

The Role of the Occupational Therapist (OT) in Diagnosis, Intervention and Education about the Impact of Fetal Alcohol Spectrum Disorder (FASD) on Children and Young People

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Background and Method

Purpose of Occupational Therapy Assessment within FASD Diagnostic Clinic:

- To assess motor skills and other functional skills in order to inform neurodevelopmental profile, individual strengths and weaknesses and contribute to diagnostic evaluation
- To provide information regarding appropriate intervention strategies/options to address functional daily living issues (within home or school) related to motor and other impairments

Method:

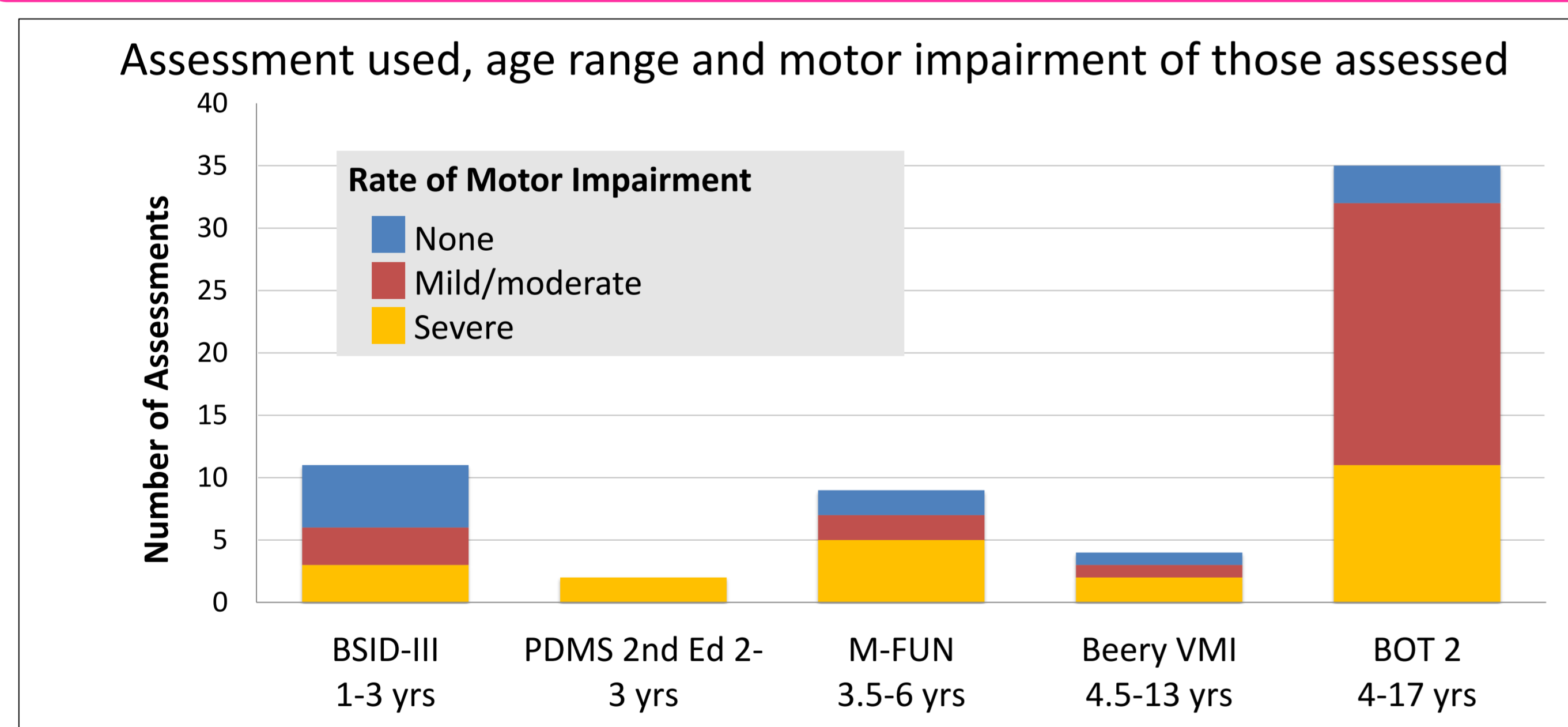
60 children and young people aged between 1-17 years who attended the FASD clinic, with confirmed PAE (prenatal alcohol exposure), between July 2016 - end June 2018 were assessed by an Occupational Therapist.

