

FREQUENTLY ASKED QUESTIONS (FAQs)?



What if the client has a previous diagnosis of FASD? The *FASD: Canadian Guidelines for Diagnosis* were originally released in 2005, with a revision expected in June 2015. An experienced Asante team member may need to review the original diagnosis to confirm it meets the current guidelines and potentially identify any concerns that should be addressed. A referral to the program should be made, even if it is determined at that stage that no further assessment is required. Many clients previously diagnosed may require an updated or partial assessment to help them transition to adulthood or may already be eligible for services of which the family is not aware. Program support workers will consult with the family and ensure connection to resources and services.

What if the client has a previous assessment? Previous assessments are always taken into consideration; some may assist the Program's assessment process, while others may deem components of the current assessment unnecessary. Common previous assessments include:

Psycho-educational or neuropsychology assessment: Previous psychology assessments are helpful to the FASD assessment process as they offer an increased understanding of the client's development profile. These do not preclude an assessment through the program. If testing was completed within the past two years, the same tests will not be repeated. Asante clinicians will either use alternate tests as appropriate or incorporate the findings into the current assessment.

Forensic assessment: As per other psychology assessments, testing administered within the past two years will not be repeated. Asante requests findings from forensics and incorporates the scoring into the current assessment. Psychiatric evaluations are also accessed and helpful.

Previous FASD or Complex Developmental Behavioural Conditions (CDBC) assessment: If a comprehensive FASD or CDBC assessment has been completed for the client, an updated assessment may or may not be required. This will be determined by the Asante Centre upon receipt of the previous assessment report. While a full FASD assessment may not be necessary, single components such as an updated psychology evaluation for adult transition planning or a speech-language evaluation to help address current needs may be recommended. It is generally expected that a medical assessment will be completed to review the previous report and address current medical needs, as well as determine what next steps should be considered. A change in alcohol history would also be considered at this time if appropriate.

What if the client is already eligible for Community Living BC services? The advantages to an FASD diagnosis are broader than service eligibility; many individuals are emphatic about the benefit of a better understanding of themselves and their needs, especially as they become adults, which may help develop self-advocacy skills and increase the likelihood for positive outcomes. Not all families will be equally open to the prospect of a diagnosis; the Centre will work with families to understand the benefits of a functional assessment versus a potential diagnosis and determine at that time if the family would like to proceed.

What if the client is from out of province or country, and there is little access to background information? The more background information available, the better for the assessment process as clinicians are able to make sense of the impacts on brain development the client has encountered. However, obtaining individual histories is always complex, and the program staff are experienced in accessing records as well as working within the limitations of records availability. All individuals meeting the screening criteria should be referred.

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What if the client's birth mother is deceased or unavailable? Birth mothers are supported to engage in the assessment process if at all possible, particularly if she has contact with the client. However, if this is not possible, the Centre will work with the current guardian and other family members as appropriate to gather the prenatal and family history.

What if there is no history of prenatal alcohol or substance exposure? It is not encouraged for YPOs to discuss prenatal history with the family, nor is it required in order to make a referral. If the client meets the screening criteria, he/she should be referred to the program and Asante team members will explore prenatal history at that stage. Even clients with confirmed no alcohol history should be referred to the program if they meet the screening criteria. The medical assessment may still be carried out, even if the full FASD assessment is not required. The medical practitioner may identify other medical conditions for follow-up, such as the possibility of a genetic concern, acquired brain injury or mental health or attention concerns.

What if the client has mental health concerns? Mental health concerns are very common for individuals with FASD due to various physiological and environmental factors; in fact, anxiety, depression and mood dysregulation have now been directly linked to prenatal alcohol exposure. The Centre is experienced in working with clients and families presenting with many different mental health concerns which may be considerations throughout yet not preclude the assessment process. However, some mental health concerns such as active psychosis may be barriers to the process, particularly to psychology and speech-language testing. One of the purposes of the initial medical assessment is to identify and help address mental health concerns so that the client's concerns may be stabilized to allow engagement in other assessment components.

What if the client has an acquired brain injury (ABI)? ABI can also be common for individuals with FASD, often due to reasoning deficits and impulsivity which may lead to risk-taking. Usually potential acquired brain injuries are considered throughout the assessment process for severity and potential impact on current functioning. It may be that earlier developmental reports are particularly valuable to establish the client's history of functioning. There are rare circumstances where a significant ABI may preclude clinical ability to diagnose FASD; these rare circumstances will be determined at the time of medical assessment, with recommendations for follow-up and alternative services identified in the medical report. Possible ABI should not be considered when making a referral to the program.

**For more information on any aspect of the
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