

Integrating Screening, Diagnosis and Intervention for FASD into a Community Behavioral Health Model



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LCSW

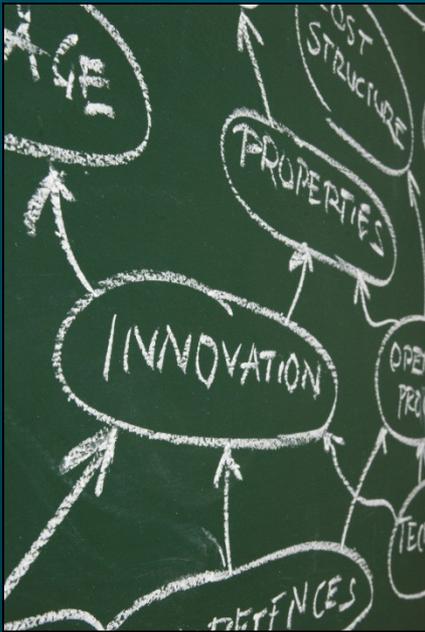
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MHS, OTR/L

Chelsea
Hoffman, BA



- Jacksonville, FL (Duval County)
- 501(c)(3) private not for profit organization
- 125 mental health professionals
- Serves 6500 children ages 0-22 (Fiscal Year 2010-2011)
- Services include:
 - Outpatient, in-home and school-based counseling
 - Targeted mental health case management
 - Psychiatric evaluations and medication management
 - Daycare consultation
 - Supervised visitation
 - Child abuse prevention

CGC'S SOURCES OF REVENUE



- Medicaid (#1)
- Duval County School Board
- State of Florida
- Family Support Services
- Jacksonville Children's Commission
- Children's Medical Services
- United Way
- Client and Other Fees
- Third Party Insurance

NORTHROP GRUMMAN SUBCONTRACT

- 4 ½ year subcontract
- Develop and integrate FASD services into an existing system of care
- Screening, diagnosis and intervention
 - Screen children ages 0-7 for an FASD (record review and facial analysis)
 - Refer children with positive screen for full diagnostic evaluation
 - Provide intervention services for children diagnosed with an FASD



WHY CHILDREN AGES 0-7?



- Early diagnosis can improve outcomes
- Allows access to interventions to prevent secondary disabilities
 - Unemployment
 - Trouble with the law
 - Disrupted school performance)

- Co-Occurring Disorders
 - ADHD
 - Disruptive Behavior Disorder
 - Oppositional Defiant Disorder
 - Bipolar Disorder
 - Depression and Anxiety
- Diagnosis changes what is expected of children by parents, therapists, and teachers
- Biologically based disorder – impacts treatment strategies (including medication management)

WHY BEHAVIORAL HEALTH?



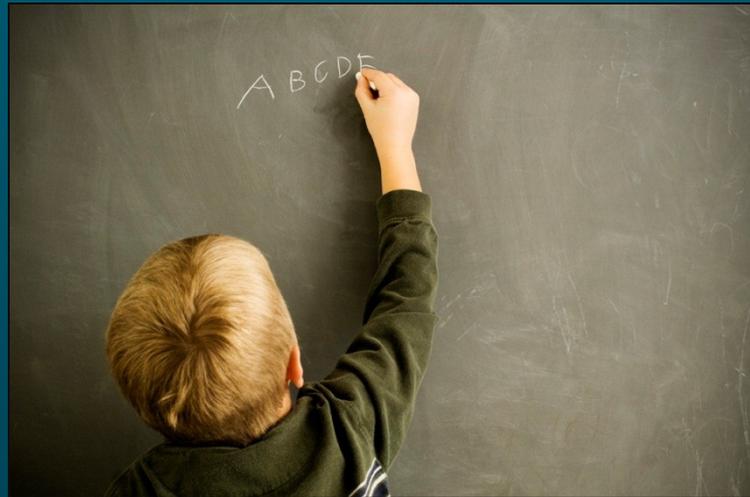
INCORPORATING FASD INTO CGC

Revising Agency Policies and Procedures
Permission to Screen and Parent Orientation

Medical Page

Biopsychosocial Evaluation

Utilizing Existing Relationships for Diagnostic Evaluations



CHILD GUIDANCE CENTER, INC.

PERMISSION TO TREAT

I give consent for my child, myself, and other children in my custody to receive clinical behavioral health services and/or case management/social services from staff members of the Child Guidance Center, Inc. These services may include diagnostic evaluations, individual therapy, family therapy, group therapy, or other standard therapy techniques, case management services, social services, as well as psychiatric services including the use of medication, when appropriate and agreed upon.

