

Review of Current Models for Assessment and Screening of FASD in the Youth Justice System

FASD Legal Issues Consensus Development
Conference

Edmonton, AB

September 18-20, 2013

Albert E. Chudley, MD, FRCPC, FCCMG
University of Manitoba

Youth Justice FASD Screening

- Review 2 methods of FASD screening in Canadian Youth Justice Programs
 - Manitoba Youth Justice FASD Program (MYJ)
 - Asante Probation Officer Tool (AT)
- Identify common purposes and differing targets of the screening programs
- Discuss strengths and limitations of the programs

Screening vs. Diagnosis

- The purpose of screening is to identify individuals who are likely to have a particular condition so that a comprehensive, diagnostic assessment can follow
- Screening for FASD cannot be used as a substitute for a diagnostic assessment because screening tools are far from perfect
- *Specificity* refers to how well the instrument identifies only the individuals of interest
- *Sensitivity* refers to how many individuals would be missed using the tool
- An effective tool must balance specificity and sensitivity

Why Screen?

- Screening will allow Identification of those at the highest risk for FASD.
Screen positive does NOT mean a diagnosis
- Leads to improved targeted care and reduce recidivism
- Reduces costs
- Diagnosis is intensive and expensive*

**FASD evaluation requires 32 to 47 hours for one individual to be ...assessed and evaluated for an FASD related diagnosis, which results in a total cost of \$3,110 to \$4,570 per person. The total cost of FASD diagnostic services in Canada ranges from \$3.6 to \$5.2 million (lower estimate), up to \$5.0 to \$7.3 million (upper estimate) per year.*

Citation: Popova S, Lange S, Burd L, Chudley AE, Clarren SK, et al. (2013) Cost of Fetal Alcohol Spectrum Disorder Diagnosis in Canada. PLoS ONE 8(4): e60434. doi:10.1371/journal.pone.0060434

Additional characteristics of an effective screening tool

- It should not require a lot of time (average of 10 minutes or less to complete this tool)
- The items should ask about information that the rater typically has available or is easily accessible
- The tool should not require the rater to take additional training to understand the underlying concepts
 - Based on our recent survey, most probation officers in Canada have received training about disabilities and FASD
- Information on the screening tool should be linked to the specific criteria used for making an FASD diagnosis

Courtesy of Dr. Julianne Conry

FASD Youth Justice Project

.....



Youth with FASD may be involved with the Criminal Justice System due to difficulties with:

- ◆ Cause & Effect Reasoning
- ◆ Generalization of Learning
- ◆ Internal Time Clock
- ◆ Abstract Reasoning
- ◆ Memory
- ◆ Judgment
- ◆ Problem Solving
- ◆ Impulsivity
- ◆ Hyperactivity
- ◆ Social Skills
- ◆ Accepting Responsibility
- ◆ Sensory Integration Issues

"There is nothing wrong with differential treatment if the reason for the differential treatment is to ensure the outcome is equal."

Justice David Vickers
2000

For more information contact:

Teresa Brown, Program Manager
Teresa.Brown@gov.mb.ca
(204) 928-7171

Dan Neault, Program Coordinator
Dan.Neault@gov.mb.ca
(204) 928-7166

Erin Klimpke, Program Coordinator
Erin.Klimpke@gov.mb.ca
(204) 928-7170

Deidre Bissonnette,
Program Coordinator
Deidre.bissonnette@gov.mb.ca
(204) 475-2019

In The Pas
Lara Constant, Program Coordinator
Lara.Constant@gov.mb.ca
204-627-8349

Fetal Alcohol Spectrum Disorder (FASD) Youth Justice Program



A Community and Justice Partnership

FASD Youth Justice Program
Manitoba Youth Centre
170 Doncaster Street
Winnipeg MB R3N 1X9

The FASD Youth Justice Program (YJP) is a collaboration among Manitoba Justice, Manitoba FASD Centre and Manitoba Adolescent Treatment Centre.