Standardised Assessments used:

- Bayley Scales of Infant & Toddler Development 3rd edition (BSID-III)
- Beery VMI (6th Ed)
- Bruininks-Oseretsky Test of Motor Proficiency, 2nd Ed (BOT2) Fine Motor Control, Manual Coordination and Balance sections
- Miller Function and Participation Scales (M-FUN)
- Peabody Developmental Motor Scales (PDMS-2)

Motor impairment was then rated as 'severe', 'mild/moderate' or none.

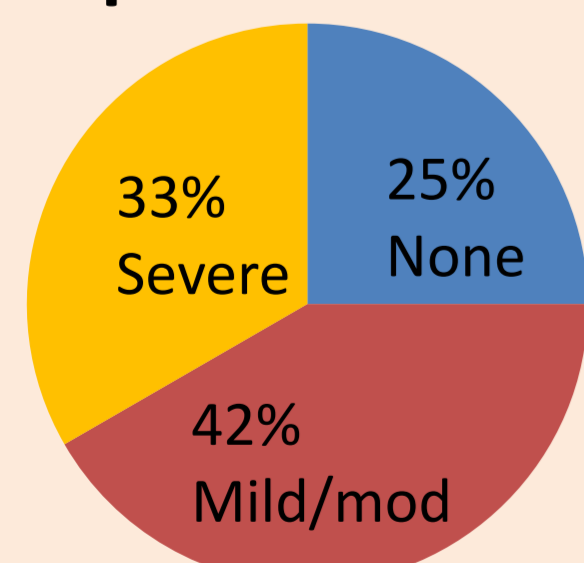
Results



Mild/moderate and severe motor impairment occurred across all ages

Severe Impairment: defined as 2 or more SD below the mean or < 3rd percentile as assessed on a standardised assessment as stated in The Australian Guide to the Diagnosis of Fetal Alcohol Spectrum Disorder (FASD)³.

