

## Youth diagnosed with Fetal Alcohol Spectrum Disorder in a youth detention centre: Implications for justice education

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Disclaimer: This research is conducted with the assistance of the WA Department of Corrective Services (DCS) and the Department for Child Protection and Family Support (CPFS). Materials published or presented as part of this project are neither endorsed by the DCS nor an expression of the policies or view of the DCS. Any errors of omission or commission are the responsibility of the research team.



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## The Banksia Hill FASD Project

### FASD in the youth justice system: A feasibility study of screening, diagnosis and workforce development

Funded by: National Health and Medical Research Council (NHMRC)



Ethics approvals: Western Australian Aboriginal Health Ethics Committee,  
University of Western Australia Human Research Ethics Committee



## Fetal Alcohol Spectrum Disorder



- Severe pervasive neurodevelopmental disorder
- Due to prenatal alcohol exposure

*Affects development, health, learning, behaviour, social skills and emotional regulation.*

Illustration: Kristin, Gull

## Difficulties which can result from FASD..

### With behaviour

- Impulsivity, Hyperactivity, sensory processing

### Communication skills

### Memory and learning

### Cognitive & Executive functioning

### Motor skills

### Can lead to

### Secondary problems including:

- School failure
- Mental health issues
- Drug and alcohol problems
- Engagement with justice system



## FASD: Domains of Assessment

- Brain structure/Neurology
- Executive Function
- Motor skills
- Cognition
- Language
- Academic Achievement
- Memory
- Attention
- Affect
- Adaptive behaviour/Social Communication/Social Skills

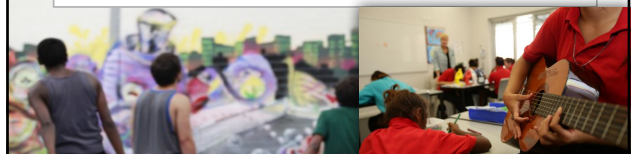
1. Severe impairment in 3 or more of these domains AND
2. Confirmed Prenatal alcohol consumption for a FASD diagnosis to be considered
3. Any other explanations for difficulties needed to be excluded

Australian Guide to the Diagnosis of FASD, <https://alcoholpregnancy.telethonkids.org.au/>




## Banksia Hill Detention Centre

- The only youth detention facility in WA
- Youth on remand & sentenced
- Males and females
- Current population ~150-160



### Study Objectives

1. Estimate the prevalence of FASD in an Australian youth justice context
2. Workforce development – Intervention for custodial staff
3. Qualitative evaluation of the impact of the research project



**Western Australia**

### Assessment Team

**'Gold standard'**

- Paediatrician
- Occupational Therapist
- Speech Pathologist
- Neuropsychology team
- Research Officer




Passmore, et al., (2016). Study protocol for screening and diagnosis of fetal alcohol spectrum disorders (FASD) among young people sentenced to detention in Western Australia. *BMJ Open*, 6 (6).

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### FASD Prevalence

One in three in WA youth detention have foetal alcohol spectrum disorder, study finds

By Charlotte Harris  
Posted 2 Mar 2017, 5:37pm




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### What can work for young people with FASD

#### Individualised learning


- Acknowledge and respond to cultural and linguistic needs
- Realistic, achievable, and meaningful goals
- Adjustments to the curriculum (developmental not chronological) – IEP's
- Responding to needs in a targeted way
- Strength based models
- Specialised supports: special needs trained teachers, SP, Psych, OT
- Use of technology such as laptops and iPads
- Alternative school settings
- Reframing behaviours: common behaviours, misinterpretations and characteristics of FASD (handout with common misinterpretations)



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### FASD Strategies by Deb Evenson & Jan Lutke (1997)

**EIGHT MAGIC KEYS**  
PLANNING FOR STUDENTS WITH FETAL ALCOHOL SPECTRUM DISORDER




- CONCRETE**: TALK IN CONCRETE TERMS, BUILD POSITIVE LANGUAGE
- CONSISTENCY**: PRACTISE & REINFORCE THE SAME MESSAGES & STRATEGIES
- REPETITION**: REINFORCE MESSAGES WITHIN THE SAME MESSAGE
- ROUTINE**: KEEP WORKING SCHEDULE
- SPECIFIC**: SPEAK POSITIVELY ABOUT THE GOOD THINGS YOU WANT TO SEE
- STRUCTURE**: THE GOOD THAT MAKES THE UNWELTLY FEEL SAFE, STABLE – TALK POSITIVELY
- SUPERVISION**: SCAFFOLD INDEPENDENCE
- SIMPLICITY**: KEEP IT SIMPLE & SWEET

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### Concrete Terms

Language disorder is present in ~50% of youth justice populations

- Think 'younger' with your language
- Say exactly what you mean
- Avoid jargon, idioms, figurative language (e.g. you've hit the nail on the head)
- Check regularly for understanding
- Avoid phrases with 'before' and 'after'. Instead, talk about events in a logical order (first... then...)



