FETAL ALCOHOL SPECTRUM DISORDER (FASD) AWARENESS, RECOGNITION, AND RESPONSE

A Toolkit for Multi-Disciplinary Professionals
Supporting People in the Legal System



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GLOSSARY OF TERMS

Adaptive Skills:

Adaptive or daily living skills are based on developmental and sociocultural standards for independence and social responsibility. Adaptive skills are comprised of three domains: conceptual (e.g., reading, writing), social (e.g., communication, relationships), and practical (e.g., grooming, eating).

Criminal Legal System (CLS):

References a range of legal settings (e.g., community corrections, correctional centres, forensic mental health inpatient or outpatient programs) and investigative or adjudicative stages (e.g., arrest/investigation, pre-trial, sentencing, probation/parole).

Fetal Alcohol Spectrum Disorder (FASD):

A diagnostic term used to describe the impacts on the brain and body of individuals prenatally exposed to alcohol.

FASD Diagnostic Assessment:

A comprehensive evaluation by trained experts to evaluate strengths, challenges, an FASD diagnostic decision, and specific recommendations.

FASD Recognition:

Refers to the task of recognizing characteristics that could be related to FASD using either informal interactions and inquiries (e.g., asking FASD-informed questions), or formal methods including the use of specific FASD screening tools.

FASD-Informed:

Uses knowledge about how FASD may affect a person in multifaceted ways to inform practice.

FASD Screening:

Involves the use of formal tools or instruments, processes and/or indicators to recognize individuals who may have FASD.

Interdependence:

Recognizes that all individuals, including those with FASD, require some level of support and that there is a spectrum within which support can be accessed to navigate different elements of functioning.

Prenatal Alcohol Exposure (PAE):

Alcohol exposure before birth.

Social Vulnerability:

Includes increased experiences with and susceptibility to environmental and external influences and pressure (e.g., being manipulated and pressured by peers).

Suicidality:

Involves a spectrum of suicide-related thoughts and behaviours including suicidal ideation, suicide-related communication, suicide attempts, and death by suicide.



GENERAL INFORMATION

This Toolkit aims to provide evidence-based guidance to increase awareness, recognition, and support for individuals with Fetal Alcohol Spectrum Disorder (FASD) involved in the **criminal legal system (CLS).**

WHO IS THIS TOOLKIT FOR?

This Toolkit was developed for professionals and service providers working with youth and/or adults involved in the CLS. This includes probation officers, correctional officers, police officers, judges, lawyers, social workers, forensic nurses, doctors, psychiatrists, psychologists, and many others. Those working in CLS organizations or with people who are CLS-involved may also find this Toolkit helpful.

WHAT IS THE PURPOSE OF THIS TOOLKIT?

This Toolkit has been created to support professionals working with people involved in the CLS to increase their awareness of FASD and enhance practice skills related to recognition and screening. This includes tools and practices designed to build on existing knowledge and skills, and allow providers to act with intention and respond in ways that are FASD-informed.

HOW WAS THIS TOOLKIT DEVELOPED?

This Toolkit was developed in collaboration with researchers, professionals, and community partners across Canada, including those from the University of Guelph, the University of Alberta, the University of Saskatchewan, the Canada FASD Research Network, and Asante FASD and Other Neurodevelopmental Services, a program of PLEA Community Services. Advisory committees comprised of CLS professionals, caregivers, and individuals with living experience of FASD provided important input, consultation, and feedback. Content was also developed in-line with other frameworks including the Towards Healthy Outcomes Framework, the Creating Intersections Framework for Housing, and the Moving Towards FASD-Informed Care In Substance Use Treatment guide.

Several foundational assumptions, shared by our team as we engaged in this work, are reflected across this Toolkit and guided resource development:

- People with FASD are capable of growth and continued personal development.[1-3]
- Professionals working in CLS contexts have a wealth of knowledge and expertise to build on, and desire and need more education about FASD.[4-6]
- Effective practices for working with people with FASD are flexible, humanistic, strengths-based, and empowering.[3, 7-9]

Various research steps and knowledge gathering activities were completed to inform the development of this Toolkit.



A Literature Review was completed to synthesize evidence on the tools and items that may aid in recognizing FASD, and to develop a conceptual framework to guide the development of this Toolkit, FASD Decision Guide, and resources.



An Environmental Scan was completed to identify resources available in British Columbia and Canada for supporting individuals with FASD involved in the CLS.



A Practice Survey was completed to understand the experiences, knowledge, practices, and needs concerning FASD recognition identified by professionals working in CLS contexts.



