



Rajani FASD Assessment & Diagnostic Clinic Training Services

LINKS: A Newsletter for Alberta FASD Diagnostic Clinics

And all at once, summer collapsed into fall

Oscar Wilde

Launching into Fall

September schedules seem to sneak up when fall arrives, but this year, summer was also busy. Diagnostic guideline and clinic training in Red Deer and new clinic coordinator training in Calgary was delivered this past August.

A few new and currently operating assessment and diagnostic clinics prepare to embark on their paths of providing pediatric and adult clinic services. These clinics will build capacity to increase access to FASD assessment and diagnosis in Central Alberta; Calgary; South Alberta-(Lethbridge region); South East (Medicine Hat region); North West (Grande Prairie region); Edmonton; and Lakeland region. By offering mentorship and training to new clinics and continued support to current clinics, strong foundations are being built for success.

In this Links, the clinic highlight focusses on another new clinic, located in Alexander First Nation. Amber Bell is leading the coordination of this emerging clinic. Their clinic model is ambitious and creative, with support at every stage of the clinic process.

The Annual Clinic Coordinator meeting is consistently well attended, with this year's event to be hosted in Calgary. Alternating between Calgary and Edmonton each year gives opportunity for attendance from different regions of the province and has proven to work well for most coordinators. This year, Jordan's Principle Funding, Canada FASD Research Network's Dataform project and discussion on clinic waitlists will be on the agenda.

As always, FASD networks and clinics stepped up to the plate and organized amazing FASD day events and messages. A few are celebrated in this Links Newsletter.

The Rajani Clinic Training Services sets priorities each year for upcoming training, Community of Practice events and meetings that we hope will cultivate learning environments that will advance excellence and best practices in your clinics.

Please email if you have specific requests or training needs. Clinictraining@lcfasd.com

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Neurodevelopmental Domains: Affect Regulation

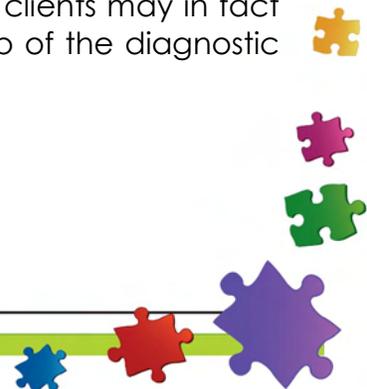
Submitted by: Garth Stewart
Registered Psychologist, Ph.D., Edmonton

The ability to regulate one's emotions is essential for normal social interaction and daily functioning. New born infants have no emotional control, but it is expected they will exhibit increased capacity for self-regulation as they develop through childhood and into adulthood. Research cited in the supplement to the Canadian Diagnostic Guidelines indicates that prenatal alcohol exposure (PAE) has a direct impact on the neurotransmitters involved in stress and mental health. Furthermore, the incidence of mood and anxiety disorders in individuals who have FASD is higher than in the general population.

In the context of an FASD assessment, impairment in affect regulation is defined as the presence of a depressive or anxiety disorder according to DSM-5 criteria, provided the diagnosed condition cannot be attributed to another medical condition or a specific phobia, and is not caused by the use of medication or some other substance. Relevant diagnoses include disruptive mood dysregulation disorder, major depressive disorder (with recurrent episodes), persistent depressive disorder, separation anxiety disorder, selective mutism, social anxiety disorder, panic disorder, agoraphobia, and generalized anxiety disorder. It is essential to establish that the diagnosed condition has not been caused by environmental factors such as dysfunctional parenting, traumatic experiences, and socio-economic deprivation. This is often difficult to determine as it is common for individuals with FASD to have been traumatized or to have multiple stressors in their lives. Consequently, diagnostic team members are frequently in a position of having to answer the following question: Are the observed symptoms of depression and/or anxiety due to distressing life experiences or prenatal alcohol exposure? In reality, the later may act to reduce the affected individual's capacity to cope with traumatic life events, so it may be a combination of both factors.