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## Consistency



CONSISTENCY

36% of the study population and nearly half of those with FASD had a cognitive impairment

- Difficulties with generalising learning and adapting after change

### Be consistent with:

- language/terminology to support understanding
- routines
- use of visuals, but keep them simple
- expectations
- behaviour management
- sensory regulation strategies

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## Repetition



REPETITION

56% of the study population and half of those with FASD had a memory and learning impairment.

72% had attention impairments

- Support working and short-term memory difficulties
  - May remember an instruction one day, but need it repeated the next.
- Require repetition and re-learning to consolidate learning (in to long-term memory)
- Visuals to supplement verbal instruction
- Additional time between instructions to allow processing

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## Routines & Structure



ROUTINE

- Nearly half of all study population had attention impairments.
- Use stable routines
- Predictability from one day to the next
- Sensory strategies
- Giving warning for changes
- Use of visual schedules, calendars, diaries.
- Leads to decreased anxiety



Today's Schedule

1		
2		
3		
4		
5		

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## Simplicity & Specific Language



SIMPLICITY

A young person with FASD can become easily overwhelmed

- Break down instructions into achievable chunks
- Consider how many steps you are giving at one time
- Simple visual prompts
- Use short and simple sentences/instructions
- Reframe instructions



SPECIFIC

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## Supervision



SUPERVISION

40% of this study population and 72% of those with FASD had executive functioning impairment

- Required to support cognitive challenges
- Again, "think younger"
- This will help develop habit patterns of appropriate behaviours
- Ensures safety
- Opportunities for errorless learning which is valuable for motivation.
- Use of praise

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## Whole Classroom/School Approaches

- Stronger Smarter school cultures: <http://strongersmarter.com.au>
- Calmer classrooms : <http://education.qld.gov.au/schools/healthy/pdfs/calmer-classrooms-guide.pdf>
- Emotional Regulation programs: E.g. Alert Program [www.alertprogram.com](http://www.alertprogram.com) or Zones of Regulation program
- Classroom modifications

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## Whole Classroom/School Approaches

- Supporting / building capacity of teachers in early literacy intervention and adapting classroom language
- Mindfulness and meditation (Drew E. Winters & Emily Beerbower, 2017)
- [http://kimberleyfasdresource.com.au/pdf/FASD\\_ResourceForTeachers.pdf](http://kimberleyfasdresource.com.au/pdf/FASD_ResourceForTeachers.pdf)



## Modifying the Environment

- The usual classroom environment can be overstimulating for children with FASD
- Decrease visual and auditory stimulation:
  - natural versus fluorescent light
  - room and desk dividers
  - covering windows and walls
  - using head phones
- Calming spaces
- Use of 'fidget toys'
- Frequent movement breaks



## Barriers in a Detention Centre Classroom

*Based on two teacher focus groups as part of a qualitative study.*

- Teachers are not always given information about their students
- Training opportunities
- Teacher aid supports in the classrooms
- Teacher student ratios
- Difficulties with disability supports accessing the classrooms
- Unpredictable setting
- Limited resources
- Management of sensory needs
- Competing priorities within the detention centre



## FASD – A Hidden Disability:

### Implications

- increase political pressure to have FASD recognised as a disability
- adapt educational policy to support the needs of those with FASD
- recognise FASD may be an underlying diagnosis & not always associated with dysmorphic facial features
- need to consider common comorbidities such as ADHD, language disorder
- consider that FASD young people are a diverse group with varying levels of severity and strengths
- often have a background of disrupted attachment and trauma (i.e. higher % of child protection involvement)



## Key Messages and Next Steps


- Custodial setting classrooms likely have many youth with undiagnosed FASD
- Many others will have other “hidden disabilities”
- Certain behaviours may be a result of an underlying disability
- Improved systems for assessment of young peoples’ skills is necessary to support much-needed interventions
- Funding for specialist multi-disciplinary interventions at the whole school, small group and individual levels is required



## Key Messages

- Individualised education plan and modified teaching to support school engagement
- Ongoing specialised support to work towards educational outcomes
- Information sharing between education, psychology, health and case planning departments is needed
- Whole class approaches could be considered but further research in correctional settings is required





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Young people at Banksia Hill and their families

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Department for Child Protection and Family Support

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- First Peoples Disability Network Australia
- National Organisation for FASD Australia (NOFASD)
- Aboriginal Legal Service WA
- Office of the Inspector of Custodial Services
- Banksia Hill Detention Centre
- Consumer Representatives
- Chief investigators & project team





## Thank you for attending

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