The Youth Criminal Justice Act (YCJA), implemented in April 2003, acknowledges the need to promote the long-term protection of our community by preventing crime through addressing circumstances underlying a young person's offending behavior. The Act highlights the need for measures taken to be meaningful to the young person given their needs and level of development and seeks to involve family, community, social services and other agencies in the process.

The goal of the YJP is to ensure that youth affected with FASD in conflict with the law will receive appropriate judicial dispositions, including a multidisciplinary assessment and diagnosis and improved access to services. The program also assists in identifying and developing family oriented and community based resources.

The YJP Process

- ♦ Referrals are accepted from representatives of the justice system, other service providers and parents/caregivers.
- ♦ Screening criteria:
 - Youth in pre-sentence phase.
 - Youth living in City of Winnipeg.
 - Confirmation of pre-natal alcohol exposure.
 - No prior FASD diagnosis.
 - Guardian and youth consent.
- ♦ Court Ordered FASD Assessment of the Youth
- ♦ Multi-Disciplinary Team Assessment which includes a Psychologist from Manitoba Adolescent Treatment Centre (MATC) and physicians from CADEC.
- ♦ Family Debriefing.
- ♦ Court report prepared and submitted.
- ♦ Judicial Conference when required.
- ♦ Sentencing of Youth.
- ♦ Community re-integration and planning with youth and caregivers.
- ♦ Referral to appropriate community resources and ongoing support and advocacy.
- ♦ Community Development and Facilitation of FASD education, interventions and planning through informal consultations and community presentations.

What is Fetal Alcohol Spectrum Disorder?

FASD is a term that describes the varying effects of alcohol on a fetus when the mother drinks during pregnancy.

There are four medical diagnoses that fall under the umbrella of FASD:

- ♦ Fetal Alcohol Syndrome (FAS)
- ♦ Partial Fetal Alcohol Syndrome (pFAS)
- ♦ Alcohol Related Neurodevelopmental Disorder (ARND)
- ♦ Alcohol Related Birth Defects (ARBD)

The first three diagnoses (FAS, pFAS, ARND) are associated with neurological (brain) damage. It is this damage which creates the most confusion and misunderstanding for those living and working with the disability. As a result, some individuals with FASD have been referred to as having an "invisible disability".

Appropriate interventions and on-going support can provide healthier and more successful outcomes for the youth, their families and the larger community.



The 4 main project goals

1. To assess youth involved with the criminal justice system that may have FASD
2. To provide recommendations to the courts for appropriate dispositions consistent with the YCJA
3. To build capacity within the youth's family and community while enhancing government and non-government FASD supports and services
4. To implement multidisciplinary interventions and reintegration plan with supports for youth affected by FASD and their families

Project History

- September 2004-March 2005-PHASE 1
- March 2005-March 2006-PHASE 2
- April 2006-September 2006-PHASE 3
- October 2006 - Provincial Funding

Project History

- Spring 2004-proposal submitted for funding to the federal government for FASD Youth Justice Pilot Project
- Funding proposal originally was to assess/provide service for 10-12 youth with in kind contributions from MFASD Centre, MATC Youth Forensic Services and MYC

The Process

1. Referral
2. Pre-screening/Post screening
3. Pre-assessment
4. Psychological Assessment
5. Pre-diagnostic Appointment
6. Assessment

The Process Cont'd

- 7. Diagnostic Follow Up
- 8. Development of a Community Plan
- 9. Sentencing
- 10. Sentencing Conference
- 11. Follow Up
- 12. File Closing

Referrals

JUSTICE

- Judges
- Lawyers
- Probation Officers
- Corrections Staff
- Teachers

COMMUNITY

- Social Workers
- Clinic for Alcohol and Drug Exposed Children (CADEC)
- Parents
- Teachers
- Self

General Guide for Screening (Red Flags)

Pattern of some of the following:

- Repeated “Fail to Comply”
- Lacking empathy
- Poor school experiences
- Difficulties within the institution:
 - Following expectations
 - Poor peer interactions
 - Academics