Parent/Caregiver Signature _____ Date ____/____/____

18-21 Year Old/Adult Client Signature _____ Date ____/____/____

Optional for Children ages Birth to 7 only

PERMISSION TO SCREEN

I give consent for my child to be screened for Fetal Alcohol Spectrum Disorders (FASD) as part of the FASD Initiative funded by Northrop Grumman. I understand that facial photographs will be taken of my child; these photographs will be used for the sole purpose of screening and diagnostic evaluations. If my child screens positive, my child will be offered a referral for a full diagnostic evaluation. By signing this section, I agree to let my child be screened for an FASD.

Parent/Caregiver Signature _____ Date ____/____/____

PERMISSION TO INFORM REFERRAL SOURCE

I authorize Child Guidance Center, Inc. to inform _____ of my application for services.

Parent/Caregiver Signature _____ Date ____/____/____

ORIENTATION CERTIFICATION/PRIVACY NOTIFICATION

1. Our rights and responsibilities have been explained to me.
2. I have been oriented to Child Guidance Center services.
3. I have received a program handbook.
4. I have received the "Privacy Notification" covering Child Guidance Center's policies on disclosure of protected health information.

Parent/Caregiver Signature _____ Date ____/____/____

Relationship to Client: _____

Client Signature (optional) _____

Client Name:		Client Key #:	
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Revised 08/12/09

MEDICAL HISTORY:

(THIS PAGE TO BE FILED IN MEDICAL SECTION OF CLIENT RECORD)

Primary Physician Name & Phone # _____ Hospital Preference _____

When was your child's last physical examination? _____ By what Dr.? _____

Date of last basic laboratory studies (blood work, urinalysis): ____/____/____ Results?: _____

Is your child **currently** on medication? No Yes **If yes, list medications below:**

Medication	Dose	Frequency	Reason Taken	Prescribed by	Is It Working?

Has child taken medication within the **last 6 months** that has been discontinued? No Yes **If Yes, please list:**

Medication	Dose	Frequency	Reason Taken	Prescribed by	Did It Work?

Any adverse reaction to any medication? No Yes Describe: _____

CHILD'S MEDICAL PROBLEMS:

Any allergies? No Yes If yes, what kind? _____

Any ongoing medical problems? No Yes If yes, what kind? _____

Any history of seizures? No Yes When last? _____; High fever? No Yes When? _____

Any history of nervous tics No Yes _____

Chronic sore throats No Yes; Chronic earaches? No Yes; Ever hit head? No Yes

Ever lost consciousness? No Yes If yes, describe _____

Are immunizations up to date? No Yes; Does child wear glasses/contacts? No Yes

Speech problems? No Yes Describe _____

Hearing problems? No Yes Describe _____

Has your child used? tobacco products alcohol illegal drugs

HOSPITALIZATION FOR MEDICAL PROBLEMS: Indicate any hospitalizations from birth until present

Name of Hospital	Year	Length of Stay	Problem

Development History

Health of mother during pregnancy: _____

Any unusual illnesses No Yes If yes, describe: _____

Any history of miscarriage No Yes If yes, describe: _____

List any medication, drugs, alcohol or tobacco taken during pregnancy _____

Delivery at _____ months; labor took _____ hours; birth weight _____ lbs. _____ oz.

Check any of the following which apply to the child's birth:

