

WFOT CONGRESS 2018

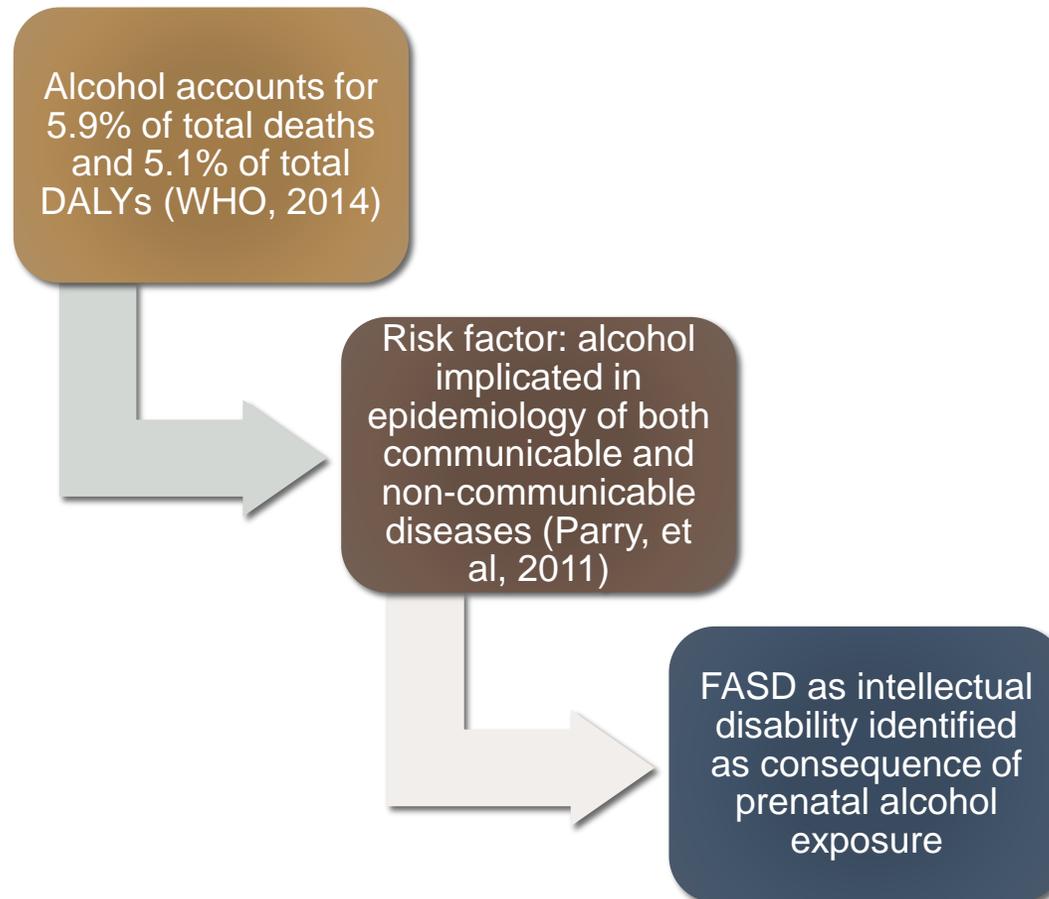
Managing Impact: Occupational Therapist as Case Manager
in FASD prevention.

24 May 2018, Auditorium 1: 16h00-17h30

Lizahn.G.Cloete

Introduction

SA is in the second-highest category of countries with harmful drinking patterns, and the highest category for episodic drinking among both males and females.