General Guide Cont'd (Red Flags)

- Unable to connect their actions with consequences
- Does not seem affected by past punishments
- Crime committed may be of opportunity rather than planned
- Crimes that involve risky behaviour for little gain



General Guide Cont'd (Red Flags)

- Gang involvement
- Superficial relationships/friends



Screening for Project Criteria

- Age 12-18
- Pre-sentence
- Residing in Winnipeg/The Pas
- No previous FASD diagnosis
- Consent/cooperation from legal guardian and youth (defense)
- Confirmation of prenatal alcohol exposure

Post Screening

- Notify supervising judge, crown, defense, probation officer and cottage supervisor
- Judge orders an FASD assessment in court
- Youth may be on bail in the community or in custody awaiting sentencing

Diagnostic Follow Up

- Receive diagnostic report from CADEC
- Debrief and interpret diagnosis with family
- “This is ME” video

Sentencing

- Coordinators ensure the reports are distributed to the presiding judge, crown and defense
- Coordinators are present during sentencing to provide support to youth and family and to ensure that the court proceedings are fully understood
- Coordinators answer any questions the court may have regarding recommendations and diagnosis

Sentencing Conferences

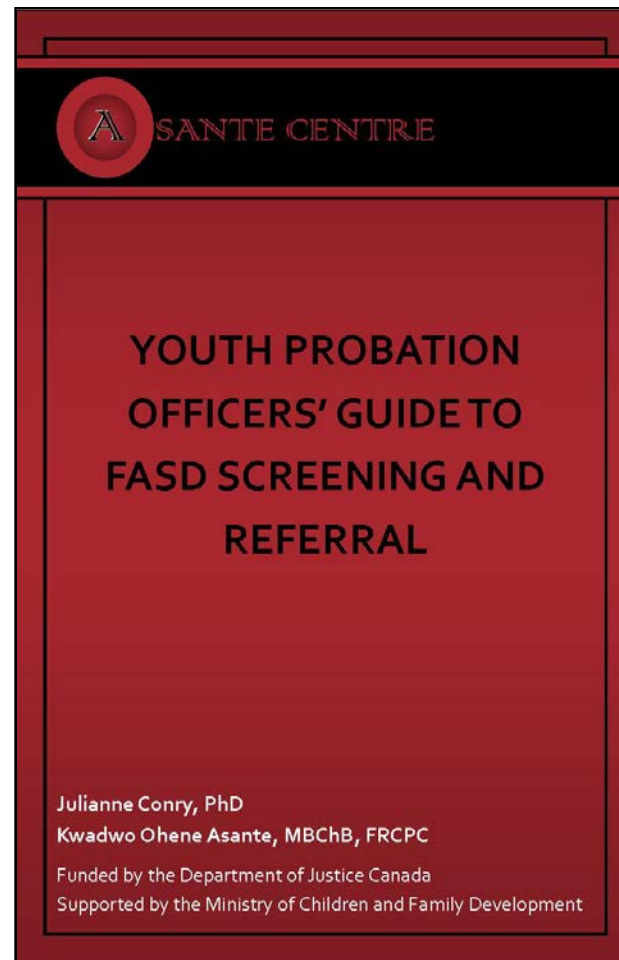
- Medical report and other pertinent information is distributed
- Recommendations from all parties are made for the court's consideration
- Coordinators present community plan

Follow Up

- Continued support to the youth and family
 - Ongoing FASD education
 - Appointment reminders
 - Transportation to appointments
 - Advocacy
 - Capacity building with the youth's service providers (teachers, group home, probation)

