



*russell family fetal alcohol disorders association*

47 Sheridan Street, Cairns  
www.rffada.org

## Russell Family Fetal Alcohol Disorders Association [rffada]

---

### Submission under the Youth Justice and Other Legislation Amendment Bill 2015

#### The Key Objectives

- Remove boot camp orders from the range of sentencing options for children
- Prohibit the publication of identifying information about a child dealt with under the Youth Justice Act
- Remote breach of bail as an offence for children
- Make childhood findings of guilt for which no conviction was recorded inadmissible in court when sentencing a person for an adult offence
- Reinstate the principle that a detention order should be imposed only as a last resort and for the shortest appropriate period when sentencing a child
- Reinstate the Children's Court of Queensland's sentence review jurisdiction and expand the jurisdiction to include Magistrates' decisions in relation to breaches of community based orders and
- Reinstate into the Penalties and Sentences Act the principle that imprisonment is a sentence of last resort and a sentence that allows the offender to stay in the community is preferable

#### Russell family fetal alcohol disorders association

**Russell Family Fetal Alcohol Disorders Association** [rffada] is a national not-for-profit health promotion charity dedicated to ensuring that individuals affected prenatally by alcohol experience improved access to diagnostic services, support and multidisciplinary response in Australia, and that carers and parents are supported with a "no blame no shame" ethos. The rffada provides a range of support resources and information relating to Fetal Alcohol Spectrum Disorder, or FASD. The rffada Strategic Plan is based on four key priorities.

1. Prevention
2. Support
3. Training and Education
4. Research and Projects

The rffada is completely unfunded and is staffed by volunteers only.

#### Fetal Alcohol Spectrum Disorders

FASD is a physical disability with psychiatric and mental health sequelae. It has an amalgamation of factors which when combined, will often lead the individual into the criminal justice system. FASD is a cognitive impairment which

can result in an intellectual impairment, therefore it cannot be taken in isolation from other social and medical issues which are often treated without understanding the etiology. FASD cannot be taken in isolation. Domestic violence, youth mental health, juvenile justice, anti-social behaviour, homelessness, unemployment, dysfunctional family situations, substance use disorders, sex offences, sexual, physical and emotional abuse and education are all intertwined with FASD and cannot be separated. If we do try and work on these social conditions in isolation we will not be successful. Further as a result of alcohol in utero, the individual can suffer from other physical problems including damage to the heart, kidney, skeleton, hearing and vision.

1. Alcohol is a teratogen which risks adverse fetal outcomes when it is consumed during pregnancy
2. The impairments and disabilities may be cognitive, developmental and |or physical
3. Mental illness is perhaps the most debilitating and preventable sequelae of undiagnosed, misdiagnosed and misunderstood FASD
4. The disabilities caused by prenatal alcohol exposure are a human rights issue of monstrous proportions – this condition underpins domestic violence, bullying, inappropriate sexual behaviour, criminal activity particularly at an early age, self-harm, mental health issues and suicide
5. It is the right of every Australian child to know success - a child with undiagnosed FASD suffers from misunderstanding, unachievable expectations by parents, teachers, employers, and friends, each of which eliminates a little more self-confidence, self-esteem and happiness from their lives
6. Over 50% of people with FASD will have experienced life in prison - by this time it is likely their secondary disabilities are more critical and damaging in a daily life sense than the primary brain injury
7. This condition must be called for what it is. Young people with FASD in the youth justice system is actually ‘Developmentally-delayed children with cognitive and psychiatric impairment being called to account for the consequences of their actions when they are unable to connect their actions with the consequences’
8. The most common cause of cognitive impairment is FASD.
9. Ninety-six percent of people with FASD will have a psychiatric disorder

FASD is a term used to describe a grave and ubiquitous health problem conservatively affecting between 500,000 and 1,000,000 people in Australia many of whom are adolescents and young adults (May et al 2015). The physical brain injury can mean information processing difficulties, attention and memory problems, difficulties in sensory integration and emotional regulation and poor cause and effect reasoning which in turn compromise learning. Individuals may be diagnosed with a learning disability without understanding the primary brain injury. Many of those who are diagnosed or acknowledged at risk for fetal alcohol exposure do not have an intellectual disability. This adds to the invisibility of their struggle in school and beyond.

As individuals age, secondary conditions emerge including mental health problems, drug and alcohol addiction, and engagement with the criminal justice system. These issues become an expectation and a ‘rite of passage’ for many Aboriginal and Islander adolescents to be experienced as the gap widens between unrealistic expectations and the continued experience of failure as individuals living with FASD struggle to keep up at school and to experience social acceptance particularly by peers. A longitudinal and seminal study of individuals diagnosed with FASDs (Streissguth *et al*; 2003) found that over 90% will experience a mental health problem. This alarming statistic does not account for those without a diagnosis and yet is clear evidence that any program on mental health MUST include brain functioning, particularly as this relates to FASD, in any program which aims to assist young people with mental health risks. Overall, because the brain cannot be seen and behaviour is observable, it is behaviour which labels and defines the scope of an individual’s ability and an individual’s self-perception.

Because of the lack of understanding of this condition by medical and allied health professionals, accurate differential diagnosis does not often occur. Instead, FASD is often mis-diagnosed inter alia as:

1. ADHD | ADD
2. Personality disorder
3. Mental health disorders
4. Autism | Asperger’s
5. Oppositional Defiant Disorder [ODD]

6. Reactive Attachment Disorder [RAD]

We do not yet have any prevalence rates for Australia and can therefore only cite statistics from overseas which show that we conservatively have between 2 and 5 percent of people are affected by this condition. This is more than Autism, Asperger’s, Down Syndrome, and Multiple Sclerosis combined. Using conservative figures, the cost to the government has been assessed as being in the vicinity of \$6 billion.

