



9th International Research Conference on ADOLESCENTS AND ADULTS WITH FETAL ALCOHOL SPECTRUM DISORDERS

Review, Respond, and Relate: Integrating Research,
Policy, and Practice Around the World

PRE-CONFERENCE SYLLABUS



Hyatt Regency, Seattle, WA

 www.FASDUnited.org

How Can We Advance Justice for those with FASD?

Larry Anderson

A preliminary remark

Judges can be expected to want to do the right thing – find a just result - but their decisions have to be based on (a) the legal options available, and (b) a factual basis presented to them, in court, on the record.

Key message to those seeking to advance justice for someone with FASD in any specific case – understand the legal parameters, know where you want the judge to end up and provide the judge with the pathway to get there, based on the facts.

Getting the Information to the Judge is the Key

My focus

Adult criminal courts, especially bail and sentencing.

- Trials are important (need to avoid wrongful convictions – eg, Pora) but less than 10% of matters go to trial.
- Many many times more people with FASD are impacted by the bail and sentencing processes than the trial itself.
- One of the main tools in both cases is the use of court orders with conditions (release orders for bail; probation and similar orders in sentencing).
- In Canada, well over 30% of criminal charges are for offences against the administration of justice – what does that say about the gap between the expectations imposed by courts and alleged offenders' ability or willingness to meet those expectations?

We have made strides re FASD in the Justice system in the last 10 years

- Better knowledge/understanding of FASD by justice participants.
- More case law, eg, all major Cts of Appeal in Canada have treated FASD as mitigating in sentence.
- Some strides in diagnostic capacity.

But we have a long way to go.

Four fundamental problems

- Challenges in identification of the condition
 - Limits of judicial notice, masking by comorbidities, varied manifestations, cost, delay and complexity of proper diagnosis.
- Volumes and time pressures, especially in intake courts
 - In busy dockets, those with FASD fall through the cracks, hard for anyone to scratch below the surface no matter how well intentioned, hard for anyone to appreciate the offender's individuality, no time to ask the necessary questions, people get tired.

- The adversarial nature of our system
 - The adversarial system works well when the issue is guilt or innocence; beyond that, not so much.
 - Tends to impede a constructive, collaborative dialogue aimed at finding a solution.
- The deeply rooted presumptions in the Common law.
 - That we intend the natural consequences of our actions
 - We act based on foresight and reason
 - A failure to learn from mistakes is a moral deficit
 - We are deemed to know the law.

The Challenges of Bail – addressing the risk of the accused not attending court or re-offending

- The basic philosophy – make it clear to the accused that if conditions of release are not followed, the consequences will get worse; the theory is that, logically and rationally, the person will behave rather than face the adverse consequences.
- And, by extension, if that doesn't work the first time, maybe the message will get through if there are more conditions and tougher conditions attached to a second release.
- This works well for those who think about the longer term consequences whenever they engage in an act; for others, and many with FASD, it is a false premise, often counterproductive.

There are at least two things that compound the problem of counterproductive conditions:

- Standardized wording checklists or 'pick lists'
 - In the name of efficiency, and to help those in data entry, many courts will provide bail judges with checklists – lists of conditions that the judge just has to tick off. This makes it easy, but sometimes too easy to add conditions, often resulting in more restrictions, many with little value.
- Joint positions of counsel
 - Ironically, this is one time when joint submissions by counsel can be problematic. The prosecution and the Defence will often agree on multiple conditions of release, some if not many of which might be pointless, with no one pushing back. The defence agrees because the accused will agree to anything if it means release and the prosecution thinks more restrictions means less risk of reoffending. Sounds like a win-win until it comes time to comply. Sometimes the judge is only one in the courtroom asking questions like, 'why?.'

Two suggestions when constructing a bail plan

- Focus less on suggesting restrictions on paper and more on putting into place positive supports, wherever possible
- Be prepared to explain to the Court why specific conditions might be inappropriate or unnecessary if that is the case.

FASD and sentencing

Again, some of the most deeply embedded tenets of sentencing clash with the reality of FASD. Three of the core sentencing objectives within most, if not all, of the common law criminal justice systems are 'denunciation', 'deterrence', (both individual and general), as well as 'rehabilitation', which is usually

FASD-Informed Innovations in Court Practices: Judges' Perspective

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Michael Jeffery, Todd LaRochelle, and Larry Anderson

RESPONDING TO FASD AS A SOLO JUDGE **Superior Court Judge (Ret.) Michael I. Jeffery** **Utqiagvik, Alaska**

Summary of presentation: I had been a judge for 14 years when I heard Dr. Streissguth's talk. She focused on the heart-breaking challenges faced by persons whose brains have been changed by exposure to alcohol while in the womb, yet who usually look and talk normally. Facial features develop only between the 18th and 21st days of pregnancy. If alcohol enters the womb outside that window, the person will look completely normal. They still needed accommodations, but other people would not know. I quickly saw the implications for the justice context. People needed accommodations but how could it be done? The issues extended across the justice system from judges and magistrates to prosecutors, defense attorneys, social workers, probation officers, and police officers. I also realized I could not control these other agencies. But I could control what happened in my own court room.

At that time, I was unaware of any courses for judicial officers about FASD. My self-study involved attending conferences, including most of the Vancouver FASD conferences. I also read articles and other publications about it. I participated FASD presentations in a variety of locations and joined with others to advocate needed changes to accommodate it. I became a board member of the Alaska Center for FASD and participated in statewide efforts to develop a five- year Alaska FASD plan, and to foster communication among professionals about how to respond to the condition.

My role was often to explain how the justice system worked to groups who had very little contact with it. I had the privilege of working with a diverse group of FASD advocates in Alaska to encourage the Legislature to pass an FASD mitigating factor for felony crimes. The Legislature passed the bill unanimously and the Governor allowed the legislation to become law in 2012 without his signature. (AS 12.55.125(c)). The compromise version that passed required an official FASD diagnosis, and it did not apply to assault cases. If a "mitigating factor" is shown, a judge can at least consider a lesser sentence than the standard guidelines would have required. I believe that this legislation was the first of its kind in the USA.

I realized that the area for which I had responsibility was my own courtroom. The justice system is a tough area for the accommodations. My community had only limited awareness of FASD. Our case load was lighter than major courts. In cities, the caseloads can be high and, even in a smaller court, there can be very busy periods of time.

I used many accommodations that were within my authority as a judicial officer, even if other participants were unaware of FASD:

- Using plain English** with no legal jargon.
- Slowing down** court hearings, including taking more breaks if needed.
- Looking directly at litigants** (rather than at paperwork).
- (With substantial input), **developing a (4-page) bail form** that had room for legible text, positive wording, white spaces, and places for initials of each bail condition.
- Explaining agreements in court** (rather than depending on busy attorneys' statements that they had discussed them with the client). I understood that attorney time is very precious in their offices with many appointments to prepare for and accomplish and an explanation there may have had to be rushed. PRE-

By explaining these matters during the court hearing, I could satisfy myself that the defendant had a far better chance to be understood.

-Make an effort to respond to the persons involved as individual human beings worthy of respect.