Screening youth for FASD in the youth criminal justice system

Asante Tool



The Importance of Screening for FASD



Screening vs. Diagnosis

The purpose of screening is to identify individuals who are likely to have a particular condition so that a comprehensive, diagnostic assessment can follow. Since it is now apparent that youth with FASD are disproportionately represented in the youth criminal justice system, there has been increasing interest in developing screening tools for FASD in the youth justice population. To be practical, a screening tool needs to be “user friendly” and not time consuming to administer, yet able to efficiently identify the appropriate individuals who should receive a full, diagnostic assessment. “*Specificity*” refers to how well the instrument identifies only the individuals of interest and “*Sensitivity*” refers to how many individuals of interest would be missed using the tool (that is, those who would have received an FASD diagnosis if they had been assessed). If too many individuals are captured by the screening, even if all those with the condition (FASD) are included, then the resources for a diagnostic assessment are not being used efficiently because too many individuals are being seen unnecessarily. However, if the screening is too narrow, individuals who should receive the diagnostic assessment may be denied the service. The screening tool should balance specificity and sensitivity.

Screening for FASD cannot be used as a substitute for a complete, diagnostic assessment, because the screening tools are not perfect. We know that in some places, results from screening tools have been used in lieu of a proper diagnosis with the argument “since this individual will likely never get a diagnostic assessment, we will use this instead and treat him as though he does have FASD”!

In fact, most of the screening tools or checklists being used have not been found to accurately distinguish those with FASD from those with other developmental or behavioural problems. In some cases, individuals have argued with the doctor who did not make an FASD diagnosis saying the checklist said he did have FASD or have argued for an FASD diagnosis because of the presence of some FASD characteristics! Using screening tools for diagnosis is dangerous. To make, or assume a diagnosis that would turn out to be incorrect can be more harmful than not making a diagnosis at all. In our experience we have assessed

individuals who, for all their lives, were assumed to have and been told that they have FASD and who did not turn out to have FASD. Some were later diagnosed with a different syndrome. In other cases, the data did not warrant an FASD diagnosis.

Screening should not be done if there is no follow-up with a full diagnostic assessment.

In developing a screening tool it is necessary to consider who will be using the measure: the identification and interpretation of specific indicators (especially behavioural) may not be appropriate if used by front-line workers without training about FASD. In response to a Canada-wide survey of probation officer training, we found that most probation officers have received some education about FASD (see Appendix A). Previously, we found that probation officers reported “knowing the youth well” for 73.5% (n = 132) of at-risk youth on their caseloads (Munro et al, 2005). Thus, we are confident that with their basic knowledge about FASD and experience with the youth on their caseloads, probation officers using this tool can effectively identify youth who would most benefit from having an evaluation for FASD.

The probation officers who have referred youth for an FASD assessment have described the positive outcomes arising from the assessment and the diagnosis. For example, when asked what had been learned from the assessment, one probation officer answered, “A caring, more compassionate and understanding approach was used. It gave better insight as to why [he] had got involved in the criminal justice system, and made questionable choices of associates. It explained much of his actions, and how to more effectively support and supervise [him].” The recommendations that were generated by the clinical team, along with those who were supporting this youth, were found to be helpful. In another case the feedback said, “[His] low IQ became more evident while working with him and showed a real need for ongoing life long supports; and the need for [him] to be provided with reminders. The diagnosis allowed [the probation officer] to change the way of supervising and dealing with [him.] Consideration was given to his inabilities, and this was passed onto the Court when returned there” (Conry and Lane, 2009).

FASD Screening and Referral Tool for Youth Probation Officers



Name of Probation Officer: _____ Date: _____
 Phone #: _____ Fax #: _____
 Address: _____
 Email: _____

☐ Received mandatory guardian consent to refer youth for an FASD assessment

Background Information

Name of Youth: _____
 Date of birth: _____ Age _____ ☐ Male ☐ Female
 Ethnicity: ☐ Caucasian ☐ Aboriginal ☐ Asian ☐ South Asian ☐ Black ☐ Other: _____

Has the youth been assessed at any of the following?

