Our Team

Senior Management

Dr. Zuz Douglas Solomon
Executive Director
Neuro/Hand Psychologist

Heather Pickin
Director, Clinical Services/OT

Psychological Services Providers

Dr. Arun Mittal
Clinical Rehab Psychologist

Andrew Kosowski
Clinical Psychological Associate

Dr. Jeffrey Karp
Clinical Rehab Psychologist

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Neuropsychologist

Loretta Hsu
Psychologist

Occupational Therapy Services Providers

Farah Sabra
Occupational Therapist

Alia Kaplan
Occupational Therapist

Tim Chang
Occupational Therapist

Stevie Maloukis
Occupational Therapist

Jane Wang
Occupational Therapist

Administration

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Intake and Scheduling Coordinator

Nicola Sehaj
Office Assistant

Naomi Vonk
Administration

Sasha Holec
Special Projects Coordinator

Tyler Sartain
Special Projects Coordinator

Lauren Grupa
Administration

Robert Brown
Road Safety Consultant

Richard Hahn
Road Safety Consultant

Dr. Kimel
Quality Assurance / Risk Analyst

Cindy Yoo
Social Worker / Quality Assurance /
RTW Integrated Health Management (RIHM) follows a social enterprise model providing unique services in the public and private spheres with focus on enhancing public health care and rehabilitation through innovation, evolving evidence-based care, a focus on the social determinants of health, social/environmental justice advocacy and related professional education/training initiatives.

RIHM’s evolving evidence-based care model and related interventions are supported by research initiatives by Rehabilitation Research, Education and Evaluation Services (www.rreos.com), close linkages with the Mental Health Program/Psychology Department at University of Toronto Scarborough, industry funding partner Multi-Health Systems (www.mhs.com) and national accelerate grant funder MITACS (www.mitacs.ca).
WHAT WE DO – OUR SERVICES

As a dynamic and interdisciplinary rehabilitation and organizational disability management firm, RTW Integrated Health Management (RIHM) consistently delivers expert clinical and vocational assessment treatment and intervention in relation to:

- Acute through vocational rehabilitation stages
- Integrated clinical and assessment services
- Functional restoration & Vocational Rehabilitation Fast-Stream Treatment Programs
- Comprehensive & Integrated Extended Treatment Programs
- Educational Programs and Updates in the Field for Healthcare & Legal Professionals
*The Gladue process is a Supreme Court of Canada mandated assessment of Aboriginal/First Nations persons whereby such individuals undergo an exhaustive psychosocial developmental assessment to assist the court in considering alternative sentencing tools to foster rehabilitation, community reintegration, reduced recidivism, and to place “particular attention to the circumstances of aboriginal offenders” in efforts to redress: “The drastic overrepresentation of aboriginal peoples within both the Canadian prison population and the criminal justice system”. The Fetal Alcohol Spectrum Disorder (FASD) pilot project in which RIHM is involved is co-sponsored by Anishnawbe Health Toronto (Community Health Care Clinic; www.aht.ca) and Aboriginal Legal Services of Toronto (www.aboriginallegal.ca). The project involves a multi-disciplinary pre-sentencing assessment (including Gladue-Social Worker, Physician, Neuropsychologist, Traditional Healer) of the incarcerated person towards the potential diagnosis of FASD, and holistic treatment/rehabilitation recommendations in the context of a feedback meeting oriented strictly for the offender, and a related report for the court/sentencing judge. For further information pertaining to the Gladue process, please visit http://media.wix.com/ucq/5clfa63_559c20fbeb794eb59975b0abd3b6f0d3.pdf.
Criminal Justice Diversion and Improving Independent Living, Educational & Vocational Outcomes of At-risk Youth/Offenders with Neurodevelopmental Disorders: Towards a Brief, Cost-efficient cognitive screening for K-8 and correctional institutions
Related literature
FASD: A Holistic Perspective

C.P Shah MD, FRCPC, O.Ont.
FASD Coordinator
Anishnawbe Health Toronto
Professor Emeritus, University of Toronto
Danielle Woodcock, BASc.
Social Work Graduate Student
University of Toronto
Dr. J. Douglas Salmon, Jr.
RTW Integrated Health Management
FASD Assessment: What is Involved?
STEP 1: FASD Support Worker
- Coordinates team and clinic dates
- Ensures smooth flow of diagnostic process
- Tracks status of file
- Ensures reports are faxed to other agencies.
- Involved in follow-up support with family

STEP 2: Social Worker
- Gathers information about current functioning
- Provision of appropriate support programs
- Provision of information, resources & support
STEP 3: Medical Assessment

- Physical examination: face, height, and weight
- Review of medical records
- Review of information about birth mother’s drinking history
- May refer to specialists (i.e. audiologist)

