



IDENTIFYING YOUTH AT RISK FOR FETAL ALCOHOL SPECTRUM DISORDER

Probation Officer Snapshot Survey

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BACKGROUND

FASD in the Criminal Youth Justice System

Some data and anecdotal reports indicate youth with FASD are disproportionately represented in the youth justice system. The brain damage that increases their susceptibility to being in trouble with the law may then jeopardize their fair treatment once in the system, if the disability goes unrecognized and undiagnosed. There is interest in Canada and the U.S. to develop efficient means of screening for FASD but at present, there are no validated screening tools. Screening must be followed by a complete diagnostic evaluation with the goal of providing services and interventions appropriate to the special needs of these youth.

Youth Justice FASD Pilot Project (2003-2005)

In a project funded by Dept. of Justice (Youth Justice) and the British Columbia Ministry of Children and Family Development (MCFD), the Asante Centre for Fetal Alcohol Syndrome and PLEA Community Services Society of B. C. collaborated with MCFD to provide educational workshops, community alternatives to custody, and FASD assessments and care planning for youth diagnosed with FASD. These youth had been sentenced and placed on probation orders in the lower mainland of B.C. and were referred to the project using a Probation Officer Screening and Referral Tool developed by the Asante Centre.

Youth Justice FASD Pilot Project (2004)

With funding received from MCFD and the Dept. of Justice Canada, a complementary research study was implemented in partnership with Simon Fraser University. One component was the *Probation Officer (PO) Snapshot Survey*.

RESEARCH GOALS

- Estimate the number of youth on adjudicated probation orders who have characteristics consistent with FASD
- Determine the congruence of youth identified as "at-risk" for FASD using the screening tool with the likelihood that these same youth have FASD based on PO confidence ratings.
- Describe PO knowledge of characteristics and behaviours that indicate youth may or may not have FASD

METHOD

Participants: 41 of the 51 POs working in the Vancouver Coastal and Fraser Regions of BC (80.4%) participated in the study.

Procedures: The research team met with POs in the two regions to explain the study procedures. POs were asked to report on all youth on their caseload as of October 12, 2004 who were on adjudicated probation orders. Over a three week period, entries were made on the web-based snapshot survey.

Snapshot Survey: The PO Screening and Referral Tool used in the pilot project was adapted for web-based data entry. Data were collected on the "youth" and "environmental" factors. Based on combinations of these factors, the youth were assigned to one of three categories:

1. Youth with a previous FASD diagnosis
2. Youth considered "at risk" for FASD
3. Youth considered "not at risk" for FASD.

SNAPSHOT SURVEY

Youth Demographic Information:

• gender, age, birth place, home community, ethnicity, and probation office

Screening Items - Environmental Factors:

• adoption, involvement with child protection services, sibling with FASD, and known maternal history of prenatal alcohol use or alcoholism

Screening Items - Youth Factors:

• history of developmental delay, learning difficulties, growth abnormalities, mental health diagnosis, ADD/ADHD, and birth defects

PO Information:

• their knowledge about the youth, their knowledge about FASD, and their confidence that the youth might have FASD

FINDINGS

Information on 484 youth was derived from the snapshot survey (62% of the total number of youth on adjudication probation orders on October 12, 2004).

- 22 additional youth had a previous alcohol-related diagnosis

Gender: Male 373 (77.1%); Female 95 (19.6%) *missing data for 16 youth (3.3%)

Age: 13-21 years (mean age 16.7 years) *missing data for 13 youth (2.7%)

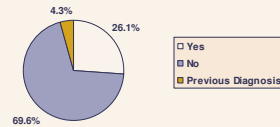
Ethnicity: Caucasian 58%; Aboriginal 21.1%; South Asian 8.7%; Other 10.8%; Unknown 0.9%

Estimated Frequency of Youth "at risk" for FASD:

132 youth were considered "at risk" for FASD

352 youth were not considered "at risk" for FASD

Prevalence of Youth "at risk" for FASD



The number of youth identified "at risk" is similar to the prevalence of FASD among youth remanded to an inpatient assessment unit of Youth Court Services (23.3%) in an earlier study (Conry, Fast, & Loock, 1997).

