


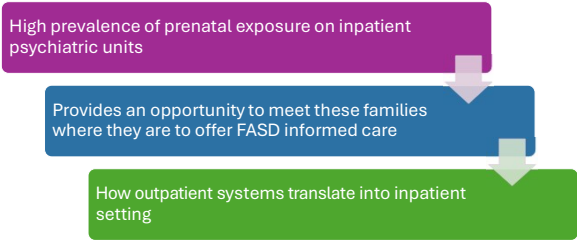
**Bridging Care Models:
Exploring a FASD-Informed
Therapeutic Assessment
Model in Inpatient
Psychiatric Care**

Jasmin Barrett, MS
Lauren Perovsek, MS
Alysha Thompson, PhD
Michelle Kuhn, PhD



1

Background



High prevalence of prenatal exposure on inpatient psychiatric units

Provides an opportunity to meet these families where they are to offer FASD informed care

How outpatient systems translate into inpatient setting

2

Prenatal Exposure in Inpatient Psychiatric Settings

2006 - 30% of children on inpatient psychiatric unit with prenatal exposure history

2025 - Seattle Children's Inpatient Psychiatric Unit – 21% of children with prenatal exposure history

Unique opportunity to meet kids with prenatal exposure where they are presenting to increase access to an underserved population

O'Connors et al., 2006
Perovsek et al., in preparation

3


Inpatient Psychiatric Care

- Seattle Children's Psychiatry and Behavioral Medicine Unit
- Short term (7 to 10 days) for stabilization
- Children aged 4 to 17 in psychiatric crisis

Reasons for Admission

- Unsafe Externalizing Behavior
- Suicidality
- Medication Management
- Mental health challenges

4



Outpatient FASD Clinic

- Population: Children with history of prenatal alcohol/substance exposure and/or early adversity
- Comprehensive Evaluation & Consultation
 - Neurobehavioral Disorder Associated with Prenatal Alcohol Exposure (ND-PAE)
- Aims:
 - Increase caregiver understanding of neurodevelopmental profile and impact on behaviors
 - Increase sense of caregiver self efficacy

Olson et al., 2023

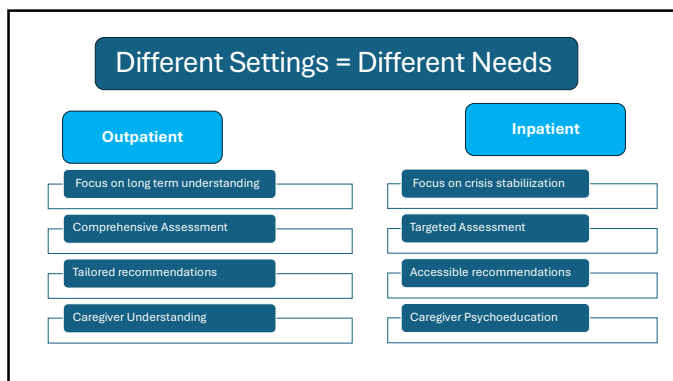
5

Different Settings = Different Needs

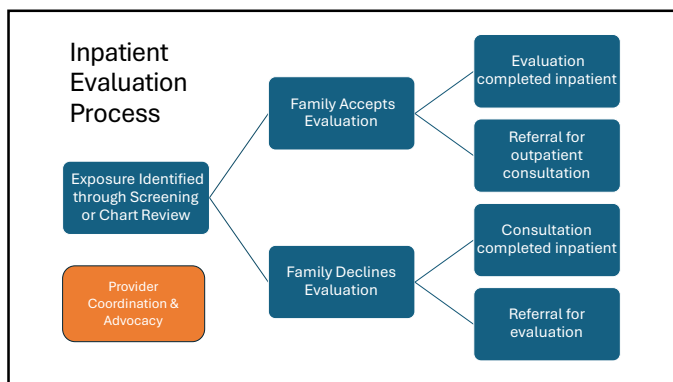
Outpatient

- Focus on long term understanding
- Comprehensive Assessment
- Tailored recommendations
- Caregiver Reframing

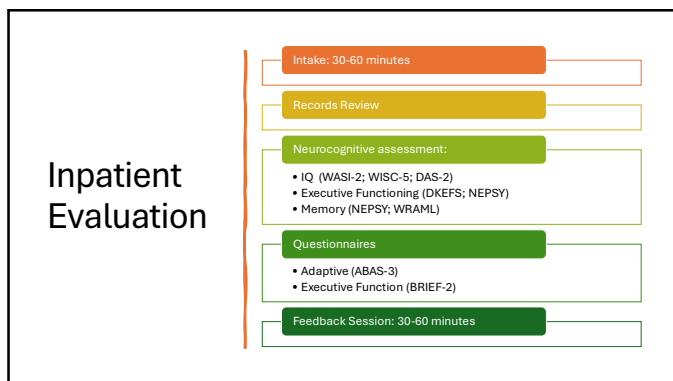
6



7



8



9

Inpatient Consultation

- Focus: Understanding families experience and child's presenting concerns
- Validation of experience
- Reframing of behaviors towards a neurodevelopmental and brain based lens
- Facilitate connection to FASD informed services
- Psychoeducation about FASD

10

Evaluations & Consultations
August 2025 – April 2026





11

The Value

- Catch Families** • "We've wanted to come for an evaluation...it's just been hard to get one."
- Brief and Targeted Process** • "I don't have time to talk for more than 30 minutes."
- Understanding Why FASD Matters** • "I did not understand what another label would do. But I get how understanding how his brain works would be really helpful."
- Feeling Seen** • "Thanks for calling. I didn't get to talk to someone about this last time."