Breech birth Instruments Used Dry Birth Incubator Used

Unusual Scars/Bruises Caesarean Section Trouble Breathing Unusual Color

Transfusion Birth Defects _____

Any history of early hospitalizations or traumas: _____

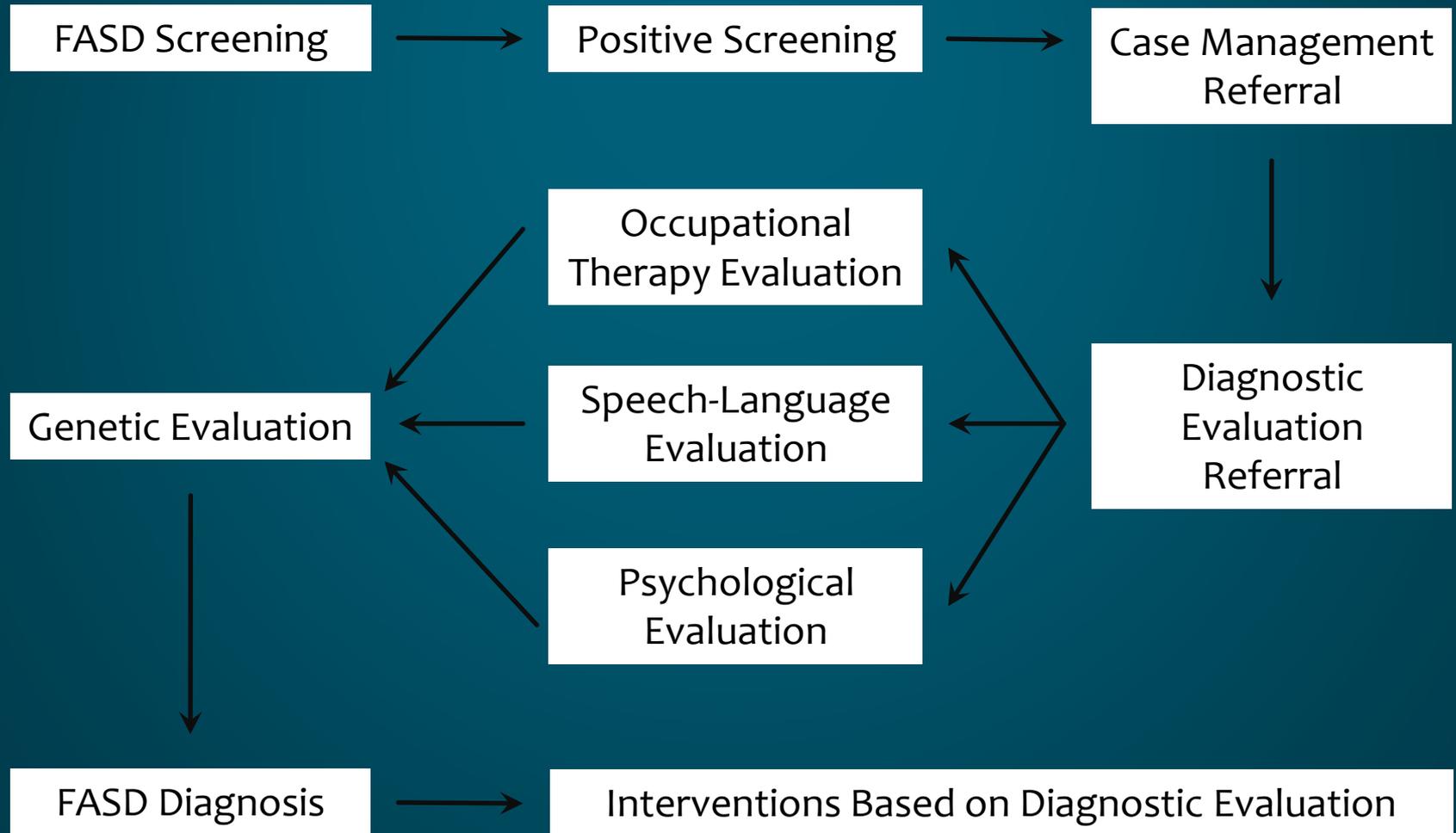
Information provided by: _____

_____/_____/_____
Signature Date

Relationship to Child _____

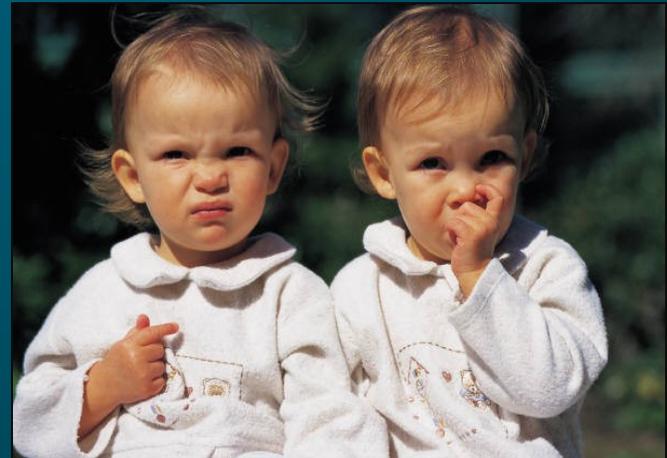
CLIENT NAME _____
CLIENT KEY # _____

NETWORKING DIAGNOSTIC MODEL



SUSTAINABILITY

- Children with confirmed prenatal exposure will be referred to targeted case management
- Trained TCM's will complete screenings and make referrals for full diagnostic evaluation
- TCM's can *bill Medicaid* for almost all components of the screening and referral process
- Maintain relationships with diagnostic evaluation providers