Percentage of Youth with Identified Environmental Risk Factors

Environmental Risk Factors	Percent of youth "at risk" (n=132)	Percent of youth not "at risk" (n=352)	Sign.
Adoption	3.8	2.0	NO
Child protection services	68.9	16.8	YES ¹
Sibling with FASD	1.5	0.3	NO
Prenatal alcohol exposure or maternal alcoholism	31.8	6.0	YES ¹
NONE	18.2	79.3	YES ¹
Child protection AND maternal prenatal alcohol use or alcoholism	20.5	0.04	YES ¹

Note: some youth were identified as having more than one environmental factor
¹ p < 0.05

Percentage of Youth with Identified Personal Risk Factors

Personal Youth Risk Factors	Percent of youth "at risk" (n=132)	Percent of youth not "at risk" (n=352)	Sign.
Developmental delay in early childhood	19.7	0.6	YES ¹
Learning difficulties	93.2	33.0	YES ¹
Growth abnormalities	24.2	1.1	YES ¹
Mental health diagnosis other than ADHD	72.7	8.8	YES ¹
Diagnosis of ADD or ADHD	57.6	2.7	YES ¹
Birth defects	0	0	-
None	NA*	60.2	-
Combinations of factors			
Learning difficulties & mental health	65.9	4.0	YES ¹
Learning difficulties & ADHD	50.8	2.3	YES ¹
Learning difficulties & growth abnormalities	24.2	0.6	YES ¹
Learning difficulties & developmental delay	18.9	0.6	YES ¹
Mental health diagnosis & growth abnormalities	14.4	0	YES ¹
ADHD & other mental health diagnosis	40.9	0	YES ¹

Note: some youth were identified as having more than one personal factor
* Identification of at least 2 personal factors was a requirement of "at risk" designation
¹ p < 0.05

Comparison of Screening Tool with Probation Officer Confidence (n=466)

(POs did not report confidence levels for 18 youth)

- The Screening Tool identified 131 youth as being "at risk" for FASD
- Probation Officers identified 73 youth as being "at risk" for FASD based on their confidence rating
- 52 youth were identified by both the screening tool and the POs as being "at risk".
- 79 youth considered "at risk" for FASD on the screening tool were not identified as being "at risk" by POs.

Examples of Factors Identified by Probation Officers

Characteristics and behaviours that indicate youth may have FASD:

- impulsivity/poor attention
- cognitive problems (e.g., poor problem solver, difficulty learning from previous mistakes)
- emotional/social problems (e.g., lacks emotion, poor social skills)

Characteristics and behaviours that indicate youth may not have FASD:

- doing well in school or good cognitive skills (e.g., ability to think issues through)
- emotionally aware
- understands cause and effect

Possible misunderstandings leading to the conclusion youth may not have FASD:

- youth has other mental health diagnoses or other syndromes which may account for their problems
- youth lacks physical signs of FAS or has above average IQ
- previous forensic psychiatric assessment did not mention FASD

DISCUSSION

Without a screening tool, the majority of youth who have risk factors would not be identified by probation officers. The probation officers were not necessarily using the information from their ratings of environmental and personal factors in making their determination of the likelihood that the youth had FASD. POs accurately identified characteristics that are commonly seen in youth with and without FASD. However, some of their responses suggested they may not realize that those with FASD often have additional mental health diagnoses and often do not show the physical signs of FAS. At present, mental health professionals, such as psychiatrists in forensic settings, typically do not make alcohol-related diagnoses as part of their assessments.

Future Plans: The Asante Centre has made several changes to the original screening tool in response to findings from this study. A proposal has been submitted requesting funding for a validation study of the *Asante Centre PO Screening and Referral Tool*.