What is Fetal Alcohol Spectrum Disorder (FASD)

Fetal Alcohol Spectrum Disorder (FASD)



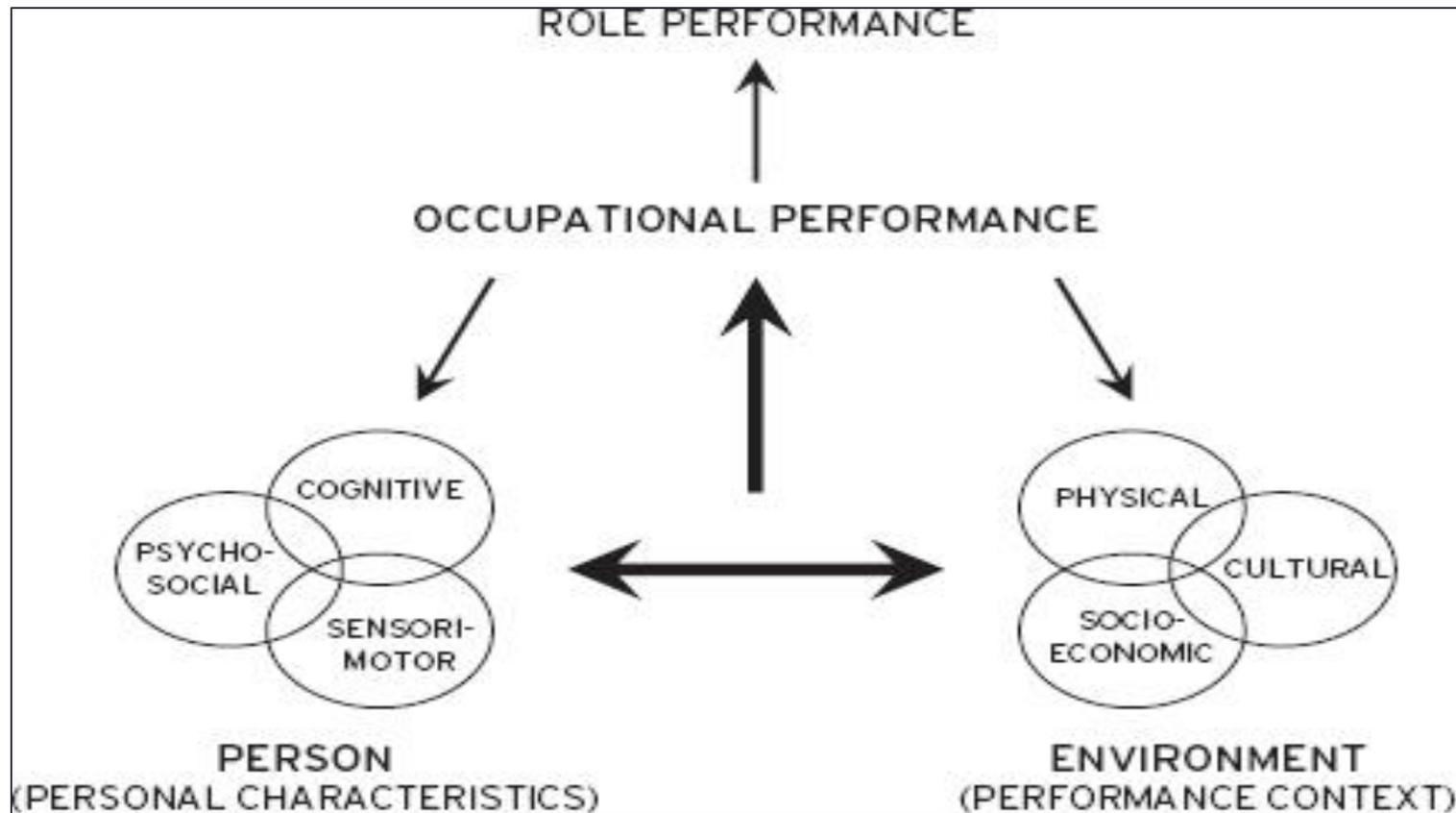
- FASDs: a range of **physical** and **neuro-behavioral symptoms** in a baby prenatally exposed to alcohol. Other risk factors include social and genetic factors (Urban et al., 2008).
- FAS the most severe form of FASD (Rendall-Mkosi et al., 2008).
- FASDs are preventable.