The crucial point is to establish a longstanding pattern of emotional dysregulation that eventually manifests as one or more of the aforementioned conditions. An eight year old child who has a documented history of irritability and severe temper outbursts would likely qualify for a diagnosis of disruptive mood dysregulation disorder, which would represent impairment in affect regulation. On the other hand, a diagnosis of posttraumatic stress disorder (PTSD) would not qualify because, by definition, it is the result of one or more traumatic experiences. Similarly, an teen or adult who did not begin to experience the symptoms of depression until later in life (e.g., after the death of a loved one) would not be attributed to PAE. It is also important to consider the effects of treatment on clients who may not immediately present as being depressed or anxious, only because their condition is being successfully addressed using medication and/or therapy. Such clients may in fact meet the criteria for an impairment in affect regulation, and it is the job of the diagnostic team members to unravel these possibilities.

*Our Vision~ We envision a region with no new FASD births
and where currently affected individuals are well supported.*



Clinic Highlight:
Complex Needs Diagnostic Clinic
Wapski Mahikan Society
Alexander First Nation
Submitted by: Amber Bell, Diagnostic Coordinator

Alexander First Nation is one of many First Nation communities fortunate to receive support from the Jordan's Principle Funding Project this year. With this funding, the **SUPPORT, SUCCEED, EMPOWER, and help families to LEARN (SSEL) program was created under the direction of the Wapski Mahikan Society.** The Wapski Mahikan Society is a non-profit organization that provides support to the families and children of the Alexander First Nation. The SSEL Program addresses both the need for assessment and follow up supports.



CNDC Team [l-r]: Dr. Brent Symes, Suchi Jobanputra, Amber Bell, Mandy Hong, Dr. Rajani

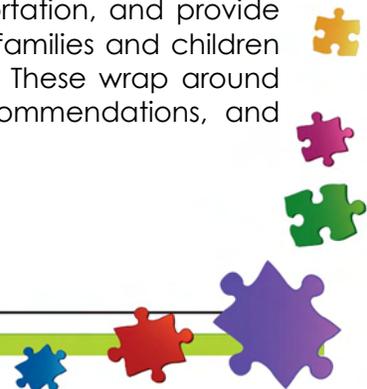
Amber Bell joined the project in May, in the role of Diagnostic Coordinator, to establish an operational

assessment and diagnostic clinic for children with complex needs. The newly established **Complex Needs Diagnostic Clinic (CNDC)** has capacity for 14 pediatric assessments, and we are pleased to have met these numbers within short timeframes. We have established a waitlist as the demand exceeds our current capacity. Our clinic goal is to serve all children, youth and families experiencing multiple complexities, as children and youth may struggle with a number of developmental challenges. Although prenatal alcohol confirmation, or suspected exposure, are not mandatory criteria, we do strive to ensure all relevant prenatal and postnatal background information is obtained. Many efforts are undertaken to incorporate the traditional medicine wheel approach, and work with families in a culturally respectful and meaningful way.

The CNDC team is comprised of highly experienced, knowledgeable clinicians who are well-versed in their respective fields, which has most certainly contributed to our success within short timeframes. We are very pleased to welcome Dr. Rajani as our Pediatrician, Dr. Brent Symes, Psychologist, Suchi Jobanputra, Speech Language Pathologist, and our Occupational Therapist, Mandy Hong, in partnership with CASA Child, Adolescent and Family Mental Health. We are so thankful for their willingness to work over the summer months, juggle and flex schedules, and for all their dedication and support in helping the Alexander community!

The Alexander people share in the pride of the Cree First Nation customs and practices. In honoring this heritage, we ensure that all steps are taken to provide wholistic, culturally sensitive and respectful interactions. The **SSEL Support Program Workers** are a wonderful benefit to our project, the people of Alexander, and the clients and families in need. Flora Bruno and Sheila Auigbelle joined our team this June, and have been working in the community to create a safe place for children and families to come to explore available services, and connect with our staff confidentially at the Heart Spirit House. They guide and assist families through the assessment and diagnostic process, assist with appointments and scheduling, respite, transportation, and provide post-clinic follow up supports. The Support Workers assist and help navigate families and children through the process of being successful in receiving appropriate resources. These wrap around services are imperative to ensuring the successful follow up of clinic recommendations, and assistance for families who otherwise have been without any supports.

