

# FASD in Incarcerated Individuals: Can We Change Their Course?

10th International Conference on Adolescents and Adults with Fetal Alcohol Spectrum Disorders:  
*Integrating Research, Practice, and Policy Around the World*

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# Learning Objectives

- Learn to identify individuals with an FASD by exploring psychosocial history and observing challenges and behaviors that are associated with an FASD.
- Learn strategies that can be taught to individual with an FASD that can decrease negative behaviors and increase success while incarcerated.
- Learn to coach colleagues to make adaptations in their interactions with individuals with an FASD.

# Prevalence of FASD in Five Subpopulations: children in care, correctional, special education, specialized clinical and Aboriginal populations

The estimated prevalence of FASD in these special subpopulations was 10–40 times higher compared with the 7.7 per 1000 global FASD prevalence in the general population

# Prevalence and Characteristics of Adults with Fetal Alcohol Spectrum Disorder in Corrections: a Canadian Case Ascertainment Study.

- A study done in a Northern Canadian correctional facility found 17.5-25.8 % met criteria for an FASD diagnosis (n=80). Of these individuals, only two had been previously diagnosed (14.3%).
- Diagnostic decisions could not be made with reliability in 11 cases (13.8%, considered 'deferred'), indicating that our prevalence estimate could have been as high as 31.2% with sufficient information about prenatal alcohol exposure.

# Fetal Alcohol Spectrum Disorder Prevalence Estimates in Correctional Systems: A Systematic Literature Review

- Estimated Number of Youth Offenders With FASD: Out of 1,898 youth from the custodial corrections = it is estimated that the number of youth offenders with FASD in the Canadian correctional system on any given day in 2008/2009 ranged from 207 to 423.
- Estimated Number of Youth Offenders With FAS: 1,898 youth from the custodial correctional population with FAS in the Canadian correctional system on any given day in 2008/2009 is approximately 19.
- Estimated Number of Adult Offenders With FASD: Out of 37,234 adults from the custodial correctional population = 3,686 adults with FASD in the Canadian correctional system on any given day in 2008/2009.

# The Hidden Disability

- **There is insufficient screening and diagnosis in children**
  - OB doctors do not always screen effectively for alcohol use during pregnancy, so early diagnosis is missed. And they may not provide accurate information about prenatal alcohol use or the risks.
  - The stigma associated with drinking during pregnancy may result in women not being asked about it or they may underreport.
  - Lack of awareness and education in professionals who work with children: teachers, special education teachers, health care staff, mental health staff. This will often result in a child failing and/ or being kicked out of school.
  - There is an over-reliance on the presence of 'the face' in considering an FASD
  - There is a significant lack of access to diagnostic services

**As a result, many kids grow up without being diagnosed or receiving any early intervention services.  
This increases the chance that they will be involved in the criminal justice system.**