Interviews with Experts were conducted to learn about best practices for FASD recognition and screening in the CLS.



Community Conversations were facilitated to better understand provider perspectives on the importance of and procedures related to FASD recognition and response. The discussion also explored potential outcomes and indicators of impact to inform evaluation.



An Item Refinement Survey was conducted with experts to ensure the FASD Decision Guide items and rating procedures were clear, and adequately captured the domains that should be considered.



A Chart Review Study was completed to identify how well the FASD Decision Guide aligned with the experiences and needs of CLS-involved youth assessed for FASD, including those who were ultimately diagnosed.

Additional information on these projects can be found here:

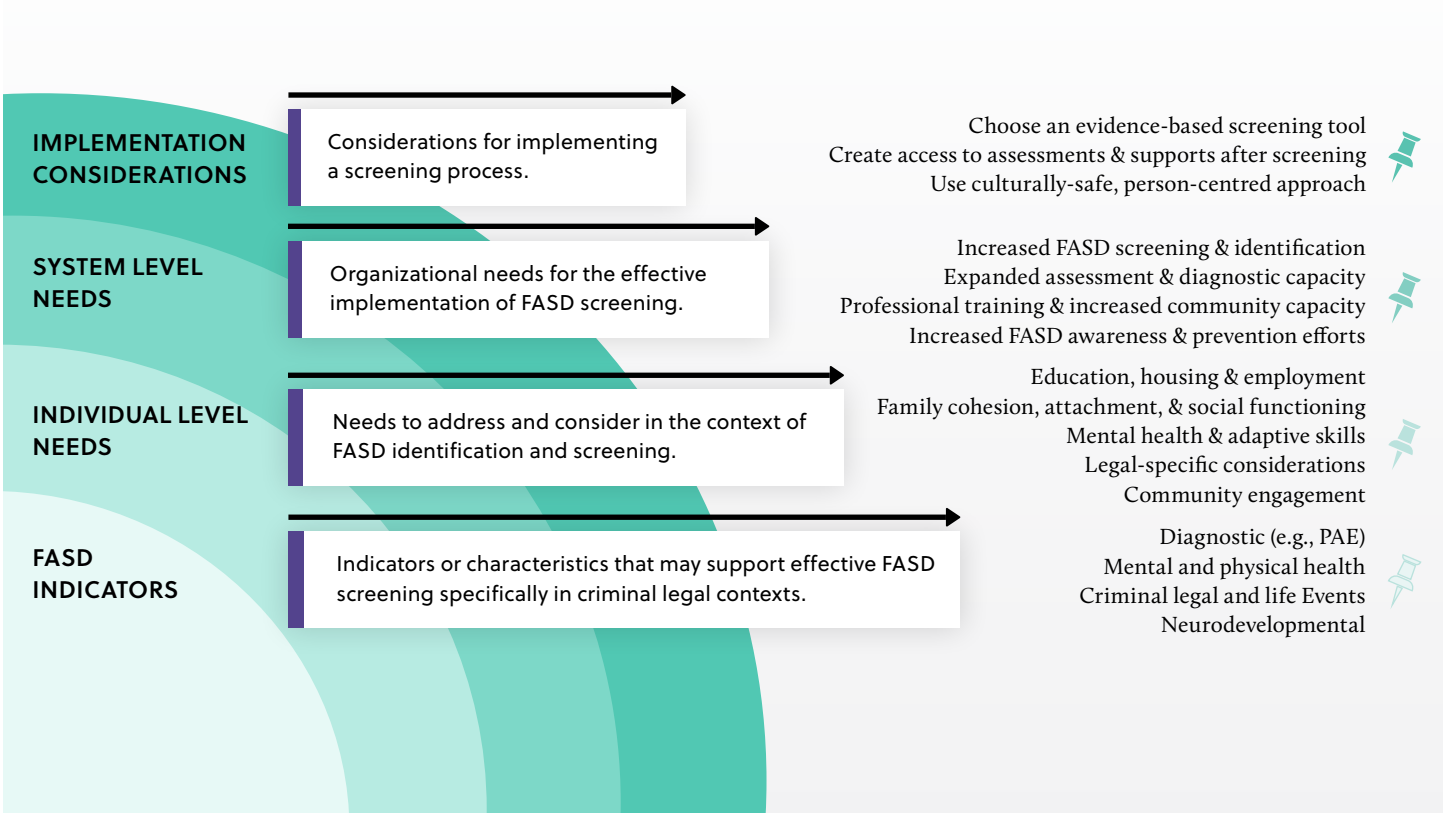
Increasing Capacity to Identify and Support Individuals with Fetal Alcohol Spectrum Disorder (FASD) and Complex Neurodevelopmental Needs in British Columbia - Research Summary

CONCEPTUAL FRAMEWORK

The following conceptual framework was developed to understand common characteristics or indicators for recognizing FASD in CLS contexts. The indicators were organized under conceptually related domains, informed by the literature, FASD diagnostic guidelines, and a review of existing screening tools.

