Cumulative Risk Diagnostic Clinic (CRDC)

Cumulative Risk Diagnostic Clinic (CRDC) is a specialized collaborative and consultative clinic that provides diagnostic and functional assessment, interprofessional case consultation and treatment recommendations for children and youth with complex developmental and behavioral profiles in the context of multiple etiologic risk. The clinical mandate does not include ongoing case management and treatment but seeks to support referring clinicians with longitudinal community care.

Referrals are accepted from:

Pediatricians

Pediatric Specialists/Sub-Specialists (e.g. Child Psychiatrists)

Inclusion Criteria:

1. Referrals must have a clear developmental question, the need for high level case review for diagnostic integration, service, intervention planning and, service coordination.

2. The patient must present with evidence of 2 or more of the following documented prenatal or postnatal adverse exposures known to have significant negative effects on developmental outcomes (please refer to page 3 for accompanying definitions):

   - **Prenatal Alcohol Exposure**
   - **Other Teratogenic Exposure**
   - **Prenatal or Postnatal Toxic Stress Exposure**
   - **Child and Family Service Involvement** including involvement with Delegated First Nation Agencies
   - **Other Medical Factors** known to cause negative child outcomes as documented the by referring physician (e.g. other genetic conditions, significant familial learning or mental health difficulties, or other important chronic health condition).

3. The patient must present with a complex developmental and behavioral profile with moderate-severe functional deficits, supported by documentation, in both of the following areas:

   - **Cognition, Academics, Communication, Adaptive Skills or Motor Skills** (Must present with at least ONE)

   AND

   - **Socialization, Emotional/Behavioral Regulation, or Attachment** (Must present with at least ONE)

4. The patient must be 0-17 years of age at the time of referral. Please note, children must be 7 years of age at the time of referral to be considered for a FASD query.

5. The patient must live within the geographic area served by Alberta Health Services (AHS).

Exclusion Criteria:

1. The referral is a request for treatment by allied health professionals (Psychology, Speech and Language Pathologist, Occupational Therapist, Physiotherapist, Social Worker, Educational Consultant).

2. The referral is a request for an isolated query regarding Attention Deficit Hyperactivity Disorder (ADHD), Developmental Coordination Disorder (DCD), Learning Disability (LD), or Mental Health condition.

3. The referral is a request for acute and severe mental health or behavior presentation necessitating urgent services such as hospitalization.

4. For children aged birth to 6 years, developmental and/or behavioural needs must be addressed by community resources first, including Early Childhood Rehabilitation (ECR), Program Unit Funding (PUF), Collaborative Mental Health etc. Additionally the child should receive a thorough pediatric evaluation from a community pediatrician.

Urgent Criteria:

Patient must present with one or more of the following to be designated as urgent:

- Patient has documented evidence of regression in developmental skill level(s)
- Patient is at risk of a placement breakdown without developmental consultation/assessment intervention
- Consultative diagnostic and/or functional assessments are necessary to inform court proceedings, placement decisions including adoptions, kinship care, foster care, group care or moves to another jurisdiction where no such services exist

Terms of Reference for the Cumulative Risk Diagnostic Clinic (CRDC)

Documentation may include but is not limited to direct physician clinic notes/reports of patient's functional deficits (checklist, rating scales, standardized tests etc.) and/or previous assessment reports completed by other professionals such as psychologists, speech and language pathologists, occupational therapists and physiotherapists.

Prenatal Alcohol Exposure is defined as a confirmed exposure reported by the birth mother or by someone who witnessed the birth mother consuming alcohol during her pregnancy. Alcohol exposure is ranked according to the quantity, timing, frequency, duration and certainty of exposure during pregnancy. Please use the CRDC *Confirmation Letter of Prenatal Alcohol Exposure* for all referrals.

Postnatal Toxic Stress Exposure is defined as severe and prolonged stress in the absence of the buffering protection of supportive relationships. Toxic stress responses occur when a patient experiences strong, frequent, or prolonged adversity, and includes physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, or the economic hardship.

Delegated First Nation Agencies have been given delegated authority to deliver services as per the Child, Youth and Family Enhancement Act. (Alberta Human Services http://humanservices.alberta.ca/family-community/15540.html)

Cognitive Delays: documented evidence that the patient is functioning at least 1-2 years behind normative cognition levels. Cognitive delays are defined as impairments of general mental abilities that impact adaptive functioning and interfere with daily functioning.

Academic Delays: documented evidence that the patient is functioning at least 2 years behind grade level or has a diagnosed learning disability. Documentation may include report cards, educational testing, provincial test results or IPP.

Communication Delays: documented evidence that the patient is functioning at least 1-2 years behind normative speech and language levels in areas of articulation/speech production, language comprehension, language expression or social language which impacts their daily functioning, socialization or academics.

Adaptive Skill Delays: documented evidence that the patient has a moderate to severe impairment in their ability to perform age appropriate self-care activities (eating, dressing, toileting and grooming), follow health and safety rules, make and maintain friendships or behave appropriately in the community related to developmental delays/deficits.

Motor Skill Delays: documented evidence that the patient is functioning at least 1-2 years behind normative motor skills development which impacts activities of daily living, academic/school productivity and leisure pursuits. Manifestations of motor skill delays may include abnormalities of tone, delays in gross or fine motor skills or graphomotor skill delays.

Socialization Delays: documented evidence that the patient has a moderate to severe delay in the ability to interact with others (express and comprehend feelings) in a way that is both appropriate and effective in a given situation. Appropriate interaction includes the ability to conform to social norms, values and expectations.

Emotional/Behavioral Regulation: documented evidence that the patient is exhibiting aggressive behaviour towards self or others, is having severe and recurrent temper outbursts that are grossly out of proportion in intensity or duration to the situation, is hostilely defiant, has low frustration tolerance, has limited capacity to inhibit inappropriate behaviour related to strong negative or positive emotion or, has limited capacity to self-soothe when physiological aroused.

Attachment Difficulties: documented evidence that the patient is failing to relate socially either by exhibiting markedly inhibited behavior or by indiscriminate social behavior. Attachment difficulties result when the patient's basic needs for comfort, affection and nurturing are not met and loving, caring and stable attachments with others are not established.