Problems in addition to mental illness include the dot points below however it is important to note that one person is unlikely to have every symptom. There are so many variables with FASD that while there may be core deficits, there are often very distinct differences between affected individuals. The following table identifies some of the key characteristics.<sup>1</sup>

<p><b>Early Development</b></p> <ul style="list-style-type: none"> <li>• Failure to thrive</li> <li>• Tremors or jitteriness</li> <li>• Seizures</li> <li>• Feeding problems in infancy</li> <li>• Sleeping problems</li> <li>• Vision and  or hearing problems</li> <li>• Difficulty with toilet training, wetting, or soiling</li> <li>• Problems with personal hygiene</li> <li>• Difficulty with the onset of puberty</li> </ul>	<p><b>Memory   Learning   Information Processing</b></p> <ul style="list-style-type: none"> <li>• Poor   inconsistent memory</li> <li>• Slow to learn new skills</li> <li>• Does not seem to learn from mistakes</li> <li>• Has difficulty recognising consequences of actions</li> <li>• Slow information processing</li> <li>• May remember one day and forget the next</li> </ul>
<p><b>Communication   Speech</b></p> <ul style="list-style-type: none"> <li>• Talks excessively, and too quickly</li> <li>• Interrupts</li> <li>• Unusual conversational subjects</li> <li>• Very opinionated</li> <li>• Speaks indistinctly</li> <li>• Makes off the wall comments</li> <li>• Repeats phrases   words frequently</li> </ul>	<p><b>Abstract Thinking   Judgment</b></p> <ul style="list-style-type: none"> <li>• Poor judgment</li> <li>• Unable to plan and execute</li> <li>• Functions poorly without assistance</li> <li>• Concrete, black or white thinking</li> <li>• Does not understand idiom or concepts</li> </ul>
<p><b>Behaviour Regulation</b></p> <ul style="list-style-type: none"> <li>• Poor anger management</li> <li>• Mood swings</li> <li>• Impulsive</li> <li>• Compulsive</li> <li>• Perseverative</li> <li>• Inattentive</li> <li>• Unusual activity level [high or low]</li> <li>• Illogical lying [confabulation]</li> <li>• Illogical stealing</li> <li>• Unusual reaction to sound, touch, light</li> <li>• Rocks or swings rhythmically</li> <li>• Fidgety, cannot sit still</li> </ul>	<p><b>Childhood Appearance</b></p> <ul style="list-style-type: none"> <li>• Shorter or thinner than peers</li> <li>• Eyes may be wide-spaced, smaller than normal, slanted, droopy eyelids</li> <li>• Lips may be long and  or smooth space between upper lip and nose, thin upper lip</li> </ul> <p><b>Motor Skills</b></p> <ul style="list-style-type: none"> <li>• Poor   delayed motor skills</li> <li>• Overly active</li> <li>• Poor balance</li> <li>• Accident prone</li> <li>• Can be clumsy</li> </ul>
<p><b>Planning   Temporal Skills</b></p> <ul style="list-style-type: none"> <li>• Needs help organising daily tasks</li> </ul>	<p><b>Spatial Skills   Spatial Memory</b></p> <ul style="list-style-type: none"> <li>• Gets lost easily</li> </ul>

<sup>1</sup> FASD Experts <http://www.fasdexperst.com> | Screening.shtml accessed on the 24th February 2014

<ul style="list-style-type: none"> <li>• Cannot organise time</li> <li>• Misses appointments</li> <li>• Has difficulty with multi-step instructions</li> </ul>	<ul style="list-style-type: none"> <li>• Difficulty navigating from point A to point B</li> <li>• Poor memory for sequences and dates</li> </ul>
<p><b>Academic   Work Performance</b></p> <ul style="list-style-type: none"> <li>• Gives impression of being more capable than he actually is</li> <li>• Tries hard and wants to please, but end result disappoints</li> <li>• Has trouble completing tasks</li> <li>• Has problems with school   job attendance</li> <li>• School drop-out</li> <li>• Poor work history</li> <li>• Finds it difficult to keep a job</li> <li>• May become frustrated with instructions</li> </ul>	<p><b>Social Skills   Adaptive Behaviour</b></p> <ul style="list-style-type: none"> <li>• Poor social   adaptive skills</li> <li>• Overly-friendly</li> <li>• Attention-seeking</li> <li>• Behaves notably younger than chronological age which can lead to difficult situations</li> <li>• Difficulty keeping friendships</li> <li>• Easily led   manipulated by others</li> <li>• Poor social   sexual boundaries</li> <li>• Inappropriate social behaviours</li> </ul>

For a child with even a few of these problems, life can be confusing and difficult. Frustration at trying hard to please and then being admonished or even punished for misunderstanding or misconstruing directions results in depression and anxiety. Anxiety also arises from not knowing when and why they will ‘get into trouble’ because of their lack of ability to understand cause and effect.

This can be the point at which a child might turn to a small crime which can in turn escalate for a number of reasons.

## Discussion

It has been said by FASD presenters in Canada that joy riding is a ‘marker of FASD’. The rffada doesn’t have any specific research to support their comments, however it is certainly true that the younger a child commits a crime, the more likely they are to have FASD.

It is estimated that FASD in the general population in the United States is between 2 and 5 percent [Australia does not have mainstream prevalence statistics]. However, this number is most likely underrepresented due to the difficulties diagnosing FASD and the dearth of diagnostic facilities combined with our heavy drinking culture.

As a result of the vast array of deficits associated with prenatal alcohol exposure outlined above, individuals with FASD are highly likely to come into contact with the criminal justice and legal system.

