

Webinar 10**Working to support children and families living with Fetal Alcohol Spectrum Disorder**

7:15 pm to 8:30 pm AEST
Thursday 26th September 2019

**Emerging
Minds.**

**National Workforce
Centre for Child
Mental Health**



Emerging Minds and MHPN wishes to acknowledge the Traditional Custodians of the lands across Australia upon which our webinar presenters and participants are located.

We wish to pay respect to the Elders past, present and future for the memories, the traditions, the culture and hopes of Indigenous Australia.



Welcome to series two

This is the second webinar in the second series on child and infant mental health, presented by Emerging Minds and the Mental Health Professionals' Network.

Upcoming webinars in this series are:

- **Working to support the mental health of children with an intellectual disability**
- **Supporting trans and gender diverse children and their families**
- **Aboriginal children and the effects of intergenerational trauma**
- **Engaging children and parents affected by child and sexual abuse**

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Same functionality: different spot

You may have noticed the webinar room looks a little different: we've had an upgrade.

To access all your usual interactivity and resources, hover over the colourful icons at the top right of your screen:

-  opens the chat box
-  ask the panel a question
-  access resources including the case study, panel biographies and supporting resources
-  open the survey



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Learning outcomes

At the webinar's completion, participants will be able to:

- Describe how Fetal Alcohol Spectrum Disorder (FASD) affects children and families across the lifespan.
- Describe best practice support and referral processes for children and families living with fetal alcohol spectrum disorder.
- Identify the relationship between social, community and service factors for children and families living with fetal alcohol spectrum disorder.



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Tonight's panel



Professor Elizabeth Elliott AM
Pediatrician
Affiliated with USyd & SCHN



Dr Sara McLean
Psychologist
Emerging Minds, SA



Sue Miers AM
Child and Family Partner,
Emerging Minds



Facilitator: Dan Moss
Workforce Development Manager,
Emerging Minds, SA



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Fetal Alcohol Spectrum Disorder

- Alcohol use is common in pregnancy (~60%)
- Alcohol readily crosses the placenta: teratogenic, neurotoxin
- FASD is an acquired brain injury caused by prenatal alcohol exposure and characterised by severe pervasive neurodevelopmental impairment
- First trimester exposure *may* result in characteristic facial features, other dysmorphology and a range of birth defects
- Growth failure* may be present but is not diagnostic



Professor Elizabeth Elliott AM
Pediatrician



* Domains that are impaired in the webinar clinical case

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Fetal Alcohol Spectrum Disorder

- FASD presents with developmental, learning and behavioural problems
- FASD is a lifelong disorder
- FASD occurs throughout society in Australia, but high risk groups exist
- Adolescents and adults with FASD have increased health and mental health problems but have many strengths
- Strength based approach, avoid stigma, blame, shame



Professor Elizabeth Elliott AM



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How to diagnose: Australian Guide



<http://www.apsu.org.au/home/australian-fasd-diagnostic-guidelines/>

History

Pregnancy, childhood, family, developmental

Prenatal alcohol exposure

Physical Examination

Facial features

Head circumference

Height, weight

Major/minor congenital anomalies

Multi-disciplinary neurodevelopmental assessment

10 domains

Investigations

Microarray, Fragile-X, MRI, photograph, Fe, Pb, TFT, Metabolic screen

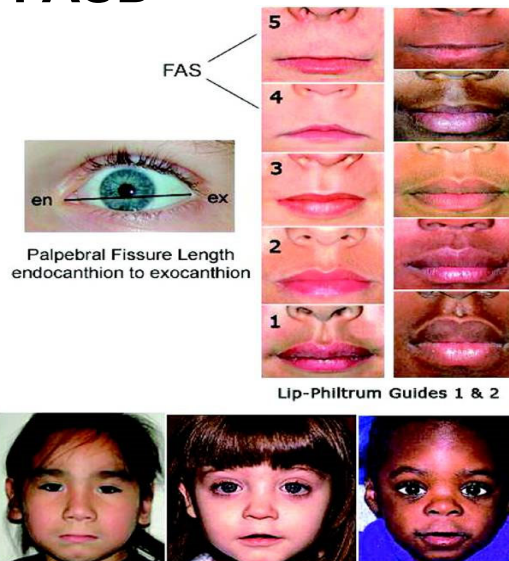


Professor Elizabeth Elliott AM



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The Face of FASD



Professor Elizabeth Elliott AM



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Neurodevelopmental Impairment

10 key domains: require ≥ 3 with severe impairment

1. Brain Structure/Neurology
2. Motor skills
3. Cognition*
4. Language
5. Academic achievement*
6. Memory impairment*
7. Attention*
8. Executive function* including impulse control* and hyperactivity
9. Affect regulation*
10. Adaptive behaviour, social skills,* social communication*

* Domains that are impaired in the webinar clinical case



Professor Elizabeth Elliott AM



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Dx categories

FASD

- FASD with 3 sentinel facial features (90%)
- FASD with <3 (0-2) facial features

Why Diagnose?