The legal concept of “Procedural Fairness” supports these efforts. Trainers from the National Judicial College flew to Anchorage, Alaska in September 2018 to offer a course on *Advanced Bench Skills: Procedural Fairness*. They discussed the research that demonstrated that the accommodations (like the ones I had been using in Utqiagvik) were appreciated and effective in the courtroom. Research showed that defendants and persons who were not successful in court accepted the outcome in their cases when they felt they had been heard and acknowledged as human beings. Prof. Kelly E. Tait from the University of Nevada summarized the material as follows:

Procedural Fairness-Key Components

Procedural Fairness: When people perceive the procedures used and the interpersonal treatment they received in the system to be fair. Perceptions of procedural fairness affect cooperation, decision acceptance, compliance, and perceptions of the system overall. (See Dr. Tom R. Tyler’s research among others.)

Perceptions of fairness are largely based on:

- Understanding** - *The person understands the process enough to participate meaningfully and understands how decisions are made.*
- Respect** – *The person is treated with dignity and respect.*
- Voice** – *The person has a chance to be heard and considered by someone in a position of authority who really listened.*
- Neutrality** – *The person thinks the authority figure is trustworthy, impartial, and trying to be fair.*
- The authority figure’s communication is critical to all four components.*

I support using these modifications in court hearings to enhance the experience of all persons involved in these hearings-especially those with mental challenges such as FASD. I appreciate the opportunity to share this information at the conference!

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FASD-Informed Innovations in Court Practices: Judges' Perspective

Michael Jeffery, Todd LaRochelle, and Larry Anderson

FASD-Informed Innovations in Court Practices: Judges' Perspective

Todd LaRochelle

Sitting in the Family and Youth division of the Alberta Court of Justice I have had the opportunity to observe how individuals with FASD are accommodated in the family court, child protection court, and youth criminal court. A justice cannot call upon their own experiences as evidence in court however my background enables me to relate to the circumstances more easily.

In youth court a justice may order a medical, psychological, or psychiatric report on an accused young person at any stage in the proceedings. Most commonly these reports are used in the sentencing phase. The court may order an FASD assessment in particular. I have reviewed 10 recent assessments and provide below a general summary of the recommendations:

- Judicial Recommendations:
 - Having a caregiver or support worker involved to assist the young person in navigating the process including explaining legal terms and conditions of release.
- Community Supports:
 - Supports workers to assist with educational plans, maintaining a support system, residence, transition to adulthood, extracurricular activities, health treatment, and financial issues.
- Therapeutic Supports:
 - Ensuring the young person receives appropriate interventions for multiple diagnoses, alternative therapies, and individual programming.
- Medical Supports:
 - The involvement of knowledgeable pediatricians, psychologists, and psychiatrists.
- Assistance with routines, communications, decision making, and sensory and regulation strategies.

While there are general themes, each assessment is tailored to the particular needs and circumstances of the young person. These assessments can be a wonderful resource for the young person and their family going forward and thus reach beyond the youth criminal aspect.

In child protection court assessments are usually commissioned by the Director. The Director may carry out parenting assessments and assessments on the children. With respect to cases before the court parenting assessments are more common than assessments on the children. These assessments have a dual benefit. The first is focusing the resources offered by the Director to meet the family's particular needs. The second is assisting the court in determining which level of intervention, if any, is required to ensure the best interest of the children. The court will occasionally be presented with an FASD assessment on children, but I do not recall a specific FASD assessment on a parent in my 35 years experience in this area.

The disconnect with assessments before the Court is that the parenting assessor does not assess the children. As a result, the parenting assessor can opine only generally on the parent's capability to parent. They may have the ability to refer to an assessment on the children but more often must use anecdotal evidence of the children's needs.

Family court suffers from a scarcity of assessments of any kind. A majority of parents in family court in the Alberta Court of Justice cannot afford parenting or psychological assessments. A parent with FASD is often undiagnosed and thus unaware of their own needs and the tools available to assist them. Children

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Findings from the FASD Changers Lay of the Land Survey #2: Implications for Judicial Systems

Justin Shepherd

Criminal Justice: What Did They Tell Us?



1

	n=344	Yes
Arrested		39% (134 individuals)
Charged		98 individuals
Convicted		59 individuals - three times or more is 26
Probation breaches and/or Parole violation from missed appointment – back to jail		24 individuals
Conditional sentence		44 individuals

- 25 individuals have been in youth detention center or youth jail
- 39 individuals have been in prison or adult jail



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Criminal Justice: What They Told Us That You May Not Know?



2

Agreed w/ police did something did NOT do	n=338	14%
Charged w/ crime did NOT commit	n=98	30%
Pled out/taken a plea WITHOUT understanding long term consequences	n=96	45%
Talked into committing crime by others	n=58	67%
Forced into committing a crime by others	n=58	29%
Charged b/c was with others (but did not do crime self)	n=95	26%
Witness to crime	n=339	47%



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Criminal Justice: *What They Told Us That You May Not Know?*



2

Agreed w/ police did something did NOT do	n=338	14%
Charged w/ crime did NOT commit	n=98	30%
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Criminal Justice: *What did they tell us?*



4

If you have ever been involved with justice as a person charged or as a victim of crime or as a witness to crime did you understand the process?



Problem:



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Red Flags

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Dr. Natalie Novick Brown

Screening for FASD in the Forensic Context

Natalie Novick Brown, PhD
University of Washington

Pre-Conference: The Verdict Is in Your Court
9th International Research Conference on Adolescents & Adults with FASDs
Seattle, WA
April 11, 2024



Fetal Alcohol Spectrum Disorders (FASD)
SCREENING IN THE FORENSIC CONTEXT
Developed by Natalie Novick Brown, PhD (revised 2/24/24)

FASD Forensic Screen

- Checklist: 33 items
- Empirically & experientially based
- Easy to administer & interpret
- Periodically updated

BEHAVIORS	
OFFENSE & ARREST CONDUCT	✓
Instant offense: high risk of detection with little regard for consequences (e.g., fleeing with no exit strategy)	
Instant offense: impulsive aggression with little or no provocation	
Explosive overreaction to unforeseen events	
Manipulated and/or exonerated by more sophisticated codefendants	
Quickly waives rights & takes full responsibility during police interrogation despite involvement by codefendants (e.g., "over" confesses to whatever is suggested)	
Strained or nervous (either during or endorses most impairments)	
Emotionally detached from consequences of crime (shows little/superficial remorse)	
PEER LEGAL HISTORY	
Mainly "victim" offenses in adolescence, often with codefendants	
Easily led by older/more sophisticated peers	
Illogical, opportunistic offenses with minimal "cost-benefit" analysis	
Prone to probation violations	
WORKING WITH THE COURT/JUDICIAL (defense or prosecution)	
Inattentive, naive, eager to please	
Keels over and/or sludgish in a self-censoring way	
Forgetful / unable to provide coherent sequential narrative	
Doesn't add much to discussions	
Needs repetitive explanations	
Doesn't retain information from one session to the next (needs repetitive explanations)	
LIFE HISTORY	
Birth mother abused alcohol or drugs at some point in her life	
Birth mother had multiple children with multiple fathers	
Out-of-home placement / multiple caregivers in childhood	
Speech/language problems in early school years	
Special education / learning problems in school	
Disruptive rule-breaking behavior in school	
Grade retention or dropping out of school	
One or more childhood mental health diagnoses (especially ADHD)	
Childhood/adolescent substance abuse	
Socially or sexually inappropriate behavior	
Unstable adult lifestyle (incidents, relationships)	
Poor work history	
Impaired functioning in highly structured environments	
Cognitive dysfunction (variable intellectual functioning, executive dysfunction, significant learning problems in academics and social skills, poor attention/processing, and/or poor memory)	
Self-regulation dysfunction (e.g., poor control of attention, emotion, impulses, and/or behavior)	
Adaptive functioning (e.g., communication, socialization, practical skills, and/or motor skills) much lower than IQ	