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CASA Pre-Kindergarten Day Program



The [CASA Pre-Kindergarten Program](#) is a tertiary-level, multi-disciplinary diagnostic and therapeutic educational resource for children aged 4 and 5 who are experiencing severe challenges managing or regulating their emotions and behaviour such that they have been unable to participate meaningfully in the home and community options. Associated difficulties with development, executive functioning and learning may be evident.

The program is intended to provide intensive family-centered diagnostic review and therapeutic education, developmental intervention and clinical care in a specialized early childhood setting. It consists of two classrooms with separate morning and afternoon classes of 7 children. Children attend half-days Tuesday through Friday for the 10 month school year.

The family along with the multidisciplinary care team of professionals from the areas of education, psychology, psychiatry, pediatrics, social work, occupational therapy, and speech-language pathology collaborate on the following broad goals:

1. Enhance healthy social-emotional, cognitive and physical development.
2. Strengthen the family's ability to support their child's development and learning by promoting parent confidence and competence.
3. Promote school readiness and prepare children for success in both school and community settings.
4. Facilitate effective transition and reintegration into community-based services.



[Multidisciplinary Team Training for Diagnosis of FASD:](#) An Accredited Online Curriculum

This online FASD curriculum was developed by CanFASD to assist professionals in learning the processes and procedures, and in developing the skillset needed to be effective members of a multidisciplinary diagnostic team.

The curriculum is designed for clinical and allied health professionals who are either currently working in FASD clinics or for those who will soon become members of a multidisciplinary diagnostic clinic in Canada.

The online course includes common concepts that apply to all disciplines comprising the diagnostic team and focusses on the core concepts that are required for professionals who are involved in making FASD diagnoses.

This course is MOC-3 accredited and provides standardized training based on current evidence and the new Canadian guidelines.

Diagnostic teams are encouraged to take this course together.

Canada

FASD

FASD is about people.

A professional who specializes in FASD prevention once said to me: "There's nothing good about FASD." She meant that alcohol use during pregnancy led to poor outcomes. And while it's true that alcohol use during pregnancy is incredibly damaging (no one knows this better than a person with FASD), there are plenty of good in FASD. There are the people with FASD. There are the people who provide support for people with FASD. There are parents, and caregivers, and family members, and lovers, and husbands and wives, and brothers and sisters and children of people with FASD. There are professionals who get it and who help people with FASD and support their caregivers.

There's plenty of good in FASD, because FASD is people. ~A mom/FASD Advocate

#redshoesrock
#FASDAware
#FASD
#FASDispeople
#everydayisFASDday



Families Affected by FASD
fafasd.org

Image (c) flickr user max_thinks_rees



Regina



Ottawa



High River

JOHN TORY
MAYOR

Proclamation

Fetal Alcohol Spectrum Disorders Awareness Day

September 9, 2018

WHEREAS consuming alcohol during pregnancy can lead to an increase in problems associated with the physical and mental development of children. Nearly three per cent of people in the Greater Toronto Area are struggling with some form of Fetal Alcohol Spectrum Disorder (FASD).

Individuals with FASD are at a greater risk of having intellectual or learning disabilities, early school dropout, homelessness, addiction, trouble with the law and mental illnesses.

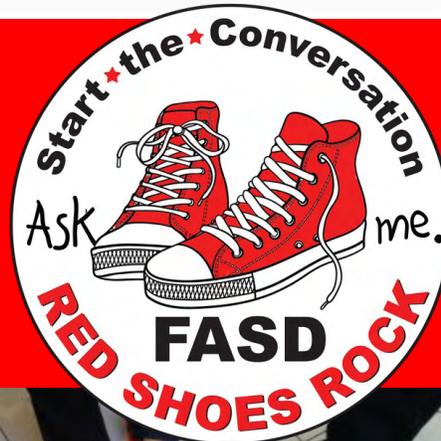
The City of Toronto supports organizations and individuals committed to raising awareness about diseases, conditions and illnesses that affect all Canadians. Through education, fundraising and support, the health and well-being of our communities are improved.

