

PONDA Network

Physicians of Ontario NeuroDevelopmental Advocacy Network

May 19, 2015

Dr. Ronit Mesterman

Chair of PONDA Network
Associate Professor of Pediatrics
Division of Pediatric Neurology
Division Head of Developmental Pediatrics
McMaster University
Medical Director of Developmental Pediatric
Rehabilitation and Autism Spectrum Disorder
McMaster Children's Hospital
mester@mcmaster.ca

Dr. Pamela Frid

Founder in Developmental Pediatrics
Associate Professor of Pediatrics
The University of Western Ontario
Medical Director, Thames Valley Children's Centre
pamela.frid@tvcc.on.ca

Dr. Gillian Hogan

Developmental Pediatrician
Clinical Assistant Professor
hogang@mcmaster.ca

Dr. Nicola Jones-Stokreef

Developmental Pediatrician
Children's Treatment Network of Simcoe York
Orillia Soldiers Memorial Hospital
njonesstokreef@osmh.on.ca

Dr. Benjamin Klein

Developmental Pediatrician
Medical Director of Lansdowne Children's Centre
benjamin.klein@medportal.ca

Dr. Olaf Kraus de Camargo

Associate Professor of Pediatrics
Division of Developmental Pediatrics
McMaster University
krausdc@mcmaster.ca

Dr. Alvin Loh

Assistant Professor of Pediatrics
Division of Developmental Pediatrics
University of Toronto
Medical Chief of Staff, Surrey Place Centre
alvin.loh@surreyplace.on.ca

Dr. Mohammad S. Zubairi

Clinical Fellow in Developmental Pediatrics
University of Toronto
Holland Bloorview Kids Rehabilitation Hospital
mzubairi@hollandbloorview.ca

Physicians of Ontario Neurodevelopmental Advocacy (PONDA) Network Position Statement: A Provincial Assessment Program for All Children with Complex Neurobehavioural Needs

The ministry is in the process of developing a Fetal Alcohol Spectrum Disorder Strategy in Ontario. As PONDA network we are pleased to hear that MCYS is addressing needs of complex patients but at the same time PONDA is concerned that the focus of yet another special diagnosis based service system (following the model of ASD) will create further inequities.

PONDA suggests the creation of a strategy that would include generically neurobehavioral conditions, including but not solely focused on FASD.

PONDA recommends that such a program would:

- Accept children based on limitations in functioning and participation regardless of suspected or confirmed etiology (e.g. FASD, genetic, complex trauma, prematurity, multifactorial)
- Focus on a comprehensive & holistic developmental assessment to generate an International Classification of Functioning (ICF) - based diagnostic formulation and recommendations
- Communicate findings and recommendations to parents, teachers and clinicians
- Focus on assessing function and determining needs rather than determining if a child does or does not qualify for a specific medical diagnosis

The rationale for a "function" based clinic:

- Many children with complex neurobehavioral needs do not have a "unifying" medical diagnosis (e.g. FASD, autism spectrum disorder, intellectual disability)
- "Diagnosis"- specific services may marginalize individuals without a specific diagnosis
- It is well established in current neuro-developmental literature that functional limitations and environmental adversity should drive service, not categorical, medical or psychological diagnoses
- "Diagnosis"- specific services may result in spending too many resources on determining who qualifies for a service, rather than for the services per se
- There is no specific neurobehavioural or developmental treatment for a given medical diagnosis, but rather interventions (e.g. behavioural therapy, classroom supports, medications, sensory diet) are non-specific (for the diagnosis) and depend much more on the individual child's functioning and environment