

Increasing Capacity to Identify and  
Support Individuals with Fetal Alcohol  
Spectrum Disorder (FASD) and  
Complex Neurodevelopmental Needs  
in British Columbia:

# RESEARCH SUMMARY

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# THE CONTEXT

Fetal alcohol spectrum disorder (FASD) is a diagnostic term used to describe the lifelong impacts of prenatal alcohol exposure (PAE) on the brain and body.<sup>1-3</sup> Individuals with FASD will likely experience some degree of challenge in multiple areas of daily living as well as neurodevelopmental needs.<sup>1,2,4</sup> In addition, individuals with FASD possess unique areas of resilience and strength that can be used to support success and healthy outcomes.<sup>5</sup>

**Fetal Alcohol Spectrum Disorder (FASD)** is a diagnostic term that is used to describe the lifelong impacts on the brain and the body of an individual prenatally exposed to alcohol.

In recent years, there has been an increase in attention paid to the overrepresentation and support needs of individuals with FASD in criminal legal contexts.<sup>6-8</sup> While FASD is conservatively estimated to impact between 2% to 5% of the general population in North America, limited prevalence studies conducted in both youth and adult criminal legal settings have identified substantially higher rates ranging from 10% to 46%.<sup>9-14</sup> As a result of this overrepresentation, most professionals in criminal legal contexts will likely engage with individuals with FASD in their work, emphasizing the need to improve FASD identification, knowledge, and practice skills.<sup>15-18</sup>

In addition, there is evidence that many legally involved individuals have undiagnosed FASD, the identification of which could significantly improve trajectories and outcomes.<sup>19,20</sup> As such, FASD screening has been proposed as an important system-level approach that can help professionals across the criminal legal system improve recognition and understanding of individuals with FASD, and in turn can allow for more effective assessment, intervention, and individualized support.<sup>6,12,21</sup>

FASD screening can aid in ensuring that practices and services are FASD-informed. FASD identification can also facilitate knowing when to recommend a referral for FASD diagnostic services and other assessments and interventions.<sup>12,21</sup> Criminal legal professionals play an increasingly important role in identifying and supporting individuals with FASD.

# PROJECT OVERVIEW

The knowledge gathering activities summarized in this report were conducted as part of a larger project entitled, **“Increasing capacity to identify and support individuals with Fetal Alcohol Spectrum Disorder (FASD) and complex neurodevelopmental needs in British Columbia (BC).”**

Our team includes researchers from the University of Guelph, University of Alberta, University of Saskatchewan, the Canada FASD Research Network, and the Asante Centre. [The Asante Centre](#), which serves as the community partner for the project, is an assessment, support, and advocacy organization committed to helping individuals with FASD and other brain-based disabilities reach their full potential. In addition to our research and community partners, we have consulted and received feedback from an Advisory Committee of professionals, researchers, and policy makers as well as a committee of individuals with living experience.

The overall aim of the larger project is to improve services and supports for individuals with FASD who are involved in the criminal legal system in BC, to ultimately improve their trajectories and outcomes. We have broken down how to get there into two objectives:

- 1 Build and enhance the informal legal and clinical community of practice for professionals, agencies, and service providers who support and engage with individuals with FASD in BC.**
- 2 Develop and implement an FASD Screening Toolkit with accompanying resources that reflect unfolding understanding and research.**

During the initial phase of our project, we gathered data and knowledge to reach our objectives in the following ways:



This report provides a high-level summary of these knowledge gathering activities.

# ENVIRONMENTAL SCAN

## RESOURCES FOR INDIVIDUALS WITH FASD WHO ARE ALSO INVOLVED IN THE CRIMINAL LEGAL SYSTEM IN BC

The goal of the Environmental Scan was to compile a list of available resources in BC that might be helpful for supporting individuals with FASD who are involved in the criminal legal system. Knowledge of resources and services available for individuals with FASD in BC is important for professionals who may be involved in screening and/or diagnosis and need to make referrals to appropriate services.

The feedback generated by impacted community organizations at the start of the scan process indicated that there was great demand for a recent or local compilation of relevant resources but to our knowledge, no such resource existed in the criminal legal sphere. This scan was completed to help professionals quickly get a sense of what resources are available, and what kinds of services or agencies might be helpful to connect with when supporting individuals with FASD within the criminal legal context. Very few of these resources require that an individual be diagnosed with FASD to access them, so the list can be used by professionals supporting individuals waiting for access to an assessment as well, and/or with possible FASD.

