



FETAL ALCOHOL
SPECTRUM
DISORDER (FASD)

AND CRIMINAL JUSTICE
DIVERSION IN CENTRAL
ALBERTA

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CONTACTS:

THE CENTRAL ALBERTA FASD NETWORK/SOCIETY

- The Central Alberta FASD Network (CAFASD Network) is a non-profit organization offering community based, cost-free services to persons living with Fetal Alcohol Spectrum Disorder (FASD) across the lifespan, and their caregivers. With programs offered in Red Deer and surrounding area, Rocky Mountain House and surrounding area, South Central, Drumheller, Hanna, Trochu, Coronation, Castor and Three Hills, we are part of a system wide FASD Network model that has made Alberta a leader in service delivery, both in Canada and internationally. We offer education and training, outreach and prevention, and assessment and diagnosis services.

FETAL ALCOHOL SPECTRUM DISORDER (FASD)

FASD is a lifelong disability, and a diagnostic term used to describe impacts on the brain and body of individuals prenatally exposed to alcohol.

Due to a host of factors including the deficits caused by this disability, research has confirmed that a disproportionate number of individuals with FASD become lifelong participants in the criminal justice system.

DIAGNOSING FASD

- Ten Brain Domains (Functions) Affected by FASD based on the 2015 Canadian Diagnostic Guidelines
- Diagnostic Multidisciplinary Team

TEN BRAIN DOMAINS

- ACADEMIC ACHIEVEMENT
- ATTENTION
- COGNITION
- LANGUAGE
- MEMORY
- NEUROANATOMY/NEUROPHYSIOLOGY
- EXECUTIVE FUNCTIONING
- ADAPTIVE FUNCTIONING
- MOTOR SKILLS
- AFFECT REGULATION
- *SENSORY*

ASSESSMENT AND DIAGNOSIS

10-12 HOUR PROCESS

Assessment First Stage:

1. Neurodevelopmental Psych.
2. Speech Language Pathologist
3. Occupational Therapist

Assessment Second Stage:


4. Physician Medical
5. Clinical Team Consult and Diagnosis
6. Generating Final Diagnostic Report

DISPROPORTIONATE REPRESENTATION IN THE CRIMINAL JUSTICE SYSTEM

- Individuals with FASD are easily persuaded by others, more likely to be impulsive, demonstrate poor decision making, have a lack of understanding of consequences, and lack the ability to understand what potential harms may be caused by criminal activity.
- As such, traditional CJS penalties for these individuals have proven largely unsuccessful in terms of rehabilitation and reducing rates of recidivism.
- Restorative practice principles, and restorative justice, are community-based alternatives to the traditional justice system and have proven successful in informing sentencing and providing sustainable programming for individuals with FASD.

DOCUMENTS SUPPORTING ALTERNATIVE MEASURES - WORKING WITH INDIVIDUALS WITH FASD

- Youth Criminal Justice Act (S.C. 2002, c. 1) – Section 19
- FASD and Access to Justice: *Final Report to Federal/Provincial/Territorial Ministers Responsible for Justice and Public Safety*(October 2016).
- Truth and Reconciliation Commission of Canada Call to Action: # 34.
- Government of AB FASD Initiatives: Cross Ministry Committee: The FASD Beyond Year 10 Evaluation: The Path Forward Report

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- Youth Restorative Practice Program (YRPP) - FASD Diversion Program
 - In Reach/Out Reach Program
 - Assessment and Diagnosis
 - Training and Education in the CJS

CENTRAL AB FASD NETWORK CRIMINAL JUSTICE SYSTEM (CJS)
PROGRAMMING

PROGRAM OVERVIEW: YRPP FASD DIVERSION PROGRAM

In partnership with the Red Deer RCMP Community Policing and Victim Services unit (CPVS), the Crown Prosecutor's office, and various invested stakeholders, the Central Alberta FASD Network initiated the FASD Youth Restorative Practice Intervention Program (YRPP).

The program utilizes the principles of restorative practice to support the needs of youth and young adults with Fetal Alcohol Spectrum Disorder (FASD), who are involved in, or at risk of becoming involved with, the criminal justice system (CJS).

COMMUNITY COLLABORATION

Overall, the program emphasizes community collaboration with the CJS to best serve the rehabilitation needs of individuals with FASD, along with those of the criminal justice system and our community.

By identifying individuals suspected of FASD, providing assessment and diagnosis services, and subsequently utilizing the diagnosis to inform the restorative process, we engage all impacted by the crime/offense to develop a meaningful, and FASD informed, sentence agreement or plan.

WHO CAN REFER TO YRPP PROGRAM?

