FASD And the Manitoba Youth Justice Program: Diagnosis and Support

Dr. Sally Longstaffe- Medical Director, Manitoba FASD Center;
Judge Mary Kate Harvie, Provincial Court of Manitoba
American Judges Association Meeting October, 2014
Las Vegas. Nevada
What We want you to learn!

• FAS is a medical diagnosis
• you can’t always tell by looking (or listening)
• an accurate diagnosis by a trained professional will give you important info
• proper support (identified through assessment) can contribute to happy life
• A diagnosis alone is not a magic bullet! It takes an understanding of the diagnosis and an application of the information to appropriately deal an individual with an FADS diagnosis
What Is FASD?

• A neuro-developmental disorder resulting from prenatal exposure to alcohol

• A common cause of birth defects and learning disabilities in children

• A lifelong disorder, that when unrecognized, can lead to social adaptive dysfunction, mental disorders and incarceration
FASD- Why Now?

- Although first diagnosed in the late 1960’s and early 1970’s- plenty of historical evidence
- Bible- Judges 13:3- the Angel appeared to the Mother of Samsom- tell her she would conceive a son-
- “Now therefore beware, I pray thee, and drink not wine nor strong drink, and eat not any unclean thing”
Beer St and Gin Lane

- 1751 paintings by English artist William Hogarth- in support of the Gin Act
What actual diagnosis is available and what does it mean?

- **FASD** - an umbrella term used to describe a range of possible diagnoses
  - Fetal Alcohol Disorder (FAS) - growth abnormality; dysmorphic facial features; deficits in at least 3 brain domains;
  - Partial FAS (pFAS) - either growth abnormality or dysmorphic facial features; along with brain deficits
  - Alcohol-Related Neurodevelopment Disorder (ARND) - brain deficits with no concurrent physical features - An invisible disability!!!!
FASD- A difficult diagnosis to obtain

- brain deficits- must exist in at least 3 domains of the brain

- Testing must establish a 2 standard deviations from the mean= severe deficit

- Requires confirmation of maternal drinking
Defining FAS

A specific pattern of abnormalities in offspring of alcoholic mothers was first described by Jones et al and Jones & Smith in 1973:

1. facial abnormalities consisting of smooth philtrum, thin vermilion border upper lip & short palpebral fissures
2. impaired pre- and/or post-natal growth
3. central nervous system or neurobehavioral disorders
Fetal Alcohol Syndrome (FAS)

- Physical and Neurological birth defects which include:
  - Specific pattern of facial abnormalities
  - Growth deficiency
  - Central Nervous System damage
  - Confirmed alcohol exposure
The Face in FAS

Redrawn from Streissguth and Little, 1994. By Chudley AE and Moffatt ME
Animal Studies

Fetal Alcohol Syndrome
Facial Photographic Analysis Software
Susan Astley, University of Washington
FAS – Only the Tip of the Iceberg

- Fetal Alcohol Syndrome
  - With alcohol history
  - Without alcohol history
- Partial FAS
- ARBD
- ARND

- Clinically appear normal, often behaviour reveals their deficit(s)

Adapted from Streissguth and Cook
Partial Fetal Alcohol Syndrome (pFAS)

• Individuals who have a cluster of the following characteristics:
  
  ➢ Some of the facial anomalies commonly found in FAS
  ➢ Central Nervous System damage (results in behavioral/ cognitive problems)
  ➢ No growth deficiency
  ➢ Confirmed prenatal alcohol exposure
Alcohol Related Neurodevelopmental Disorder (ARND)

• No obvious facial anomalies associated with FAS
• No growth impairment
• Central Nervous System damage (resulting in cognitive and behavioral problems)
• Confirmed prenatal alcohol exposure

• ARND is an “invisible” or hidden disability
• It is NOT a milder form of FAS
• Organic brain damage may be as severe and debilitating as FAS (all three diagnoses require severe deficits in 3 brain domains or more)
How is the Brain affected by Alcohol?