12

Challenges of Inpatient Model

 Brief Assessment	Full model of evaluation is challenging during a crisis
 Focus on acuity of behaviors	Less time is available to explore neurodevelopmental reasons why behavior is occurring
 Inpatient is overwhelming	Families may not feel that diagnosis or consultation is helpful during their child's stay
 Clinician Availability	Children may not be referred for an evaluation or consultation if their length of stay is brief and clinician cannot catch them in time

13

Take Aways

-  During crisis, caregivers and children can benefit from FASD evaluations Supports Treatment Planning and Discharge
-  Engagement with FASD informed care inpatient supports connection to services outpatient
-  Necessity for flexibility of care and referral to appropriate services afterwards

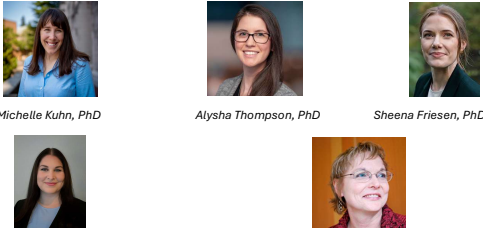
14

Next Steps

- Continued provider psychoeducation and training to support families experience of FASD informed care during inpatient psychiatric hospitalizations
- Formal evaluation of feasibility of FASD Assessment and Consultation Model inpatient to understand family experience
- Streamline screening and referral pathway for more equitable access less impacted by length of stay

15

Acknowledgements



Michelle Kuhn, PhD Alysha Thompson, PhD Sheena Friesen, PhD

Lauren Perovsek, MS (PhD in June) Heather Carmichael Olson, PhD

16

Thank You!




References

17

Outpatient Evaluation

- Comprehensive evaluation of neurocognitive functioning
- Provide tailored recommendations
- Increase caregiver's understanding of neurodevelopmental complexity




```
graph LR; A[Clinical Interview (90m)] --> B[Direct testing (2-3hr)]; B --> C[Feedback 1 (90m)]; C --> D[Feedback 2 (90m)];
```

18

Outpatient Consultation

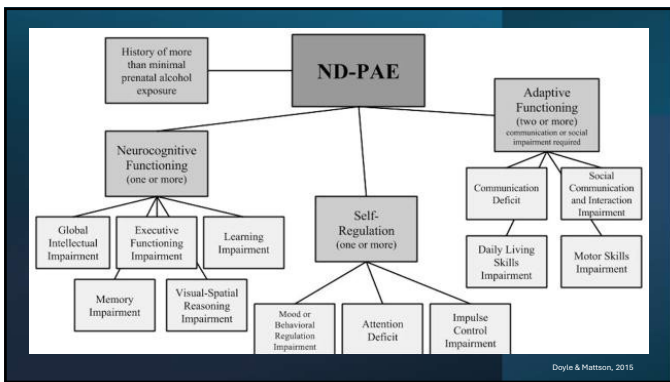
- Identify family goals and needs
- Provide therapeutic consultation to support parent management and behavior change
- Utilize neurodevelopmental lens and prior assessment to inform plan



```

    graph LR
      A[Intake Session (90m)] --> B[Consultation Session (90m)]
      B --> C[Consultation Session (90m)]
      C --> D[Consultation Session (90m)]
  
```

19



20

Inpatient Evaluation Model

```

    graph LR
      subgraph Outpatient
        O1[Outpatient] --> O2[Clinical Interview (90m)]
        O2 --> O3[Direct testing (2-3 hr)]
        O3 --> O4[Feedback 1 (90m)]
        O4 --> O5[Feedback 2 (90m)]
      end
      
      subgraph Inpatient
        I1[Inpatient] --> I2[Permission and Intake (30m)]
        I2 --> I3[Direct testing (1-2 hr)]
        I3 --> I4[Feedback (30-60m)]
      end
  
```

21

Goal of Inpatient Psychiatric Care

- Acute crisis stabilization
- Average length of stay = 7-10 days
- Multidisciplinary Care Team
 - Psychiatry
 - Psychology
 - Mental Health Therapists
 - Case Management
 - Misuse Programming

22

Prenatal Exposure in Inpatient Psychiatric Settings

130 inpatient psychiatric admissions

30% had documented PAE

26% met criteria for FAS

O'Connor, M. J., McCracken, J.L., & Best, A. (2008)

23

Prenatal Exposure on the Seattle Children's Psychiatry and Behavioral Medicine Unit (PBMU)

N = 971

21% confirmed prenatal exposure

- 40% Alcohol
- 63% Nicotine
- 41% THC/Cannabis
- 33% Other exposures

24

Goals During Inpatient Psychiatric Admission

01 Stabilize patient's immediate crisis	02 Provide family resources to keep child safe in least restrictive environment	03 Support family safety planning	04 Connect family to outpatient providers
---	---	---	---