Children with FASD will experience difficulties throughout the youth justice process. In addition, many children with FASD do not possess the capacity to understand and follow the defense process so they often do not contribute in a worthwhile way to the overall defense strategy. The following points should be taken into consideration when dealing with children in the youth justice system with suspected or diagnosed FASD:

**Attentional Deficits.** When suffering from attention related deficits, individuals with FASD may be unable to consult with their attorney because they cannot recollect or are unable to pay attention in court to what happened just moments before. Attention deficits often affect an individual’s ability to learn.

**Behavioral Mismanagement.** Some of the common behavioural features that impact individuals with FASD include impulsivity, hyperactivity, limited insight, and aggression. All these features can be disruptive and can have a negative impact on any follow up, activities or understanding of their predicament. Hyperactivity can affect the

child's ability to communicate and to tolerate the slow process of court activity. Limited insight often results in faulty and irrational decision making. Aggression can affect how others perceive the defendant.

**Confabulation.** If a defendant with FASD suffers from or is susceptible to confabulation it can have negative impact when the child is charged, in court, or following the youth justice process. Confabulation can manifest in the invention of fictitious stories of the past and the insistence on the veracity of these stories. Confabulation is most likely to happen when dealing with law enforcement or justice workers because people with FASD feel the need to tell a story if they are being asked leading questions by authority figures and are feeling the pressure to come up with answers. Confabulation can range from slight distortions of the truth to deliberate engineering of facts.

**Executive Function.** The cognitive deficits associated with FASD makes it complicated for children to function in accordance to standards set by the Queensland youth justice system. A defendant needs to have the ability to plan and communicate with a variety of people in order to properly navigate the system. Executive function deficits will hinder this process. These deficits can also cause negative effects on motivation of the youth as well as the youth's worker. They may look at the youth as one who doesn't care or is not concerned with consequences. As a result of their condition, young people may have behaviour outbursts during proceedings that could indicate to others that they are indeed guilty of all charges and have anger issues that could lead to behaviour that is likely to be seen as violent or negative.

**Immature Behavior.** Immaturity in a teenager with FASD can have negative consequences often causing the individual to make poor decisions, be unable to rationalize, not consider long term risks, and may not look at alternative options during the process. As a result of this immaturity the defendant could place too much trust in the ability and loyalty of others, which will often result in improper decision making and a lack of complete understanding of the justice process. An additional risk of immaturity is that of looking at long term risks of their behaviour. The defendant may plead guilty to a charge, so they can get out of a punishment immediately, and not look at the long term consequences of their criminal charge. They may have to spend the rest of their lives as a registered sex offender or having a record which makes it difficult to secure employment in the future.

**Intellectual Function Deficits.** When dealing with the youth justice system it is important for a defendant to understand and comprehend the legal process. If a young person suffers from intellectual functioning deficits, they may be unable to understand the charges against them or follow court proceedings or procedures. A low IQ can lead to suggestibility and influence compliance.

**Language and Communication Deficits.** If suffering from language and communication deficits, an individual with FASD may not be able to testify on their own behalf, appropriately assist their legal representative or understand basic legal concepts. These deficits can also hinder any mainstream treatment programs designed to restore the young person's ability to live in society [boot camp]. Any treatment programs must take this organic brain injury into consideration.

**Learning Deficits.** When a client with FASD suffers from a learning deficit they are limited in their cognitive thinking thus making it difficult for them to understand that the act they committed was wrong or even how to prevent similar behaviour in the future.

**Suggestibility.** A common deficit associated with FASD is suggestibility. Suggestibility is a personality trait with a cognitive component that has been found to be high in people with FASD. It makes the individual susceptible to being manipulated. As such, individuals with FASD may be at greater risk of giving a false confession. This would also hinder the young person's ability to determine the difference between actual facts and events from suggested ones. Suggestibility can lead to unjust arrests, false testimony, and wrongful convictions. Once in the justice system these individuals may make untrue statements just to please the individual asking the question. They say what they think the questioning person wants to hear, even if that information is wrong and may get them into further legal difficulties.

**Comorbidity.** Individuals with FASD usually have an enormous range of comorbidities. In fact, as many as 90% of people with FASD experience a comorbid mental health condition as well as substance abuse problems. A major issue with this is that frequently these comorbidities lead to missed or wrong diagnosis. Because of the high rate of comorbid conditions in people with FASD it shows that assessing prenatal alcohol exposure is a vital factor to reduce further criminal activity.

The earlier that children are accurately identified, assessed, screened or diagnosed the better the chances of a youth obtaining appropriate support and management of their condition throughout the justice process and beyond.

The rffada has developed a reliable Screening Tool (attached) for children with FASD which has been successfully utilised by allied health and other workers here and overseas to obtain a correct diagnosis and to correctly understand the issues facing the individual and those supporting him or her.

## Recommendations

The rffada recommends that:

1. A reliable screening system is used to identify children in the youth justice system with FASD. This must be mandated by the government by law that every child who is charged with youth offences should be assessed for FASD
2. If a child is screened as being at risk for FASD, they should be diagnosed by a trained team of professionals so that appropriate health and personal supports are in place to avoid future criminal activity
3. Individuals with FASD are over represented in the youth justice system, thus making it vital that all professionals associated with the justice system be educated on the effects of FASD on a youth's ability to understand and comprehend the justice process

Please do not hesitate to contact me should you require further information.