• Nature of impact of prenatal alcohol exposure depends on
  – The amount of alcohol
  – The frequency of the exposure
  – The timing of the exposure
  – The individual “protective factors”

• Timing of the development of the fetus vs alcohol exposure- can affect which brain domain is impacted
Alcohol and the Brain

autopsy
Warning!

- Success in properly addressing issues related to an FASD diagnosis requires:
  - A non-judgmental atmosphere
  - An understanding of the issues facing those who support the youth (often can include the birth mom)
  - Alcoholism often a generational problem- is Mom affected too?
Why Do Women Drink Alcohol During Pregnancy?
“Prevention” and FASD - Requires an understanding of a broad range of women’s social and health issues

- To cope with feelings
- Personal influences
- Societal pressure
- Mental health
- Suicidal ideation

Department of Justice/FASD Youth Justice Program
• To experience pleasure
• Phobias
• Addiction
• Environmental influences
• Chaotic and/or abusive living conditions
• Inadequate support system
• Organic brain damage
FASD Stats

• FASD is the leading cause of developmental disabilities

• 9.1 in every 1000 children (0.9%) (Canadian Pediatric Society, 2002, Public Health Agency of Canada, 2004)

• 2007/08 Family First screening data indicated that 15.2% of women used alcohol during their pregnancy and 2.2% used throughout their pregnancy

• A study of Manitoba children in CFS care with disabilities found that 17% of children in care have a diagnosis of FASD or are suspected of having FASD (Fuchs et al., 2005)
Alcohol Use In Pregnancy

- 50% of pregnancies are unplanned
- 17% to 25% of women reported drinking alcohol during their first pregnancy
- 7% to 9% reported drinking alcohol throughout their last pregnancy

Canadian National Survey
Increasing Global Awareness

• A world-wide problem
• Studies showing that binge drinking a huge issue in many areas of the UK and Europe
• Variations in outcomes- attributable to variations in testing criteria?
  – Canadian Diagnostic Standards- recommended for use by World Health Organization?
Fetal alcohol spectrum disorder: Canadian guidelines for diagnosis

Albert E. Chudley, Julianne Conry, Jocelynn L. Cook, Christine Loock, Ted Rosales, Nicole LeBlanc

CMAJ 2005;172(suppl):S1-S21
Prevalence

- FAS: 1 – 3 per 1000 live births
- FASD: 9.1 per 1000 live births (Sampson et al., 1999)
- FASD: 2% or higher (May et al., 2009)

- Rate varies dramatically in special populations
  - Less than 1 to 190 per 1000 live births
The Nine Domains of the Brain

1. Attention Regulation
   • Capacity for selective, focused, sustained, and flexible attention.

2. Social Adaptive
   • Degree to which a person is able to meet the challenges of daily living, communicating effectively and appropriately in a variety of social situations.
The Nine Domains of the Brain

3. Academic Achievement
   • Skills in reading, math, writing. Comparison of academic skills to intellectual potential and peer’s abilities

4. Executive Functioning
   • Goal-directed behavior; self-regulation, initiation, working memory, planning, organizing and self-monitoring
The Nine Domains of the Brain

5. General Cognition IQ
   • General level of thinking ability. Comparison of verbal with nonverbal thinking abilities.

6. Communication
   • Ability to integrate specific skills – grammar & sentence structure to convey meaning and ability to relay verbal information
The Nine Domains of the Brain

7. Sensory
   • Ability to process, filter and make sense of incoming sensory information from the surrounding environment

8. Memory
   • Consolidate, store and retrieve information for short and long term application
The Nine Domains of the Brain

9. Brain Structure

• Ability to use and coordinate large and small muscles: gross/fine motor skills, eye/hand coordination
What is needed for a diagnosis?

• To have an FASD Diagnosis:
  • Must have **severe** deficits in **three brain domains**!
  • *Different individuals will have different brain domains affected*

• **Must have confirmation of maternal drinking**
  – *Can present challenges-*
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Primary Disabilities of FASD

• The physical and mental disabilities (CNS damage) that a person with FASD is born with.

• The primary disabilities will not get worse after birth; they are unchanging.