- help for mother
- prevent affected sibling
- early intervention
- change expectations
- accommodation in education, justice systems
- NDIS, financial supports
- peer support, NOFASD



Professor Elizabeth Elliott AM



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Prenatal Alcohol Exposure (PAE): Impact and support



Dr Sara McLean
Psychologist

- **I. Impact of prenatal alcohol exposure on child**
 - how is it different?
- **II. Evidence informed support principles**
 - what can the psychologist do?



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I. Impact of PAE on child



Dr Sara McLean

- **Challenge of heterogeneity in presentation**
 - May or may not present with facial features, ID, can be 'invisible'
 - 'Whole body condition' and high levels of comorbidity
 - 'Behaviour, social and learning problems'
 - structure and function of brain
 - memory, cause-effect (contingent) learning, attentional control & self regulation.



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I. Impact of PAE on child



Dr Sara McLean

Similar but different

Can resemble

- intellectual disability
- specific learning difficulties
- ADHD
- Anecdotal reports of slowed 'transmission' and fluctuating 'strength' of brain signals' – 'dimmer switch'



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II. Evidence informed principles



Dr Sara McLean

- Psycho-education and expectations 'won't or can't?'
- Environment (structure, simplify and supervise) and identify setting events
- PBS, functionally equivalent behaviours (v traditional contingent approaches)
- Explicit skill development including overlearning and repetition (computer assisted), visual, targeting child's unique profile
- Communication and collaboration- common language



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Impairments interact and lead to chaotic behaviour

- sensory issues
- impulsivity and 'cause and effect' reasoning difficulties
- perseveration
- dysmaturity

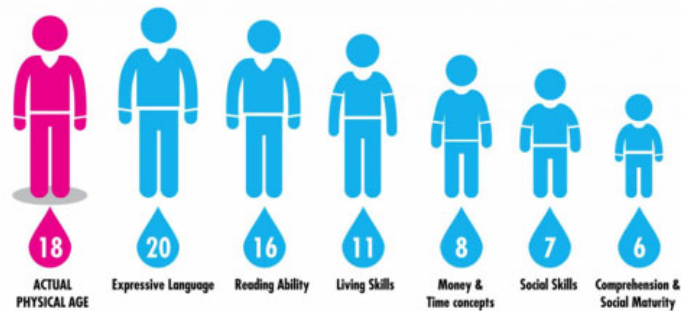


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FASD Physical vs Developmental Age



Adapted by NOFASD Australia 2018 from
Diane Malton (FASCEIS) and the research of Simisguth, Clatten et al.

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australia | Organisation
for First Alcohol
Spectrum Disorders



Sue Miers AM



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Strategies for de-escalating behaviour



Sue Miers AM

- Be proactive –think about possible triggers and try to avoid those.
- Try to keep self calm, talk quietly, use as few words as possible.
- Try re-directing behavior to something safer and more acceptable.
- Try differently not harder.



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Strategies for improving listening skills & memory



Sue Miers AM

- Shorter sentences, fewer words, allow processing time, concrete language & minimize the use of abstract concepts.
- Translate verbal instructions – visuals, illustrations, role playing.
- Break activities into small doable steps.
- Reminders and prompts to help memory.



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General strategies

- Think younger & have realistic expectations.
- Establish structure and routine.
- Provide low stimulus environment.
- Build on their strengths.



Sue Miers AM



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Q&A Session



Professor Elizabeth Elliott AM
Pediatrician
Affiliated with USyd & SCHN



Dr Sara McLean
Psychologist
Emerging minds, SA



Sue Miers AM
Child and Family Partner,
Emerging Minds




Facilitator: Dan Moss
Workforce Development Manager,
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Resources and further reading

Other supporting resources associated with this webinar can be found by clicking on the light blue supporting resources icon. 

For more information about Emerging Minds, visit

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Thank you for participating



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click the yellow speech bubble icon in the top right hand corner of your screen
to open the survey.

- Certificates of Attendance for this webinar will be issued within four - six weeks.
- Each participant will be sent a link to the recording of this webinar and associated online resources within four – six weeks.



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This webinar was co-produced by MHPN and Emerging Minds for the Emerging Minds: National Workforce Centre for Child Mental Health (NWCCMH) project. The NWCCMH is led by Emerging Minds and delivered in partnership with the Australian Institute of Family Studies (AIFS), the Australian National University (ANU), the Parenting Research Centre (PRC) and the Royal Australian College of General Practitioners (RACGP).

The NWCCMH is funded by the Australian Government Department of Health under the National Support for Child and Youth Mental Health Program.



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Thank You

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