Offense & Arrest Conduct

OFFENSE & ARREST CONDUCT	
Instant offense: high risk of detection with little regard for consequences (e.g., fleeing with no exit strategy)	
Instant offense: Impulsive aggression with little or no provocation	
Explosive overreaction to unforeseen events	
Manipulated and/or scapegoated by more sophisticated codefendants	
Quickly waives rights & takes full responsibility during police interrogation despite involvement by codefendants (e.g., 'over' confesses to whatever is suggested)	
Bravado <i>OR</i> naivete (either denies or endorses most impairments)	
Emotionally detached from consequences of crime (shows little/superficial remorse)	

Prior Legal History

PRIOR LEGAL HISTORY	
Many 'minor' offenses in adolescence, often with codefendants	
Easily led by older/more sophisticated peers	
Illogical, opportunistic offenses with minimal 'cost-benefit' analysis	
Prone to probation violations	

Working with the Defendant

WORKING WITH THE DEFENDANT (defense or probation)	
Immature, naïve, eager to please	
Foolish and/or stubborn in a self-sabotaging way	
Forgetful / unable to provide coherent sequential narrative	
Doesn't add much to discussions	
Needs repetitive explanations	
Doesn't retain information from one session to the next (needs repetitive explanations)	

Life History

LIFE HISTORY	
Birth mother abused alcohol or drugs at some point in her life	
Birth mother had multiple children with multiple fathers	
Out-of-home placement / multiple caregivers in childhood	
Speech/language problems in early school years	
Special education / learning problems in school	
Disruptive rule-breaking behavior in school	
Grade retention or dropping out of school	
One or more childhood mental health diagnoses (especially ADHD)	
Childhood/adolescent substance abuse	
Socially or sexually inappropriate behavior	
Unstable adult lifestyle (residential, relationships)	
Poor work history	
Improved functioning in highly structured environments	
Cognitive dysfunction (variable intellectual functioning, executive dysfunction, significant learning problems in academics and social skills, poor visuomotor processing, and/or poor memory)	
Self-regulation dysfunction (i.e., poor control of attention, emotion, impulses, and/or behavior)	
Adaptive functioning (e.g., communication, socialization, practical skills, and/or motor skills) much lower than IQ	

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Diagnostics, Provisional Assessments and Services in the Child Welfare System

Anthony Wartnik

Tip Sheet to the Most Valuable Aspects of Everything I Have Learned

1. Participating in training/educational programs locally, nationally and internationally for judges, lawyers, mental health professionals, and families of individuals with FASD.
2. Teaching post-graduate students in Psychology and Forensic Psychology as an Adjunct Professor at Concordia University, St. Paul.
3. Participating in the presentation at the mid-year meeting of the American Bar Association (ABA) that resulted in the adoption by the ABA Resolution on FASD.
4. Co-authoring with Judge Larry Anderson (Canada) and Judge Anthony FitzGerald (New Zealand) under the guidance of Dr. Natalie Novick-Brown (Editor), the chapter, Views from the Bench: FASD in the Courtroom, the first textbook on FASD, Evaluating Fetal Alcohol Spectrum Disorders in the Forensic Context.
5. Being a judicial leader in identifying problems and calling upon the United State Supreme Court to correct problems it created in *Atkins v. Virginia*, 536 U.S. 304 (2002) by instructing the States to establish both a definition for mental retardation and protocols for the implementation of the Court's decision, which the Court did do in the case of *Hall v. Florida*, 572 U.S. 701 (2014).
6. Advocating for FASD education at both the undergraduate and graduate college levels, and FASD Curriculum in continuing educational requirements for lawyers and mental health professionals.
7. Being the legal director for FASD Experts, the first multi-disciplinary assessment team in the United States, advising the team, the lawyers representing clients with FASD, and their mitigation experts.

Learning Objectives

1. Developing an understanding of the breath of applicable legal arenas that have a stake in resolution of FASD related issues.

PRE-CONFERENCE



Identifying Youth with a Fetal Alcohol Spectrum Disorder in the Juvenile Justice System – A Practical Approach



Susan Shepard Carlson, JD, Judicial Officer, Hennepin County Juvenile District Court (pictured left)
Meghan Louis, MA (pictured right)

Summary: The authors offer a practical approach to identifying FASD in adjudicated delinquents and improving outcomes for youth in the juvenile justice system.

Although recognition of fetal alcohol spectrum disorders (FASD) is not common in most juvenile justice systems in this country, Hennepin County, a large urban and suburban county in Minnesota, has successfully piloted a program to identify those with FASD since 2008. The goals of this program were to reduce recidivism, maintain stability in placements and create school success.

The program chose to limit its screening to adjudicated youth identified with mental health problems through the Massachusetts Youth Screening Instrument, Version 2 (MAYSI-2). The screeners referred all positive MAYSI-2 youth for an FASD screen. The county chose this screening process for two reasons: (1) to ensure screening and diagnostic capacity within the juvenile justice system; and (2) because FASD literature showed those with FASD had a 94% likelihood for potential mental health issues (Strelssguth, et. al, 1996; Premji, Serrett, Benzies, et. al, 2007).

Screening Process

The program's social workers used the ["FASD Center of Excellence Screening Tool"](#) for all screens. The youth and the guardian received separate interviews, taking approximately 20 minutes. The workers obtained in-depth educational, developmental, family and placement history through this interview. Workers received training on how to ask the sensitive questions regarding the biological mother's alcohol and drug use during pregnancy. If there was positive confirmation, the youth was referred for an FASD diagnostic evaluation at the University of Minnesota FASD Diagnostic Clinic.

Referral and Diagnostic Process

The clinic set aside six appointments per month for program youth. As a result of this partnership, the youth were able to receive a diagnosis within one month's time. This was crucial for those with pending court dispositions.

Prior to the appointment, the worker collected all records, including school history, previous mental health, IQ testing and court reports. Helping the families collect this information was critical as many were unable to complete the forms, tests and questionnaires without assistance.

Intervention, Case Planning, and Follow-up

For youth pending disposition, the court would receive the FASD report to assist in sentencing. If the youth

received a diagnosis after disposition, the worker would share the findings with the court and other parties, as well as contact the youth's multidisciplinary team to develop an intervention case plan (ICP). The ICP was based on the recommendations from the evaluation.