Referrals to the YRPP Program can be made through the CAFASD Network, the criminal justice community, community groups or agencies, self-referrals, and individuals who have experienced harm.

IDENTIFYING INDIVIDUALS/INDICATORS OF FASD – SOCIAL FACTORS

- Adopted/apprehension
- Involvement in foster care/child protection services
- Mother has history of alcohol abuse/prenatal alcohol use

INDICATORS OF FASD – PERSONAL AND BEHAVIOURAL FACTORS

- Developmental delay in early childhood (ex: required speech language therapy, occupational therapy, development services)
- School learning difficulties (ex: drop-out, school failure)
- Diagnosis of ADHD, ADD, ODD
- Mental health diagnosis or concern
- Fails to understand severity of a situation/offense
- Inappropriate emotional response (ex: responses that are more appropriate for a younger person, flat affect, exaggerated emotional response)

INDICATORS OF FASD – SOCIAL/PERSONAL/BEHAVIOURAL FACTORS

- Socially inept/immature
- Easily manipulated and led by other
- Poor decision making, poor problem solving, lacks insight
- Does not understand effects of his/her actions on others
- Requires supervision and management of time and money
- Trouble following rules or requirements
- Impulsive
- Repeated similar offense
- Repeat offender

Individuals are suspected of or diagnosed with FASD.

Individuals will be voluntary participants in the Restorative Practice process.

If appropriate, the person harmed and person responsible for the harm participate in a face to face meeting.

Diminished capacity – special considerations

**WHAT ARE THE
CRITERIA TO
PARTICIPATE IN
YRPP?**

WHAT ARE THE STEPS IN THE PROCESS?

A meeting is held with the individual suspected or diagnosed with FASD and in conflict with the law, and their parent or guardian

As appropriate, the results of the FASD diagnosis will provide recommendations that will be used to inform charges laid, sentencing and alternative measures.

If the client chooses not to participate in the YRPP Program, they will still be able to access support through the CAFASD Network, however, **they will be returned to the traditional criminal justice process to have their charges managed.**

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OUTLINE OF THE FORMAL RESTORATIVE JUSTICE PROCESS:

Ideally the initial meeting takes place with each party in a face to face meeting with the Corrections Services Coordinator.

This includes assessing safety of both parties; assessing if process will meaningfully address the needs of person who has been harmed; and does the person who has caused harm (offender) take responsibility, (are they willing/able to be held accountable).

- Victim has precise issues, questions, and concerns
- Offender is prepared to cooperate
- Offender accepts responsibility for the incident
- Victim and offender voluntarily enter the program
- A safe environment can be provided

APPROPRIATE CRITERIA

- Victim does not view participation favorably
- There is potential of victim being re-victimized
- Victim or offender feels pressure to enter the program
- Offender denies responsibility
- Offender believes that agreeing to this process may reduce or avoid incarceration
- Victim has desire for revenge

CAUSE FOR CAUTION CRITERIA

ALTERNATIVE RESTORATIVE PRACTICE METHODS

The YRPP offers various restorative practice approaches as recommendations to the criminal justice system, and is ideally informed by the outcome of the FASD Diagnosis, and the subsequent recognized level of cognitive functioning,

These range from formal restorative justice peace keeping circles and community conferencing (also consider Section 19), to less formal restorative practice approaches such as victimless conferencing, positive discipline, and/or the development of a therapeutic community that will act as a wraparound service to the individual with FASD, and their caregivers.


RESTRESTORATIVE
PROGRAMMING MAY
INCLUDE


- **FASD assessment (specific criteria must be met for someone to go through an FASD assessment)**
- **Restorative Justice case planning and peacemaking circles**
- **Family group conference or family group decision making**
- **Advocacy to crown and caregivers**
- **Education and training for direct support staff/caregivers**
- **Behavioural planning may be an option**

OPTIONS FOR FORMAL TO INFORMAL RESTORATIVE PRACTICE MEASURES:

Restorative Circles: A circle is a versatile restorative practice that can be used proactively/preventatively prior to criminal involvement to develop relationships and build community to support an individual with FASD.

They can also be used reactively to respond to wrongdoing, conflicts, problems, or criminal involvement for the same purpose. This type of circle is most often utilized when family supports are lacking, and community and professional supports are required to ensure stability and reduce the chance of criminal involvement and/or recidivism.

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- **Family Group Conference or Family Group Decision Making:** This format brings together family support networks – parents, children, extended family, neighbors, and family friends to make important decisions that may otherwise be made by professionals. The individual with FASD, who are usually the focus of these conferences, need the sense of community, identity, and stability that only the family, in its various forms, can provide.