**Elizabeth Russell**  
Anne Russell  
CEO, Russell Family Fetal Alcohol Disorders Association [rffada]  
22<sup>nd</sup> January 2016



# rffada FASD Screening Tool

## ADMINISTRATOR:

This is an informal non-medical screening tool to identify people with suspected FASD. The questions in this tool are based on my research both personal and academic into the condition since 2000. There is a difference between a medical diagnosis and screening. The material in this form offers information only and is not evidence-based. Only a doctor can give medical advice and | or make a diagnosis. FASD can vary in severity. Some people may have just one or two problems; others may have many. The types of problems experienced by children and adolescents with FASD can also change as they become older. A positive response to all these questions still may not mean FASD as there are other conditions which mimic these signs, symptoms and history. **However for the purpose of implementing interventions and strategies - if it looks and sounds like FASD treat it like FASD.**

6<sup>th</sup> November 2015

Apart from Section 1, a tick in each section is worth one point. Once this document is complete, take it to a medical practitioner for a diagnosis.

## MEDICAL PRACTITIONER:

In the absence of an Australian protocol [to be rectified when the trials have been completed], the criteria for each diagnosis on the spectrum is on the last page of this document.

Name and field of person completing this form	Date
---	------

### Young person's Information

Name of Young person	Date of Birth
Age	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address   Community Location	

## SECTION 1 - General Medical

Tick if Not Applicable and move to next section

Has the young person been diagnosed with any of these conditions?

Fetal Alcohol Syndrome  Partial Fetal Alcohol Syndrome  Alcohol Related Neuro-developmental Disorder  Alcohol Related Birth Defects  Neurodevelopmental Disorder – Prenatal Alcohol Exposed  Static Encephalopathy

**IF ANY OF THESE BOXES ARE TICKED THERE IS NO NEED TO GO FURTHER – THE YOUNG PERSON HAS FASD**

Has the young person been prenatally exposed to alcohol?  Yes  No  Yes tick ~ 5 points

Is there alcohol or drug abuse in the family of origin? (self-identify)  Yes  No  Yes tick ~ 3 points

Does the young person's mother or father have a substance use disorder?  Mother  Father  Mother ~ 5 points  
Father ~ 4 points

TOTAL SCORE POSSIBLE FOR SECTION 1

17

SCORE FOR SECTION 1

## COMMENTS





SECTION 2 - Early History <input type="checkbox"/> Tick if Not Applicable and move to next section			
Young person's History	Explanation of condition	Young person's History	Explanation of condition
<input type="checkbox"/> low birth weight <input type="checkbox"/> poor sucking reflex <input type="checkbox"/> failure to thrive <input type="checkbox"/> developmental delay <input type="checkbox"/> hearing problems <input type="checkbox"/> difficulty sleeping	Small at birth – remains small for age Tires easily – cant suck for long periods Does not gain appropriate weight Does not meet milestones Suspected to have hearing problems Poor sleep wake cycle – will often wake at night and play	<input type="checkbox"/> premature baby <input type="checkbox"/> growth deficits <input type="checkbox"/> learning delay <input type="checkbox"/> 'poor' behaviour <input type="checkbox"/> otitis media <input type="checkbox"/> repeated illnesses	Delivered prior to date Remains small for age Find it difficult to learn at home   school Tantrums   immature behaviour Also known as glue ear   grommets   regular colds   flu   upper respiratory tract infections
<b>COMMENTS - THESE CONDITIONS ARE ALL COMMON IN BABIES AND CHILDREN WHO HAVE BEEN PRENATALLY EXPOSED TO ALCOHOL</b>			
TOTAL SCORE POSSIBLE FOR SECTION 2	12	SCORE FOR SECTION 2	

SECTION 3 - Medical   Diagnostic History <input type="checkbox"/> Tick if Not Applicable and move to next section	
<input type="checkbox"/> Attention Deficit Hyperactivity Disorder <input type="checkbox"/> Reactive Attachment Disorder <input type="checkbox"/> Oppositional Defiant Disorder <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Asperger's Syndrome <input type="checkbox"/> Global Development Disorder <input type="checkbox"/> A repetitive involuntary movement	<input type="checkbox"/> Sunken chest [pectus excavatum] <input type="checkbox"/> Chest that pokes out [Pectus carinatum] <input type="checkbox"/> IQ below 70 <input type="checkbox"/> Pervasive Developmental Disorder <input type="checkbox"/> Conduct Disorder <input type="checkbox"/> small size for chronological age <input type="checkbox"/> Epilepsy or other seizure disorder
<b>COMMENTS - EXPERTS IN THE UNITED STATES AND CANADA SAY THAT THE MORE OF THESE DIAGNOSES THAT A PERSON HAS, THE MORE LIKELY IT IS THAT THEY HAVE FASD</b>	
TOTAL SCORE POSSIBLE FOR SECTION 3	14

SECTION 4 - Family History <input type="checkbox"/> Tick if Not Applicable and move to next section	
<input type="checkbox"/> Domestic violence in family <input type="checkbox"/> Drug or alcohol use in family <input type="checkbox"/> Middle income parents <input type="checkbox"/> Mother older than 35 when child being assessed was conceived <input type="checkbox"/> Mother smoked cigarettes when she was young <input type="checkbox"/> Young person was 'adopted' by other biological family members	<input type="checkbox"/> Middle income parents <input type="checkbox"/> Mother older than 35 when child being assessed was conceived <input type="checkbox"/> Young person was 'adopted' by other biological family members
<b>COMMENTS - DOMESTIC VIOLENCE, SUBSTANCE USE, CIGARETTE SMOKING ARE ALL RISK FACTORS FOR ALCOHOL USE DURING PREGNANCY</b>	
TOTAL SCORE POSSIBLE FOR SECTION 4	6

