Paediatric Clinics
- CPFS
 - Case Workers
- FASD Specific Alert Program for executive functioning and self-
- Families Moving Forward parenting program
- Helping Minds (formerly ARAFMI) Young Minds Family Mental Health Services Support, Child and Youth Services Counselling Program 8-17 years
- Ngala: Parenting support up to 8 years of age phone support and workshops
- Pilbara Behaviour and Engagement Centre
- WACHS Allied health (priority system age and urgency)
- WACHS Outreach to communities
- WACHS/link to Telehealth/Perth therapy support
- Youth Involvement Council programs

I or T = Instruments or Tools

SERVICE FUNDING FOR THOSE DIAGNOSED WITH SIGNIFICANT **FUNCTIONAL IMPAIRMENT**

- Disability Funding DSC/NDIS
- For DSC funding must meet criteria for any of intellectu cognitive, neurological, sensory or physical impairment, or a combination of these impairments and need significant and ongoing help every day with either self-care, communication, mobility, making decisions,
- A diagnosis of Global Developmental Delay requires continued eligibility for funding at the age of 6 years
- Centrelink application for carer's allowance.
- ▶ Helping Children with Autism (HCWA)
- Better Start for Children with Disability (Better Start)
- Education Department Individual disability allocation
- of Kindy <4 years)
- Autism Spectrum Disorder, severe mental disorder.

DIAGNOSES

- FASD
- Microcephaly
- Global
- Autism Spectrun
- Intellectual Disability
- Attention Deficit
- Mental health
- Genetic condition

Model of Care **ASSESSMENT TEAM**

Paediatrician

- Speech Language Therapist/Occupational Therapist
- 4Bayleys or 7Griffiths, 6CELF-4, 5BOT-2/MABC.
- Age 6+ Paediatrician Neuropsychologist/Clinical Psychologists for FASD Speech Language Therapist/ Occupational Therapist Visiting Clinical Psychologist for other diagnoses such
- Comprehensive FASD Medical Assessment, Bayleys or Griffiths to 5 years. ⁶CELF-4, ⁵BOT-2, ⁸MABC-2 UNIT (for Aboriginal Children) or Leiter Cognitive Assessments, Conner-3 Rating Scale BRIEF, VABS or
- ្ត្រ Delis-Kaplan Executive Function System As for 4-10 years + Adolescent/Adult Sensory Profile

Lifeskills Questionnaire for Aboriginal

¹Ages and Stages Questionnaire (ASQ), ²Ages and Stages Questionnaire for Aboriginal Children (ASQ-TRAK), ³Australian Early Development Consensus (AEDC), ⁴Bayleys Scales of Infant and Toddler Development, ⁵Behaviour Rating Inventory of Executive Function (BRIEF), ⁶Bruininks-Oseretsky Test of Motor Proficiency-2, ⁷Comprehensive Evaluation of Language Fundamentals 4 - English Screener (CELF-4), ⁸Griffiths Mental Development Scales, ⁸Movement Assessment Battery for Children- 2, 10 Parent Evaluation of Developmental Status (PEDS), 11 Vineland Adaptive Behaviour Scales (VABS)

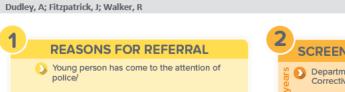
Aboriginal Medical Service (AMS), Disability Services Commission (DSC), Western Australian Country Health Service (WACHS) No specific screening tools are available for FASD.