### WHAT WE DID

A variety of methods were used to identify key services and resources.

The first step for conducting this environmental scan involved gathering information from relevant organizations as well as a web-based search. We spoke with current and former staff members at the Asante Centre, reviewed prior FASD-relevant environmental scans and

published academic literature, conducted web-based searches for FASD-relevant resources, and canvassed the expertise of our project Advisory Committee. Once an initial list was developed, contact information for each resource was confirmed. Through conversations with professionals from these programs and services, additional resources were also identified and added.

Resources were included if they met the following criteria:

- A program, resource, or advocacy service
- Relevant to BC (either physically offered in BC, or virtual resources available to people living in BC)
- Accurate contact information

### WHAT WE FOUND

In total, **55 resources** were identified in the initial Environment Scan organized into four categories: FASD-specific resources, general support services, disability specific supports, and criminal legal system resources.

One of the most important findings of the Environmental Scan was that **very few resources (only five) were explicitly designed to address the needs of individuals with FASD who are also legally involved**. In addition, the scan found fewer resources developed for adults versus youth under the age of 19 (see Adult Diagnosis and Supports). Some of the more common resources included Indigenous specific supports, mental health supports, and legal services.

Despite the lack of combined FASD and criminal legal specific resources, we identified many resources that are adjacent to this specific focus that may be helpful for criminal legal professionals to know about in order to support individuals with FASD. These included an extensive directory of FASD Key Workers and Indigenous Justice Programs located across BC, and promising programs in other provinces.

The Environmental Scan will continue to be updated. Here is the current version: [Environmental Scan of Resources for Individuals with FASD who are also involved in the Criminal Legal System in BC.](#)

## IMPLICATIONS

Findings from the Environmental Scan highlighted the lack of specific resources in BC for individuals with FASD and criminal legal system involvement, as well as gaps that need to be addressed across research, practice, and policy by a wide variety of organizations.

In particular, there is a need for an investment in resources to create specific and relevant

supports and services for individuals with FASD who are legally involved, as well as services for adults.

The process of conducting the Environmental Scan also resulted in a strengthening of relationships with a wide range of social service and non-profit organizations working at the intersection of FASD and the criminal legal system across BC. These ties and contacts are the seeds of the community of practice of FASD-informed professionals that we are working to support over the course of this project.

We anticipate that this community of practice, supported through the range of activities of this project, will be well-positioned to advocate for the creation of much needed resources and services in the future, as each professional brings their knowledge of FASD to their sector and workplace. The development of these resources and services may benefit from being modeled on the programs highlighted in other provinces (see Appendix A of [Environmental Scan](#)).

## ADULT DIAGNOSIS AND SUPPORTS

In the Environmental Scan we found that **fewer resources were available for adults** versus for youth under the age of 19. Current access to FASD assessment and diagnostic services for adults is limited in BC and across Canada, with little public funding available in BC. The adult assessment process is complicated by the difficulty of confirming prenatal alcohol exposure when the individual is of an older age. As a result, with fewer diagnosed adults, there may be a perception that the demand for adult resources is low, when instead it may be reflecting a large undiagnosed population.

RESOURCE: [Why FASD Diagnostic Assessment is Important](#)

# REALIST REVIEW

## SCREENING AND IDENTIFICATION OF FASD IN CRIMINAL LEGAL SETTINGS

Screening for FASD is a promising approach to improve recognition, understanding, and effective response to the unique needs of those with FASD in criminal legal settings.<sup>6,21</sup> However, to date, there has been limited synthesis of relevant screening tools, indicators, or implementation considerations, in this context.

As such, the purpose of the Realist Review was to summarize the evidence regarding FASD screening in criminal legal contexts and to develop a conceptual framework for understanding what **screening tools**, and FASD **indicators** may help to accurately identify people with FASD.

### WHAT WE DID

We used a flexible and adapted realist review approach that considered a wide variety of sources including contextual factors that may impact screening. Realist reviews provide a strategy for summarizing evidence and understanding why interventions and/or programs may or may not work, in what contexts, how, and in what circumstances.<sup>22</sup> This approach was used to understand how, when, why, for whom, and by whom, FASD screening tools and/or strategies are used, as well as what indicators may aid in identifying people with FASD in criminal legal contexts.

An implementation science lens was also used to consider real-world effective strategies for putting evidence based FASD screening into practice.<sup>23-25</sup> Finally, the [Towards Healthy Outcomes framework](#)<sup>5</sup> which outlines important areas for support and intervention for people with FASD was used to consider individual level needs with potential relevance

to screening and supporting individuals with FASD in criminal legal contexts.