DATA HIGHLIGHTS: 11/1/2008- 3/31/2012



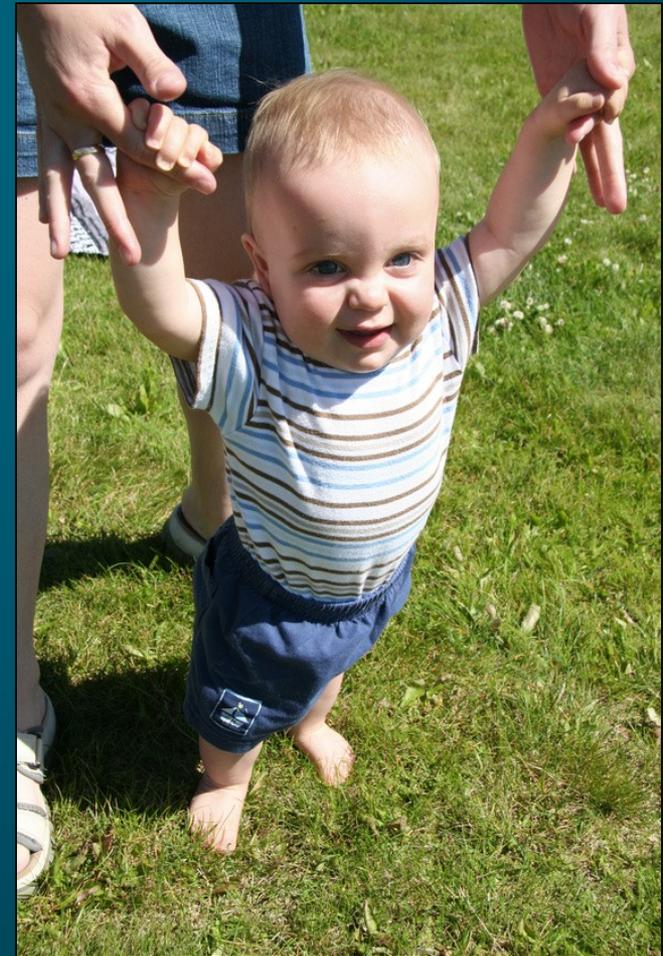
- **702** completed screenings on children ages 0-7
- **79** positive screenings (11% of total screenings)
- **74** children referred for a full diagnostic evaluation (93% of positive screenings)
- **51** completed diagnostic evaluations (70% of children referred)
- **46** children diagnosed with an FASD (**6.5%** of total screenings)

Data from 11/1/2008-3/31/2012

DATA HIGHLIGHTS: 11/1/2008 – 3/31/2012

- Of 46 children diagnosed with an FASD, **45** children received interventions (98% of children diagnosed)
- Intervention services tracked include:
 - Case management
 - Counseling
 - Medication Management
 - Behavior Modification
 - Supervised Visitation
 - Parent Support
 - Educational Support
 - Therapeutic Foster Care
 - Intensive Family Services (Intensive home-based counseling/TBOS)
 - Speech Therapy
 - Social Skills Training
 - Physical Therapy
 - Nutrition Services
 - Respite
 - Occupational Therapy and Sensory Integration

**Data from 11/1/2008-3/31/2012



Intervention Services Before and After FASD Diagnosis

Before Diagnosis		After Diagnosis	
Service	# of children	Service	# of children
Case Management	8	Case Management	46
Intensive Family Services (In-home therapy)	4	Intensive Family Services (In-home therapy)	9
Medication Management	21	Medication Management	32
Nutrition Services	1	Nutrition Services	1
Play Therapy	17	Play Therapy	20
Physical Therapy	2	Physical Therapy	2
Speech-Language Therapy	4	Speech-Language Therapy	10
Family Therapy	6	Family Therapy	3
Individual Therapy	16	Individual Therapy	16
Family Support	1	Family Support	45
Educational Support	2	Educational Support	33
Home Visiting	2	Home Visiting	2
Group Therapy	3	Group Therapy	2
Occupational Therapy	2	Occupational Therapy	6
Developmental Specialist	1	Developmental Specialist	1
In-Patient Psychiatric Care	1	In-Patient Psychiatric Care	3
		Therapeutic Foster Care	4
		Pre-Adoptive Unsupervised Visitation	2
		Respite	2
		Gastroenterologist	2
		Applied Behavior Analysis	2
		Social Skills Training	1
		Supervised Visitation	5
		Parenting Classes (general)	2

**Data from 11/1/2008-3/31/2012

MULTIDISCIPLINARY APPROACH

- Behavioral health treatment alone cannot address all of the needs of a child with FASD
- Children with FASD often need services from other disciplines in addition to behavioral health services to address the range of symptoms caused by prenatal exposure:
 - Speech Therapy
 - Physical Therapy
 - Occupational Therapy and Sensory Integration