For more information see:
Screening and identification of fetal alcohol spectrum disorder in criminal legal settings: A realist review.

FASD SCREENING & IDENTIFICATION



HOW CAN THIS TOOLKIT BE USED?

This Toolkit and accompanying resources have been flexibly designed to provide a wide range of professionals with FASD knowledge, tools, and practice skills. Each section includes general information, tips, tools, and pop-outs with additional considerations and/or context.



Where to Begin

Section 1: Awareness is a great place to begin for those interested in developing their knowledge of FASD. This section aims to raise awareness and understanding of FASD, including its connection to the CLS, and explain how recognizing FASD can help improve practice and outcomes. Being FASD-informed is an essential strategy for shifting attitudes and practice, and is key to recognizing and addressing the needs of people with FASD.



Learn About Building Recognition and Screening Skills

Section 2: Recognition covers the knowledge and skills needed to recognize whether someone may have FASD. Topics in this section include getting started with recognition and screening (e.g., ethics, person-first approaches, and establishing reasons and goals for screening), everyday practices for recognizing FASD, use of screening tools, and important follow-up steps. Recognizing people who may have FASD has important benefits for the person themselves, professionals/service providers, organizations, and society.

Increase Practice Skills and Strategies for Responding in FASD-Informed Ways

Section 3: Response, provides information on how to respond in FASD-informed ways, and learn about evidence-based support strategies. Specific practice examples are provided across CLS stages (i.e., pre-adjudication, during adjudication, and post-adjudication) and roles (e.g., police officers, probation officers). In addition, the FASD-Informed Planning Framework is provided as a support management and organization tool to assist professionals in considering support strategies and/or FASD-informed referrals and resources. Adapting and tailoring practices to the needs of individuals who may have FASD supports more positive trajectories and outcomes.

Want More Information?

This Toolkit is meant to provide an overview of important information for professionals working with people involved in the CLS related to FASD awareness, recognition, and response. Please also visit the accompanying website to obtain additional information, activities, training resources, worksheets, and access to the FASD Decision Guide. Additional resources are also embedded throughout this Toolkit for those who wish to further enhance their knowledge and skills.



