Making FASD History in Australia
Integrating Prevention, Diagnosis and Therapy Strategies

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Conflicts of interest

No research conflicts of interest
Diagnostic and Therapy services are private, fee for service models
Prevention Principles

Based on best-available evidence
Co-designed with community
Integrate with Diagnosis and Therapy
Prevention Sites

National Network
Fitzroy Valley 2008
4,500 people
95% Aboriginal pop
Remote, low SES

Prevent FASD
Prevention strategy sites
Fitzroy Valley 2008
4,500 people
95% Aboriginal pop
Remote, low SES

Pilbara 2015
60,000 people
70% Aboriginal pop
Regional/remote
Mining economy

Prevent FASD
Prevention strategy sites
Aims

- Adapt the Canadian 4 part model of FASD prevention in a network of communities
- Empower community agencies to maintain FASD prevention strategies
- Increase # of Network sites (Scale up)
Adapted from Canadian FASD Prevention Researcher Nancy Poole’s Four Part Model

- **LEVEL 1: MASS MEDIA**
  Broad awareness building and health promotion efforts

- **LEVEL 2: HEALTH PROMOTION**
  Discussion of FASD/alcohol with all women of childbearing age and their families

- **LEVEL 3: ANTENATAL SUPPORT**
  Support of pregnant women with alcohol and other health/social issues

- **LEVEL 4: POSTNATAL SUPPORT**
  Postpartum support for new mums and support for child assessment and development

- **FASD Diagnostic Clinics**

- **Supportive alcohol policy**

- **Research and Evaluation**

- **Therapy and Support Programs**
Methods: Local Considerations

1. Understand the socio-cultural as well as the service provision/delivery context
2. Establish relationships / community consultations (it takes time, particularly in complex communities)
3. Establish a representative community reference group:
   i. to determine target groups
   ii. to guide the methods to collect evidence
   iii. to determine the messages
   iv. to determine method and mode of delivery of messages
4. Co-develop evidence-based prevention activities
5. Co-develop evaluation of program (to determine success or re-direction)
   i. If something is not working, do not be afraid to say stop and start again
Increasing FASD Diagnostic capacity

Policy and funding preconditions

- 2016 Australian FASD Diagnostic Guidelines
- 2016 Australian and New Zealand FASD Clinical Network
- 2017-2020 Australian Government Funding of FASD Models of Care
- 2018-2028 National FASD Strategic Action Plan
School of Psychological Science

Fetal Alcohol Spectrum Disorder

The Graduate Certificate in Assessment and Diagnosis of Fetal Alcohol Spectrum Disorder (FASD) is the first of its kind in the world.

Australian surveys of medical speciaists and allied health staff have consistently demonstrated poor awareness of FASD and diagnostic criteria, suggesting a need for additional psychosocial and remedial strategies to be developed for prevention, identification, and intervention. This course addresses the need for clinicians who are skilled and current in diagnosing and treating presentations for which FASD is a differential.

Students complete four units. The first two coursework units, offered in Semester 1 each year, provide the theoretical grounding needed to understand FASD diagnosis. In Semester 2, students complete a coursework unit covering how to assess for FASD within a multidisciplinary or interdisciplinary clinic-based assessment.

A final practicum unit allows students to put this model into practice in a clinical setting.

Studying at UWA

UWA’s School of Psychological Science is recognised internationally, in the Top 100 QS World University rankings and receiving the top rating of 5 in the national Excellence in Research for Australia (ERA) evaluations.

Associate Professor Carmen Ponsell, a registered Clinical Psychologist and Neuropsychologist and a Fellow of the College of Clinical Neuroscientists (AIFS), coordinates the course. Her clinical expertise in relation to FASD is increasingly being recognised; she contributed to the Australian FASD Diagnostic Guidelines, is a member of the Australian National Clinical FASD Network and an Ambassador for FASD Australia.

Applications

Applicants must provide:
- a brief personal statement—maximum of one page
- Curriculum Vitae
- Name and contact details of two referees
- Documented applicants will be asked to attend an interview.

For further details, please visit www.study.uwa.edu.au

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Increasing FASD Therapy Services

Policy and funding preconditions
• 2016 Australian FASD Diagnostic Guidelines
• Increasing national diagnostic capacity
• 2016 National Disability Insurance Scheme (therapy funding opportunity)
PATCHES Therapy Services

National Disability Insurance Scheme Provider
Deliver therapy services for all ages (Life-course approach) – multiple disabilities
Focus on ‘hard to reach’ populations – Regional/remote, Justice system, Child protection
Fee for service model within a private practice framework

PATCHES Therapy Services:
- The Alert Program® for Self-Regulation
- Carer Support Program
- ‘Tough Nuts’ Therapy Framework
- Psychology & Allied Health
- Video conference / telehealth
Lessons learned – Diagnosis & Therapy

• FASD specific training clinics have a place
• More important are general Developmental clinics that also diagnose and manage FASD
• Service efficiency must be increased
• Varied models: Government, NGO, Private service
• Accessing sustainable funding mechanisms is crucial (Justice & Child Protection systems, National Disability Insurance Scheme)
Thank You