Pilbara Model of Care: Justice System





A young person's Integrated Journey: Fetal Alcohol Spectrum Disorder (FASD)



Young person in the care of CPFS or residing in any out of home care

Young person with a family member with a diagnosis of FASD

Young person/adult and/or family known to alcohol and other drug service providers

SCREENING

Department of Corrective Services

Pilbara Mental Health & Drug Service and Pilbara Aborginal Drug and Alcohol Program

Mission Australia (Court mandated Alcohol and Other Drug clients), Legal

ASSESSMENT TEAM

Paediatrician/Child + Adolescent Psychiatrist Neuropsychologist for FASD

Speech Language Therapist/ Occupational Therapist

Visiting Clinical Psychologist for other diagnoses

Comprehensive FASD Medical Assessment. ⁶CELF-4, ⁵BOT-2/ ⁸MABC- 2, UNIT (for Aboriginal Children) or Leiter Cognitive Assessments, Delis-Kaplan Executive Function System, Conners-3 rating scale, BRIEF, VABS or Lifeskills Questionnaire for Aboriginal, Adolescent/Adult Sensory Profile

ASSESSMENT SERVICE **PROVIDERS**

Multidisciplinary Patches Justice Clinics Perth or Justice clinics in the Pilbara

SERVICES AND SUPPORT

Aboriginal Family Law Services

Aboriginal Legal Service of Western Australia

AMS – youth programs, transition to adulthood and other programs, counselling and complex case coordination.

CAMHS/WACHS/AMS Paediatric clinics

Child Safety Team meetings and Integrated Youth Offender meeting

CPFS

Department of Corrective Services

Department of Corrective Services – Juvenile Justice Team until court order.

Disability specific support organisations

Empowering People in Communities (EPIC)

Health and well being Cnetre - High School

Melping Minds (formerly ARAFMI), Child and Youth Services Counselling Program 8-17 years

● Hope Community Services – Youth Bail Options Program

Housing and Crisis accommodation

Legal Aid

Lifestyle Solutions (Disability Support Organisation)

Mission Australia provides court mandated counselling, Pre sentence opportunity program, Supervised Intervention.

Pilbara Adult Community Corrections Treatment regime and outreach program to certain communities.

Pilbara Mental Health and Drug Service and Pilbara Aborginal Drug and Alcohol Program/Youth specific programs

Youth Accommodation Program

Youth Involvement Council programs

6 SERVICES AND FUNDING FOR THOSE DIAGNOSED WITH SIGNIFICANT **FUNCTIONAL IMPAIRMENT**

Disability Funding DSC/NDIS

For DSC funding must meet criteria for any or physical impairment, or a combination of these impairments and need significant and ongoing help every day with either self-care, communication, mobility, making

- Education Department
- Intellectual Disability (IQ<70)
- Autism Spectrum Disorder, severe mental disorder
- Justice/court ordered funded therapy program

5 **DIAGNOSES**

FASD

Microcephaly
Autism Spectrum Disorder
Intellectual Disability
Attention Deficit

Mental health diagnoses refer to Pilbara Community Mental Health, Anxiety, Depression, PTSD

Genetic conditions

I or T = Instruments or Tools

Assessments: 1Ages and Stages Questionnaire (ASQ), 2Ages and Stages Questionnaire for Aboriginal Children (ASQ-TRAK), 3Australian Early Development Consensus (AEDC), 4Bayleys Scales of Infant and Toddler Development, 5Behaviour Rating Inventory of Executive Function (BRIEF) ⁵Bruininks-Oseretsky Test of Motor Proficiency-2, ⁷Comprehensive Evaluation of Language Fundamentals 4 - English Screener (CELF-4), ⁸Griffiths Mental Development Scales, ⁹Movement Assessment Battery for Children-2,

Health Service (WACHS) Note: No specific screening tools are available for FASD.

10 Vineland Adaptive Behaviour Scales (VABS) Organisations: Aboriginal Medical Service (AMS), Child and Adolescent Mental Health Service (CAMHS), National Disability Insurance Scheme (NDIS), Disability Insurance Scheme





- 4. Expand FASD diagnostic services.
- 5. Deliver financially sustainable FASD clinics, therapy, and support, for children and adults at high risk for FASD.
- 6. Establish a Graduate Certificate in FASD assessment and diagnosis, consistent with a national standard for FASD diagnosis.