OT roles:



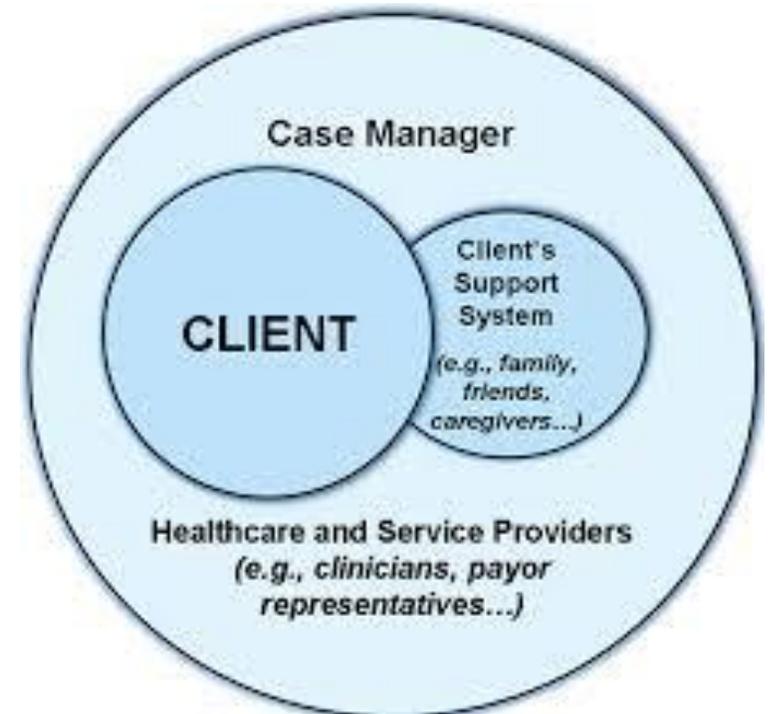
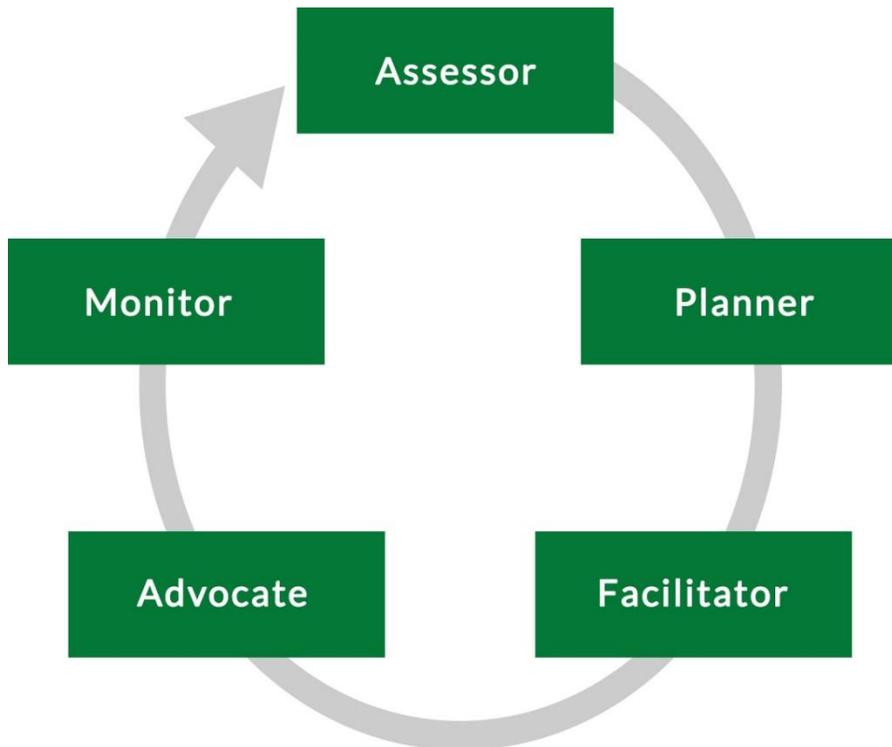
Occupational Justice perspective (Wilcock, 2001)



- Preventing FASD: OT as case manager: OT role at systems level.