Community Support and Services

Successful interventions for youth with FASD are dependent on community and educational agencies that understand and have training on FASDs. The program worked closely with many community providers, resulting in the development of a provider network. This network consisted of mental health, group home and residential treatment providers, school personnel, probation officers, social workers and the Minnesota Organization on Fetal Alcohol Syndrome (MOFAS). It met quarterly to discuss ongoing barriers, needs, successes and suggestions for interventions for youth with FASD. In addition, MOFAS provided ongoing support and training to the caregivers.

Data

From August 2008 through May 2012, 170 adjudicated youth were screened for prenatal alcohol exposure; 77 youth screened positive and 67 received an FASD evaluation, with 57 youth receiving a diagnosis within the FASD spectrum. As the program was voluntary, 45 youth chose to receive services within the program. In addition, the program collected data for various outcomes, including school attendance, school suspensions and/or expulsions, out-of-home placements and recidivism. Although the total numbers are small, the results appear to be promising:

- Increase school attendance: At 6-month follow-up, 61% of youth maintained or improved attendance. At 12-month follow-up, 67% maintained or improved attendance. We consider this to be a stringent outcome, since any decrease in attendance rate failed to meet the objective. In fact, of the 7 youth who did not meet the attendance objective, 3 had a decrease of 10 percentage points or less from baseline to follow-up. One youth decreased by 3 percentage points and another by only one point.
- Reduce school suspensions: At 6-month follow-up, 91% of youth met the objective, and at 12 months, 100%. In fact, at 6 months only 3 of 21 youth had a suspension reported and at 12 months no suspensions were reported.
- Reduced expulsions: At baseline, two youth had a prior expulsion on record. There were no expulsions reported at either the 6-month or 12-month follow-ups.
- Reduced out-of-home placement or change to a more appropriate placement based on diagnosis: At 6-month follow-up, 95% of youth met the objective. Just over half had no change in placement, 9 moved to a placement equally or more appropriate than baseline. Only 1 youth moved to a placement deemed less appropriate for his/her needs. At the 12-month follow-up, 80% met this objective.
- Reduced recidivism: At the time of 6-month follow-up, 74% of youth (17 of 23) met this objective. Of the six youth who failed to meet the objective, five were due to disposition modifications and one was this due to a new offense (gross misdemeanor). At 12 months, 8 of 9 youth met this objective; one youth who failed to meet the objective had a new offense (misdemeanor). Additionally, across the entire group there were no new felonies at either the 6-month or 12-month follow-up period.

Conclusion

Providing screening to youth who have or are at risk for mental health issues is one way of identifying youth with FASD and providing services targeted to their particular needs to improve outcomes. The screening and referral has been integrated into systems, so that all probation officers, social workers and court can refer for an FASD screening, without a prior MAYSI-2 screen. The FASD social workers continue to assist families through the FASD diagnostic and evaluation process.

Author biographies:

Susan Shepard Carlson, JD, is an attorney and semi-retired Hennepin County Juvenile District Court judicial officer. Her experience in juvenile court led to Minnesota's efforts in combating the harmful effects of prenatal alcohol exposure. She launched an initiative to promote education and prevention about FASD in 1997 and co-chaired the Minnesota Governor's Taskforce on FAS, resulting in almost \$7 million annual funding for FASD prevention and intervention services. Susan speaks and does trainings around the country on FASD and its social implications and also is author of "Tools for Success," a training guide for juvenile justice professionals. She founded and is president of the first affiliate of NOFAS (National Organization on

Fetal Alcohol Syndrome)—the Minnesota Organization on Fetal Alcohol Syndrome.

Meghan Louis has over seven years of experience working with youth with FASD. Louis was the project director for the FASD program within Hennepin County from 2008-2012. She has been published in the *Journal of Psychiatry and Law* for developing model programs for juvenile justice systems regarding screening, diagnosis and interventions for adjudicated delinquents with FASD.

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Appendix 2

Sample FASD Screening Form Report (Ages 8–18)

Name: _____ Age: _____ Date of Screening: _____

DOB: _____ Race/Ethnicity: _____ Identification Number: _____

Referral Source: _____

Name of Child's Primary Caretaker: _____ Relationship to Child: _____

Instructions: Check all that apply and provide supporting information.

Juvenile has a previous diagnosis of an FASD

Source of information (parent/child/record): _____

Date of diagnosis: _____ Diagnostic clinic: _____

Juvenile has a sibling who has a diagnosis of an FASD

(If more than one sibling, provide information on each)

Source of information (parent/child/record): _____

Date of diagnosis: _____ Diagnostic clinic: _____

Juvenile has Rank 3 or 4 on the FAS Photograph Screen

Date of screening: _____

Prenatal Alcohol or Drug Exposure Confirmed

- Medical, birth, or hospital records indicate this juvenile was delivered intoxicated or with a high emergency blood alcohol level
- Documentation in a legal record Mother's self-report Reliable informant

Maternal Alcohol History-Problem Drinking Confirmed

- Birth mother's self-report her drinking more than 7 or more drinks per week or 4 or more drinks at one time in the past month)
- Juvenile's report of the birth mother's drinking or drinking-related problems
- Reliable informant (e.g., sister, social worker, spouse) report about the mother's drinking or drinking-related problems
- Mother has received treatment for alcohol or drug addiction
- Mother diagnosed with alcoholism
- Mother has had one or more driving while intoxicated violation
- Child protective report child's removal of home is alcohol-related
- Death of mother from complications of alcohol use (e.g., cirrhosis)
- Medical, birth, or hospital records indicate mother delivered a baby intoxicated or show high emergency blood alcohol levels
- Has the mother had alcohol- or drug-related job or legal problems?
- Has the mother ever sustained an injury or other alcohol-related medical problem when drinking?
- Does the mother have any alcohol-related health problems (high blood pressure, cardiac arrhythmia, enlarged liver, liver dysfunction, pancreatitis, depression, suicidal ideation, anxiety, panic attacks, sleeping problems)?

School Performance History

- Juvenile is failing math Juvenile has academic deficits Juvenile has an IEP
- Juvenile had significant behavioral problems (indicators include expulsions or suspensions)

Referral Decision

- Juvenile is not referred Juvenile referred for a diagnostic evaluation on _____ (Date)

Form completed by: _____ Date: _____

Telephone number: _____ E-mail: _____

Implementing an FASD Screening and Strengths and Strategies Approach in a Juvenile Probation Office

Dan Dubovsky

Work with a County Juvenile Probation Office in Pennsylvania Dan Dubovsky, MSW ddubovksy@verizon.net

The process for introducing the identification of youth with a fetal alcohol spectrum disorder and providing modifications to interventions with them with a Juvenile Probation Office was begun in January 2021. The protocol was based on a screen that was developed for adults called the Life History Screen (LHS) that Therese Grant, Nancy Whitney, and I developed. That was modified for use with children and adolescents first for the State of Michigan Child and Family Mental Health Department. We added a brief screen that an intake worker could do and then the modified LHS was to be completed by an FASD trained clinician. The strengths and strategies approach consists of a strengths assessment to be completed after a positive LHS and utilization of strengths, in combination with strategies taking into account an understanding of brain processing issues in FASD, to address challenging behaviors. The focus for those with FASD is modifying the environment so that they can be more successful in reaching their best potential rather than expecting them to change their behavior.