SECTION 5 - Other Family <input type="checkbox"/> Tick if Not Applicable and move to next section	
<input type="checkbox"/> Young person has been adopted   in foster care system   in child protection <input type="checkbox"/> There has been a number of failed placements <input type="checkbox"/> The young person has a biological <b>sibling</b> with a diagnosis of FASD <input type="checkbox"/> The young person has a <b>sibling</b> with a diagnosis of one or more of the conditions in the Medical Diagnostic History field	
<b>COMMENTS - THE POINTS ABOVE ARE ALL RISK FACTORS FOR FASD</b>	
TOTAL SCORE POSSIBLE FOR SECTION 5	4



SECTION 6 - Assessment History <input type="checkbox"/> Tick if Not Applicable and move to next section		
	Year completed	Result   Comment
Adaptive Behaviour   Executive Function Neuro-psych assessment IQ Assessment Mental Health Assessment Occupational Therapist   Speech Therapist		
<p><b>COMMENTS</b> - ANY ASSESSMENTS SHOWING MILD DEFICITS IN ONE DOMAIN WITH STRENGTHS IN OTHERS IS A PATTERN KNOWN TO BE TYPICAL OF FASD. THE STRENGTHS IN CERTAIN DOMAINS <u>DO NOT</u> SUPPORT THE DEFICITS. ADDITIONALLY ONLY 25% OF PEOPLE WITH FASD WILL HAVE A LOW IQ – THOSE WITH AN AVERAGE IQ CAN STILL HAVE A COGNITIVE IMPAIRMENT</p>		
TOTAL SCORE POSSIBLE FOR SECTION 6	6	SCORE FOR SECTION 6

SECTION 7 - Medication History <input type="checkbox"/> Tick if Not Applicable and move to next section			
Name of medication young person <u>should</u> be taking	Are they taking these meds?	Unless young child, we need to have their reason for not taking medication	Each medication not being taken ~ 1 point
	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="checkbox"/> Don't know <input type="checkbox"/> Forgot <input type="checkbox"/> Just stopped <input type="checkbox"/> Can't afford <input type="checkbox"/> Doesn't work	
	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="checkbox"/> Don't know <input type="checkbox"/> Forgot <input type="checkbox"/> Just stopped <input type="checkbox"/> Can't afford <input type="checkbox"/> Doesn't work	
	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="checkbox"/> Don't know <input type="checkbox"/> Forgot <input type="checkbox"/> Just stopped <input type="checkbox"/> Can't afford <input type="checkbox"/> Doesn't work	
<p><b>COMMENTS</b> - PEOPLE WITH FASD TYPICALLY REFUSE OR FORGET TO TAKE MEDICATION REGARDLESS HOW CRITICAL IT IS TO THEIR HEALTH. FURTHER, OBTAINING REPEAT SCRIPTS AND FILLING THEM CAN ALSO BE NEGLECTED BECAUSE OF POOR PLANNING. IF THE YOUNG PERSON STATES THEY DO NOT KNOW WHY THEY ARE NOT TAKING THEIR MEDS AND THERE IS NO OTHER REASON FOR THEM NOT TO BE TAKING THEM, THIS IS A 'RED FLAG' FOR FASD OR SOME OTHER NEUROLOGICAL PROBLEM. PEOPLE WITH FASD DO NOT LINK CAUSE AND CONSEQUENCE. EVEN THOUGH THE CONDITION MAY BE SERIOUS AND TAKING THE MEDICATION MAY PREVENT FURTHER ILL HEALTH OR WORSE, THEY MAY NOT LINK THE TWO.</p>			
TOTAL SCORE POSSIBLE FOR SECTION 7	2	SCORE FOR SECTION 7	

SECTION 8 Mental Health history <input type="checkbox"/> Tick if Not Applicable and move to next section		
Has the young person been diagnosed, or <b>thought</b> to have any conditions below?		
<input type="checkbox"/> Agoraphobia	<input type="checkbox"/> Self-Harm	<input type="checkbox"/> Suicide ideation
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Post-Traumatic Stress Disorder	<input type="checkbox"/> Depression
<input type="checkbox"/> Grief and loss	<input type="checkbox"/> Suicide attempts	<input type="checkbox"/> Bipolar
<input type="checkbox"/> Alcohol Use Disorder	<input type="checkbox"/> Adjustment Disorder	<input type="checkbox"/> Cannabis use disorder
<p><b>COMMENTS</b> - RESEARCH HAS FOUND THAT 96% OF PEOPLE WITH FASD WILL HAVE A MENTAL HEALTH PROBLEM</p>		
TOTAL SCORE POSSIBLE FOR SECTION 8	12	SCORE FOR SECTION 8

SECTION 9 - Personality Disorders <input type="checkbox"/> Tick if Not Applicable and move to next section	
Has the young person been diagnosed, or <b>thought</b> to have any conditions below?	
<input type="checkbox"/> borderline personality disorder <input type="checkbox"/> anti-social personality disorder <input type="checkbox"/> obsessive-compulsive disorder	
<p><b>COMMENTS</b> - FASD CAN BE MISDIAGNOSED AS A PERSONALITY DISORDER, WHICH IS A DEEPLY INGRAINED AND MALADAPTIVE PATTERN OF BEHAVIOUR, TYPICALLY APPARENT BY ADOLESCENCE, CAUSING LONG-TERM DIFFICULTIES IN PERSONAL RELATIONSHIPS OR IN FUNCTIONING IN SOCIETY</p>	
TOTAL SCORE POSSIBLE FOR SECTION 9	3



