Clinical Observations Regarding the Gaps in Services Faced by Adults with FASD in Edmonton: A Discussion of Barriers, Existing Research and Supports, and Building Solutions for the Future

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With appreciation:

- Don Zeman, PhD, R.Psych
- Ann Marie Dewhurst, PhD, R.Psych
- George Spady Clinical Access Team
- The clients I have had the privilege to work with and learn from
Learning Objectives:

- Identify complexity of barriers facing adults with FASD
- Assess current literature on barriers and interventions for this population
- Consider current services and potential gaps in these services
- Reflect on and evaluate potential approaches to ameliorating identified barriers
The George Spady Society
Clinical Access Team
Some Quick Context…

Clinical Access Team Services (CAT)

“CAT helps clients stay housed by ensuring appropriate physical health, mental health, and addictions and other wellness supports are available to them in their communities. The Team adopts a client-led, harm reduction and recovery focus.”  George Spady Society (2018)
Some Quick Context...

Non-profit, multi-disciplinary team:

• Mandate:
  o Provided short term clinical and referral supports to adults who experienced homelessness in Edmonton, AB
  o All referral sources were various Housing First programs in Edmonton
  o Roughly 50% of my caseload at any given time may have been FASD impacted
Identify Complex Barriers:

- Housing Instability
- Risk of Exploitation
- Domestic Violence
- Difficulties Accessing Relevant Services
- Challenges with Activities of Daily Living (ADLs)
Levels of Barriers

• These barriers do not exist in a vacuum, but instead interact with one another in complex ways.

• They appear to be congruent with Poole et al’s (2008) description of barrier categories:
  o Personal/interpersonal
  o Community/social
  o Structural/program
  o Systemic
Interrelationship Between Barriers:

- Housing Instability
- Domestic Violence
- Challenges with ADLs
- Difficulties Accessing Relevant Services
- Risk of Exploitation
Discussion of Barriers:
Not a great deal of research has been done on adults impacted by FASD.

Very little research has been done on interventions/treatments that can be used to support this population.

(Currie et al, 2016; Paley & O’Connor, 2009; Reid et al, 2015; Masotti et al, 2015; Wheeler et al, 2013; Grant et al, 2004; Temple, 2015)
Current Services and Gaps:
Length of service or program?
Flexibility of services/programs?
Cultural Competency?

FASD-Specific Training for Professionals
Ethical considerations?
Reflecting and Evaluating Potential Approaches:

What does work?

What could work?

Considering a harm reduction lens...
Harm Reduction Lens

“Service providers must develop the skills and awareness to be able to tolerate women’s needs to go at a slower pace than may be optimal. In effect, harm reduction obliges those who offer assistance to manage their own urgency, so that achievable change can happen and be maintained.”

(Poole, 2008 in Bringing a Women’s Health Perspective to FASD Prevention in Fetal Alcohol Spectrum Disorder-Management and Policy Perspectives of FASD)
Recruiting Strengths:
Thank you!

This is a work in progress, so any feedback is much appreciated!

For slides that weren’t in your handouts, or any questions, I can be reached at:

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