NOW THEREFORE, I, Mayor John Tory, on behalf of Toronto City Council, do hereby proclaim **September 9, 2018** as "Fetal Alcohol Spectrum Disorders Awareness Day" in the City of Toronto.

John Tory
Mayor of Toronto



RED SHOES
ROCK!



Medicine Hat



Medicine Hat

Day

2018

FASD and Mental Health & Addictions

Recommendations Developed from a
Qualitative Investigation & Clinician Survey

Pathways to Care



FASD Diagnosis

- A mental health/addictions component of the support plan
- Information from assessment to inform future mental health/addictions plans



Invested Advocate



- Help to navigate care path
- Support to facilitate care plan, referrals, attendance, clinical follow up



Primary Health Care

- Consistent primary care providers
- Regular proactive health checks
- Awareness the interaction between primary health concerns and mental health/addictions



Intake Processes



- People can not be excluded based on an FASD diagnosis
 - Improve ease of intake
 - Remove silos from care



Mental Health/Addictions Services

- Long-term, wrap-around services
 - Strengths-based
- Treatment length and approach that reflect an understanding of FASD



Prevention & Wellness Maintenance



- Approaches that maintain mental health
- Prevention rather than crisis response
- Holistic understanding of wellness



There is a need to decrease stigma of FASD when seeking support



Approaches should be individualized, based on client's specific strengths & needs



Mental Health & Addictions professionals with an understanding about FASD are crucial for outcomes to be successful



An understanding of FASD means there should be no demerits or consequences for individuals with FASD in regards what can be confused as "non-compliance"



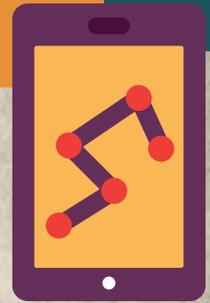
FASD and Mental Health & Addictions

Summary of Findings from a Qualitative Investigation

Pathways to Care

Barriers

Enablers



Access & Navigation Challenges

- Siloed services
- Difficult intake & process
- Limited/Restricted services



Stigma



Crisis as an Entry Point

- Justice System
- Emergency



FASD-Informed Care

- Long-Term
- Wrap-Around services
- Understanding of FASD
- An Invested Advocate
 - No such thing as "non-compliance"



Prevention Focus

- Family support
- Proactive services
- Wellness maintenance

For more information, please visit <https://research-groups.usask.ca/psycholegal-fasd/>

links & such

Issue Paper

[FASD Prevalence in Special Populations](#)

The goal of this issue paper is to take a closer look at the research on special populations that may be at greater risk for FASD, including children in care, individuals involved in the justice system, and Indigenous communities. This examination is critical to understanding the demographic, social, geographical, and cultural factors that underlie drinking during pregnancy, and which groups may warrant additional support to ensure healthy outcomes.



Issue Paper

[The Prevalence of Fetal Alcohol Spectrum Disorder](#)

Over the years, researchers have used various methodologies and examined a range of geographical regions and populations around the world in their efforts to establish prevalence rates. Because of these differing approaches, FASD prevalence findings have not always been consistent. The purpose of this issue paper is to share the most up-to-date research findings, and to provide clarity around the question,

“How many people have FASD?”