SECTION 10 – Accommodation History		<input type="checkbox"/> Tick if Not Applicable and move to next section
Has the young person ever lived in the following accommodation?		
<input type="checkbox"/> Lived with adoptive  foster parent[s]	<input type="checkbox"/> Couch surfing	<input type="checkbox"/> Lived with <b>own</b> family [with spouse]
<input type="checkbox"/> Lived in share housing	<input type="checkbox"/> Homeless	<input type="checkbox"/> Youth Shelter
<input type="checkbox"/> Temporarily Homeless	<input type="checkbox"/> Lived with other family	<input type="checkbox"/> Kinship Care
		<input type="checkbox"/> Lived in Hostel
		<input type="checkbox"/> Lived in emergency housing
		<input type="checkbox"/> Private rental housing
<b>COMMENTS - HOMELESSNESS IS COMMON IN PEOPLE WITH FASD.</b>		
TOTAL SCORE POSSIBLE FOR SECTION 10	12	SCORE FOR SECTION 10

SECTION 11 - Criminal History		<input type="checkbox"/> Tick if Not Applicable and move to next section
Has young person been in custody  prison at any time in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the young person have an accumulation of SPERS debts? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>COMMENTS - CONTACT WITH THE CIS IS A SECONDARY DISABILITY OF FASD. IT IS USUALLY FOR SMALL ISSUES THAT ESCALATE ALTHOUGH CRIMES SUCH AS DOMESTIC VIOLENCE, ASSAULT OR EVEN MURDER CAN OCCUR. PRIMARILY PEOPLE WITH FASD WILL STEAL FOOD, GET INTO A FIGHT, RESIST ARREST, AND PROPERTY DAMAGE – THEY WILL TRY AND OBTAIN THINGS THEY NEED RIGHT NOW – CRIMES WILL NOT BE THOROUGHLY PLANNED AND ARE LIKELY TO BE OPPORTUNISTIC. A PERSON WITH FASD IS LIKELY TO BECOME INVOLVED WITH PETTY CRIME AT A YOUNG AGE IF THEY DON'T HAVE APPROPRIATE PARENTING.</b>		
TOTAL SCORE POSSIBLE FOR SECTION 11	2	SCORE FOR SECTION 11

SECTION 12 - Offences		<input type="checkbox"/> Tick if Not Applicable and move to next section
<input type="checkbox"/> break and enter	<input type="checkbox"/> public nuisance	<input type="checkbox"/> opportunistic petty theft
<input type="checkbox"/> motor vehicle [joy riding]	<input type="checkbox"/> sex offence	<input type="checkbox"/> arson   fire starting
<input type="checkbox"/> alcohol  drug related crime	<input type="checkbox"/> assault – bodily harm	<input type="checkbox"/> bail  reporting requirements
		<input type="checkbox"/> possession of weapon
		<input type="checkbox"/> resisting arrest
		<input type="checkbox"/> warrants
<b>COMMENTS - PEOPLE WITH FASD WILL BE INVOLVED WITH YOUTH JUSTICE FOR OPPORTUNISTIC CRIMES OR CRIMES WHICH DO NOT REQUIRE PLANNING. THEY MAY WAIVE THEIR RIGHT TO REMAIN SILENT. IT IS COMMON FOR THEM TO CONFESS TO CRIMES THEY DID NOT COMMIT TO PLEASE THE 'NICE' POLICE OFFICER. THEY MAY ALSO CONFABULATE – FILL IN THE BLANKS IF THEY CAN'T REMEMBER. THIS IS NOT USUALLY DONE DELIBERATELY.</b>		
TOTAL SCORE POSSIBLE FOR SECTION 12	12	SCORE FOR SECTION 12

SECTION 13 - Personal   Social History		<input type="checkbox"/> Tick if Not Applicable and move to next section
<b>Issues   conditions   experiences</b>		
History of being on medications which don't seem to work	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A history of getting a job but not being able to keep it	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A history of poor academic performance in school  dropping out early	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A history of inappropriate behaviour	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A history of wandering around the street without direction or purpose	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inability to live independently [may be fine for several months but it eventually falls apart]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
History of never having money  not paying bills etc	<input type="checkbox"/> Yes	<input type="checkbox"/> No
History of not being able to keep relationships	<input type="checkbox"/> Yes	<input type="checkbox"/> No
History of tantrums, meltdowns which last an unusually long time	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has already experienced an unwanted pregnancy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ward of the state	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>COMMENTS - MANY OF THESE ISSUES ARE SECONDARY DISABILITIES AND OCCUR WHEN THE CONDITION HAS NOT BEEN IDENTIFIED AND STRATEGIES OR INTERVENTIONS PUT INTO PLACE IN THE HOME, AT SCHOOL AND IN THE COMMUNITY. A NUMBER OF TICKS IN THESE AREAS CAN INDICATE FASD.</b>		
TOTAL SCORE POSSIBLE FOR SECTION 13	11	SCORE FOR SECTION 13



**SECTION 14 - Behaviour Checklist**

- Seems willing to cooperate but does not follow through or attend even if it results in negative even catastrophic consequences
- Impatient | impulsive
- Poor understanding of personal boundaries | may be bullied or may also be the bully at school
- Has trouble answering some questions in any depth – particularly 'why did you do that?' or 'why did you say that?' or 'how do you feel?'
- Has missed an appointment even if it meant negative consequences
- Concrete and literal thinker – problems managing money | time [abstract concepts] – does not 'get' idiom | jokes but will laugh
- Lacks insight into their situation | condition
- Attention seeking | demanding | loud | Immature
- Anger control problems | can be violent | quick mood swings [may be involved in domestic violence]
- Acts younger than chronological age when stressed | makes 'silly' decisions | instead of trying to solve problem will not do anything