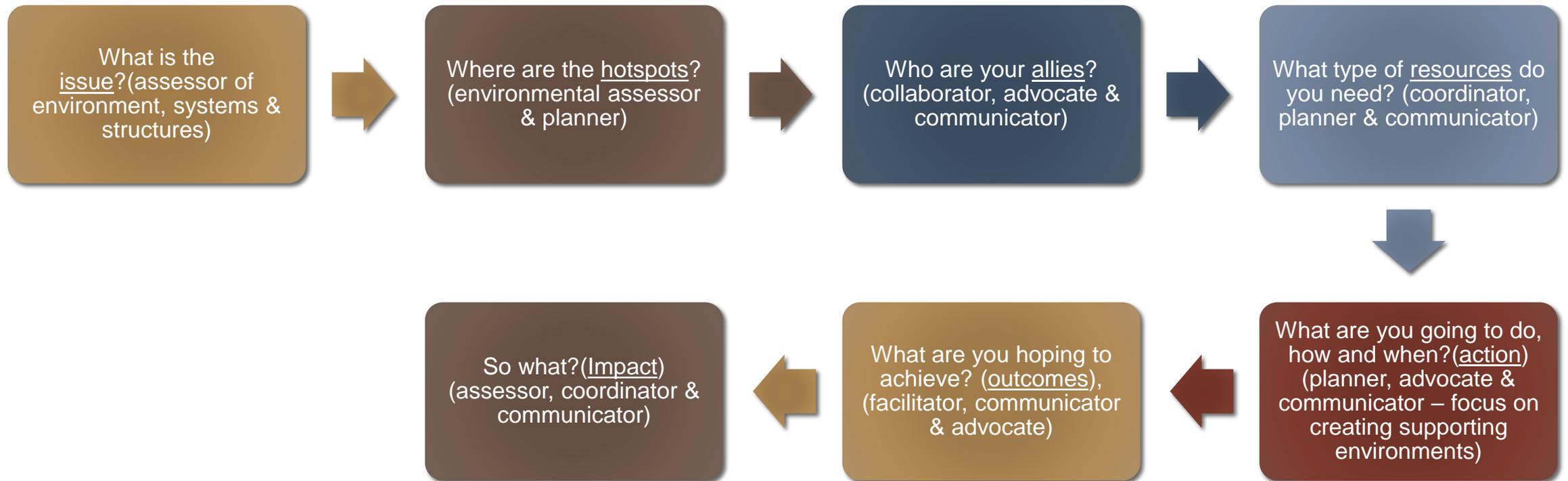
Case management:

“a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual’s and family’s comprehensive health needs through communication and available resources to promote quality, cost-effective outcomes”