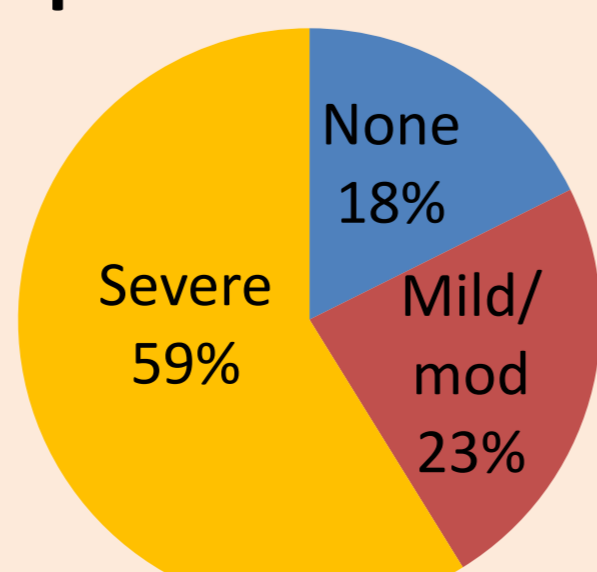
Rate of Motor Skill Impairment in PAE



33% of children and young people with PAE had a severe motor impairment

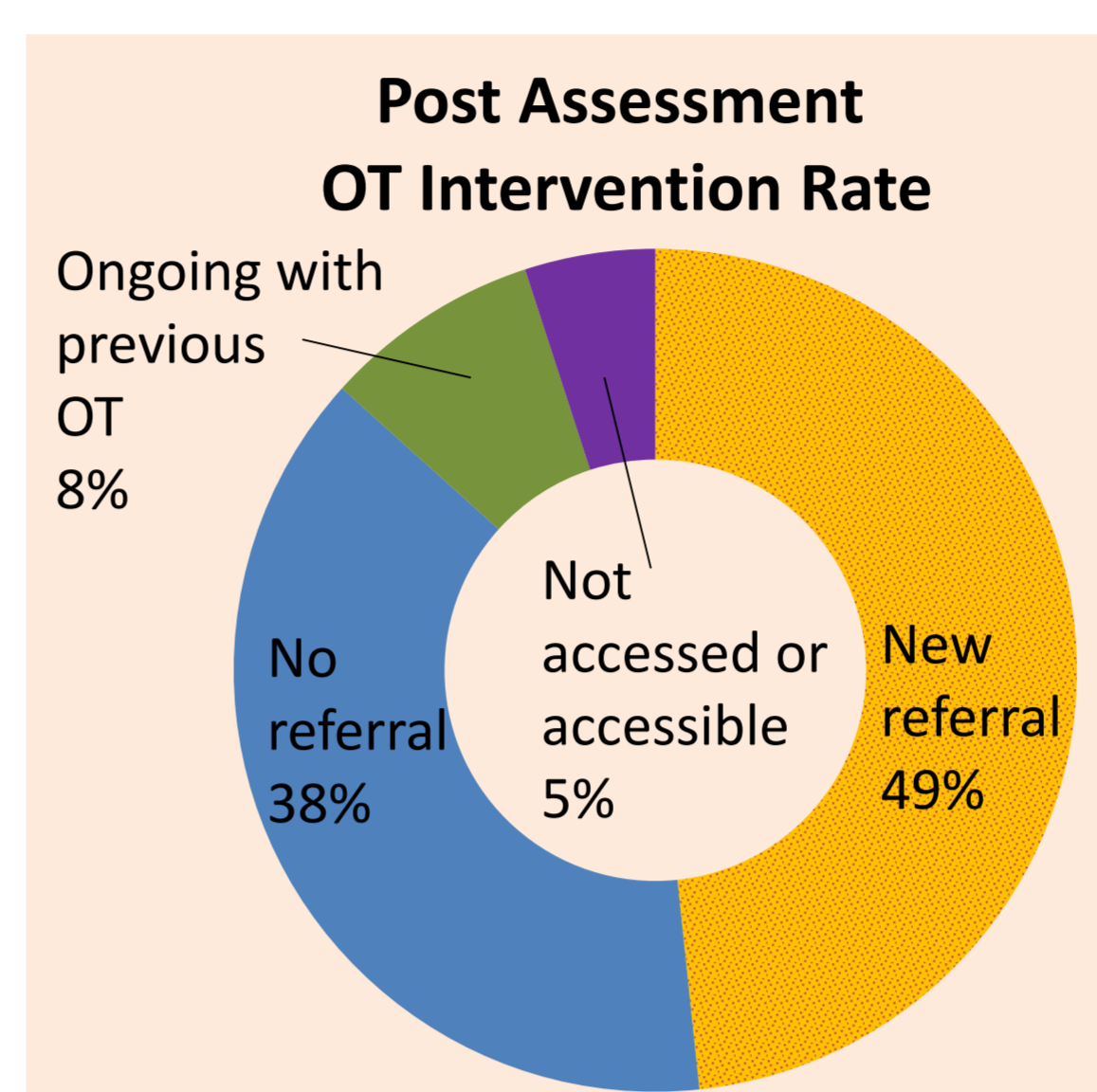
Of those 60 young people whose motor skills were assessed within the FASD clinic, 17 went on to be given a diagnosis of FASD.

Rate of Motor Skill Impairment in FASD



59% of children and young people with FASD had a severe motor impairment

Occupational Therapy Role



Occupational Therapy intervention was recommended in more than 50% of those children assessed in FASD clinic

Occupational Therapists develop intervention goals jointly with clients and their families to increase participation in meaningful activities of daily life (such as self-care skills, engagement in education/learning/work environments, or social interaction). These goals are used to evaluate progress and service provision.

Skill	Examples of Intervention Strategy
Graphomotor/ Handwriting	Fine motor and motor planning skill development, handwriting programs, alternative technology
Self-care /daily living/organisation	Task analysis, CO-OP Approach (Cognitive Orientation to daily Occupational Performance), skills training
Play Skills	Learn to Play, play therapy, DIR Floortime [®] , motor skill development
Self Esteem/Social Skills	Strength based approach, social skills group
Sensory processing/behaviour regulation/ arousal/ attention difficulties	Use of visual schedules, sensory activity schedule, cognitive strategies, The Alert Program [®] , Zones of Regulation

Conclusions

- In those affected by PAE and FASD, motor skill and functional impairments frequently occur across all ages
- A motor skill assessment should be completed for all children and young people attending FASD clinic
- Referral for Occupational Therapy intervention is vital to optimize function and independent engagement across all life roles

Reference

³Bower C, Elliott EJ 2016, on behalf of the Steering Group. Report to the Australian Government Department of Health: "Australian Guide to the diagnosis of Fetal Alcohol Spectrum Disorder (FASD)".