Studies were selected based on three eligibility criteria:

- Included people with confirmed PAE, any PAE-related diagnosis, and/or FASD, with criminal legal system involvement; or, reported on service providers' or caregivers' knowledge and experiences related to FASD in criminal legal contexts.
- Were available in English.
- Offered empirical (qualitative or quantitative) data regarding FASD screening and/or indicators.

In total, **52 peer-reviewed and grey literature sources** (e.g., published journal articles, government reports) were included.

### WHAT WE FOUND

Sources were primarily from Canada, Australia, and the United States, and included quantitative, qualitative, and mixed method approaches. More than half (67.3%) of the sources were focused on adults, with fewer (19.2%) examining youth, or both youth and adults (13.5%). Although few sources reported information about participant sex or gender (34.6%), samples generally included a greater number of boys/men. Over half of the studies (59.6%) included participants who were legally involved and had PAE, FASD, or may have had FASD. The remaining sources included legal/clinical professionals and caregivers (36.5%) or had mixed samples (3.8%, e.g., youth and caregivers).



## FASD Screening Tools in Legal Contexts

The review yielded 11 FASD **screening tools**, including four (36.4%) specifically developed for use in custodial or community-based criminal legal contexts (see [Appendix A](#)). The tools were designed to be completed by self-report, maternal and other collateral report, as well as by professionals (e.g., probation officers).

- The Brief Screen Checklist<sup>12</sup> (BSC), the FASD Screening and Referral Tool for Youth Probation Officers<sup>26</sup> (SRT), and the Life History Screen Interview<sup>27</sup> (LHSI) had the most available research.
- The BSC (largely completed through self-report) and the SRT (completed by probation officers, correctional case managers and researchers) were highlighted as being relatively easy to administer.
- The BSC and SRT both had limited psychometric support (e.g., accuracy, correctly identifying individuals who do and do not have FASD) and use with youth and other diverse populations remains limited.
- The LHSI (completed by researchers and a program coordinator) had inconsistent psychometric properties but was recommended by Kerodal and colleagues (2021)<sup>28</sup> for potential use in federal corrections due to identifying the most cases of complex needs or FASD, erring on the side of over-inclusion.

### Definitions

- **Psychometric properties:** A tool's ability to produce accurate and consistent results.
- **Validity:** How well a tool identifies what it is supposed to identify.
- **Reliability:** Whether a tool consistently identifies what it is supposed to identify.

Overall, there was limited and inconsistent evidence available to support the reliability and validity of the screening tools found in the review in specific criminal legal settings or populations.

## FASD Screening Indicators

**Indicators** were defined as factors that differed significantly between people with and without FASD or that were particularly salient for those with FASD and could therefore be potentially helpful for FASD identification and screening. In total, 38 potential indicators of FASD in criminal legal contexts emerged across six conceptual domains, including FASD diagnostic features, neurodevelopmental functioning, mental health and neurodevelopmental disorders, life and historical events, physical health, and criminal legal characteristics (see [Appendix B](#)).

Many of the indicators captured in our review are current items used on FASD screening tools (e.g., PAE, child welfare history, learning difficulties), generalize across different FASD diagnostic approaches, and align with items on FASD screening tools developed for non-legal contexts. This all lends support to these indicators as being potentially useful for screening, although it is important to consider practical implications of gathering information. For example, although PAE is an important indicator of FASD, it can also be challenging to confirm due to a lack of available data and stigma surrounding alcohol use during pregnancy.<sup>29,30</sup> Other indicators such as mental health and school difficulties may be easier to rate via self-report as these variables have been shown to distinguish between people with/without FASD.

## Individual Level Needs

Across sources, 10 areas of need emerged that did not distinguish people with and without FASD in criminal legal settings but nevertheless

appeared important to address in the context of FASD identification and screening:



**Mental health & emotional regulation:**

Tailored support, particularly for trauma and substance use, and tailored interventions for specific populations (e.g., youth, Indigenous people).



**Adaptive function:** Appropriate structure and support for daily living, addressing decision making, self-advocacy, and supporting sexual health.



**Housing:** Access to adequate housing, stable home placements, and supportive housing.



**Community engagement:** Living interdependently, increasing community functioning, feeling safe.



**Social functioning:** Developing positive relationships, mentorship, and social skills.



**Criminal-legal:** Use simple, appropriate, and culturally specific language in legal processes, need for communication assistance in youth justice settings, and cultural considerations for groups with unique cultural strengths and needs, such as Indigenous people.