PART 1

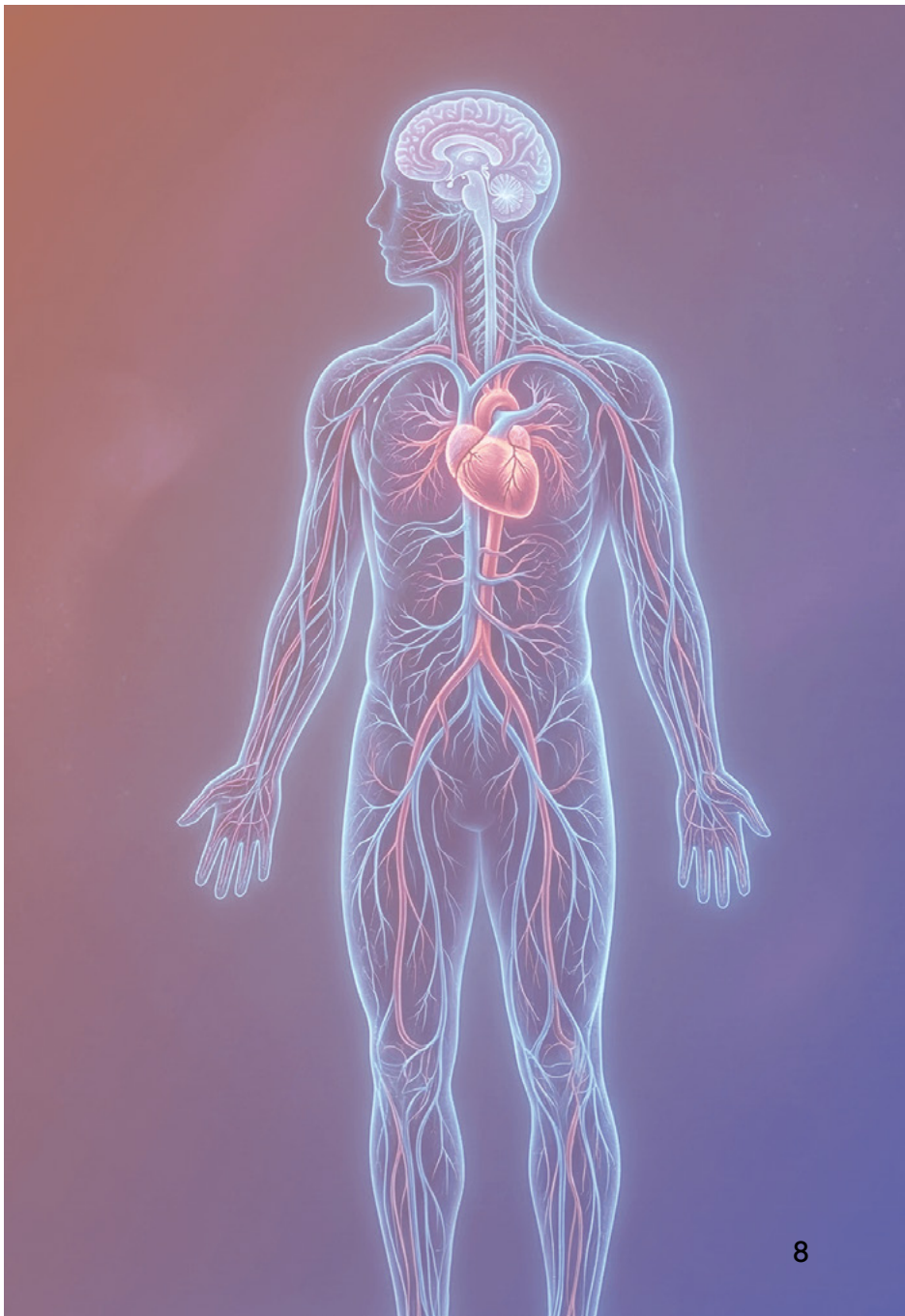
AWARENESS

FASD and the Criminal Legal System

WHAT IS FETAL ALCOHOL SPECTRUM DISORDER (FASD)?

FASD is a diagnostic term used to describe the varied range of impacts on the brain and body of people prenatally exposed to alcohol (PAE).[10-11] FASD is a whole-body diagnosis that can impact a person's neurodevelopmental functioning, mental health, and physical health.[10,12]

Every person with FASD is different and areas of needed support may include adaptive functioning and daily living, relationships and communication, and brain-based differences in learning, memory, attention, and emotion regulation.[3,13-15] Mental and physical health difficulties are also common.[12,16-19] Although many people with FASD may experience lifelong needs, people can grow, change, and benefit from supports and interventions.[3,9,20] People with FASD also possess many personal strengths and can achieve healthy outcomes such as interdependence, stable employment, relationships, and general health and wellbeing, especially when recognized, understood, and supported in FASD-informed ways.[3,7,21]





HOW MANY PEOPLE HAVE FASD?

Limited research suggests that 2 to 5 of every 100 people in North America may have FASD, with a global prevalence rate estimated at 0.8%, ranging from 0.01% to 11.1% across regions.[22-28]

These figures should be considered with caution due to the difficulty of conducting this type of research, stigma, and varying standards for diagnosing FASD.[22,29-30] Importantly, FASD affects people of all ethnicities, genders, ages, cultures, and socioeconomic backgrounds, and there are intersecting and complex factors (e.g., social determinants of health, mental health, lack of support) that may influence whether an individual is exposed to alcohol prenatally.[31-33]

Although many people with PAE and FASD experience common support needs, they often go unrecognized and/or are misidentified with other mental health and neurodevelopmental conditions. This is due to a range of factors, such as a lack of awareness and understanding about FASD, stigma, complex and unique brain- and body-based differences, insufficient screening, assessment, and intervention resources, and a lack of professional knowledge and skills related to FASD recognition and screening.[6,14,29,34-36] In turn, this complexity can lead to inadequate understanding and significant barriers for individuals and families to access FASD-informed supports.[34,36-38] Ultimately, a lack of understanding and supports can compound challenges and increase the risk of additional difficulties for people with FASD, who have been found to experience high rates of school disruption, problems with independent living and employment, and involvement in the CLS.[14,29,39-40]



FASD & STRENGTHS

When working with people with FASD, it is important to consider their strengths and abilities. Historically, there has been a focus on the difficulties experienced by people with FASD. Although this has been important in understanding the brain and body-based impacts of PAE,[7,20] this focus has also increased stigma, magnified the stress experienced by caregivers and/or families, and has discounted the important strengths of individuals with FASD, which can be used to support wellbeing.[3,7,41]