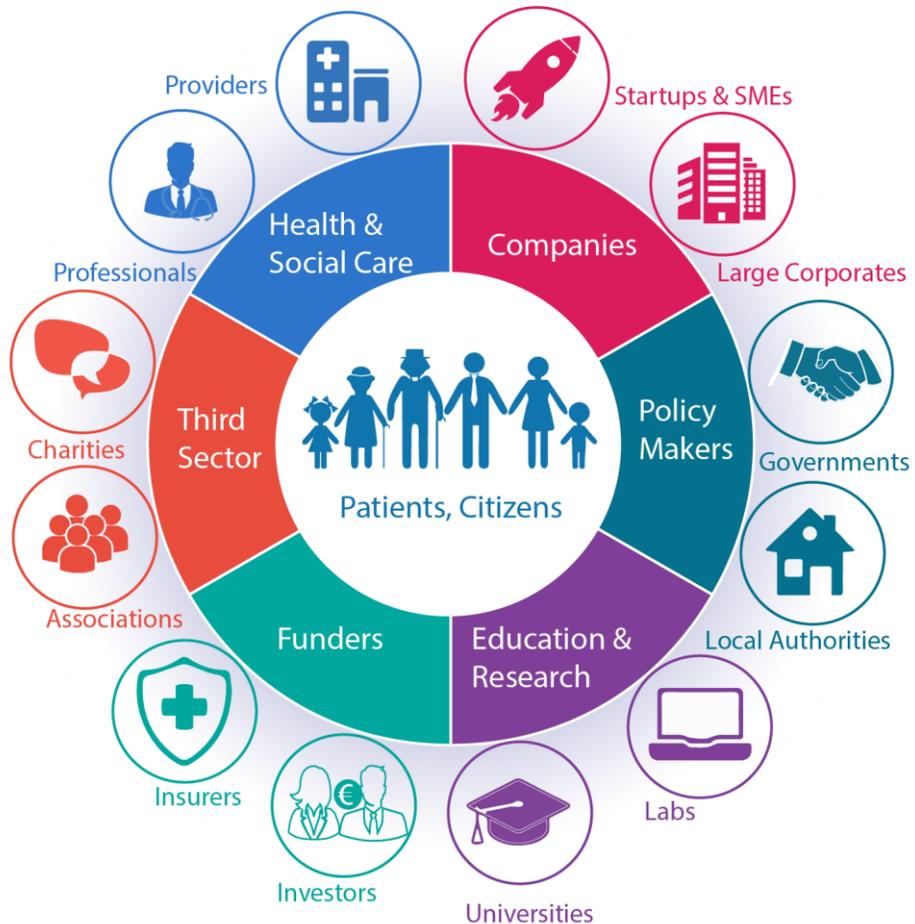


Mapping the case management process in OT

The acronym IHARAOI represents 7 questions that assist with mapping the case management approach in OT



Implication for OT practice: seeing and acting from the whole (Scharmer & Kaufer, 2013)



- Eco system awareness
 - 4.0 **Co-creative** (multiple sectors, co-creating) → Seeing & Acting from the Whole Eco-system awareness
 - Values the **well-being of all others** and **serves the well-being of the whole.**

In conclusion



Individual therapy
OT as team member in rehabilitation



OT as case manager



Population-based approaches
OT as collaborator across levels & sectors



Acknowledgements

Participants and partners in
different sectors

FASfacts

Shamillah Wilson

Contact details:

Email: lizahn@sun.ac.za

Tel: 021-9389305/8

REFERENCES

- World Health Organization (2014). Global status report on alcohol and health. Available at http://apps.who.int/iris/bitstream/handle/10665/112736/9789240692763_eng.pdf?sequence=1
- Parry, C., Patra, J. & Rehm, J. 2012. Alcohol consumption and non-communicable diseases: epidemiology and policy implications. *Addiction* 106(10):1718-1724. doi: 10.1111/j.1360-0443.2011.03605.x
- Kim H.C., & Oh, S.M. 2013. non-communicable diseases: current status of major modifiable risk factors in Korea. *Journal of Preventive Medicine and Public Health* 46(4): 165-172. doi: 10.3961/jpmp.2013.46.4.165
- . Rendall-Mkosi, K., London, L., Adnams, C.M., Morojele, N., Mcloughlin, J., Goldstone, C., 2008. Fetal Alcohol Spectrum Disorder in South Africa: Situational and Gap Analysis. UNICEF, Pretoria
- Urban, M. Chersich, M.F., Fourie, L.A., Chetty, C., Olivier, L. & Viljoen, D. 2008. Fetal alcohol syndrome among grade 1 schoolchildren in Northern Cape Province: prevalence and risk factors. *South African medical journal*, 98(11):877-882.
- Wilcock, A.A. 2001. Occupational Science: The key to broadening horizons. *British Journal of Occupational Therapy* 64(8), 412-417.