**Prenatal  
Alcohol**



**Primary  
Disability**

**Brain  
Damage**

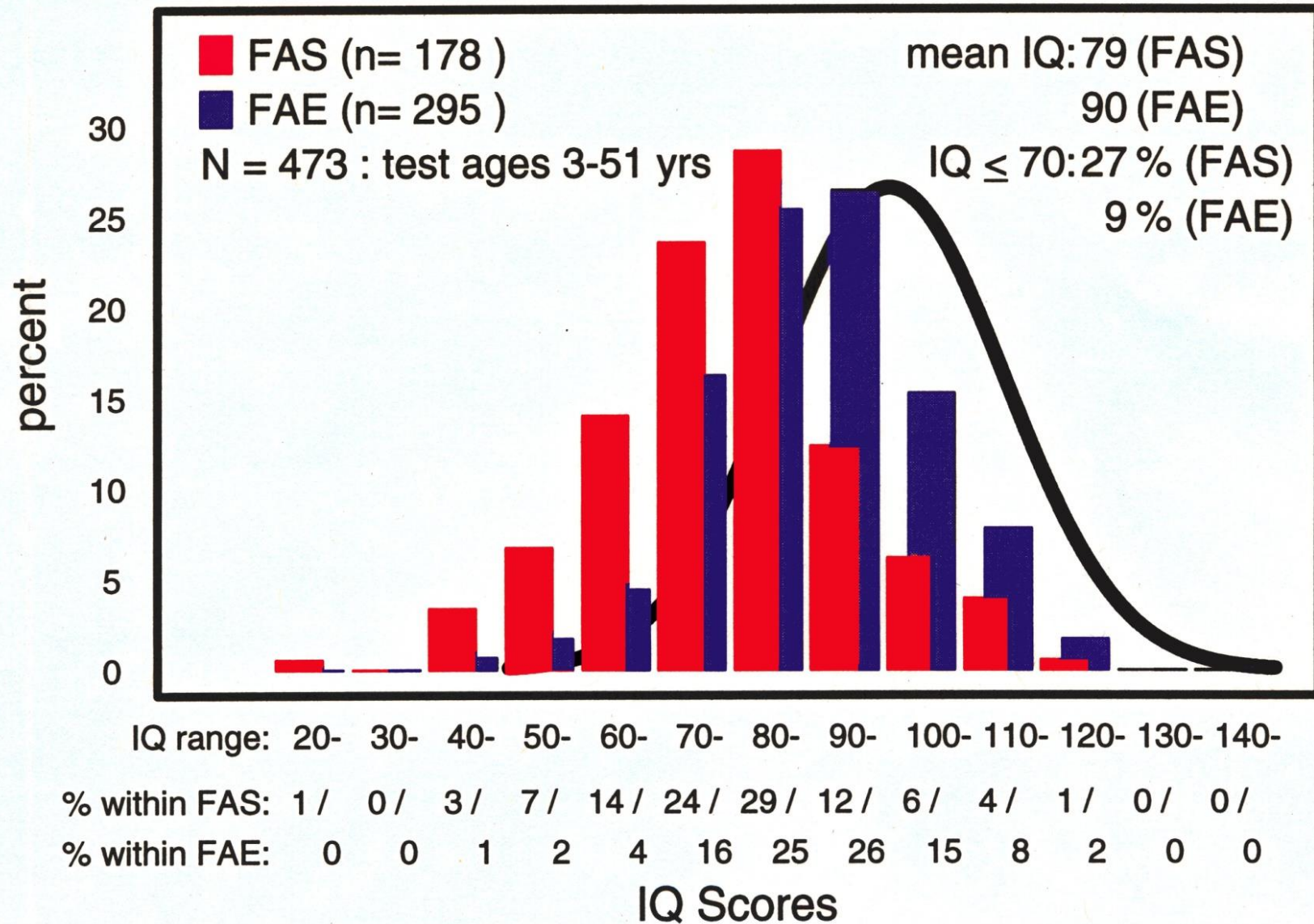
**Dysfunctional  
Behaviors**



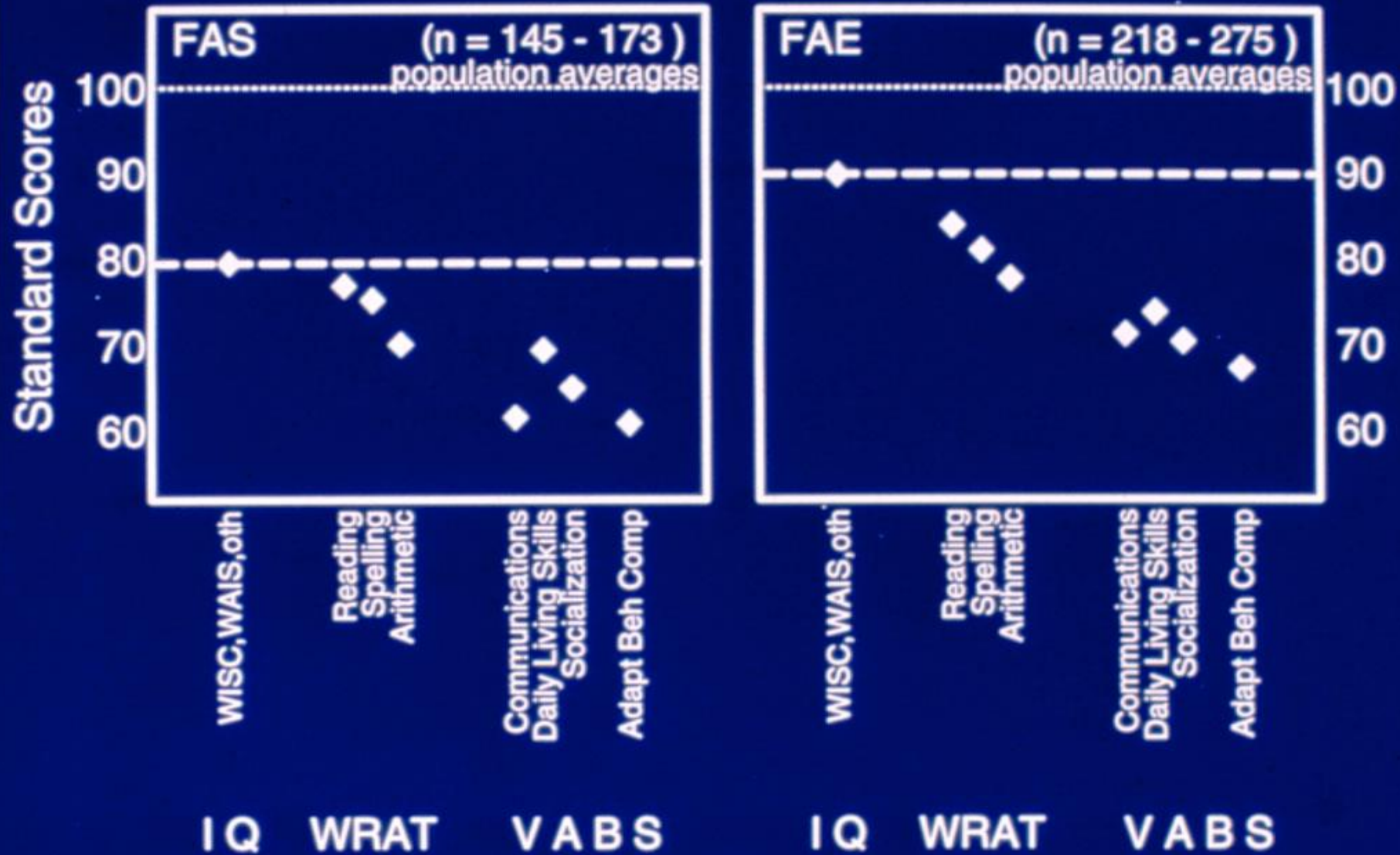