THE OCCUPATIONAL THERAPY COMPONENT

Renee Owens, MHS, OTR/L

May 1-3, 2012

Arlington, VA



Photo courtesy of Brandi Angel

Occupational Therapy Assessment

- **History & Interview**
- Strength, tone, range of motion
- Posture
- Fine motor (holding pencil, cutting, writing)
- Visual Perception
- Gross motor
- **Motor planning and age-appropriate novel movement commands**
- **Daily Living Skills & Daily Routines**
- **Sensory processing & self regulation**



Sensory Systems

- See - Vision
- Hear - Auditory
- Smell - Olfaction
- Taste - Gustatory
- Touch - Tactile



Senses

- Visual
- Auditory
- Olfactory
- Gustatory
- Interoceptive
- Touch
- Proprioceptive
- Vestibular



The 3 “Hidden” Senses

TACTILE

Information from our skin

PROPRIOCEPTION

Information from muscles
and joints; heavy work

VESTIBULAR

Information about
gravity / movement /
head position

Tactile (Touch)

- Skin is the body's largest sensory receptor; tactile system is the largest sensory system
- Earliest sense to develop prenatally
- Most mature sensory system during the first few months of life
- Recent findings have confirmed that newborns actually feel pain (leading to changes in surgical procedures and in the administration of pain medications)



Proprioceptive

- Provides our brains with **subconscious** information from our muscles and joints
- Allows for appropriate judgment of force
- Contributes to the development of body awareness and body scheme
- Contributes to the planning and organizing of movements; and to the learning and memory for movements

“HEAVY WORK”



Vestibular

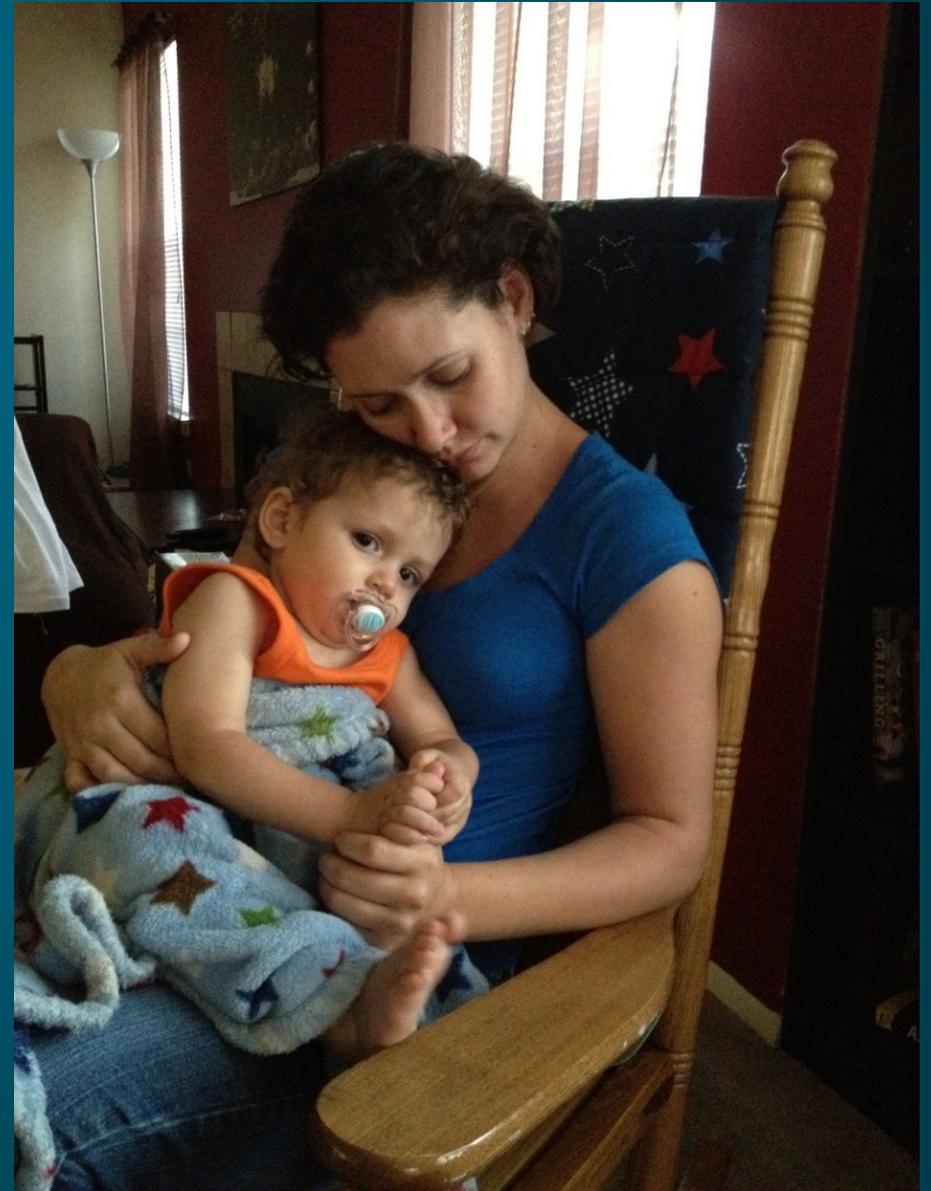
“The Unifying Sensory System”