**Additional:** Needs identified (with less evidence) included attachment, family cohesion, and challenges with employment and education.

## System Level Needs

Six system and organizational needs important to the effective implementation of FASD screening in criminal legal contexts were identified:

- Enhanced and accessible FASD screening and identification approaches and tools
- Comprehensive FASD and neurocognitive assessments and diagnostic services
- FASD training, education, and resources
- Raising community capacity/awareness
- Income and child-care programs
- Health promotion and FASD prevention

## IMPLICATIONS

More research is needed to assess the psychometric properties of FASD screening tools in specific settings and populations and evaluate effective implementation approaches. In addition, time and resources need to be dedicated towards exploring ways to address the individual and system level needs identified in the review. Future studies are recommended to explore implementation considerations in criminal legal settings, including effective training approaches and resources for professionals administering screening.

Findings will be used to inform the development of the Screening Toolkit, including appropriate items for inclusion and additional needs that professionals should look out for and address with people who may have FASD.

The FASD Screening & Identification Conceptual Framework ([Appendix B](#)) was developed to demonstrate the indicators and needs to be considered for implementing evidence based FASD screening, including selecting existing tools and/or validating existing tools, developing new instruments, and providing needed resources and training for success.

# ONLINE SURVEY

## UNDERSTANDING CURRENT PRACTICES & NEEDS FOR FASD SCREENING IN CRIMINAL LEGAL CONTEXTS

Criminal legal professionals play an increasingly important role in identifying and supporting individuals with FASD. As such, the purpose of our online survey was to understand professionals' experiences and knowledge, practices, needs, and challenges in identifying and/or screening for FASD in criminal legal contexts across Canada.

### WHAT WE DID

The survey was launched using Qualtrics in November 2022. Data collection is ongoing. Participants were eligible to complete the survey if they:

- Were an English-speaking professional over the age of 18 working in criminal legal settings and/or with legally involved individuals
- Lived in Canada

Recruitment emails were sent to organizations and to individuals using publicly available contact information, as well as email listservs and organizations connected through the Asante Centre networks. Information about the survey was also posted on social media.

As of May 2023, **63 respondents** met our eligibility criteria and completed at least 30% of the survey and were therefore included in the following analyses.

### WHAT WE FOUND

The majority of respondents were women (70.7%), identified as White/European (70.2%), and were primarily from urban areas in BC

(65.1%). Respondents most commonly worked as youth/adult probation officers, or parole officers (35.5%), and most (80.9%) reported having six or more years of experience in their role.

### FASD Experience & Knowledge

More than half of respondents (58.1%) reported "moderate" to "a great deal" of experience working with individuals with FASD and two-thirds (67.7%) reported "fair" to "moderate" knowledge of FASD. Sources of this knowledge included work experience, FASD trainings, education, and personal research.

**Almost all respondents (91.4%) agreed or strongly agreed that it is important to identify people who may have FASD in their practice.**

Most respondents (80.3%) "agreed" or "strongly agreed" that they were prepared to recognize and/or identify individuals who may have FASD. However, responses varied (e.g., 28.6% "agreed" they were prepared, 15.9% "somewhat disagreed," and 15.9% "strongly disagreed") when asked if they were prepared to use existing screening tools.

### FASD Identification & Screening Practices

Over half of respondents (65.5%) reported using an FASD identification and/or screening practice. Among these individuals, half reported

using an FASD screening tool. The most commonly used tools were:

- The FASD Screening and Referral Tool for Youth Probation Officers (20.6%)
- The Brief Screen Checklist (9.5%)
- The Life History Screen Interview (4.8%)
- The Initial Risk Screening Measure (4.8%)

Participants were asked what features they liked best and/or found most helpful about the screening tools they used. Answers included that they were simple, concise, easy to use, straightforward, and holistic. Additional commonly used every day FASD identification practices included:

- Reviewing records/case files and noting potential indicators of FASD.
- Inviting conversations about FASD with collateral individuals (e.g., support workers, parents).
- Asking questions specifically about FASD on intake/initial forms.
- Inviting conversations about FASD with clients directly.

## Barriers & Challenges

Common reasons for *not* using an FASD identification/screening practice included:

- Not enough training and education.
- Not having access to screening tools.
- Not being aware of screening tools.