**Secondary  
Disabilities**

**Trouble with the Law,  
School Disruption, Etc.**

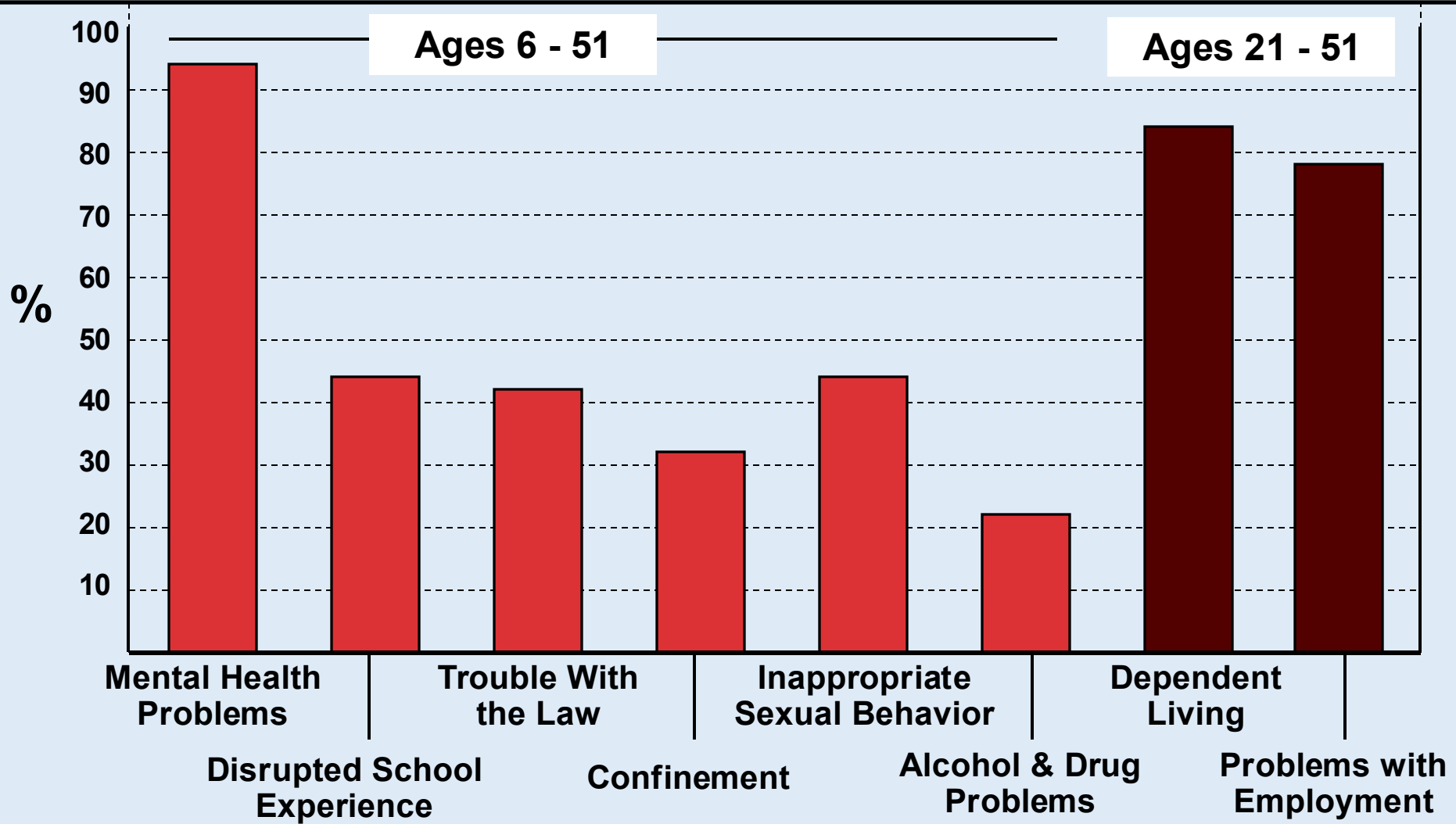
## IQ distributions in the Primary Disabilities Sample: FAS and FAE