**It paces the functioning of the entire CNS
(Ayres)**

Vestibular

**“Modulates Arousal
and Alertness for
Attention and
Calming” (G.Degangi)**



Vestibular System

- Regulates our muscle tone, postural control and equilibrium
- Impacts our coordination (especially bilateral)
- Neural connections with hearing and vision
- Affects our emotional sense of well-being
- Huge impact on our affect (depending on rate, intensity, frequency and duration)
- Connects us to our physical world (gravity)
- Provides us with a subconscious sense of security



Sensory Processing

“*Sensory Processing* is a term that refers to the way the nervous system receives sensory messages and turns them into responses.”

Miller, L. (2006)



Sensory Processing

“Sensory processing and self-regulation constructs attempt to help to sort out why some children, for reasons that cannot be otherwise explained, have difficulty interacting effectively with objects and persons in their environment.”

Walker, K. (2000)



What Happens When The Senses Don't "Work" Properly?



Sensory Processing Disorder

- Difficulty detecting, organizing, or responding to sensory information received and interpreted in the brain
- Symptoms seen in motor (often subtle) emotional, attentional, or adaptive reactions after sensory stimulation or input
- **Sensory sensitivity occurs within a range and is only considered a “disorder” when it causes significant difficulties with daily routines and tasks.**

Preliminary research reveals genetic link; also prenatal/birth complications as well as environmental factors

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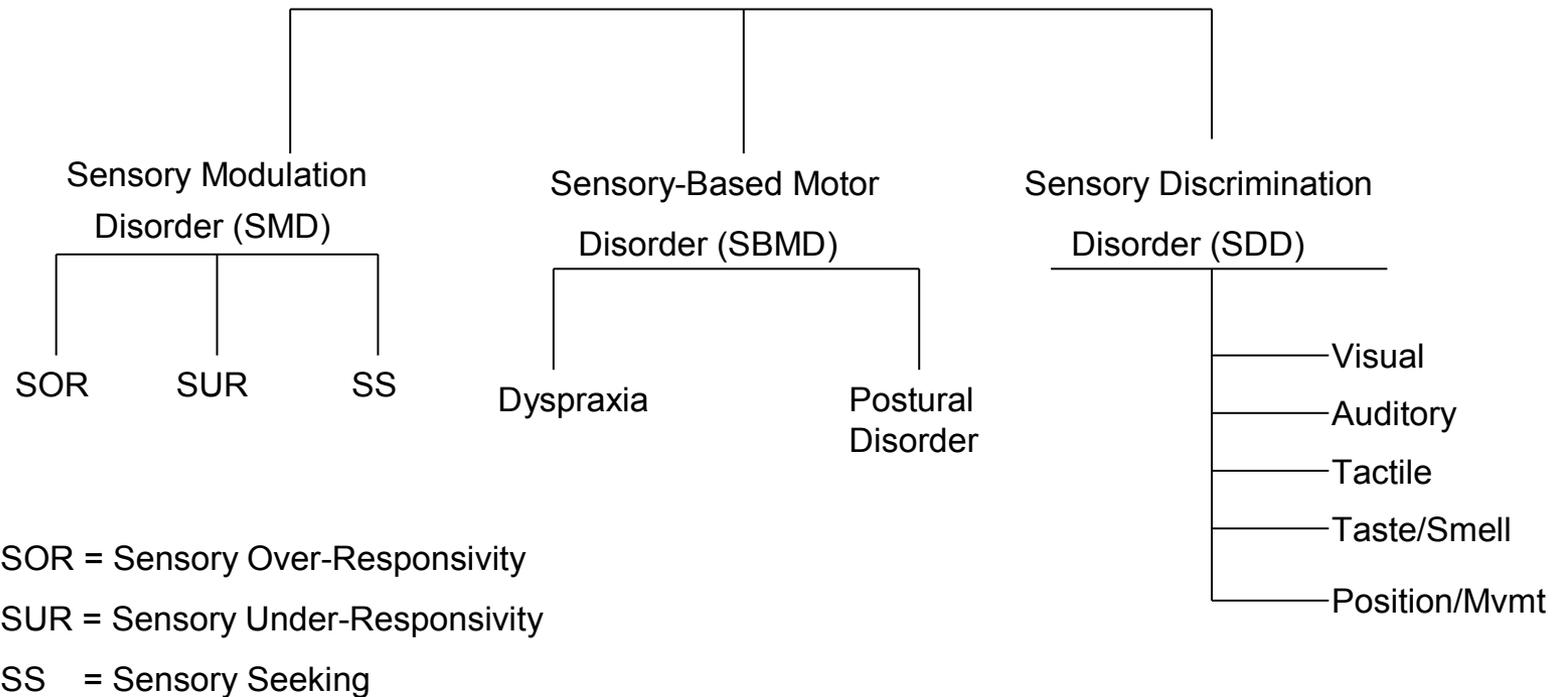