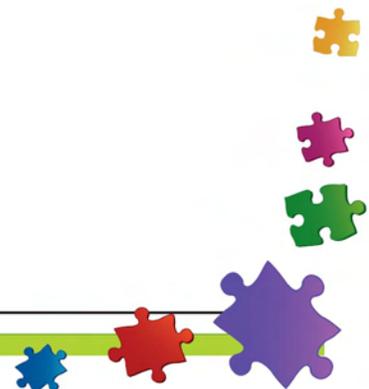
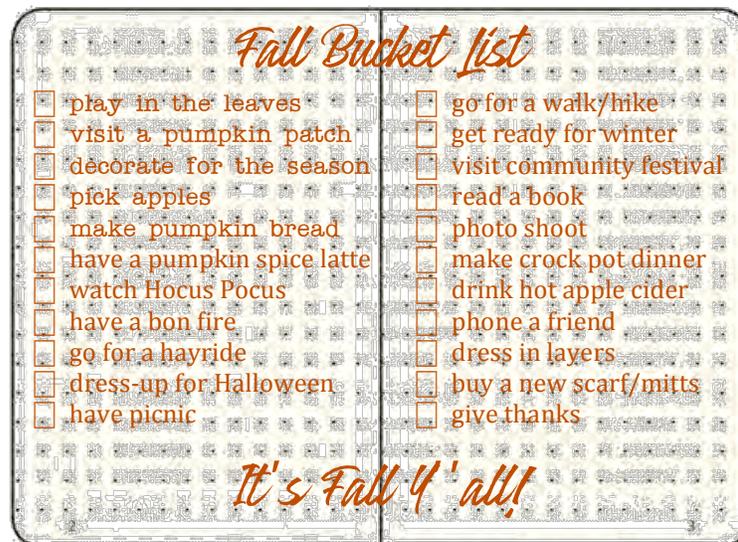


HELLO GOODBYE

Welcome new Alberta clinic coordinators:

- ✓ Amber Bell, coordinator of the new *Complex Needs Developmental Clinic* in Alexander First Nation.
- ✓ Jen Duperron-Trydal, coordinator of the *North West FASD Network Clinic* in Grande Prairie and region.
- ✓ Vicki Scott, newly hired coordinator for *Central Prairie Networks Pediatric and Adult clinics*
- ✓ April Hooka-Nooza, coordinator of *Mackenzie FASD Network's adult clinic*

Farewell to Vanessa Norris, former North West FASD network clinic.
Vanessa has returned to the Yukon with her family



FASD Assessment & Diagnostic Clinic

Contact List

Updated: September 2018

C | Child Clinic A | Adult Clinic

Cumulative Risk Diagnostic Clinic [C]

Child Development Centre
Alberta Children's Hospital
2888 Shaganappi Trail NW
Calgary, AB T3B 6A8
[P] 403.955.5878
Coordinator: Bernadette Jesse
Bernadette.Jesse@ahs.ca

MediGene Services, FAS Diagnostic Clinic C | A

Foothills Professional Building
Suite 110, 1620-29th Street NW
Calgary, AB T2N 4L7
[P] 403.571.0450
Program Manager: Suzanne Johnson
medigen@telus.net

Central Alberta Organic Brain Dysfunction Clinic C | A

#206-33 McKenzie Crescent
Red Deer County, AB T4S 2H4
Phone: 403-342-7499, ext. 2
Diagnostic Services Coordinator: Vicki Scott
vscott@fasdca.ca

Lakeland Centre for FASD C | A

P.O. Box 479
Cold Lake, AB T9M 1P3
[P] 780.594.9905
Diagnostic Services Manager: San Downs
sdowns@lcfasd.com

Pediatric FASD Clinical Services [C]

Glenrose Rehabilitation Hospital
10230-111 Avenue
Edmonton, AB T5G 0B7
[P] 780.735.8278
Coordinator: Diane Plouffe
Diane.plouffe@ahs.ca

Glenrose Adult FASD Assessment Clinic [A]

Glenrose Rehabilitation Hospital
10230-111 Avenue
Edmonton, AB T5G 0B7
[P] 780.735.6166
Coordinator: Bernadene Mallon
Bernie.Mallon@ahs.ca

Canadian FASD Diagnostic & Training Centre C | A

316 Kingsway Garden Mall NW
Edmonton, AB T5G 3A6
[P] 780.471.1860
Coordinator: Ojas Joshi
Drdonmassey@dvmassey.com

Centrepoint Young Offender Program [C]

Suite 701, 10242-105 Street
Edmonton, AB T5J 3L5
[P] 780.428.4524 ext. 227
Social Worker: Roxanne Pereira
Roxanne.Pereira@ahs.ca

Northwest Primary Care Network [C]

Children and Youth FASD Diagnostic Clinic
Northwest Primary Care Network
11202-100 Avenue
High Level, AB T0H 1Z0
[P] 780.841.3253
Social Worker/Coordinator:
Cheryl Cunningham-Burns
Cheryl.Cunningham-Burns@ahs.ca