# IQ, WRAT, VABS: FAS and FAE



# PREVALENCE OF SECONDARY DISABILITIES Across the Life Span



 Ages 6-51 (n=408-415)

 Ages 21-51 (n=89-90)

# Functional Impairments That Can Lead to Involvement with the Legal System

- Difficulty with executive functioning
- Difficulty with verbal receptive communication
- Difficult with expressive communication
- Difficulty with coping or emotional regulation
- Difficulty with abstract thinking
- Impaired ability to read and write

What can be the results of these impairments?

- Committing the same crime over and over again- unable to 'access' the consequences at the time. "Same stupid thing over and over."
- Not showing up for court or probation appointments
- Difficulty understanding the expectations and following through
- Not following jail rules that results in conflicts or restrictive housing
- Impulsiveness, or anger, without good coping skills, leading to fights

# How Do We Change Their Course?

- Find children with prenatal alcohol exposure as early as possible.
  - Early intervention can be the key
  - Diagnosis can access funding for services and family support
- Find the ones that got missed
  - Special Education
  - Juvenile Detention
  - Psychiatric Facilities
  - Jails and prisons
- Educate
  - Teach the person what it means, how it impacts them, and how to make accommodations and how to ask for help
  - Teach everyone in their lives the same thing.

## RESEARCHERS: What Can You Do?

- Develop and validate screening tools for use in all populations
  - This includes for OB and NICU and Pediatric providers
- Develop interventions for all age groups
- Then bring your research into the classroom
  - Medical and Nursing schools
  - Education, especially Special Education
  - Daycare and early childhood education
  - College psychology and social work classes
  - Graduate schools for counseling and behavioral health
  - Substance abuse counseling and treatment

# For the Court System

American Bar Association

Resolution Accepted August 7, 2012

**RESOLVED, That the American Bar Association urges attorneys and judges, state, local, and specialty bar associations, and law school clinical programs to help identify and respond effectively to Fetal Alcohol Spectrum Disorders (FASD) in children and adults, through training to enhance awareness of FASD and its impact on individuals in the child welfare, juvenile justice, and adult criminal justice systems and the value of collaboration with medical, mental health, and disability experts.**

**FURTHER RESOLVED, That the American Bar Association urges the passage of laws, and adoption of policies at all levels of government, that acknowledge and treat the effects of prenatal alcohol exposure and better assist individuals with FASD.**

Understand that many people coming into your system may have prenatal alcohol exposure, in addition to trauma.

- Ask the individual about special education history, or known diagnosis
- Ask about substance use with biological mother
- If appropriate, request a Neuropsychological assessment

# FASD Protocol in Crawford County Juvenile Probation

Holly Varndell

- Crawford County System of Care funded training for screening, assessment, and implementation of modifications in 2021
- Intake staff trained on the screen and assessment
- All probation officers have been trained on FASD, screening, assessment, finding strengths and strategies
- The strengths assessment is incorporated into the case plan

# FASD Protocol in Crawford County Juvenile Probation

Holly Varndell

- Every youth is screened for a probable FASD at the intake level
- A script is utilized by the JPO officer to introduce the FASD screen to the youth and family
- There have not been any refusals to have the screen and assessment completed
- Although the pilot project ended in 2023, JPO is continuing to screen for a probable FASD and collect data

# FASD Protocol in Crawford County Juvenile Probation

Holly Varndell

- A review of the data and positive screens correlates with youth receiving high end services, mental health services, and residential placement.
- Thus far, 214 youth screened
- 21 positive screens (10%)

# CLINICIANS: You Can Be the Key

Understand that many people coming into your system may have prenatal alcohol exposure, in addition to trauma.