• The damage cannot be undone.
Secondary Disabilities

• A result of the interaction between primary disabilities (behavioural and neuropsychological problems) with adverse environments
Secondary Disabilities Study: 415 Individuals with FASD (ages 6-51)

- 95% will have mental health problems
- 60% will have “disrupted school experience”
- 60% will experience trouble with the law
- 55% will be confined in prison, drug or alcohol treatment centre or mental institution
- 52% will exhibit inappropriate sexual behaviour
Secondary Disabilities Study Cont’d

- More than 50% of males and 70% of females will have alcohol and drug problems
- 82% will not be able to live independently
- 70% will have problems with employment
Other Secondary Disabilities of FASD

- Quickly fatigued, irritable, resistant
- Anxious, fearful, chronically overwhelmed
- Poor self-concept - often masked by unrealistic goals
- Isolated, few friends, bullied
- Frustrated, angry, aggressive
- Running away or other forms of avoidance
- Homelessness, sexual exploitation
Secondary Disabilities- some considerations

- Issues can arise with complainants/ witnesses as well as the accused
- Important/ helpful in assessing the evidence of the witness
- Important/helpful information in order to create an environment where accurate evidence can be obtained and assessed
Understanding FASD

• One benefit of a diagnosis is that it identifies the *actual deficits*

• *This allows for appropriate adjustments and supports*

• Allows for a better understanding of the individual- allows caregivers to make an appropriate paradigm shift
Paradigm Shift in FASD

<table>
<thead>
<tr>
<th>Seeing child as:</th>
<th>To Understanding child as:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Won’t</td>
<td>Can’t</td>
</tr>
<tr>
<td>Bad</td>
<td>Frustrated, challenged</td>
</tr>
<tr>
<td>Refuses to sit still</td>
<td>Over-stimulated</td>
</tr>
<tr>
<td>Resisting</td>
<td>Doesn’t get it</td>
</tr>
<tr>
<td>Trying to get attention</td>
<td>Needing contact, support</td>
</tr>
<tr>
<td>Doesn’t try</td>
<td>Tired of always failing</td>
</tr>
</tbody>
</table>

This reframing of behavior is helpful, as it moves us from feelings of frustration and blame (as caregivers) to seeing a child who is struggling with an organic brain disorder.

*Trying differently rather than harder*

-Diane Malbin
Strategies - Communication

• **Do not use:** figures of speech, euphemisms, sarcasm

• Be concrete in communicating

• Avoid “why?” questions

• If they simply repeat what you have said to them, ask questions that require reasoning
### Typical Developmental Timelines

<table>
<thead>
<tr>
<th>Skill</th>
<th>Developmental Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expressive Language</td>
<td>20</td>
</tr>
<tr>
<td>Comprehension</td>
<td>6</td>
</tr>
<tr>
<td>Money &amp; Time Concepts</td>
<td>8</td>
</tr>
<tr>
<td>Emotional Maturity</td>
<td>6</td>
</tr>
<tr>
<td>Physical Maturity</td>
<td>18</td>
</tr>
<tr>
<td>Reading Ability</td>
<td>16</td>
</tr>
<tr>
<td>Social Skills</td>
<td>7</td>
</tr>
<tr>
<td>Living Skills</td>
<td>11</td>
</tr>
</tbody>
</table>

**Developmental Age Equivalent**: 0, 5, 10, 15, 20, 25

**Actual Age of Individual**: 18
FASD “looks” differently for everyone affected.

Strategies and solutions are not always transferable from one person to another!
FASD and the Justice System -

• FASD – Known of but not well known.
• Until recently – limited information available to courts.
• Suspicion that youth and adult accused affected - but little hard information available – few assessments - therefore hard to know what to do about it
FASD Youth Justice Project
Manitoba

Diagnosis and Supports
Timely interventions are important to reinforce the link between the offending behavior and its consequences.

“Fair and proportionate accountability” which is “meaningful for the individual young person given his/her need and level of development, and where appropriate, involve parents, the extended family, the community and social or other agencies in the young person’s rehabilitation and reintegration”
Goals of the Program

The 4 main program 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
Screening for Project Criteria

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

JUSTICE
• Judges
• Lawyers
• Probation Officers
• Corrections Staff
• Teachers

COMMUNITY
• Social Workers
• Clinic for Alcohol and Drug Exposed Children (CADEC)
• Parents
• Teachers
• Self
What have we learned?