Sensory Processing Disorder

“Umbrella term for sensory processing problems that includes sensory modulation disorder, sensory discrimination disorder, sensory-based motor disorders, and dyspraxia.”

(Miller, Anzalone, Lane, Cermak, & Ostein, 2007)

Sensory Processing Disorder (SPD)



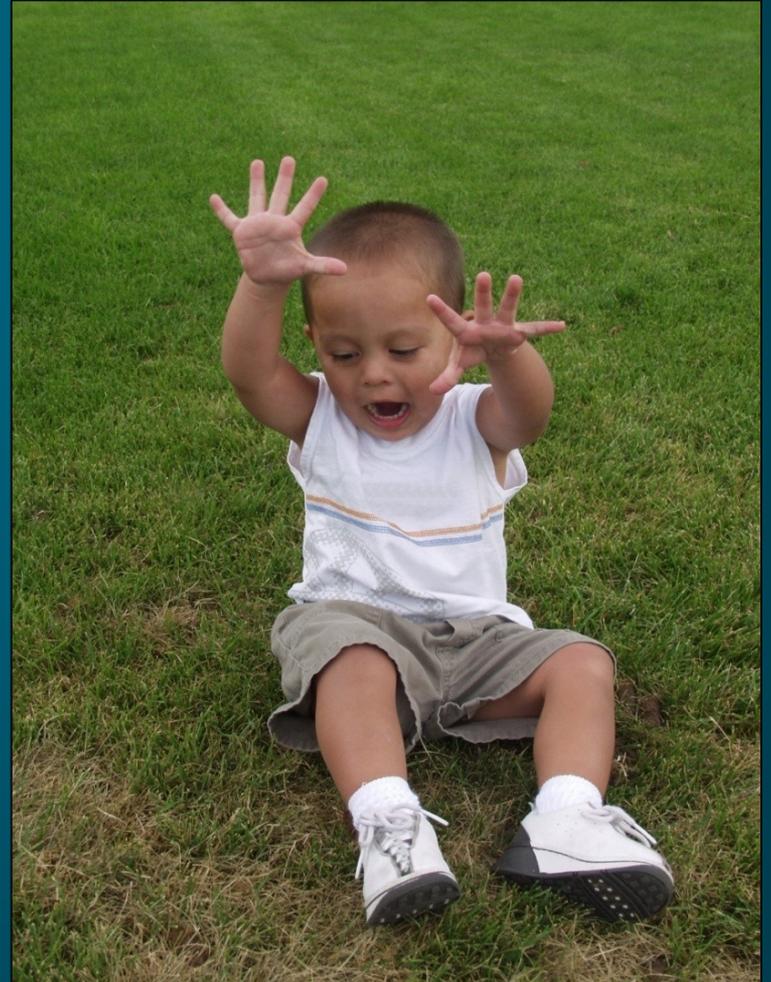
Miller, LJ 2006

KID Foundation

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SPD and Development

- Self-regulation
- Postural Control
- Social-Emotional
- Motor Development
- Play
- Attention/Learning/Cognition
- Communication
- Eating
- Sleeping
- Behavior



Co-morbidity

Carter, A.S., Ben-Sasson, A., & Briggs-Gowen, M.J. (2011). Sensory over-responsivity, psychopathology, and family impairment in school-aged children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 50, 1210-1219.