This protocol includes:

1. Training for the staff and community on FASD
 - a. A full day training or 2 half days if via Zoom
2. In person training for the Juvenile Probation Office (JPO) staff on the screen and assessment to determine a probable FASD
 - a. Power Point
 - b. Discussion about how to introduce the screen and assessment to the caregiver, and older youth when appropriate, including the fact that it is to be done as an interview, not having the person complete a form
 - c. Review of the screen and assessment
 - d. Demonstration role play utilizing the assessment
 - e. Role plays by participants utilizing the assessment
 - f. Discussion about next steps when a positive assessment has been completed
3. In person training for the JPO staff on the strengths and strategies approach
 - a. Implementation of a strengths assessment
 - b. Power Point presentation of strategies based on knowledge of brain processing issues in FASD
 - c. Identification of challenging behaviors
 - d. Prioritization of challenging behaviors
 - e. Development of strengths and strategies combinations to modify the environment to address the challenging behavior
 - f. Presentation of the combination to caregivers
 - g. Implementation of the combination for a set period of time
 - h. Review of how it is working and adjustment if needed
4. Monthly coaching calls regarding utilizing the protocol and case consultation

PC1

Life Course Solutions–Not Episodic Approaches– in Child Welfare and Family Courts

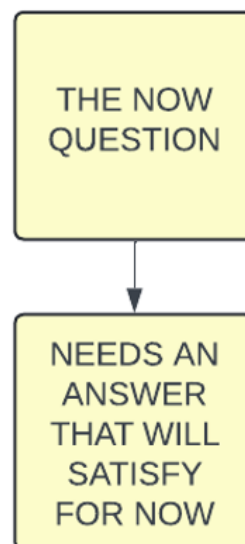
Dr. Peter Choate, Justice Todd LaRoche, Christina Tortorelli, and Kim Spicer

LIFE COURSE SOLUTIONS– NOT EPISODIC APPROACHES IN CHILD WELFARE AND FAMILY COURTS

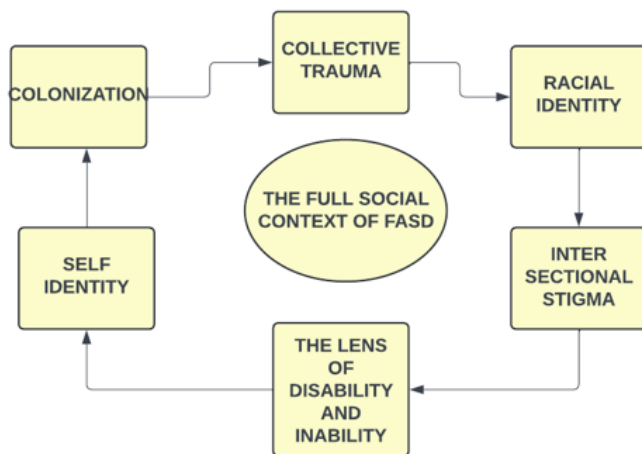
- ▶ PETER W. CHOATE, RCSW, PH.D., PROFESSOR, SOCIAL WORK, MOUNT ROYAL UNIVERSITY, CALGARY
- ▶ JUSTICE TODD LAROCHELLE, ALBERTA COURT OF JUSTICE, FAMILY AND YOUTH DIVISION, CALGARY
- ▶ CHRISTINA TORTORELLI, PHD (C) ASSISTANT PROFESSOR, SOCIAL WORK, MOUNT ROYAL UNIVERSITY, CALGARY
- ▶ KIM SPICER, MSW, RSW DEPUTY ADVOCATE - OFFICE OF THE CHILD AND YOUTH ADVOCATE, EDMONTON,

SYSTEMS TEND TO BE ISSUE FOCUSED

- ▶ THEY OPERATE IN THE CURRENT MOMENT WITH LITTLE RETROSPECTIVE CONTEXTUAL UNDERSTANDING NOR LONG TERM FORWARD THINKING
- ▶ THEY ARE STRUCTURED TO ANSWER THE “NOW” QUESTION



HOW THEN DOES THE STORY GET FRAMED IF SEEN FROM THIS LENS?



THE
INDIGENOUS
EXAMPLE OF
HOW THE
STORY MAY
GET TOLD

IS IT ONLY
ABOUT FASD
OR MUCH
MORE

SYSTEMS FORGET THE
SPECTRUM AND HEAR THE
DIAGNOSIS



**WHAT DOES A
DIAGNOSIS MEAN
IN COURT?**

**DOES AGE
MATTER?**

**WHEN IS THERE
HOPE AND NOT
HOPE?**



**SYSTEMS ARE
REACTIVE**



**TIME LIMITED
SUPPORTS FAIL BUT
CAN SYSTEMS STAY
AROUND OR MUST
THEY WALK AWAY?**

SO CONSIDER

- ▶ **RESPECTING THE NEEDS OF THE SUPPORT TEAM TO CONTINUE TO PROVIDE SUPPORT**
 - ▶ **SKILLS**
 - ▶ **RESOURCES NEEDED TO BUILD AND SUSTAIN CONNECTIONS**
- ▶ **SEE SUPPORT SYSTEMS AS NOT JUST A TIME LIMITED OPPORTUNITY**
- ▶ **SEE SUPPORTS AS WAYS TO REPLACE THE ROLE OF COURT SYSTEMS**
- ▶ **THE PRESENCE OF FASD INFORMED SUPPORTS *WITHIN* COURTS**



THE TYPICAL SOLUTIONS - CHILD WELFARE

REMOVE THE CHILD

BEST INTEREST PLACEMENT BASED UPON REMOVAL

LACK OF STABILITY AS TIME LIMITED INTERVENTIONS ARE USED

PATHWAY OF MULTIPLE PLACEMENTS

POORLY SUPPORTED PATHWAYS TO ADULT TRANSITION

THE TYPICAL SOLUTIONS - JUSTICE


PROBATION / BAIL / COMMUNITY SUPERVISION

INCARCERATION

PRE-SENTENCE REPORTS

GLADUE REPORTS (CANADA)

JUSTICE RELATED COMMUNITY SUPPORTS



**8 FACTORS
THAT NEED TO
BE
CONSIDERED
ACROSS THE
LIFESPAN**



PEOPLE WITH FASD ARE CONCRETE, TIME FOCUSED DECISION MAKERS

THEY RESPOND TO CONSISTENT AND CLEAR MESSAGES

REPETITION OF MESSAGES MATTERS – MEMORY IS A CHALLENGE

HELP TO BUILD ROUTINES THAT USE REPETITION

KEEP DIRECTIONS SPECIFIC

SUPERVISION / MONITORING MATTERS

STRUCTURE

PC2

The Science and Function of Memory: A Real World Approach:
Evidence, Experience, and the Wisdom in the Room

*Jan Lutke, Justin Shepherd, CJ Lutke, Maggie May, Emily Hargrove, Julie Kable, and
Jacqueline Pei*