PATCHES Diagnostic Service activity (Q4 2017)

PATCHES WA & NT FASD Diagnostic Clinic Assessments Sept – Dec 2017

WA Metropolitan Clinics	32 assessments
WA Justice Clients	22 assessments
WA&NT Outreach Clinics	24 assessments
Total	78 assessments

PATCHES Diagnostic Service activity Justice system (May 2016 - May 2018)

PATCHES Justice system Assessments Sept – Dec 2017

Medicolegal (Youth 38, Adult 13) 51 assessments

Total 131 assessments

*FASD Assessments for NT Royal Commission 16 assessments

PATCHES Therapy Service activity (April 2018)

PATCHES Kimberley and Pilbara Therapy Service delivery April 2018

Kimberley – Broome, Derby (5 therapists)	244 hours of therapy
Pilbara – Hedland, Karratha (4 therapists)	204 hours of therapy
Perth-based Telehealth (2 therapists)	10 hours of therapy
Total for April	458 hours of therapy



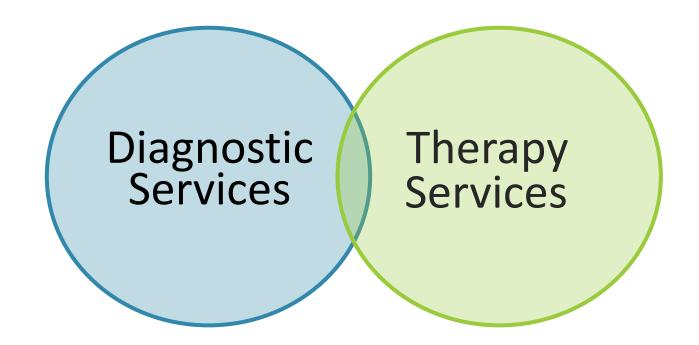
Therapy & Support approaches for FASD

Diagnosis and Therapy interconnect

Behavioural Therapy • Clinical Neuropsychology • Clinical Psychology

Clinical Social Work • Developmental Paediatrics • Exercise Physiology

Generalist Psychology • Occupational Therapy • Physiotherapy • Speech Pathology





The Alert Program®

How does your engine run?

Developed by Occupational Therapists Mary Sue Williams and Sherry Shellenberger of Therapy Works, Inc.

"Our bodies are just like a car engine, they can run on high, low or in a just right state"



"How's your engine running?"



PROGRAM OUTLINE





STAGE:

1. Learning the engine words

Step 1: Introduction to the Alert Program®

- * Adults and child gain an understanding the Alert Program® principles and start to learn the engine words.
- * Adults and child begin to identify sensory strategies that are already being used as well as sensory sensitivities that child may have.
- * Adults and child identify goals for the Alert Program® including times of the day where engines are high or low.

Step 2: Learning the engine words

* Adults and child learn: what does low engine, high engine, and just right engine look and feel like?



2. Changing engine speeds

Step 3: Experimentation

Try out different sensory-motor strategies for changing low and high engines, and for keeping engines just right.





3. Regulating engine speeds

Step 4: Getting specific

Goals: Identify and apply specific strategies that change the child's engine. Parents help the child practice strategies between sessions.

Step 5: Practicing sensorymotor regulation

Goals: The child starts to identify his/her own engine speed and to implement sensory-motor strategies to change their engine. Families and carers help the child practice strategies between sessions.



Positive Behaviour Program - for Families; Schools; and Tough Nuts

Developed by **Dr Carmela Pestell**, Clinical Psychologist, Clinical Neuropsychologist and **David Szczecinski**, Clinical Social Worker, **Ms Janelle Clifton**, Occupational Therapist, **Dr James Fitzpatrick**, Paediatrician, and **Ms Maureen Carter** CEO, Nindilingarri Cultural Health Services



Program Objectives

- Develop a basic understanding of Autism/ FASD/ Attachment/ Early-Life Trauma and how this affects children and adolescents.
- 2. Recognise how we all respond to physical, mental and emotional distress.
- 3. Be mindful of creating and maintaining a secure attachment space.
- Demonstrate an understanding of modelling, relationship building and limit/boundary setting.