Referral sources listed reflect the identity for original the referral. Most youth are referred by many sources.

Why are youth being referred?

- To understand level of functioning (specific circumstances of the young offender)
- To access support services (community reintegration)
New Developments in Screening

• A new screening tool being considered for those admitted to MYC-
• Originally developed by the Assente Center in BC
• Hopeful that this will help to identify the number of youth being missed-
When a Youth is Screened In...

• A court order is requested

• All other supports are contacted

• At this time, the youth may be on bail in the community or in custody awaiting sentencing

• The assessment process begins
The YCJA continued

• **Section 34** of the YCJA outlined that reports can be ordered at any stage of the proceeding where:

  • (i) the court has reasonable grounds to believe that the young person may be suffering from a physical or mental illness or disorder, a psychological disorder, an emotional disturbance, a learning disability or a mental disability.

• Far more expansive authority than under the **Criminal Code**
Pre-Assessment

• Information Gathering
  • Birth records
  • Family/social history
  • Prenatal alcohol exposure history
  • Developmental history
  • Medical history
  • School records
  • Previous psychological/psychiatric assessments and reports
  • Corrections/justice reports
Psychological Assessment

• Conducted simultaneously with information gathering process

• Completed at the correctional institution by the Manitoba Adolescent Treatment Centre (MATC) Youth Forensic Services psychologist

• Psychological assessment of the brain domains
Clinic

• Recommendations are developed based on the youth’s assessment, recognizing both strengths and deficits & using a multi-discipline & multi-systemic approach (from a medical perspective/not justice perspective)

• These recommendations are discussed/shared with the youth and caregivers

• Coordinators now begin debriefing with the youth & caregivers

• Report with findings and recommendations is prepared and submitted to counsel and the Court
Numbers to Date - FASD YJP to August 2014

824 Referrals

235 Assessments

1 FAS

18 pFAS

147 ARND (No physical signs!!!)
(1 deferred)
• Referrals = 4108
• Assessments = 1815
• FASD Diagnosis = 862
  – About 47% received a FASD related diagnosis
  – 17% were diagnosed as FAS or partial FAS
  – 83% were diagnosed with ARND category of FASD
Development of a Community Plan

• Developed in collaboration with youth, family, and systems in which they are involved
• Doctors recommendations considered
• Consultation with the Community Development Facilitator
• Assess/access community resources: available placements, education/training, counselling/treatment, recreation, supports
Sentencing Conferences

• Where there are gaps in the community plan, a sentencing conference can be convened to assist the Court in developing a plan for the youth. **YCJA section 41** states:

  Recommendation of conference

• **41.** When a youth justice court finds a young person guilty of an offence, the court may convene or cause to be convened a conference under section 19 for recommendations to the court on an appropriate youth sentence.
Sentencing Conferences

• The YJCA provides a greater range of tools than the criminal code.
• Can be used as a vehicle to develop community plan
• Instrumental in having support agencies/organizations commit to their involvement
• Help youth to better understand the conditions and expectations being placed upon them
Sentencing

• Coordinators ensure the reports are distributed to the presiding judge, crown and defense

• Coordinators can be present during sentencing to provide support to youth and family

• Coordinators available to answer questions about the diagnosis/community plan
Advantages of FASD YJP from the perspective of the Bench:

• Increased awareness about the disability generally

• A mechanism available for the court to order an assessment and to have that assessment completed

• Assessments are completed in a timely fashion – very important
Perspective from the Bench continued

- Assessments contain specific information about the youth and how they are affected - very helpful in terms of crafting a fit sentence
- Assessments provide a meaningful basis upon which to assess whether a sentence is a “meaningful consequence given the “needs of the youth”
Ongoing Support and Advocacy

- Continued support to youth and family
  - ongoing FASD education
  - appointment reminders
  - transportation to appointments
  - advocacy
  - capacity building with youth’s service providers (i.e. teachers, group home, probation services)
Community Development Facilitator

- Provides ongoing FASD education to existing community resources
- Identifies service providers for youth with FASD
- Builds capacity within community
Who Attended Assessment - Analysis of the first 84 Youth Assessed

22 had their biological mothers attend
7 had their biological fathers attend
3 had biological parents
4 grandparents
6 adoptive foster parents

27 had other support staff present
(CFS, PO, Group Home, Adoptive/Foster parents etc.)