Additional reported barriers to screening included difficulty confirming PAE, constraints due to stigma, lack of evidence based FASD screening tools for legal contexts and working with individuals and/or guardians who may not wish to participate.

## Goals & Next Steps

Participants who reported using an FASD identification and/or screening practice described some of the most important goals of screening as having a better understanding of a person's needs and strengths, adapting practices, informing legal decisions or steps related to the individual's case, and creating individualized accommodations.

Respondents were asked which next steps they would be most likely to pursue, post FASD screening. The most commonly rated next steps included modifying services to support the individual's needs, referring for other kinds of assessments, and referring the individual for further FASD diagnostic assessment.

## Training

Most participants (74.5%) agreed or strongly agreed that they would like training or additional training on FASD identification and screening. Training formats rated as being most helpful included in-person workshops, concise provider and staff training, training that is built into a screening tool, and accredited training opportunities.

## IMPLICATIONS

Survey findings indicate that professionals working in criminal legal contexts are using a variety of everyday approaches and screening tools to identify FASD. Understanding what approaches are currently being used, and why, can help guide best practices and inform the development of future screening approaches. In addition, the challenges and training needs highlighted by professionals will inform the development of the Screening Toolkit.

# INTERVIEWS

## UNDERSTANDING CURRENT PRACTICES & NEEDS OF EXPERTS IN FASD SCREENING IN CRIMINAL LEGAL CONTEXTS

In conjunction with information learned from the surveys, we were also interested in hearing from professionals in Canada and the United States who have expertise in screening and identifying individuals who may have FASD in criminal legal contexts. Interviews were conducted to gain a deeper understanding of the experiences, approaches, and best practices currently used by experts, and to recommend important considerations for conducting FASD screening.

### WHAT WE DID

From January to June 2023, two trained research assistants conducted one-on-one semi-structured virtual interviews with professionals across Canada and the United States with expertise in FASD screening in criminal legal contexts.

Questions canvassed participants' expertise, experiences implementing screening approaches, ideas about potential indicators to include on a screening tool, and qualitative feedback on any identification/screening tools and approaches currently being used.

Questions were open-ended which allowed for respondents to provide detailed and personalized responses and for the interviewers to ask clarifying and follow-up questions as needed. Interviews took place on Microsoft Teams and were approximately 1 hour in length.

Interviews were then anonymized, transcribed, and analyzed using narrative and thematic analyses. Thematic analysis is an iterative

process used to identify, analyze, and interpret patterns of meaning within qualitative data.<sup>31</sup> Using narrative analysis also allowed us to examine results within a broader contextual lens.<sup>32</sup>

Interviewees consisted of **12 experts** from across Canada and the United States. Most participants (66.7%) were between 31 and 50 years old and identified as White/European (74.9%), with some identifying as Métis or of mixed ethnicities. Most participants (66.7%) identified as women.

Respondents reported working in a variety of roles (e.g., clinical social worker, FASD network manager/program coordinator, executive director of a non-profit organization, probation officer) and with either adults or with youth populations, though some worked with both.

### WHAT WE FOUND

Preliminary analysis of the interview data offers initial insights into recommendations from experts regarding FASD screening and identification practices in the criminal legal system. These initial findings lay the foundation for a more in-depth analysis that is ongoing and will further inform the development of the Screening Toolkit.

#### Identification Practices

Four themes were identified around approaches and best practices for identifying FASD in legal settings:

**1. Staff considerations:** Staff should have knowledge of FASD and understand how FASD impacts individuals and their behaviour.

**2. Person centered approaches:** FASD identification should take a destigmatizing and strengths-based approach.

One participant noted that the:

“conversation needs to be normalized... talking about FASD and PAE, breaking down the stigma”

**3. Implementation considerations:** A consistent person should be available to help individuals navigate the system through the entire screening process.

**4. Information collection considerations:** Thorough information should be collected, and staff should be transparent with those being screened regarding what information they are seeking related to PAE/FASD and why.

## Goals

Participants highlighted four goals and intended outcomes of identifying and screening for FASD:

**1. Connection to resources:** Individuals can be referred to needed supports and resources that are specific and/or adapted to the individual.

**2. Understanding FASD:** Identification helps staff and legal professionals understand the individual to support them better.

**3. Reduce legal involvement:** Supporting individuals may lower their risk of legal involvement, particularly for youth.