STEP 4: Neuropsychological Assessment

- 1st stage: interview with Clinical Psychologist (information gathering)
- 2nd stage: in-depth testing (tests of functioning)
STEP 5: Traditional Healer
- Balance, harmony and good health
- Listen, help, and give support

STEP 6: Speech and Language/Audiology
- Assessment addresses concerns regarding hearing impairment, sensitivity to sound and delays in development and communication

STEP 7: Evaluation and Diagnosis
- Case conference with multi-disciplinary FASD team; Care Plan
Challenges of FASD Diagnosis

- Obtaining accurate history of maternal consumption of alcohol
- Expertise in Diagnosis: Necessary Team; Need for Competency; Wrong diagnosis
- Availability of Resources following diagnosis
- Ongoing Assessment in Future
- Dealing with Criminal Justice System
Cognitive Features of FASD

- Distractibility and Disorganization
- Memory problems (i.e. storing/retrieving information)
- Inconsistent performance
- Impulsivity
- Slow auditory pace
- Developmental lags
- Ability to repeat instructions but inability to turn them into action
- Difficulty with abstractions (i.e. math, time, money)
- Inability to predict outcomes or understand consequences
FASD: Secondary Disabilities

BEHAVIOURAL

MENTAL HEALTH

ADAPTIVE AND EXECUTIVE FUNCTIONING
Behavioural

Antisocial behaviour
Delinquent behaviour
Classroom/school behaviour
Learning behaviours
Externalizing behaviours
Aggressive behaviour
Criminal activity
Maladaptive behaviour

Impulsivity
Teasing/bullying
Dishonesty
Avoiding schoolwork
Sexual inappropriateness
Self-injury
Substance use
Mental Health

- Substance Use
- Mood Disorder
- Bipolar Disorder
- Depression
- Anxiety
- Panic Disorder
- Hyperkinetic Disorders
- Attention-Deficit Hyperactivity Disorder (ADHD)
- Emotional disorders
- Conduct disorders
- Sleep disorders
- Abnormal habits
- Other psychiatric disorders
  (PTSD, OCD, Oppositional Defiant Disorder)
Adaptive & Executive Functioning

Socialization
Employment Difficulties
Independent Living Difficulties
Inhibitory Control
Cause and Effect Reasoning
Planning and Organization
Learning from mistakes
Vulnerability to Manipulation and Victimization
Relationship Between Secondary Disabilities

In one study of 415 individuals with FAS/FAE:

- 90% had mental health problems
- 49% of adolescents/adults and 39% of children demonstrated inappropriate sexual behaviour
- 14% of children and more than 60% of adolescents/adults had disrupted school experience
- 14% of children and 60% of adolescents/adults had been in trouble with the law
- 1 in 3 adolescents/adults had substance-related problems
School Difficulties

- Difficulty or inability to empathize and anticipate the consequences of their actions
- Lack an understanding of social life and what constitutes appropriate behaviour in different situations
- Inability to comprehend another person’s state of mind
- Deficits in concept formation, response inhibition, and self-regulation
- Constraint on the amount of information that can be processed when presented with complex situations
- Fine-motor and visual-motor impairments
Criminal Activity

- More likely to associate with delinquent peers
- May be easily led by others due to desire to be accepted
- Likely to be influenced by others
- Poor executive functioning leads to impulsivity as well as an inability to foresee consequences and learn from mistakes
- Having additional disorders, such as a substance use disorder, increases risk
The Criminal Justice System

- Prevalence of people with FASD in CJS appears to be disproportionately higher than in general population.
- Annual individual cost of FASD estimated at $21,642.
- This estimation does not take into account: costs of crime itself, policing, court, and disposition.
Implications

- Individuals with FASD often have difficulty understanding questions and providing accurate answers.
- FASD needs to be accommodated in the CJS in order for those affected to receive fair treatment and appropriate support.
- Alternative processes (i.e. diversion, sentencing circles, or restorative justice approaches) may be more appropriate.
- Without appropriate support, offenders with FASD may return to the community “worse off” due to a misunderstanding of their FASD and victimization.
- Secondary disabilities (i.e. mental health and substance use) need to be recognized and treated within the CJS.
- The transition from jail to community requires support from everyone involved with the individual (i.e. correction officers, the community, and caregivers).
Interventions

HAVING A MENTOR

- Individuals with FASD often have few people in their lives who advocate for their needs.
- Mentor’s can provide structure and order.
- They can also act as the individuals “external brain”, providing support with judgment and adaptive skills.
- Mentors can: advocate for clients, oversee daily activities, acquire living accommodations, help manage money, offer advice and encouragement, keep track of appointments/vocational responsibilities, ensure safety and protection, etc.
Case Review #1

Demographics: Male, 34 years of age

Characteristics:
- Charged with aggravated assault while intoxicated
- Anger management issues
- Poor tolerance of stress
- Very few resources/sources of support
- Constant suicidal ideations
- Uncomfortable in social situations
- Feelings of loneliness and depression