15 had attended alone 😞 No significant caregiver
Family History- the first 72 analyzed

4.6 Average number of children (high 13 low 1 )

7 of 72 had siblings diagnosed

20 of 72 had no maternal and parental family history

8 had Genetic disorders

6 Mental health
Psychiatry/ Psychology History

Of the 72 diagnosed youth:

Average age- **15.5 years- (many not in school)**

- only 6 were in the Average IQ range (90-109)
- 17 were in Low Average range (80-89)
- 27 were in Borderline range (70-79)
- 22 were in Mentally Deficient range (-70)

(39 had severe Verbal Mediation deficits)
Developmental History:

Early Childhood development- Families generally not reporting many early developmental concerns.

Preschool/school age- Children reported to be active, impulsive, distractible with short attention spans.

Adolescence- of 72 diagnosed

- 10 are teen parents
- 45 were reported to have been in a gang
- 55 had issues with alcohol and drugs
- 11 were sexually exploited
Areas of Severe Deficits:

- 58 Executive Functioning
- 55 Academic Function
- 53 Attention
- 47 Memory
- 34 Communication
- 22 Sensory
Developmental History (continued)

Strengths/ interests-

- 43 Physical/sports (bball)
- 23 Art
- 15 Electronics
- 14 Cooking baking
- 11 Animals
- 8 Computers
One Day Snap Shot of age of Majority Youth (Feb 28/10)

- 37 of the 72 Youth Diagnosed are 18 or over
- 33 of the 37 have qualified for long term adult supports
- 16 of the 37 have never been in custody as an adult (Relative success)
- on February 28/10 27 of the 37 were in the community
- 2 Youth deceased
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
Red Flags- Cont’d

• 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

• Gang involvement
• Superficial relationships/friends
Youth/Adults with FASD, The Law and Justice System - What the experts are telling us

• Brain functions differently: sensory issues, executive functioning, memory, language comprehension . .
  – Tactile defensiveness
  – Sensory seeking
Youth/Adults with FASD, The Law and Justice System con’t

• May not remember or understand The Law.
  – Difficulty with abstract concepts.
  – Oh I forgot about that . . . They can put you in jail for that . . .?

• May not understand the consequences of their behaviour even in a concrete way.
  – E.g. cue ball assault. “I didn’t know that could kill someone.”
Youth/Adults with FASD, The Law and Justice System con’t

• Without adequate support, individuals with FASD may be victimized by others, co-opted to break the Law by others, or break the Law in pursuit of a ‘goal’
  – E.g.
  – I found it; no one wants it . . .
  – I just have to carry this cell phone, and drop off some stuff and I can earn . . .
  – My Johns are really nice and give me stuff. They wouldn’t hurt me . . .
Youth/Adults with FASD and ‘Rules’- Undertakings, conditions)

Can often repeat the rules verbatim but….  

- May not comprehend the meaning of the words used in the rule they have stated (speech language).

- May not understand how to actually put rule into effect (executive functioning), and/or why putting rule into effect is a good idea (executive functioning).

– Struggle with rules that often include abstract concepts like ‘respect.’
Conditions/Undertakings

• Frequently violations the rules following recitation of rules.
• Many do well in a structured environment (like a custodial setting?)
• Unsupported, youth/adults with FASD may be both unsafe themselves and a serious risk to Public Safety
  – Public has an expectation that issues will be addressed
Consequences and FASD - Learning from what the experts tell us...

• If individual does not have effective cause and effect reasoning, consequences are not usually useful in teaching that individual.
  – Question: How does this impact on specific and general deterrence?