**4. Assessment/diagnosis:** Screening can inform whether to refer individuals for assessments/FASD diagnostic services.

One participant reported it is important for custody staff to understand that:

“their processing is different and the way they think is different and it’s not noncompliance on purpose, it’s because they’re trying to figure out what they have to do”

## Toolkit Considerations

Participants were asked about key considerations for optimizing an FASD screening tool, including format, length, and style. Several considerations were highlighted:

- **Wording:** Language should be strengths-based, person-first, and simple.
- **Length:** Tools should be short and concise.
- **Questions:** Items should include open-ended questions and room to elaborate.
- **Information included:** May not always have access to needed information (e.g., difficulty confirming PAE).
- **Resources:** Access to training and continued support is needed.

## Implementation Considerations

Participants were asked about successful implementation of screening practices. Some examples of key factors seen as necessary for success included:

## IMPLICATIONS

- Normalizing screening and conversations about FASD.
- Building relationships/rapport with person being screened.
- Considering privacy of the information being gathered.
- Considering cultural factors.

Some of the barriers to implementation identified by interviewees included:

- Stigma and misinformation.
- A lack of understanding of FASD.
- A lack of access to information needed to complete screening.

### Training

Participants reported that training on FASD identification and screening should include:

- Have information about stigma/racism.
- Be straightforward and easily accessible online
- Consider and provide information from the perspective of individuals with living experiences
- Incorporate how brain-based difficulties can impact behaviour
- Be mandatory in correctional and legal settings.

Overall, findings from these interviews highlight important approaches recommended by experts and underscore areas to consider when developing our Screening Toolkit and corresponding training and resources.

Important considerations were raised around using person-centered approaches and helping staff to understand how brain-based differences can impact an individual's functioning and behaviour.

Furthermore, challenges around collecting information for scoring different items on a screening measure were voiced. Cultural considerations around screening were also a focus, with many professionals noting that an important component of screening for FASD includes connecting individuals to culturally relevant/safe supports and resource.

One participant spoke to the importance of FASD-related training:

**“there's still a lot of misconceptions about what FASD [is] and what it looks like...you kind of had this idea of what FASD looks like and then... as you learn more and [do] training, I was like ‘oh, I really actually didn't know what that meant’”**

# COMMUNITY CONVERSATIONS

## LISTENING TO COMMUNITY PERSPECTIVES TO INFORM TOOLKIT IMPLEMENTATION AND EVALUATION

To better understand community providers' perspectives on the importance of FASD identification and screening, as well as related procedures, focus groups were conducted with community members who work with individuals with FASD in the criminal legal system, as well as individuals with FASD, their caregivers, and family members.

The goal of these conversations was to inform the development of the FASD Screening Toolkit and better practices to support individuals with FASD in the criminal legal system. This part of the project was grounded in a participatory community engagement model to help ensure that community perspectives are understood.

### WHAT WE DID

Our team used snowball sampling to find participants for this study. After consultation with the Project Advisory Committee, our team distributed invitations to the Committee, who then distributed those invitations to their colleagues. Advisory Committee members were also invited to participate themselves.

The project coordinator at the Asante Centre also shared project invitations with colleagues, and participants were also welcomed to continue circulating the invitation to additional colleagues. This process supported targeted, yet still widespread, recruitment.

Efforts were made to distribute invitations to a wide range of professionals and community members.

In total, **22 people participated in our Community Conversations**, through five focus groups and one interview.

All conversations took place online using Zoom. We audio- and video-recorded the groups and used Zoom's built-in transcription function to generate transcripts, which were then checked by a member of the research group for accuracy against the recordings.

Focus groups were organized by participants' occupation/role, with separate focus groups for community workers (e.g., social workers), court workers (e.g., judges, court support workers), frontline justice system workers (e.g., police, probation, and corrections officers), lawyers, health service providers (e.g., psychiatrists, psychologists, mental health nurses), and those with living experience (e.g., individuals with FASD, caregivers, family members).

Two sets of questions were used to guide our conversations: one set for people working with individuals with FASD and one set for individuals with living experience. Questions were similar in most ways but also included role-specific inquiry in being responsive to the flow of topics that came up during conversation.

Overall, our questions focused on participants' experiences with FASD identification and screening, the perceived importance of FASD identification and screening in the criminal legal system, and participants' perspectives on how to improve these processes.



## WHAT WE FOUND

Preliminary analysis of focus group data offers initial insights into the challenges faced by individuals with FASD involved in the criminal legal system. These early findings serve as a foundation for a more in-depth analysis (ongoing), which will further inform the development of an effective Screening Toolkit and the enhancement of community practices.