**COMMENTS - THESE CORE BEHAVIOURS ARE COMMON IN PEOPLE WITH FASD. THERE ARE MANY DIFFERENT RESULTS FROM PRENATAL ALCOHOL EXPOSURE BECAUSE OF THE RANGE OF FACTORS INVOLVED – a) timing and amount b) DNA and epigenetics c) nutrition d) other drug use e) height and weight f) stress**

TOTAL SCORE POSSIBLE FOR SECTION 14	10	SCORE FOR SECTION 14	
-------------------------------------	----	----------------------	--

**SECTION 15 - Sensory Issues**  Tick if Not Applicable and move to next section

The child | adolescent:

- Has problems wearing certain textures of clothing | eating certain textures | sleeping on or touching certain fabric
- Has the television up or speaks louder than is comfortable [where there is no mechanical hearing problem per se]
- Interrupts | talks over people | talks more than appropriate | gets words wrong | changes from one subject to the next quickly
- Looks for places in the house where there is less stimulation such as the corner of a room or an area by him or herself
- Is distracted by open window or other people in the room | report card says 'distracted easily' | doesn't like people touching him or her
- Has trouble with bright lights or the sun – **must** wear sunglasses

**COMMENTS - SENSORY ISSUES ARE COMMON IN CHILD | ADOLESCENTREN WITH FASD. IDEALLY A PERSON WITH THIS CONDITION REQUIRES A LOW SENSORY ENVIRONMENT.**

TOTAL SCORE POSSIBLE FOR SECTION 15	6	SCORE FOR SECTION 15	
-------------------------------------	---	----------------------	--

**OFFICE USE ONLY –SCORES**

Section	Total	Score	Section	Total	Score	Section	Total	Score	Section	Total	Score	Section	Total	Score
Section 1	17		Section 2	12		Section 3	14		Section 4	6		Section 5	4	
Section 6	6		Section 7	2		Section 8	12		Section 9	3		Section 10	12	
Section 11	2		Section 12	12		Section 13	11		Section 14	10		Section 15	6	
<b>SUB TOTAL</b>			<b>SUB TOTAL</b>			<b>SUB TOTAL</b>			<b>SUB TOTAL</b>			<b>SUB TOTAL</b>		

ADD ALL SUB TOTALS TOGETHER AND MATCH WITH ACTION TO BE TAKEN BELOW

GRAND TOTAL

**ACTION TO BE TAKEN**

**51 - 129**

Refer for official diagnosis and implement FASD interventions with family

**13 - 50**

Consider referral if no other medical condition is obvious – implement strategies

**0 - 12**

Unlikely to be FASD – however you are concerned about the young person otherwise you would not have completed this form – consider that there are many different symptoms for FASD because of the large number of factors. It is worthwhile taking this completed form to a medical professional



RED FLAGS FOR FASD [NOT SCORED – INTENDED TO PROVIDE ADDITIONAL INFORMATION FOR THE ASSESSOR]

### Babies

- Poor | weak sucking reflex
- Tires easily
- Doesn't thrive
- Shaky cry
- Hyper or hypo tonic (poor muscle tone | rigidity)
- Seems to settle better when wrapped snugly in a dark room
- Developmental delay
- Small head circumference
- Premature delivery
- If meconium is tested it will show the presence of alcohol
- Low birth weight

### School aged child

- Does reasonably well at school until he or she reaches higher grades
- Is always in trouble often for the same thing
- Is unable to focus to do homework
- Becomes angry, frustrated and has tantrums after school (has used all self-discipline at school)
- Is very concrete (may take instructions literally – for example if told to learn a sentence by reading it aloud to everyone including the neighbour's dog, may take it literally and not be satisfied until the sentence is also read to the dog)
- Makes friends but then loses them quickly
- May have trouble getting anyone to come to birthday parties
- Is clearly unhappy
- Lacks confidence
- Has problems with mathematics
- Is boisterous and aggressive when a lot of children around him | her
- Drug and | or alcohol use
- Premature puberty
- Leaves school early
- Is suspended and | or expelled from school
- Comprehension is problematic
- May have trouble reading and writing
- Often diagnosed with ADHD | ADD | RAD | ODD | Bipolar | ASP
- Socially | personally immature
- Cannot understand social situations
- Struggles to follow rules | instructions
- Learning problems at school
- Difficulty remembering things
- Gets upset easily at little things
- Difficulty making and keeping friends
- Long-term bed wetting
- Ongoing behavioural problems (often in trouble with the law)
- Ongoing health problems
- Acts younger than their age

### Adult

- Has substance use disorder
- May not be able to manage a relationship longer than a few months
- Cannot parent well
- Will not wear prophylactics
- Will often behave like a young teenager
- Is socially immature while physically mature
- Will come to the notice of the police
- Is unable to organise a day off
- May say he will do something and then it will not be done
- Will get belligerent if he doesn't get his | her way

### Toddlers

- Hyperactive
- Aggressive
- Poor attachment
- Clothing or food sensitivity
- Prefers not to have certain fabrics on his or her skin
- Has a difficult sleep | wake cycle
- Seems to not learn from mistakes or experience
- Will go to anyone – seems to have no particular attachment to parents
- Is small of stature, thin with some skeletal problems
- Developmental delays