	Name of agency	Date of Assessment
Psychoeducational assessment	_____	_____
Hospital/private psychiatric assessment	_____	_____
Youth Forensic psychiatric assessment	_____	_____
Mental health assessment	_____	_____
Other specialized facility	_____	_____

Legal Guardian:

☐ Birth Parent(s) ☐ Adoptive Parent(s) ☐ Social Worker ☐ Other: _____

Name: _____

Address: _____

Phone #: _____ Fax #: _____

Youth currently resides with:

☐ Birth Mother ☐ Birth Father ☐ Adoptive Parent(s) ☐ Foster Parent
☐ Group Home ☐ Custody Centre ☐ Other: _____

Name of caregiver: _____

Address: _____

Phone #: _____ Fax #: _____

Screening Checklist

Please check all boxes in sections A and B that apply to this youth.

A. SOCIAL FACTORS

- ☐ Youth is adopted
- ☐ Youth has been in foster care or involved with child protection services
- ☐ Youth has a sibling with a documented diagnosis of FAS/pFAS/ARND
- ☐ There is documentation that youth is suspected of having FAS/pFAS/ARND
- ☐ Youth's mother has a history of alcoholism or known prenatal alcohol use

B. PERSONAL FACTORS

- ☐ Developmental delay in early childhood (e.g., required speech/language therapy, occupational therapy or child development services prior to school entry)
- ☐ School learning difficulties (e.g., required learning assistance, modified or special program, school failure or drop-out for academic reasons)
- ☐ Growth deficiency (i.e., short height or low weight)
- ☐ Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD or ADD)
- ☐ Other mental health diagnosis
 - ☐ Anxiety ☐ Post Traumatic Stress Disorder
 - ☐ Depression ☐ Oppositional Defiant Disorder
 - ☐ Conduct Disorder ☐ Substance Misuse Disorder
 - ☐ Attachment Disorder ☐ Unknown
 - ☐ Other: _____

Using the information in A and B previous, refer for an FASD assessment if youth meets the following criteria:

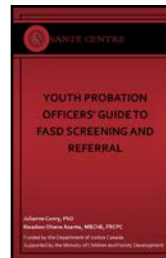
- ☐ One Social Factor (Section A) PLUS at least Two Personal Factors (Section B) **OR**
- ☐ No Social Factors (Section A) PLUS at least Three Personal Factors (Section B)

Is there documentation in medical, social service, and or court records that the youth already has a diagnosis of FAS/pFAS/ARND or FAE.
☐ Yes ☐ No

If yes, who made the diagnosis: _____

Date of diagnosis: _____

Location: _____



Using the information in A and B previous, refer for an FASD assessment if youth meets the following criteria:

☐ One Social Factor (Section A) PLUS at least Two Personal Factors (Section B) OR

☐ No Social Factors (Section A) PLUS at least Three Personal Factors (Section B)

Is there documentation in medical, social service, and or court records that the youth already has a diagnosis of FAS/pFAS/ARND or FAE.

☐ Yes ☐ No

If yes, who made the diagnosis: _____

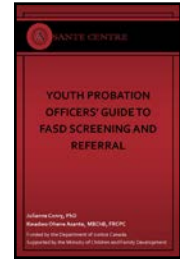
Date of diagnosis: _____

Location: _____





Comparison of Tools



- Adapted for Manitoba Youth Justice Services
- Referrals not limited to probation officers
- Aims to identify FASD individuals before sentencing and disposition
- Has dedicated FASD coordinators for assessment and follow up before after diagnosis
- Designed for Probation officers
- Specific questions to answer with a predefined score for referral
- Sensitivity and specificity is high
- Can be adapted to any jurisdiction with Probation officers

Recommendations

- More research is needed to evaluate screening tools that potentially can be more broadly introduced to youth Justice Programs
- Develop and implement screening tools as this will save costs and aid in identifying youth offenders at risk for FASD.
- Training and implementation of screening tools for youth offenders should be encouraged in Canada; this will “drive” services for diagnosis, enhance relevance of conditions of sentencing and stimulate the development of FASD specific systems of support.

Recommendations

- FASD is a multisystem responsibility. The Justice system could take the lead in fostering and coordinating screening and diagnosis with other departments including social services and housing, mental health, education, employment and health.