Key preliminary findings include:

1

Participants recognized the **distinct difficulties** faced by individuals with FASD within the criminal legal system, underlining the need for specialized support and intervention.

2

Participants thought that **early identification and diagnosis** of FASD was essential to facilitating appropriate support and reducing the likelihood of recidivism for legally involved individuals with FASD.

3

Participants desired **straightforward communication** methods among those supporting legally involved individuals with FASD, to aid those individuals in navigating the justice system.

4

Participants stressed the importance of extending **support to families and caregivers** of individuals with FASD, acknowledging their critical roles in creating positive outcomes.

5

Participants identified the need for **specific training** for legal and justice professionals in identifying and effectively supporting individuals with FASD.

## IMPLICATIONS

We spoke with community members to better understand their perspectives on the role of identification of FASD in enhancing services and supports for individuals with FASD in BC's justice system. These conversations enable us to represent the voices of professionals, agencies, service providers, and individuals with living experience, as we continue to collaborate, mobilize knowledge, and develop more effective practices for identifying and supporting individuals with FASD.

These conversations reveal potential impacts and outcomes to monitor as the toolkit is implemented and supports that may be helpful as the Toolkit as implementation is initiated. By integrating the real-world experiences and challenges that participants identified through these discussions, evaluation and implementation of the Toolkit can be made more responsive to the needs of community stakeholders in identifying and supporting individuals with FASD.

Engagement with community is an integral link that connects people with FASD and their supporters to broader efforts to improve trajectories and outcomes for individuals with FASD in the justice system.

By bridging gaps in understanding between researchers and the community, this research—and the larger project of which it is a part—aims to improve tools and practices to better support individuals with FASD in BC's justice system.

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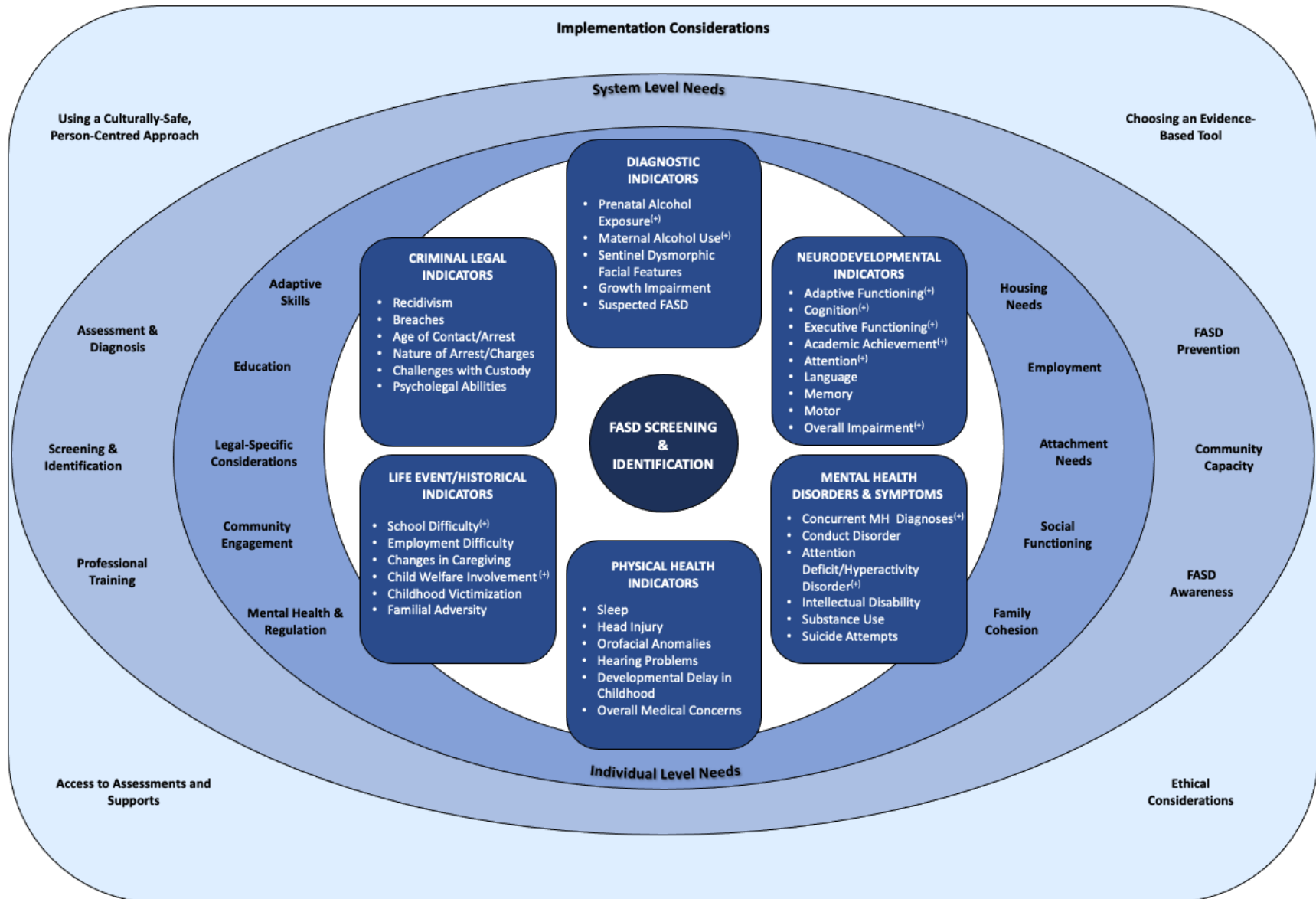
# APPENDICES