• Consequences that don’t make sense are experienced by the individual as unfair, unjust, and may lead to poor behaviour, depression, suicide attempts, etc.
Consequences and FASD

• For individuals with FASD, if consequences are used they should be IMMEDIATE and TIME LIMITED.
  -Is this the way the Youth Criminal Justice Act is written?

  -Is it the way the Justice System generally works?
The YCJA- Principles

- April 1, 2003 the Young Offenders Act was replaced by the Youth Criminal Justice Act ("YCJA")
- The Declaration of Principles of the YCJA is set out in section 3 include the following:

  3. (1) The following principles apply in this Act:
  (a) the youth criminal justice system is intended to
  (i) prevent crime by addressing the circumstances underlying a young person’s offending behaviour,
  (ii) rehabilitate young persons who commit offences and reintegrate them into society, and
  (iii) ensure that a young person is subject to meaningful consequences for his or her offence
  in order to promote the long-term protection of the public;
The YCJA continued

- “general deterrence”- eliminated as a sentencing principle for young persons,
- “timeliness” of youth proceedings emphasized
- dispositions are to include “meaningful consequences”, that ensure “fair and proportionate accountability.”
Conditions that are Less Helpful

• When they are complex, when there are too many to remember, when they make things too difficult for youth and their caregivers.

• When they don’t make sense to the youth.

• When they interfere with supports that were previously working.

• When they result in multiple further charges: breaches
  – Remember to consider the nature of the breach and the circumstances leading to it - when considering the offence itself or the offenders record
Conditions that are Helpful

• When they help establish or dovetail with existing wrap around services (when needed) for individuals who need collaborative services.
• When caregivers can utilize them to cue more appropriate, safer and law abiding behaviour.
• When they are simple, concrete, and make sense to the individual youth/adult
• When they help establish structure and support that works.
Probation Icon
GOOD AFTERNOON! I just had to contact both of you to relate my experience earlier this afternoon when I met with one of my clients. He is not diagnosed FASD though yesterday in Court his mother admitted on the record she drank during the first month of her pregnancy. This young man is cognitively impaired and though 20 cannot read or write and has serious difficulties remembering.

Today we sat down and went through both his old Youth Order and his new Adult one using the Icons. It was an absolute EUREKA moment for him. I would read him the condition and he would pick out the matching picture usually with no problem. Once we had all the Icons selected, I had him read them back to me in his own words and then I would write a word or two under each Icon.

He was just so proud of himself and stated, “I understand my conditions for the first time”. He was heading home to put them on his fridge. It actually brought a tear to this old goat’s eye.

TO SAY THE LEAST IT MADE MY DAY!!!!!!!
An Assessment is not a Magic Bullet!

- Assessment provides the information
- There is a need to *understand* and to *apply* the information obtained within the assessment
- *Environmental* influences are critical
- Housing can make or break the situation for someone who is easily influenced
- *Appropriate* supports need to be put into place
Other Initiatives

• “This Is Me” - video teaching guide
• “This is Me” LifeBooks
• Stony Mountain Study
• Study re Economic Impact of Children in Care with FASD and Parental Alcohol Issues
• Stop FAS program
• Manitoba FASD Network
FASD in a Correctional Population: Preliminary Results from an Incidence Study

Patricia MacPherson
Addictions Research Centre
Correctional Service Canada

Albert E. Chudley
University of Manitoba
Purpose of CSC Research

• **Determine incidence**
  – Identify scope of the problem
  – Appropriate resource allocation
  – Develop targeted interventions

• **Develop a screening instrument**
  – Identify offenders for further assessment
  – Integrate into intake assessment process.
Pilot Site - Stony Mountain Institution

• 30 minutes from Winnipeg

• All offenders undergoing preliminary assessment through WPG / NW Ontario District Parole Office are admitted through MI intake unit

• Clinic for Alcohol and Drug Exposed Children (CADEC) in Winnipeg – Dr. Albert Chudley, FASD diagnosis
Study Sample

• 165 offenders were asked to participate over the study period (April 2005-September 2006)
  
