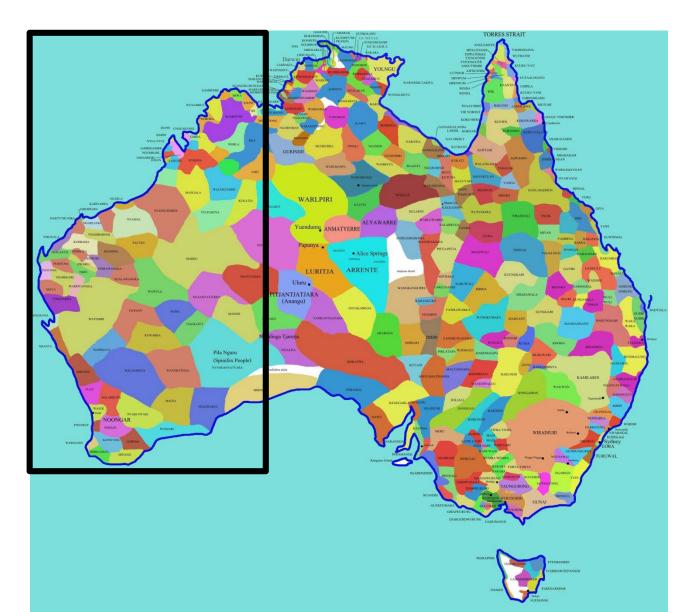
Potential pitfalls and challenges to providing psychological services for young people with FASD within the Western Australian juvenile justice system.

Annette Paul (Principal Clinical Psychologist) & Dr Carmela Pestell (Clinical Neuropsychologist)



## Its Complicated !



## Role of Youth Justice Psychological Services (YJPS)

- Provide psychological assessments and counselling services to youth with offending behaviour and their families throughout the state and the one detention centre.
- Responding to Court requests for forensic reports.
- Team consists of 14 Clinical/Counselling/Forensic Psychologist, 7 are allocated at the Banksia Hill Detention Centre.
- 1 regional position



# Court Reports 2016

Туре	No.	%
Fitness to plea	22	9
Doli Incapax	2	1
Psychological pre-sentence	185	76
FASD	28	12
Neuropsychological	5	2
Total	242	

### Court Reports 2016 Gender (n=242)

Туре	%		
	Male	Female	
Fitness to plea	86	14	
Psych. pre-sentence	84	16	
FASD	89	11	
Neuropsychological	80	20	

### Court Reports 2016 Aboriginality (n=242)

	%	
Туре	Aboriginal	Non- Aboriginal
Fitness to plea	55	45
Psych. pre-sentence	45	55
FASD	79	21
Neuropsychological	40	60

### The disastrous legacy of child abuse and neglect



supervision, as well as alleged sexual and physical abuse," the judgment anys. Without reaching adulthood, the teenager has endured more than any child should and now faces a bleak uture. And, apparently, nobody wants to take responsibility for that future

seveteriously injured one night it December 2010.

The then eight month-old was only taken to hospital when his paternal grandmother; Doris Mippy, visited the next day and questioned whether

something was wrong with the baby

#### MENTAL HEALTH WEEKLY FASD center seeks proposals for juvenile court initiative

The Fetal Alcohol Spectrums **Disorders Center for Excellence is** seeking proposals from juvenile Paying the price dependency,

or family court service units to mobilize and build capacity c juvenile courts to develop and i policies and procedures to iden diagnose and treat juveniles wi fetal alcohol spectrum disorder (FASD). The desired outcomes to reduce recidivism, reduce pr violations, and improve the fund of the youth.

**MONDAY, NOVEMBER 1, 200** 

## for alcohol abuse

E YORKS: Data reveals 79 alcohol-related deaths in one year



There is no such thing as a cheap

drink. Someone else is paying the price

### Research Suggests Therapy Approach

Alcohol's Toll on Fetus Worse Than Thought

#### By LINDA CARROLL

**Science Times** 

The New Hork Times

When Sidney Guimont's arning disabilities were diagnosed as fetal alcohol syndrome 14 years ago, no therapy was available to help her or others similar ly damaged by alcohol. There still is none. Ms. Guimont, now 28, re-

members how hard it was to keep up with her class-"I always felt like I was on the outside looking in.'

