

Support & Advocacy Services

Clinic is only one of the services provided by FASD Assessment and Support Services (FASS). FASS also offers consultation and advocacy services to caregivers of children where FASD has been diagnosed or suspected.

An FASD Consultant can be helpful in providing caregivers with information regarding FASD, in helping caregivers access available supports, and in assisting caregivers to identify appropriate interventions for their child. The consultant can also advocate on a child's and/or caregiver's behalf when requested to do so.

Caregivers are encouraged to contact the consultant to access consultation and advocacy services as needed. A consultative file can be maintained until a child turns 18 years of age.

Following closure of a child's assessment file at the completion of the clinic process, caregivers have the option to continue accessing support from the FASD consultant on an as needed basis for further information, consultation and advocacy services.

FASS

FASD Assessment and Support Services

For more information, please contact:

FASD Clinic Coordinator / Consultants
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FASD

Neurodevelopmental Clinic is made possible by funding received from Alberta Human Services—South Region Child and Family Services, the Alberta Government's Cross-Ministry Committee on FASD, and the South-eastern Alberta FASD Service Network Society, as well as through the collaboration of Bridges Family Programs, Alberta Health Services, Paul Jerry Consulting Psychology Inc., and physicians Dr. A. Isa, Dr. N. Fida, and Dr. M. Elkink.

FASD Assessment and Support Services (FASS)

CHILD Clinic Brochure

Providing diagnostic services to children and youth in Southeast Alberta, aged birth to 17 years, through a multi-disciplinary team located in Medicine Hat

FASD

January 2019

Phone: 403.526.7473

PURPOSE OF CLINIC

Children's Neurodevelopmental Clinic consists of a team of community professionals. The team completes an assessment to determine if prenatal alcohol exposure has impacted a child's development and current functioning. This assessment determines if a diagnosis within the Fetal Alcohol Spectrum is appropriate, and makes recommendations for appropriate intervention with the child.

CLINIC

The Neurodevelopmental Clinic process consists of a number of steps and involves the participation of a pediatrician, physician, psychologist, speech-language pathologist, occupational therapist and clinic coordinator/consultant. To complete the assessment, the guardian must consent to the child being seen by each of the multi-disciplinary team members and, further, to the disclosure of information between team members.

Referral

If a caregiver believes a child may be impacted by FASD, these concerns should be discussed with the child's physician. The guardian must request a referral to one of the team's lead diagnostic pediatricians, Dr. Fida or Dr. Isa to begin the clinic process. The diagnostic pediatrician will determine if an assessment is appropriate, and if so, a referral will be made to FASD Assessment and Support Services (FASS).

Initial Interview

The clinic coordinator will meet with the guardian's/caregiver's to discuss the assessment process and time commitment involved. Guardians must provide informed consent to proceed with the assessment.

Intake

The clinic coordinator will meet with the child's caregiver/guardian to collect the following information about the child:

- Alberta Health Care number;
- placement history and school history;
- challenges or presenting issues being experienced;
- history of learning and/or behavioral issues;
- previous developmental or psychological assessments;
- physical and mental health information;
- biographical and medical history of the biological family;
- any information regarding substance use by the birth mother during pregnancy (i.e. alcohol, tobacco, or other drugs/medications).

In addition, guardians will be asked to sign consent forms allowing the team to access the child's birth, medical, school, and other necessary records.

Information Gathering

The clinic coordinator will obtain the child's birth, medical, school and other relevant records. In cases where the child's birth mother is not the child's primary caregiver, the clinic coordinator will attempt to complete a birth mother interview to obtain a first-hand pregnancy history.

Therapy Assessments

The clinic coordinator will refer the child to Alberta Health Services—Occupational Therapy and Speech Language Pathology (AHS—OT/SLP) to be seen for assessments. Caregivers will receive a letter identifying the date and time of their assessments. AHS—OT/SLP will attempt to schedule these assessments on the same day, however this is not always possible. Appointments must be attended as assigned as there is very little flexibility in assessment dates and times. The caregiver must attend these appointments with the child.

Psychology Assessment

The clinic coordinator will refer the child to the team's psychologist for assessment. Caregivers will again receive a letter identifying the date and time of the assessment. The caregiver must attend this appointment with the child. As a component of this assessment, the clinic coordinator will arrange to meet with the caregiver on a separate occasion to complete a series of parent rating scales. With consent from the guardian, similar rating scales will be provided to the child's teacher.

Clinic Case Conference

The case conference is the diagnostic step in the clinic process. At this case conference, team members will present their assessment findings; the physician will make a diagnosis, if applicable; and the team will make recommendations for intervention with the child. Clinic is attended by the child's caregiver(s) and guardian(s); diagnostic pediatrician or physician; psychologist; speech-language pathologist; occupational therapist; clinic coordinator; school representatives; and other professionals, as applicable. Guardians may, at their discretion, limit attendance to include only the diagnostic team members; however, school personnel and other service providers offer valuable insights about the child and gain a more thorough understanding of the child's needs and appropriate strategies for working with the child by attending the conference. Case conferences take place on specifically scheduled dates, typically a Monday, and must be attended as scheduled.

Report Distribution & Follow-up

A final report from clinic is typically available 4—6 weeks following the conference. Once the report is complete, the clinic coordinator will meet with the caregiver/guardian to review the report and its recommendations. The coordinator will distribute the report to all individuals who attended the case conference, or as requested by the guardian. At this point, the family can begin receiving consultation support services, at their request. If no contact is made by the family within a 6 month period the file will be closed.