Final Diagnosis: ARND and Alcohol Abuse
Mental Health

In a 1996 study of adults with Pre-natal Alcohol Exposure (PAE):

- 94% reported Mental Health problems
- 43% reported previous suicide threats
- 23% reported a history of suicide attempts
Depression & Anxiety

- In adolescents, Pre-natal alcohol exposure is associated with alcohol problems and increase psychiatric disorders and traits.
- Depression and anxiety are among the most commonly reported mental health problems in children and adults with FASD.
- A direct relation between parental alcohol exposure and child depressive symptoms has been reported.
- Other factors may play a role: early maternal death, living with an alcoholic parent, child abuse and neglect, removal from home, etc.
Psychiatric Symptoms

- Persistent psychiatric impairments among children may be related to environmental factors (i.e. institutions and foster care)
- Cognitive impairments and psychiatric symptoms are generally persistent and may increase
- In a recent study (Steinhausen and Spohr), found that 63% of their sample had been diagnosed with one or more psychiatric disorders (attention and social problems noted by parents and teachers as most frequent)
ADHD

- Effects of prenatal alcohol exposure disturb the development of the fetal brain
- Those affected can have difficulty in mood regulation, self soothing, hypersensitivity to stimuli, irritability and hyperactivity
- These individuals can present a primary regulatory disorder from birth (with difficult to settle or slow to warm temperament) followed by early-onset ADHD
- In children with FASD, ADHD often presents as secondary developmental, psychiatric, and medical conditions
Types of ADHD

DSM-IV identifies three subtypes of ADHD:

1. Predominantly Inattentive Type
2. Predominantly Hyperactive-Impulsive Type
3. Combined Type
Vulnerability

In one study, Clark et al. found that:

- 92% of participants were identified by their caregivers as “vulnerable to manipulation” (Vulnerability to manipulation can have implications for adults in criminal justice system)
- 87% of participants had been a victim of some form of violence
- 77% of participants had experienced physical and/or sexual abuse
Case Review #2

Demographics: Male, 6 years of age

Characteristics:
- Fine motor difficulties
- Impulsive, hyper-active, short attention span
- Difficulty creating social boundaries as well as sharing and playing with peers
- Aggressive
- Difficulty controlling behaviour
- Ongoing parental substance use
- Past child abuse and neglect

Final Diagnosis:
Sentinel Physical finding(s)/ Neurobehavioural disorder (PAE) and ADHD (combined type)
Sleep Difficulties

- Studies over the last 20 years show the relationship between sleep difficulties and the severity of cognitive loss and brain disturbance.
- Most disturbances are described by caregivers as: difficulties falling asleep, frequent awakenings during the night, and early morning awakenings.
- Behavioural manifestations: hyperactivity, aggressiveness, inattentiveness, impulsivity, depression, and other mood disorders.
Sleep

- Sleep disturbances should be treated early and appropriately as they lead to neurocognitive behavioral and health difficulties
- Intervention services may be ineffective due to sleep deprivation
- Typical sleep hygiene practices are often not useful for those with FASD as interventions need to be tailored to individuals
- Caregivers and professionals should work together in a team
- Modifying the school/social environment is important
- The rich learning experience that is required for typical children may lead to over-loading and disturbed sleep for children with FASD
Sleep Tips for Caregivers

- The children’s reactions to the environment should always be carefully observed.
- The bedroom needs to be quiet, comfortable (i.e. bedding), familiar, secure, consistent and unexciting (i.e. no bright lights and colors).
- Do not use the bedroom for punishment or play.
Calming behaviours and wind-down rituals
Caffeine and chocolate, excessive mental and physical behaviors, and TV and video games should be avoided in the evening
Enforcing rules, structure, routine and consistency are important throughout the entire day and at bedtime
Times for going to bed and getting up need to be consistent, even during weekends and holidays
Melatonin replacement therapy for the child combined with sleep health promotion techniques may be useful to establish
Case Review #3

Demographics: Female, 12 years of age

Characteristics:
- Severe language disorder affecting all language areas
- Often has difficulty sleeping
- Does not enjoy school
- Swears, kicks and hits when she gets angry
- Negative experiences in foster homes in the past

Final Diagnosis: ARND with confirmed maternal alcohol exposure, psychomotor delay, ADHD (both types) and severe language disorder
Protective Factors

Streissguth et al. identified five protective factors that resulted in lower rates of secondary disabilities:

- A good quality stable home environment
- Infrequent changes in living arrangement
- Not being exposed to violence
- Receiving services for developmental disabilities
- Being diagnosed before six years of age
Concluding Remarks

- FASD is a life-long condition with implications for behaviour, mental health, and adaptive and executive functioning. While symptoms of FASD have their own manifestations, they also manifest in symptoms of behaviour, mental health, and adaptive and executive functioning.

- Care for children with FASD and its secondary disabilities must be flexible and life-long.