

A model of excellence in the diagnostic and post-diagnostic services for children at risk of Fetal Alcohol Spectrum Disorder through collaboration between the Child Development Service (CDS) and a student Occupational Therapy Service.

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Background

A research project funded by the Federal government into diagnosing Fetal Alcohol Spectrum Disorder (FASD) in young children commenced on the Sunshine Coast in early 2018 as a collaboration between the Sunshine Coast Hospital & Health Service, Griffith University (GU) and the University of the Sunshine Coast (USC). FASD is a diagnostic term used to describe the impacts on the brain and body of individuals prenatally exposed to alcohol. FASD is a lifelong disability. Individuals with FASD will experience some degree of challenges in their daily living, and need support with motor skills, physical health, learning, memory, attention, communication, emotional regulation and social skills to reach their full potential. As many as 2% of all Australian babies are born with FASD each year (Dept. of Health, 2018) and it is thought to affect more children than Autism, Spina Bifida, Cerebral Palsy, Down Syndrome and Sudden Infant Death Syndrome combined (Mather, Wiles & O'Brien, 2015).

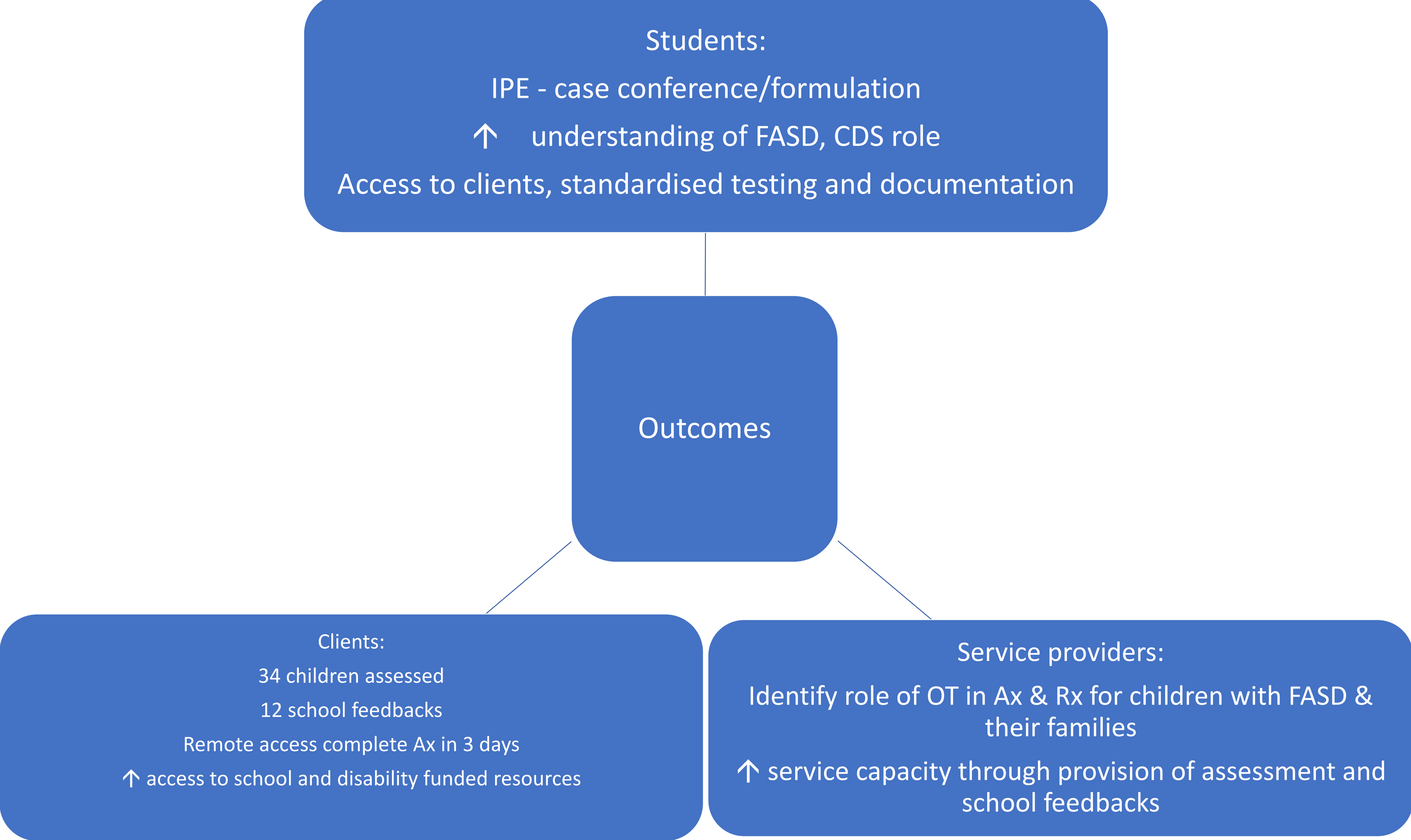
Objectives

The purpose of the collaboration between the Child Development Service (CDS) and GU was to contribute to research into young children (0-7 years) at risk of FASD. The funding supported 0.6FTE Psychologist, 0.2FTE Paediatrician and 0.2FTE Speech Pathologist. As there was no funding for Occupational Therapy (OT) allowed for in the budget, USC agreed to provide this service pro bono through their student-led clinics as a learning opportunity. The students had the opportunity to practice standardised assessments, be involved in complex cases including diagnostic formulation and feedback and became familiar with FASD, which is relatively newly understood and assessed condition on the Sunshine Coast.

Methods

Within the FASD research team, due to the nature of the assessment required, the Psychologist had the majority of the clinical load, with the Paediatrician and Speech Pathologist taking on the Intake role alongside their clinical work. The role of the OT Clinical Educator and OT students was primarily to do the motor assessment for the children at risk of FASD however once the clinic was running it became apparent that they were able to take on more of a role with the schools in particular. The reason for this was an already-established relationship between the USC OT clinic and the schools and the clinical strength of OTs in translating the needs of the child into practical intervention approaches in the school environment. In addition, the OT Clinical Educator and students supported the team with completing the assessment report and were uniquely placed to support families to transition out of CDS into community services because of their community-based student-led USC OT clinic.

Results



Conclusions

Research into FASD is continuing to grow and provide the evidence-base for governments to implement policies and programs to prevent, support and manage FASD in Australia. Screening and Diagnosis has been identified as a National Priority Area in the FASD Strategic Action Plan (Dept of Health, 2018). Through collaborating with GU and USC, CDS has been able to contribute to the research as well as build clinical skills and reduce wait time for children at risk of FASD in our region and surrounding areas. By offering services into this research project pro bono, USC have been able to provide positive outcomes for their students as well as the clients and service providers involved that would have been unable to be achieved without their unique skill set and placement within the community and school setting.