Northwest Regional FASD Society [A]

Mackenzie Network
Box 3668
High Level, AB T0H 1Z0
[P] 780.926.3375
Coordinator: April Hooka-Nooza
clinic.fasdsociety@telus.net

Alberta Health Services/NEAFAN C | A

600 Signal Road
Fort McMurray, AB T9H 3Z4
[P] 780.750.6678
Diagnostic Assessment and Clinic Lead:
Marguerite Fitzpatrick
Marguerite.fitzpatrick@ahs.ca

NW Alberta FASD Clinic C | A

P.O. Bag 4000, 10205-98th Street
Grande Prairie, AB T8V 6V3
[P] 780.357.4996
FASD Clinic Coordinator: Jen Duperron-Trydal
FASDDiagnostics@cityofgp.com

If there are changes to your clinic contacts (address, ph. number, coordinator changes), please email clinictraining@lcfasd.com. This clinic contact list is maintained and updated, and is in each Links newsletter. It is frequently sent to AB government stakeholders, CMC, upon request to research and other projects, such as the common data form project. Having your correct information is important to us. Please check your clinic contact information in this issue. Thanks!



FASD Assessment & Diagnostic Clinic

Contact List

Updated: September 2108

C | Child Clinic A | Adult Clinic

Northern Association for FASD C | A

P.O. Box 3334
Lower Level, 5001-49th Street
High Prairie, AB T0G 1E0
[P] 780.523.3699
Coordinator: Charlene McLay
nafasd@telus.net

North West Central FASD C | A

Assessment & Diagnostic Team
Box 5389
Westlock, AB T7P 2P5
[P] 780.284.3415
Coordinator: Sharon Pearcey
sharonp@nwcfasd.ca

Pediatric Specialty Clinic [C]

Children's Rehabilitation Services-Central
Zone
#300 Professional Centre
5015-50 Avenue
Camrose, AB T4V 3P7
[P] 780.608.8622
Coordinator: Lorraine McPhee
Lorraine.McPhee@ahs.ca

Siksika FASD Clinic [C]

Box 1130 Siksika, AB T0J 3W0
[P] 403.734.5687
Coordinator: Vanessa Buckskin
vanessab@siksikahealth.com

Prairie Central FASD Clinical Services [A]

4838-49th Street
Camrose, AB T4V 1N2
[P] 587.386.0186
Amanda Lindholm
a.lindholm@prairiecentralfasd.ca

Complex Needs Diagnostic Clinic [C]

Wapski Mahikan Society, Alexander First Nation
Box 3479
Morinville, AB T8R 1S3
[P] 780.853.7723
Diagnostic Coordinator: Amber Bell
adbell@ualberta.ca

FASD Assessment and Support Services C | A

Bridges Family Programs
477 Third Street SE
Medicine Hat, AB T1A 0G8
[P] 403.526.7473
Coordinator:
Rebecca Robertson robertson.bridges@memlane.com
Connie Edler cedler.bridges@memlane.com

Lethbridge Family Services-DaCapo Services C | A

FASD Assessment & Diagnostic Clinic
1107-2nd "A" Ave. N.
Lethbridge, AB T1H 0E6
[P] 403.320.9119
Children Coordinators:
Jennifer Vanderkooij, jvanderkooij@lfsfamily.ca
Adult Coordinator:
Krista Tittlemier ktittlemier@lfsfamily.ca

Alberta Hospital Edmonton

Turning Point Program [12-21yrs]

17480 Fort Road, Box 307
Edmonton, AB T5J 2J7
[P] 780.342.5002
Sherry Muscat, Registered Psychologist
sherry.muscat@ahs.ca

Foothills FASD Assessment & Diagnostic Clinic C | A

Box 5146
101, 520 Macleod Trail
High River, AB T1V 1M3
[P] 403.652.4776
Contact: Kathy Lambourn
Kathy.lambourn@foothillsfas.com

Thanks to  Government
for their support

Our strength will grow through community