  – 106 agreed (64%)
  – 11 withdrew
  – 4 participants had invalid CNS results
  – 58 declined

• Final Study Sample : 91 participants
Results from diagnostic assessments

n=91 Offenders

9 FASD (10%)
- 1 partial FASD
- 8 ARND

82 non-FASD
- 16 Unknown FASD (18%)
- 39 CNS deficits (42%)
- 27 No deficits (30%)
Criminal History

Youth Court History
15 or More Convictions - Youth
Previous Adult Provincial Term
15 or More Convictions - Adult

Percent

FASD Possible CNS-Other Normal

* p<.01
Conclusions

- Incidence of FASD was ten times greater in the study sample from SMI compared to the general North American population.
- BSC items highly correlated with diagnosis of an FASD.
- High rate overall of neuropsychological impairments in the study sample.
- Beginning to develop a reliable screening tool for the identification of risk for FASD in the offender population.
Glossary of Terms

• ARND: Alcohol Related Neurodevelopmental Disorder: (one category of FASD diagnosis) where there is significant prenatal exposure, normal growth, normal face but serious impairment in 3 or more domains of brain function
Glossary of Terms

• Binge Drinking: defined as 4 or more drinks per occasion
• Brain Domain: a specific area of brain function as defined by the Canadian Guidelines for FASD Diagnosis. Domains of brain function in the Guidelines include: sensory/motor function, attention/self regulation, language, cognition, academic function, memory, executive function, social adaptive function, and structural brain abnormalities
Glossary continued

- Cognition: intelligence
- Co-morbidity: Other disorders that may occur in association with FASD and may present symptoms that could have similar symptoms as FASD
- Digital Photographs: Photographs taken in a standardized fashion with a digital camera that are analyzed by a special computer program to accurately measure facial structures
- Dysmorphic Facial Features: Abnormal facial features
Executive Function: Higher brain functions often impaired in FASD including aspects of emotional regulation (ability to inhibit, shift from one focus to another and exhibit emotional control), and meta-cognitive functions (ability to initiate, plan/organize, self monitor, and retrieve information from memory while doing a task). Impairment in executive function often shows up as poor judgment, inability to understand consequences and a requirement for external mentoring beyond that usual for age.
• Growth Restriction: Height and Weight below the 3rd percentile for age
• Hard and Soft Neurologic Signs: Hard signs are findings on physical examination that might indicate a structural abnormality in brain function. Soft signs indicate immaturity of more subtle abnormalities in brain function without necessarily accompanying structural brain abnormalities
Glossary Continued

• Hypertelorism: Increased distance between the eyes
• Microcephaly: Head circumference below the 3rd percentile for age
• Palpebral fissures: Distance between the inner and outer corners of the eye
• Philtrum Structure between the upper lip and nose
Glossary of Terms

• Secondary Disabilities: Disabilities not directly related to the prenatal alcohol exposure but often occurring in an alcohol exposed individual as a result of adverse life experiences along with the alcohol exposure
Glossary continued

• Sensory Processing: The use of sensory information for everyday use. The brain must properly take in, organize, interpret, and process information from all the senses to develop concentration, organization, motor skills and co-ordination, self control, academic learning ability, social skills and abstract reasoning. A sensory processing disorder means that the brain can’t understand, and interpret the information it gets from the senses. If sensory processing is impaired this may lead to behavioural, motor, learning and social impairments.
Glossary Continued

• Motor Function: Functions resultant from use of large and small muscle groups, and including neurologic functions such as static and dynamic balance, motor co-ordination, speed, and presence or absence of abnormal motor movements such as tremors.
Glossary Continued

- Social Adaptive Function: Ability to respond successfully with expected abilities for age to everyday demands of life. Ability in this area both at home and in the community in self care, social skills, health and safety, leisure activities, motor activities and in general activities of daily living.
Glossary of Terms

• Standardized Measures: Tests that can measure a domain of brain function and allow comparison with a normal population. Scores greater than 2 standard deviations from the mean indicate a severe impairment.

• Working Memory: Memory for information that can be readily retrieved while completing a task
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