### Teenager

- May get in trouble with police
- Does silly things that are counterproductive for his | her goals
- Cannot manage money
- Is always asking for money
- Can get a job but finds it had to keep it longer than a month or so
- Wants his own way regardless of consequences to himself or others
- Likes animals
- May wish to buy toys or items which are for younger people
- Can get on well with younger children
- Will have started exploring sexuality at a very young age
- Will be using alcohol and drugs (cannabis preferentially)
- May become depressed and suicidal
- Leaves school early
- Is suspended and | or expelled from school
- Comprehension is problematic
- May have trouble reading and writing
- Often diagnosed with ADHD | ADD | RAD | ODD | Bipolar | Autism | Asperger's
- Has a mental health disorder – anxiety | depression
- Socially | personally immature
- Cannot understand social situations
- Ongoing behavioural problems (often in trouble with the law)
- Ongoing health problems
- Acts younger than their age
- Doesn't understand consequences of their actions
- Struggles to follow rules | instructions
- Being homeless or difficulty keeping accommodation
- Long-time unemployed or difficulty getting employment
- Impulsive behaviour; anger issues, poor social skills
- Poor time management
- Poor self-care
- Kids on welfare
- Doesn't understand consequences of their actions

### Adult

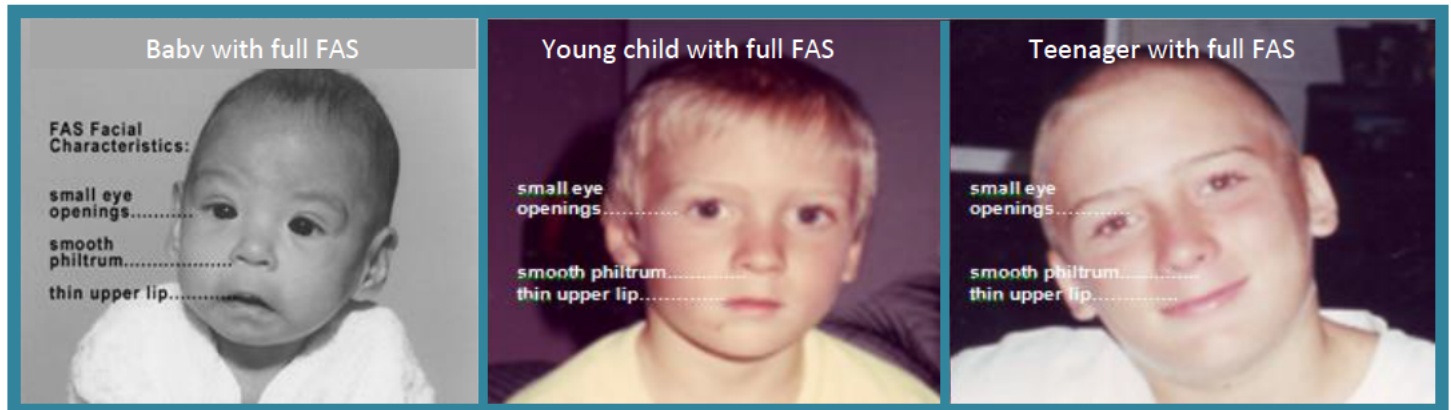
- Is constantly making silly | inappropriate decisions
- Is unable to problem-solve simple problems
- Is verbally competent but cannot follow instructions
- Will not be on time for appointments
- Can get a job but cannot hold it down
- Comprehension is problematic
- Has been in prison or confined in a mental health institution
- Has a mental health disorder – anxiety | depression
- Does not have stable accommodation
- Lives on the street
- Couch surfs

## FOR MEDICAL PRACTITIONERS

### DIAGNOSTIC CRITERIA FOR THE FULL SPECTRUM [FASD]

FETAL ALCOHOL SYNDROME	PARTIAL FETAL ALCOHOL SYNDROME	ALCOHOL RELATED NEURO-DEVELOPMENTAL DISORDER	ALCOHOL RELATED BIRTH DEFECTS
Confirmed PAE CNS involvement Growth retardation Three facial anomalies	Confirmed PAE CNS involvement Growth retardation Two facial anomalies	Confirmed PAE CNS involvement Complex pattern of behaviour or cognitive abnormalities inconsistent with developmental level	Confirmed PAE and One or more birth defects: renal cardiac skeletal auditory

### Fetal Alcohol Syndrome [FAS]



**1. Facial dysmorphism**

All three characteristic facial features:

- a) Smooth philtrum b) Thin vermilion border c) Small palpebral fissures

**2. Growth problems**

Confirmed prenatal or postnatal height or weight, or both, at or below the 10th percentile, documented at any one point in time [adjusted for age, sex, gestational age, and race or ethnicity]

**3. Central Nervous System Abnormalities**

**4. Confirmed prenatal alcohol exposure**

**NOTE:** Confirmed prenatal exposure to alcohol [a diagnosis can be made without the confirmed alcohol exposure however more reliance is then placed on the CNS abnormalities and a variety of assessments]

### Partial Fetal Alcohol Syndrome [pFAS]

The diagnostic criteria for pFAS are as above with the exception of the facial anomalies – only 2 not 3 are required for a diagnosis of pFAS.

### Alcohol Related Neuro-Developmental Disorder [ARND]

- 1. Confirmed prenatal alcohol exposure
- 2. Evidence of Central Nervous System developmental abnormalities
- 3. Evidence of a Complex Pattern of behaviour and cognitive abnormalities

### Alcohol Related Birth Defects [ARBD]

**Physiological defects:**

- a) Cardiac b) Skeletal c) Renal d) Ocular e) Auditory

**NOTE:** Virtually every malformation possible has been described in some patient with FAS. The etiologic specificity of most of these anomalies to alcohol teratogenesis remains uncertain

**NOTE:** CANADA HAS RECENTLY DEVELOPED LESS COMPLEX DIAGNOSTIC GUIDELINES – FASD WITH SENTINEL FACIAL ANOMALIES AND FASD WITHOUT SENTINEL FACIAL ANOMALIES. IT IS HOPED THAT IN THE FUTURE AUSTRALIA WILL ALSO ADOPT THESE DIAGNOSTIC GUIDELINES.