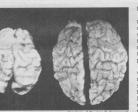
she said. "Everyone was going at one pace. I was going at another. They were all going

faster than I was Although no one knows to what extent damage to the brain and nervous system can be reversed, recent animal research has suggested that improvements can be made if therapy is started early in life.

A study published last year found that with the right training, rats could overcome some of the deficits caused by alcohol exposure.

Initially, the alcohol-exposed rats had problems with coordination, par ticularly in synchronizing the movements of front and rear paws, said the study's lead author, Dr. Anna Klintsova, an assistant professor at the State University of New York at Binghamton. But, after 20 days of training on an obstacle course, the rats learned how to maneuver better

To test the improvement, the researchers put the rodents through a 'sort of rat Olympics," said co-au-



Left the brain of a baby who died from fetal alcohol syndrome. The other brain is from a normal infant.

> thor Dr. Charles Goodlett, a professor of psychology at Indiana University-Purdue University in Indianapo-

During the first few runs through the course the rats often fell as they tried to traverse difficult obstacles like parallel bars. Each time a rat lost balance and fell, its trainer would catch it and and put it back up on the obstacle until the rat figured

out how to navigate on its own. Ultimately, when the trained, alcohol-exposed rats were tested on an obstacle course that they had never seen, they did as well as trained un exposed rats, Dr. Klintsova said, and they did better than untrained unexposed rats

Even though the trained rats had many more synapses per neuron than the untrained, the researchers found that compared with healthy rats, those exposed to alcohol had

fewer neurons overall "We're not saying that the training completely cured the rats," Dr. Klint sova said. "But apparently the additional synapses per nerve cell were sufficient to increase learning and performance.'

In a study at Emory University, researchers are trying to duplicate those re sults with children. They have drawn up a curricu lum that focuses on partic ular areas like arithmetic that have proved hard for children with alcohol-rela ed disorders.

For example, research ers have devised new way

to teach children with the syndrom about sequences and series, said Dr Claire D Coles director of the Feta Alcohol Center at the Marcus Institute and a professor at the Emory School of Medicine.

Dr. Coles and her colleagues give each child a piece of rope, clothes-pins and index cards. The children are asked to describe a day's events Then the child's tutor determines the order the events occurred and draws each event on a card. The student hangs up the cards on the rope in the correct order

"This helps in understanding sequences, in working memory and in visual-spatial skills," Dr. Coles said "We are avoiding rote memorization of math facts and focusing on the underlying concepts that are the foundation of math We have not finished evaluating this program, but the initial feedback is very positive.



F1 TUESDAY, NOVEMBER 4, 2003

# Increased interest in young people with FASD

The Children's Courts throughout WA
Increased requests for assessment to determine FASD

-"The calculus of sentencing the average offender does not apply to an offender with FASD"-- R v Haper [2009] YKTC 18 [39]

-Churnside v The State of Western Australia [2016] WASCA 146. -LCM v The State of Western Australia [2016] WASCA 164

• The Youth Justice Board of WA

-response to the Judiciary to address the timeliness of FASD reports

• Lawyers

-concern from both defence and prosecution as to the processes for young people suspected of having FASD

The **Unit Australian** Wednesday, September 7, 2010



# Jail an easy answer but not a solution to crime

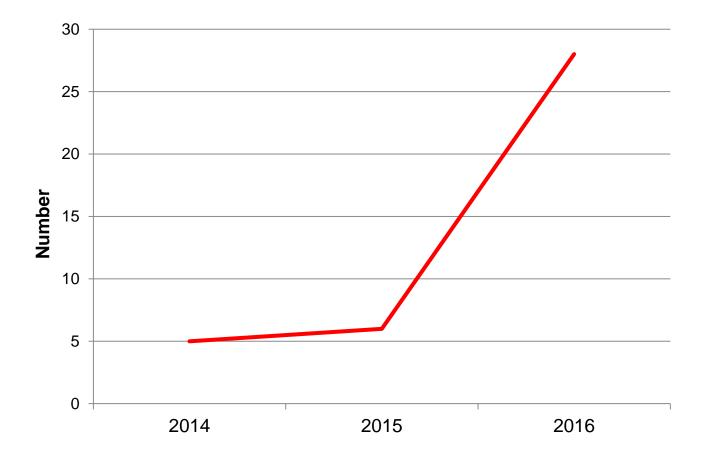
Jail quashed to end crime cycle.