- Ask the individual about special education history, or known diagnosis
- Ask about substance use with biological mother
- Know the psychosocial and behavioral risk indicators
  - Education
  - Criminal History
  - Substance Use
  - Employment
  - Mental Health
  - Living Situations
  - Day-to-Day Behaviors
    - Impulsiveness
    - Memory issues
    - Communication challenges
    - Problem solving challenges

# CLINICIANS: You Can Be the Key

- Giving the individual a name for why they struggle can be very powerful
- Helping them process their feelings about being prenatally exposed is important
  - It can be a 'multigenerational issue'
- A neuropsychological evaluation can be helpful in determining how a person's brain is working- an 'instruction manual.'
- Individuals with FASD need to understand when and how to ask for help.
- Teach them how to manage their challenges
- People working with them must be able to adapt.
  - Educating and supporting staff can reduce frustration for everyone

## CASE STUDY: A 26 year old woman, mother of 4.

- IQ was about 65
- Receptive communication was 8 yo

Sparrow, J., Grant, T., Connor, P., & Whitney, N. (2013). The value of the neuropsychological assessment for adults with Fetal Alcohol Spectrum Disorder: A case study. *International Journal of Alcohol and Drug Research*, 2(3): 79-86.

# ADULTS WITH FASD AND THEIR FAMILIES: What to do if an Individual with FASD is in Jail

Notify staff at the jail:

- Mental health or Medical Staff
  - Do they have medications they should be on?
- Correctional staff- A sergeant or Captain
  - In writing if possible

Provide information:

- Provide diagnosis but be prepared to be more specific about cognitive impairments
  - Most Jail medical and custody records allow for an individual's disability to be flagged
  - What is the individual's functional age?
  - Is it better to provide information in writing?
    - If so, what age level is best?

## Recommendations

**Remember the client's *functional* age and abilities when setting goals and expectations.**

- Use short sentences, concrete language and examples.
- Ask client to *speak up* when they don't understand.
- Use multiple sensory modes and simple step-by-step instructions (written with photos or illustrations; laminated checklists).
- Check out “true” understanding, i.e., ask what the rule or instruction means; role-play and ask client to demonstrate skills (don't rely solely on verbal responses).

## Recommendations

- Provide only one direction or rule at a time.
  - Include what to do, not just what 'not' to do.
- Teach client to carry a notebook wherever they go, and ask providers to write down instructions, appointment times, etc.
- Monitor retention of important information by having client regularly describe it in their own words.

What other ideas do you have?

## Recommendations

- Group treatment is usually completely verbal. Do individual treatment if possible. If group treatment is used:
  - Have the client sit next to facilitator for support; follow up each session with 1:1 review of important topics and their relevance to the client.
  - Give the discussion topics or handouts in advance.
  - Revisit important points during each session .

# SUMMARY

- FASD is a preventable disability!
  - Talk to men and women about the risks of drinking during pregnancy.
- FASD is underdiagnosed and is hiding in plain site.
- Naming it for someone and educating them can change their life.
- Providers must adapt to the clients' disabilities.

# DISCUSSION

- What barriers or challenges do you see?
- What role can individuals with FASD and their supports play in facilitating change?

Other ideas, questions, or comments?

# WITH GRATITUDE

*I WANT TO THANK THE MANY PEOPLE WHO, OVER THE YEARS, HAVE SHARED THEIR KNOWLEDGE AND WISDOM AND EXPERIENCES. MUCH OF THEIR WORK IS INCLUDED TODAY.*

- COLLEAGUES @ THE FETAL ALCOHOL AND DRUG UNIT @ THE U. OF WASHINGTON
- COLLEAGUES @ THE FETAL ALCOHOL SYNDROME DIAGNOSTIC PROVIDER NETWORK (AKA THE FAS CLINIC) @ THE U. OF WASHINGTON
- COLLEAGUES AT THE S.A.M.S.H.A. FASD CENTER FOR EXCELLANCE- including my friend, DAN!!
- DR. STERLING CLARREN
- AND THE MANY MEN, WOMEN, AND CHILDREN WHO HAVE SHARED THEIR STORIES

On Categorizations in Analyses of Alcohol Teratogenesis

**Paul D. Sampson, Ann P. Streissguth, Fred L. Bookstein and Helen M. Barr**

Environmental Health Perspectives

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Alcohol Effects (FAE)

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