## Appendix A. General Information for Identified Screening Tools

| Screening Tool (Author)                            | Items (Format)  | Content Domains   | Rater              | Intended Population (Setting)  | Time (Cost)   |
|--|---|---|--------------------|--|---------------|
| Brief Screen Checklist (BSC) <sup>12</sup>         | 48 items across behavioural, historical, and maternal indicator scales (Scale, Yes/No, Frequency) | Behaviour, diagnostic features, life/historical events  | Self-report        | Incarcerated adult men <sup>12</sup> and women <sup>11</sup> (Corrections) | NR (Free)     |
| Brief Screen Index (BSI) <sup>28</sup>             | 24 items (Scale)  | Adaptive functioning, diagnostic features, criminal legal characteristics, life/historical events, mental health and neurodevelopmental disorders | Self-report        | Legally involved people (Corrections)                                      | 8-20 min (NR) |
| Expert Panel Screening Tool (EPST) <sup>33</sup>   | 4 items (Checklist)   | Diagnostic features   | Non-clinical staff | Youth ages 8 to 18 (Criminal Legal)  | NR (NR)       |
| FASD Risk Assessment Questions (RAQ) <sup>34</sup> | 9 items (Yes/no questions)  | Adaptive functioning, diagnostic features, life/historical events, mental health and neurodevelopmental disorders                                 | Service providers  | Children and adults (NR)   | 5 min (NR)    |

|  |  |   |                            |  |                  |
|--|--|---|----------------------------|--|------------------|
| FASD Screening and Referral Tool for Youth Probation Officer (SRT) <sup>26</sup> | 10 items across 2 Indicator Scales (Checklist) | Diagnostic features, life/historical events, mental health and neurodevelopmental disorders   | Probation officers         | Youth on probation (Criminal Legal)                                  | 10-15 min (Free) |
| Fetal Alcohol Behaviour Scale (FABS) <sup>35</sup>                               | 36 items (Checklist)                           | Behaviours, life/historical events  | Self-report by collaterals | All ages (General community & Corrections)                           | 5 min (NR)       |
| Functional Screening Tool (FST) <sup>36</sup>                                    | 20 items (Scale & Open-Ended Questions)        | Adaptive functioning, criminal legal characteristics, life/historical events  | Service providers          | Youth (Community, institutions)                                      | NR (NR)          |
| Life History Screen Interview (LHSI) <sup>27</sup>                               | 27 questions (Structured Interview)            | Academic achievement, adaptive functioning, diagnostic features, criminal legal characteristics, mental health and neurodevelopmental disorders | Service providers          | Older adolescents & adults (Mental health & substance use treatment) | 15 min (NR)      |
| Red Flag Method (RFM) <sup>37</sup>  | 7 behavioural items (List of questions)        | Behaviours  | Probation officers         | Youth on probation (Criminal Legal)                                  | NR (Free)        |
| Photographic Analysis <sup>38</sup>  | 4 facial features (Photographic Analysis)      | Diagnostic features   | Software & physician       | NR (NR)  | NR (\$220 USD)   |
| Quick Functioning Screening Tool (QFST) <sup>36</sup>                            | 4 items (Scale)                                | Diagnostic features   | Service providers          | Youth (Community & intuitions)                                       | NR               |

## Appendix B. Conceptual Framework



(+)Indicates indicators that were found in five or more sources