

Identifying and Intervening with Youth with Fetal Alcohol Spectrum Disorders in Juvenile Courts

An Initiative Funded By the Substance Abuse and Mental Health Services Administration

3385 BOARD 2

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BACKGROUND ON PROJECT

Five juvenile courts screened, diagnosed, and treated youth with a fetal alcohol spectrum disorder (FASD) in 2006.

FASD is an umbrella term that describes the range of effects that can occur in an individual prenatally exposed to alcohol. These effects may include physical, mental, behavioral, and learning disabilities. FASD is a lifelong and largely invisible disability.

Research suggests a higher prevalence of FASD in court-involved youth. These five courts attempted to identify and intervene with youth with an FASD.

METHODS

FASD Referral Criteria for an FASD Diagnostic Evaluation Referral Criteria for Juveniles 8 to 18 years of age

Youth were referred for an FASD diagnosis if they met one of these criteria:

- Previous diagnosis of an FASD
- Sibling diagnosed with an FASD
- Face rank of 3 or 4 using the FAS Facial Photographic Screening Tool (Astley & Clarren)
- Mother drank alcohol while pregnant with the child
- Evidence mother had a drinking problem in the past AND child has significant school behavior or performance problems

Referral Criteria for Children 0 to 7 years of age

- Sibling diagnosed with an FASD
- Face rank 3 to 4 when screened using the FAS Facial Photographic Screening Tool
- Confirmed prenatal alcohol or drug exposure
- Mother had a drinking or drug problem in the past AND the child has one of the following:
 - t Growth deficit (<10th percentile weight or length at birth or current)
 - t Central nervous system or developmental abnormality
 - t Note in the medical record indicating dysmorphia

FASD Diagnostic Evaluation Used by the Five Diagnostic Centers

- FASD 4-Digit Diagnostic Code (Astley, et al 2004) and the Minnesota model
- Multi-disciplinary team evaluation
- Four diagnostic features evaluated-(growth deficiency, FAS facial features, central nervous system abnormality, and prenatal alcohol exposure)

Interventions and Support for Children and Youth with an FASD

- FASD diagnostic evaluations were used to develop individualized treatment plans. Plans included occupational, speech, psychiatric, psychological, social work, nursing, and other interventions.
- All sites worked with schools to obtain required services and to modify school programs
- Adapted existing treatment modalities such as nurse care coordination and cognitive behavioral therapy
- Provided parent support and skills training for parents and guardians

Juvenile Courts and Youth Served

Juvenile Courts	Youth Served by Court Projects
Denver Juvenile Treatment Accountability for Safer Communities, Colorado State Judicial Department	Youth adjudicated delinquent, arrested more than once, and who have mental health and substance abuse disorders
Hennepin County Department of Community Corrections	Youth adjudicated delinquent and referred for a mental health evaluation
17th Judicial District, Colorado State Judicial Department	Youth adjudicated delinquent or who were dependent or truant
Skagit County Youth and Family Services	Youth adjudicated delinquent and youth at risk of delinquency
County of Ventura Behavioral Health Department	Children and youth under the protection of the juvenile dependency court

RESULTS

Number of Youth Screened, with Positive FASD Screen, and Diagnosed with an FASD, January 1, 2006 to 2007.

Juvenile Court Projects and Month in 2007 Data Was Collected	Number Screened for an FASD	Positive FASD Screen		Number Completed Diagnostic Evaluation	Youth Diagnosed with an FASD	
		Number	Percent		Number	Percent
Denver ^a (Apr)	255	97	38.0%	8	8	100%
Hennepin County (Feb)	606	121	20%	70	56	80%
17th Judicial ^b (Feb)	433	127	29.3%	66	32	48.5%
Skagit County (March)	600	21	3.5%	8	8	100%
Ventura County ^c (Dec '06)	323	134	41.5%	9	3	33%

^aThe 8 diagnosed were from a group of 35 that completed all but the medical component of diagnostic evaluation. By April 2007, 8 completed the medical component and were diagnosed.

^bIncludes probation and dependent children.

^cIncludes dependent children only. Data is for January 2006 through December 2006.

Courts that Completed at Least 50% of Diagnostic Evaluations of Those Referred: Percentage of Those Referred and Those Screened Diagnosed with an FASD

Juvenile Courts	Number Completed Diagnostic Evaluation	Percent of those Referred Completing Diagnostic Evaluation	Percent Referred Diagnosed with an FASD	Percent Screened Diagnosed with an FASD
Hennepin County	70	58%	16%	9.2%
17th Judicial	66	52%	14.3%	7.4%

CONCLUSIONS

- There was wide variation in rates of screening and diagnosis.
- Court populations and implementation of screening varied.
- Juvenile courts can screen youth for an FASD
- Screening criteria can identify youth who should be referred for an FASD diagnostic evaluation
- Capacity for FASD diagnostic evaluation is a major challenge. Only two courts were able to complete diagnostic evaluations with even 50 percent of youth referred.

LESSONS LEARNED

- Nurses, social workers, and probation officers can be trained to use the screening recommendations, including the FAS Facial Photographic Screen
- Courts learned that relying on mother's history of alcohol problems and the youth's school performance problems was not an adequate criterion for referral.
- Dependency courts will identify many infants and young children with prenatal alcohol exposure. Assessing central nervous system abnormalities is difficult or impossible in this age group (required for an diagnosis of an FASD). Ventura County decided to assess these children for developmental delays every 6 months. If problems arise, it will refer for a diagnostic evaluation.

RECOMMENDATIONS

- Replicate screening criteria in juvenile court settings
- Research to determine the accuracy and validity of the screening methodology in juvenile courts
- Encourage and support parents and guardians in the implementation of interventions and development of life-long planning
- Evaluate outcomes of the use of the monitoring infants and young children with prenatal alcohol exposure before referral for diagnostic evaluations.
- Increase the capacity for FASD diagnostic evaluations

Request for Proposals for New Court Projects: see www.fasdcenter.com.

- Proposals due November 29, 2007

For More Information About FASD, see www.fasdcenter.samhsa.gov