24.3%: High SOR score and met DSM criteria for MH condition

25.4%: Existing DSM diagnosis and high SOR score

N=338 (7-10 yrs)

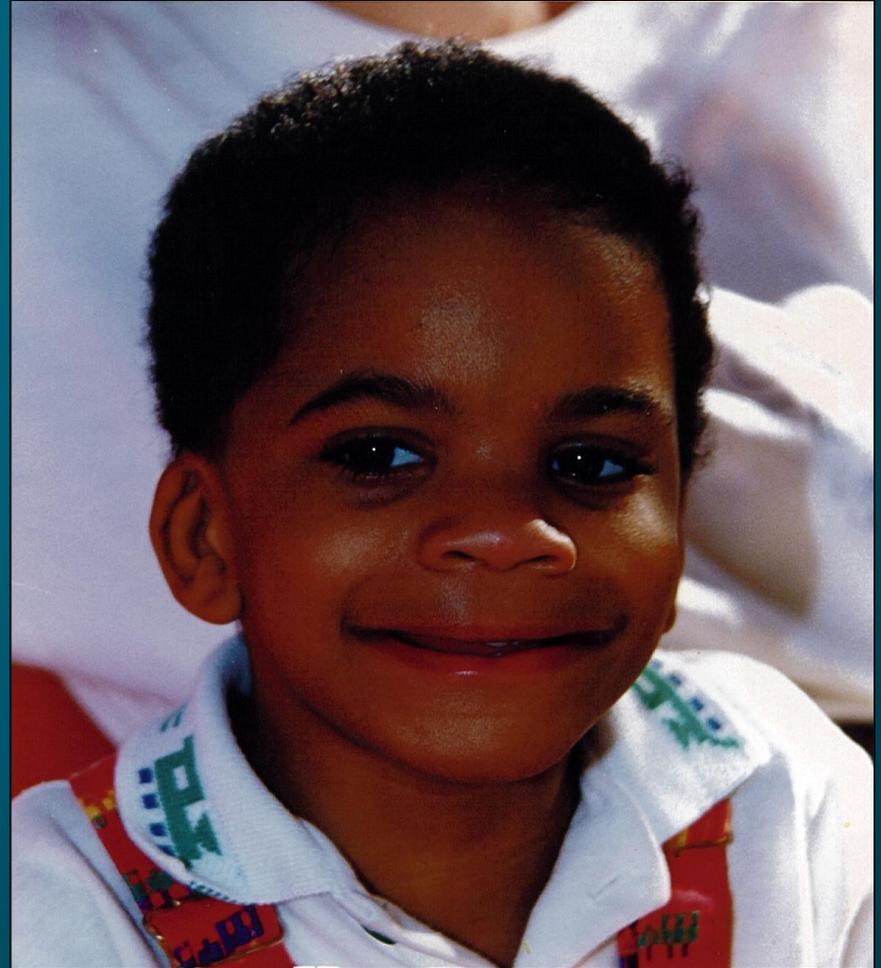
SPD and FASD

Sensory Craving?

Willful Defiance?

Sensory Over-
Responsivity?

ADHD?



Sensory Modulation Disorder (SMD)

Atypical level of regulation and unusual methods of processing sensation

SOR

SUR

SC (SS)



SOR

Sensory Over-Responsivity

- Tactile
- Proprioceptive
- Vestibular
- Visual
- Auditory
- Gustatory/Olfactory
- Interoceptive

- ❖ Active Avoidance, angry, controlling
- ❖ Passive Avoidance, limited interaction



SUR

Sensory Under-Responsivity

- Tactile
- Proprioceptive
- Vestibular
- Visual
- Auditory
- Olfactory/Gustatory
- Interoceptive

- ❖ Sedentary, lethargic
- ❖ Slow to initiate
- ❖ Reduced response to sensory information
- ❖ Slow to respond to sensory information
- ❖ Limited exploration



Sensory Craving (SC) (AKA: Sensory Seeking)

- Tactile
- Proprioceptive
- Vestibular
- Visual
- Auditory
- Olfactory/Gustatory
- Interoceptive

- ❖ Risk Taker: climbing, falling
- ❖ Destructive (in an exploratory way)
- ❖ Explosive, impulsive, easily angered
- ❖ Difficulty sitting still
- ❖ Demanding, loud, intense



What Can Be Done?

- Develop a relationship with an OT with SPD exp.
- Link up with the occupational therapy dept at a local hospital or university
- Take a continuing education course



When to Refer to Occupational Therapy

- When sensory processing difficulties are suspected to be interfering with **daily routines** at home, daycare/school, and appear to be interfering with social/family interactions, learning, emotional well-being
- When strategies you have tried are not working
- When feeding/eating difficulties persist beyond what you consider to be typical developmental phases

Daily Routines

Adaptive Functioning



Daily Routines



Resources

- www.zerotothree.org
- www.spdfoundation.net
- Tool Chest: For Teacher, Parents Students (Diana Henry)
- Sensory Integration and Self-Regulation in Infants and Toddlers (Williamson & Anzalone)
- Pediatric Disorders of Regulation in Affect and Behavior (DeGangi)
- Sensational Kids (Lucy Miller)
- Occupational therapy “edu” websites