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 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
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.

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
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

* Domains that are impaired in the webinar clinical case

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
How to diagnose: Australian Guide

**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


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The Face of FASD

[Images of facial features and photographs of children with FASD]
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

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
Prenatal Alcohol Exposure (PAE): Impact and support

I. Impact of prenatal alcohol exposure on child
   • how is it different?

II. Evidence informed support principles
   • what can the psychologist do?

I. Impact of PAE on child

• 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.
I. Impact of PAE on child

Similar but different .....  
Can resemble  
• intellectual disability  
• specific learning difficulties  
• ADHD  

• Anecdotal reports of slowed ‘transmission’ and fluctuating ‘strength’ of brain signals’ – ‘dimmer switch’

II. Evidence informed principles

• 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
Impairments interact and lead to chaotic behaviour

- sensory issues
- impulsivity and ‘cause and effect’ reasoning difficulties
- perseveration
- dysmaturity
Strategies for de-escalating behaviour

- 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.

Strategies for improving listening skills & memory

- 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.
General strategies

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

Q&A Session

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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
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 www.emergingminds.com.au

Thank you for participating

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• 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.
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).

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Thank You