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- **Informal Restorative Practices:** The restorative hypothesis provides for many informal ways beyond formal processes to assist individuals with diminished capacity due to their FASD disability, to explore how to communicate feelings, albeit in a limited way. The goal is to assist the individual with FASD to reflect, in some way, on how their behavior has affected others. This relies heavily on a corresponding, network of wraparound supports available across the individual's lifespan.

CLIENT LEVELS OF SUPPORT IN YRPP

Level 1 – Participatory

Level 2 – Preventative

Level 3 – Complex

Level 4 – Diminished Capacity

LEVEL 1 - PARTICIPATORY

- Client has community of support (family, professionals, friends, etc)
 - Client has the ability to complete programming, attend groups
 - Client is able to participate in Peacemaking Circles and/or Restorative Conferencing
 - Client has current criminal charges or are on probation
- **SUPPORT PROVIDED:**
 - Assessment (if criteria is met)
 - Groups
 - FASD support group
 - Life Skills group
 - Advocacy/liaison Criminal Justice system
 - Restorative Conferencing
 - Peace Making Circles
 - Restorative programming

LEVEL 2 - PREVENTATIVE

- Client has no current criminal charges
- Client has less frequent RCMP interactions, and/or they are easily de-escalated when RCMP arrive
- Client lives in a staffed living environment or there is little to no concerns about current living situation
- Client does not have a substance abuse disorder
- Client has very little or no mental health concerns, or client is stable with current mental health care

SUPPORT PROVIDED:

Assessment (if criteria is met)

RCMP liaison

Peace Making Circles

Behavioural support planning

FASD: The Basics – for client's support team

Restorative programming

LEVEL 3 - COMPLEX

- Client has street involvement (homeless, gang involvement)
- Client is actively/heavily using substances
- Client's mental health is unstable
- There is a safety risk when doing direct work with client in the community
- **SUPPORT PROVIDED:**
 - Assessment (if criteria is met) while they are in an institution (remand, hospital)
 - Outreach Support if safe to do so
 - Advocacy/liaison with Criminal Justice System

LEVEL 4 – DIMINISHED CAPACITY

- Client is not capable of participating in restorative programming
- Client's cognitive functioning is below IQ threshold and/or extreme cognitive scatter; are not appropriate for restorative programming, groups or circle processes

SUPPORT PROVIDED:

- Assessment (if criteria is met)
- Advocacy/liaison with Criminal Justice System
- RCMP liaison
- Behavioural support planning
- FASD: The Basics – for client's support team
- Ongoing support for client's support team

CURRENT
STATISTICS:
SEPT 2020 – APRIL
2021

A total of 32 referrals have been made to the YRPP.

17 referrals initiated by the Red Deer RCMP, Community Policing and Victims Services Unit.

3 referrals initiated by the Crown Prosecutors office.

11 referrals initiated by mental health, parents/guardians or other.

CURRENT
STATISTICS:
SEPT 2020 – APRIL
2021

The referrals resulted in 7 clients completing an FASD Assessment and Diagnosis process with 6 definitive FASD diagnosis and 1 At Risk of FASD. One with Sentinel Facial Features

A total of 12 clients/referrals are being supported through Community Outreach Support with the Network; 8 caregivers are additionally supported.

1 referral resulted in education and training being provided in multiple group home settings and further resulted in a series of trainings for other group homes.

Completion of
Restorative
Programming with the
Corrections Services
Coordinator

No further criminal
charges

Days in school,
employed, other
meaningful activity

Number of visits to the
ER for overdose, mental
health crisis

Number of nights spent
transient/homeless
shelter

Source and amount of
income

Stable housing

Result of CJS charges

DETERMINING
SUCCESS

Stigma attached to FASD and subsequent difficulty in “buy-in” regarding the program

“Invisible Disability”

Engaging with private group homes

Engaging with Children’s Services

BARRIERS

IN-REACH/OUT-REACH PROGRAM

Definition of FASD

Assessment and
diagnosis process

Behavioural and
intellectual concerns

Dysmaturity

Alcohol is a Teratogen

Alcohol use and
pregnancy

Why women drink in
pregnancy

How partners and other
loved ones can support
a woman to remain
alcohol free during
pregnancy

ONGOING TRAINING AND EDUCATION FOR KEY STAKEHOLDERS

Red Deer RCMP training video for all members

Defense Council

Crown Prosecutors Office

John Howard Society

Probation/Parole Officers

Institutions in Central Alberta

Group Homes

QUOTES FROM CLIENTS

“The Network saved my life” – Client quote

“I don’t know what I would have done if you wouldn’t have supported me through this” – Client quote

“I felt hopeless and didn’t think I would be able to have a relationship with my son. With the caregiver support group and this program, I have hope that I will” – Caregiver quote



QUESTIONS