"His is not an isolated case. The community will either bear the cost involved in providing the appellant and those like him with support or bear the costs involved in a cycle of offending and incarceration. The courts, too, must make "every possible effort" to engage services to assist offenders, rather than just jailing them. Otherwise the repetitive cycle of offending followed by ineffective punishment would continue indefinitely." *Chief Justice Wayne Martin, 2/9/16* 



"It is important to acknowledge that strategies of the kind deployed in respect of Churnside will fail a significant percentage of the time, are expensive and are not easy to implement. However, these facts should not discourage from making the attempt made in respect of Churnside with other offenders, given the inequity of any other course of action and the seriousness of the forensic dilemma posed by young offenders with FASD" (Freckelton, 2016)

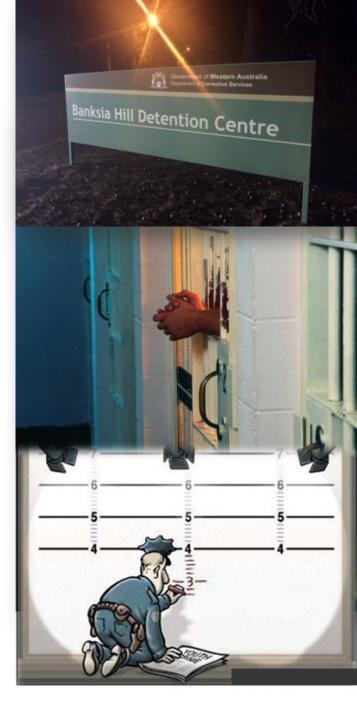
### FASD Court Reports Trends 2014 - 2016



## Court Reports 2016 FASD Diagnoses

	No. Cases
FASD Confirmed	17
No FASD	11*

\*Four cases where maternal alcohol use was denied by mother but strongly suspected; one case where young person deemed "at-risk" of FASD based on only two impaired domains (versus required three)

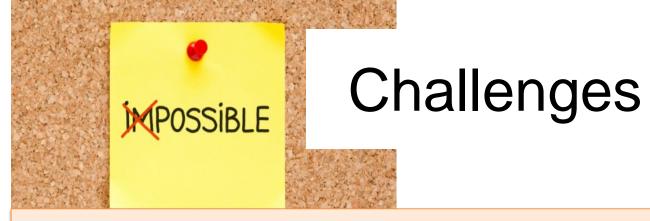


### Multi-disciplinary Model of Service

- Court mandated FASD assessments
- FASD clinic operating in a youth justice office
- Clinic consists of Paediatrician, Speech Therapist, Neuropsychologist, Occupational Therapist (if required), Forensic/Clinical Psychologist from YJPS

## MDT Process

- Referral received from the Court
- YJPS takes lead in co-ordination of services and key stakeholders including the family
- Gathering of historical and medical information
- Rotation of specialist
- MDT discussion-diagnosis
- Report



- Difficult to co-ordinate all specialist on one day
- Facilitating the YP to attend the assessment
- Legal issues e.g. plead or not plead to charges
- Presentation of the YP (may be under the influence of a substance)

# Challenges (cont)

- Clinic may not be running in the regions within the Court timeline
- A lack of understanding of how and why FASD should be assessed for
- Accessing remote communities
- Cultural and language barriers
- Suitability of clinicians



### Ethical issues

- Tension between forensic vs clinical/advocacy role
- Forensic implications as diagnosis a mitigating factor
- Managing/communicating sensitive feedback to youth and family members within justice framework has been particularly difficult,
- Implications of diagnosis due to stigma and shame, especially at a cultural level (i.e. can lead to youth being shunned from their community)

### Intervention/treatment ??