Together, and only together, we can Make FASD History















Thank you



Anatomy of a Multi-disciplinary FASD Diagnostic Clinic

Diagnostic Assessment Models



Consider setting/resources/ clinician availability



BroomeO

Camballin_

Map data @2018 Google



Multidisciplinary Team Clinic

Youth Justice Services - Cnr Walcott and Lord St - Mount Lawley

Team

Coordinator – Tiffany Kempton Paediatrician – Dr James Fitzpatrick Neuropsychologist – Candy Cheung Speech Pathologist – Di Raby



Client 3 -

Time	Candy Cheung	James Fitzpatrick	Di Raby
8:30-9:00	Case Conference		
9:00-10:00			
10:00 - 11:00			
11:00 - 12:00			
12:00 – 1.00		Phone Panel Meeting -	
1.00-2.00			
2.00-3.00	Case Conference / Report Writing/Lunch		

PATCHES Service activity (Q4 2017)

PATCHES FASD Diagnostic Clinic Assessments Sept – Dec 2017

WA Metropolitan Clinics 32 assessments

WA Justice Clients 22 assessments

WA&NT Outreach Clinics 24 assessments

Total 78 assessments

Clinic process

••COORDINATOR)TO: .. Confirm receipt of Court Report Referral received from Justice Youth Psychological Services including. ••Request from Psych Services any previous reports: court reports incl - paed, psych, speech, psychiatric .. Statement of Material Facts from Justice Referral ••Make contact with YJO - request PATCHES Referral Form with consent completed by YJO for PATCHES Coord to request further documentation if needed ••Verify location of assessment and seek travel exprenditure approval from Psychological Services. Compulsory ••Confirm appointment date, time and location with clincians (Paediatrician, Neuropsych, Speech Therapist), send Calender requests, & notify YJO. .. YJO to provide parent/carer/school contact details where available. •• Request: birth records - including mothers records of pregnancy (high|importance) /paed letters, seek medical reports from hospital, Aboriginal Medical Services, CAMHS, WACHS, etc. Vineland (for non Indigenous) – PATCHES Clinical Psychologist to arrange phone interviews with Carer/Guardian. . LifeSkills Checklist (for Indigenous) - YJO to arrange to complete where possible or PATCHES Psychologist to arrange over phone. ••Booking of rooms: If in community, YJS to arrange. Book rooms at Mt Lawley Youth Justice Services or at Nedlands office. If in custody, PATCHES Coord to liaise with Psych Services - incl list of items clinician will take. .. Book clincians tools/ resources using Calendar Pre Clinic •• For Clinic - send schedule to clinicians 1 week prior to assessment, send relevant correspondance. .. Upload draft report/s to Share Point. ••PATCHES Coord to confirm access arrangements with establishment 48 hours prior to appointment. Send via email confirmation of room bookings to clinicians and/or provide printed version. **Paediatrician: (if still required) gain consent from client (PATCHES Youth Justice consent form) for PATCHES Coord to request further documentation if needed, Medical Ax, neuro exam, facial features, .. Neuropsychologist: full FASD Ax battery ••SP: CELF (if not completed previously). Clinic Ax .. Report Preparation: Save all correspodance to share file and notify Clinical Key Worker to add to draft report. Schedule Case conference within 24 hours of last appointment. If clinics, case conference to be completed same day as clinic. ••Report due days before court appearance - before the Magistrate 2 days and 3 days before the Judge. Once formatting checked, save as PDF and send report to Psych Services only (never send to third parties). . Upload to Best Practice: referral, medical records, completed tests/screeners, questionnaires, final report. .. For Travel, save receipts in client/clinic folder - called (Logistisc) - eg air tickets, car hire, accomodation. Other