**THE SCIENCE AND FUNCTION OF MEMORY –
LOST IN TRANSPARENCY - A REAL WORLD APPROACH
WHAT ADULTS WITH FASD WANT YOU TO THINK ABOUT**

**ALC FASD Changemakers
Pre-Conference
9th International Research Conference on Adolescents and Adults with FASD
Seattle, 2024**

2024-04-10

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Making Connections

with Analogies

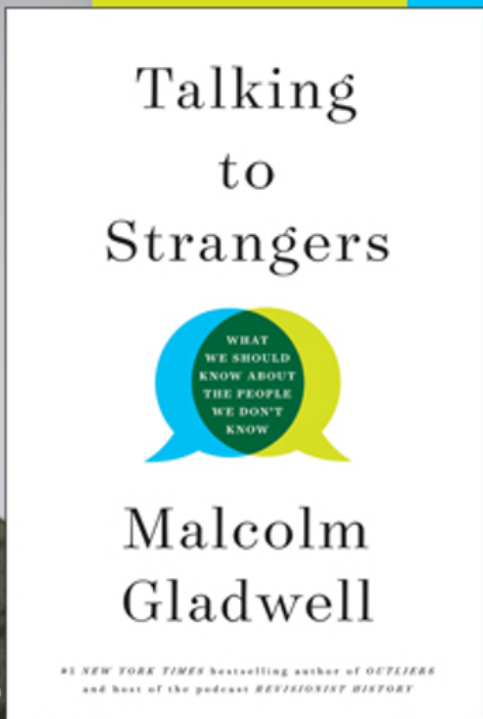


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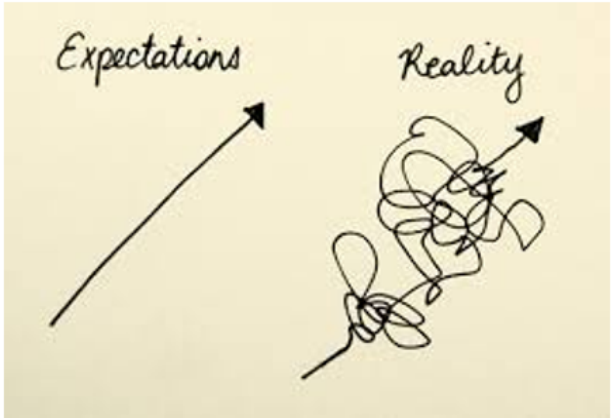
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What are
YOUR
expectations ?



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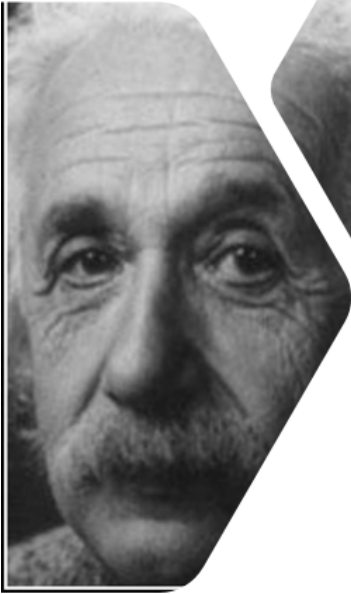
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"Expectation
is the root of all
heartache"

- Shakespeare

A close-up photograph of a clear glass sphere resting on a surface of snow. The sphere is cracked, with a prominent crack running across its middle. The background is a bright blue sky with some blurred trees. The text "NO TRANSPARENCY" is overlaid in the center of the sphere.

**NO
TRANSPARENCY**



Time a
we th



**FAILED OR
MISTAKEN
TRANSPARENCY**

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**FALSE
TRANSPARENCY**

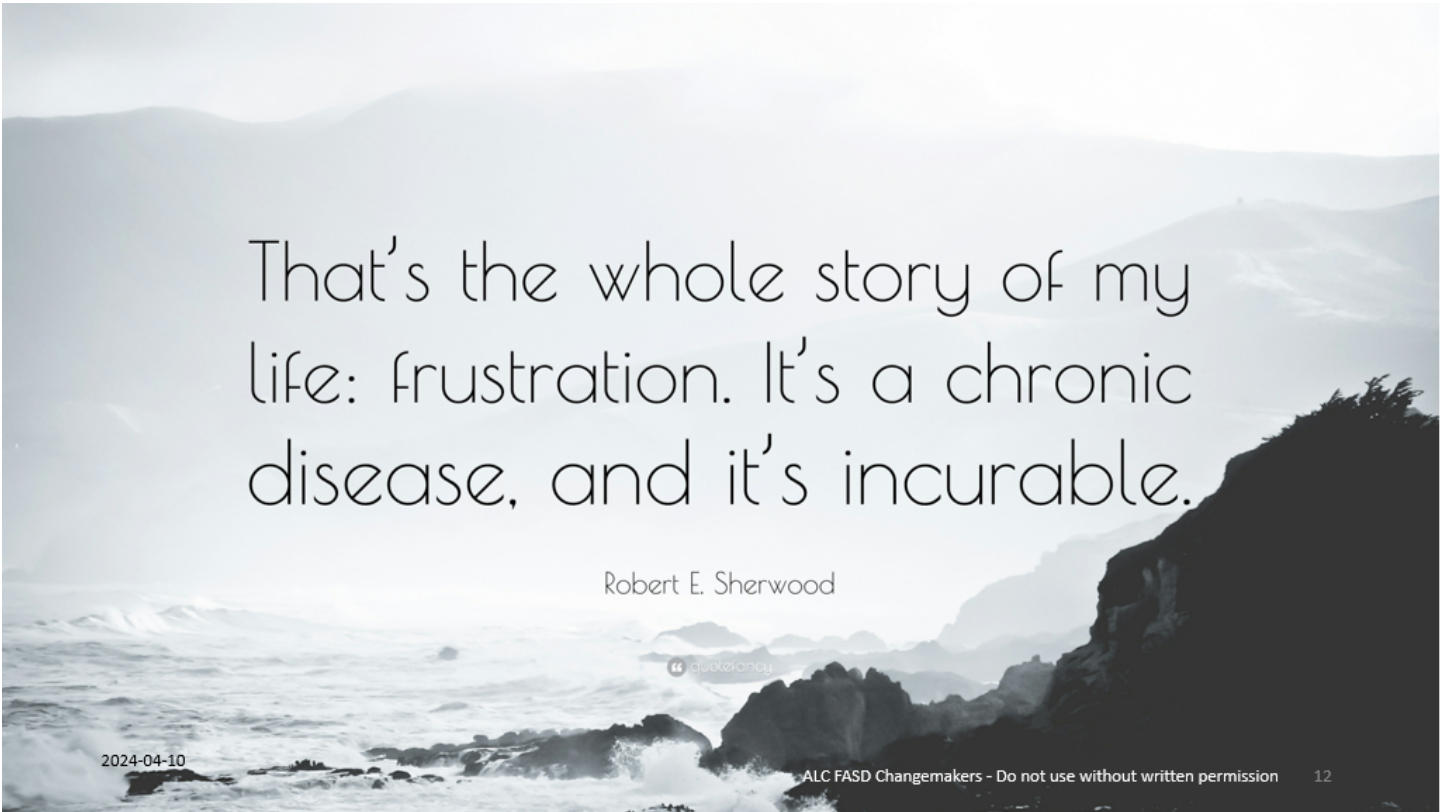
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**MISSING MUTUAL
AND EQUAL
TRANSPARENCY**



That's the whole story of my
life: frustration. It's a chronic
disease, and it's incurable.

Robert E. Sherwood

quotesanu

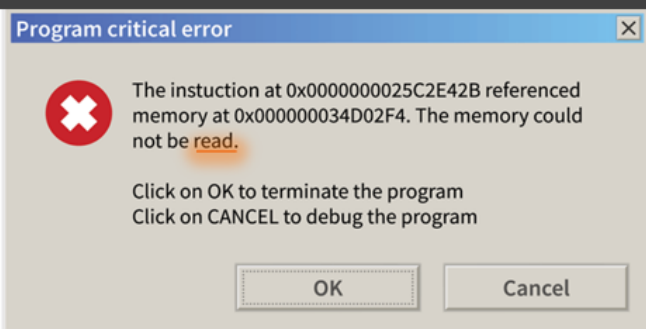
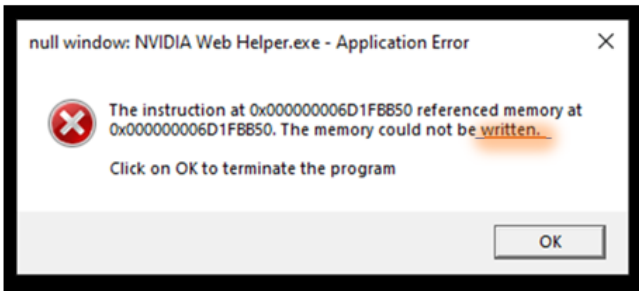
“The two offices
of memory are
collection and
distribution”
Samuel Johnson



4/10/2024

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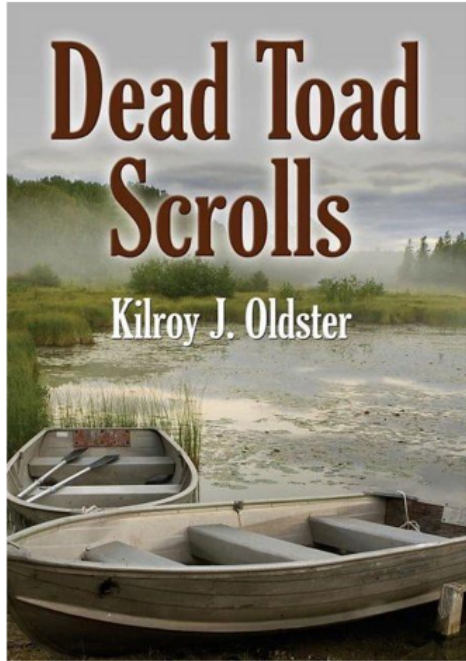


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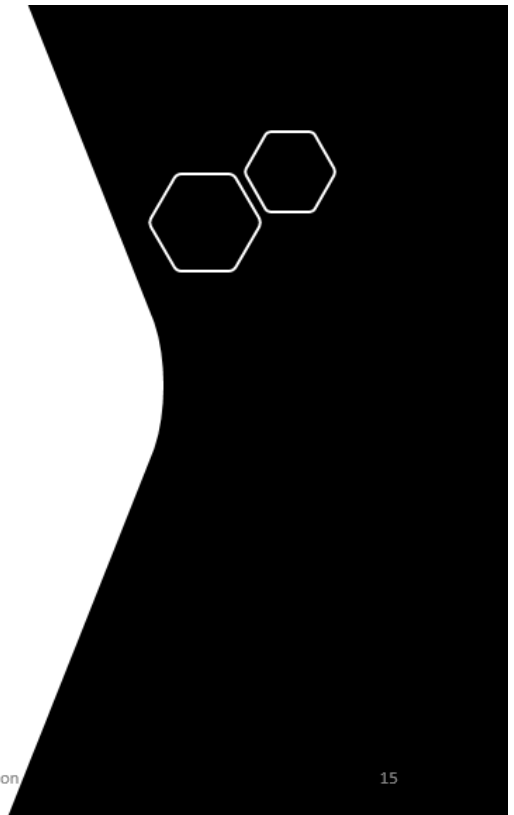
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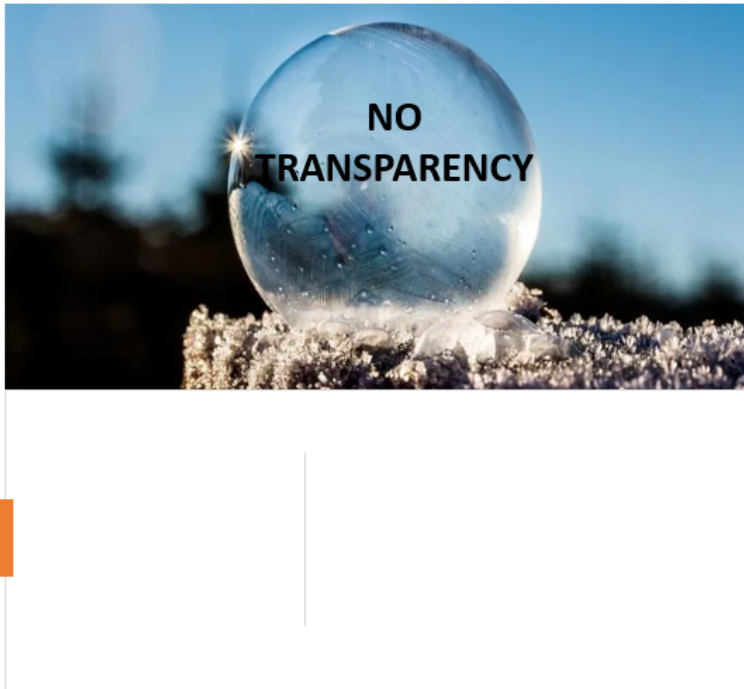


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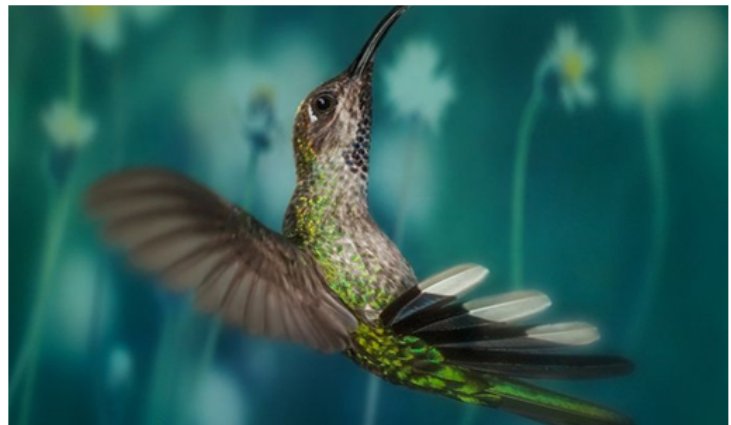
HUMAN MEMORY = GUIDEPOST FOR ACTIONS



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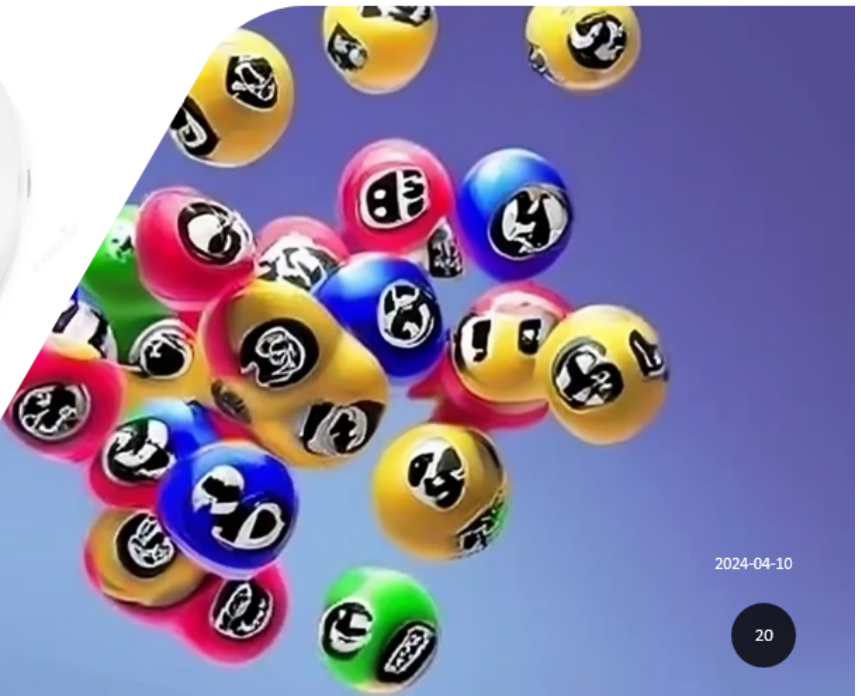


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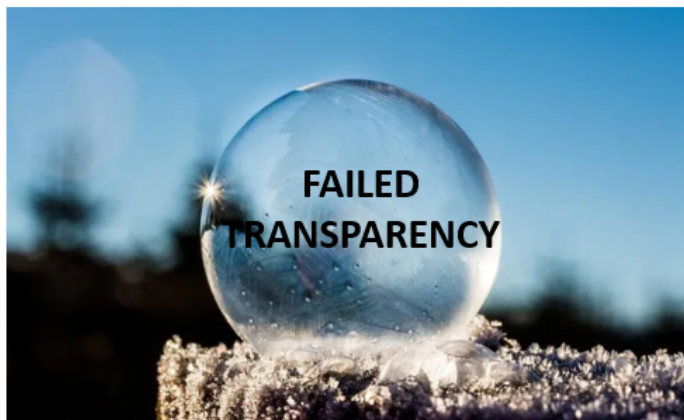
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Lack of Responsibility



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MISSING, FAILED
MISTAKEN
TRANSPARENCY

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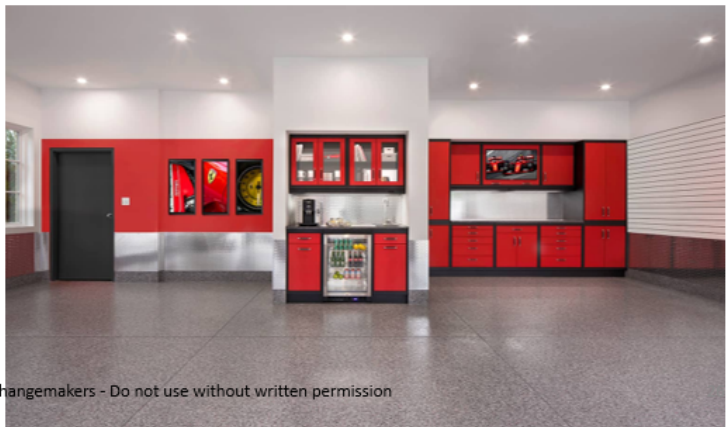


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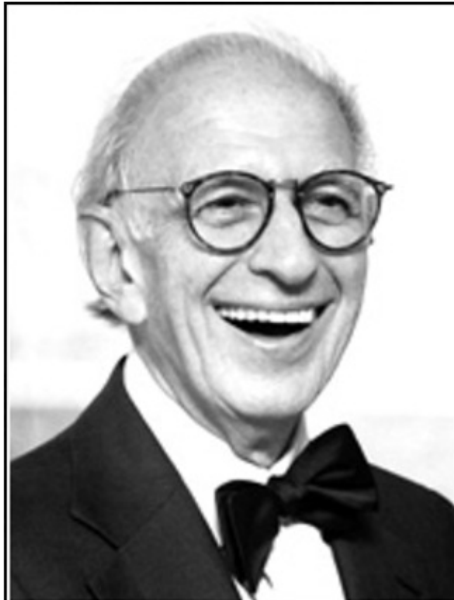


**"WHAT YOU REMEMBER,
SAVES YOU"**

W.S. MERWIN



**FALSE
TRANSPARENCY**



Has it ever struck you... that life is all memory, except for the one present moment that goes by you so quickly you hardly catch it going? It's really all memory... except for each passing moment.

— *Eric Kandel* —



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Who am I ?

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**MUTUAL? AND EQUAL?
TRANSPARENCY?**

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HUMAN MEMORY = GUIDEPOST FOR ACTIONS



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FREQUENT MISTAKEN TRANSPARENCY



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Memory is the space in which a thing happens for a second time.

Paul Auster



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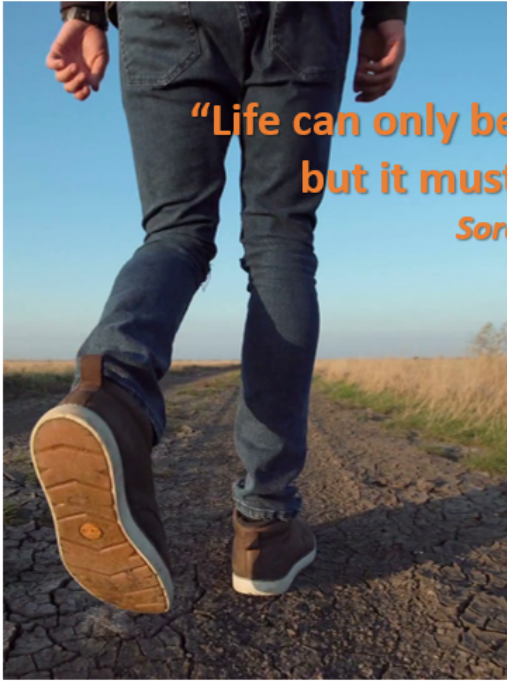


**TRANSPARENCY...
THE MISSING
TOUCHSTONE**

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**“Life can only be understood backwards,
but it must be lived forwards”**

Soren Kierkegaard



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**“When you plant lettuce, if it does NOT grow well....
You DON'T blame the lettuce”**

Thich Nhat Hanh

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THANK YOU!

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