Focusing on strengths and protective factors is important for supporting people with FASD involved in the CLS, as this can foster positive outcomes and trajectories.[42-43] Being receptive to support, having a strong capacity for human connection, possessing strong self-awareness, being able to persevere through challenges, and having hope for the future are just a few of the noted strengths of people with FASD, skills that can be bolstered to enhance services and supports.[7] People with FASD also possess many personable skills that can make working with them positive, and allow for rapport and trust to be built. These include being caring, forgiving, non-judgmental, friendly, outgoing, hardworking, determined, helpful, generous, and creative.[42]

For more information see:

- Balancing the story of fetal alcohol spectrum disorder: A narrative review of the literature on strengths

HOW MANY PEOPLE MAY HAVE FASD IN THE CLS?

Emerging research suggests that people with FASD are overrepresented in the CLS. Although the available evidence remains limited, researchers in youth and adult correctional and forensic settings have reported rates of FASD ranging from 10% to as high as 46% in small groups of people.[44-49] Furthermore, several studies completed in FASD diagnostic settings suggest that a high number of adolescents and adults with FASD have experienced some form of contact with the CLS.[50-51] However, less is known currently about what their trajectories through the CLS might look like, as some people may experience only brief involvement, whereas others may experience persistent difficulties.

WHY MIGHT PEOPLE WITH FASD COME INTO CLS CONTACT?

There is not yet enough research to fully understand why people with FASD may experience higher rates of contact with the CLS. Initial evidence points to an interaction between complex factors including unique brain-based differences and elevated rates of environmental adversity such as unstable housing, disruptions in care, intergenerational trauma and/or systemic racism, victimization, and lack of access to appropriate resources and supports.[52-55] Although many complex factors can impact CLS involvement, none alone or in combination can predict whether an individual with FASD will be legally involved.[54-55] Furthermore, like in other contexts, people with FASD remain underrecognized and underdiagnosed in the CLS.[34,51,54] People with FASD may also become involved in the CLS as victims of crime, or as witnesses to crime, and will also benefit from supports in navigating various legal processes.[56-57]

Given the high number of people with FASD in the CLS, professionals should understand that they are likely working with people with FASD, even if they are not formally recognized or diagnosed. Knowing this can guide efforts to increase FASD awareness and improve skills for recognition and support.

"[FASD] is often [hidden] meaning it sometimes cannot be seen in physical characteristics alone and so people with FASD face a lot of misunderstanding in the criminal justice system. For example, a person may be seen as aggressive or resistant but in reality they are struggling with their emotional regulation and impulse control due to the stress of being in court compiled with their FASD."

– Criminal Legal Professional

MYTH BUSTING: CHALLENGING STIGMA AND STEREOTYPES

Many outdated myths, assumptions, and stereotypes continue to influence understanding of FASD. These are not supported by evidence and can lead to unhelpful and harmful ways of talking about or working with people who may have FASD.[29,58-59] Dispelling these myths can help reduce stigma and discrimination. Below are some of the common misbeliefs about FASD and consider what the evidence-based information actually tells us.

COMMON MISBELIEFS	EVIDENCE-BASED INFORMATION
FASD goes away as a person ages.	• FASD is a lifelong disability and support needs may look different at different life stages. The abilities of people with FASD are not fixed and can grow with support.[3,10,60]
Some groups of people are more likely to have FASD than others.	• FASD is a complex disability that is intertwined with social determinants of health and other factors that can affect people from all economic, ethnic, racial, and/or societal backgrounds. There is not sufficient research to conclude prevalence is substantially higher in specific populations or cultural groups.[61-62] • There remains a misbelief that FASD is overrepresented in Indigenous communities and peoples, or that there is a biological predisposition for the impacts of PAE, despite limited and contradictory evidence. This has increased harmful stigma and stereotyping towards Indigenous people and communities.[39,61-63]

COMMON MISBELIEFS	EVIDENCE-BASED INFORMATION
FASD is 100% preventable.	• This statement is oversimplified and can be stigmatizing, as many factors influence alcohol use during pregnancy including social determinants of health, intergenerational trauma, marginalization, poverty, mental health, addiction, pregnancy planning, and messages about alcohol use.[29,64-65]
FASD is visible and easy to see.	• Individuals with FASD may not "look" different than people without FASD, as most do not present with characteristic physical features. As such, FASD is often described as a "hidden" disability.[36] • The presence or absence of physical signs of FASD does not indicate the extent of an individual's needs. People with FASD have variable strengths and needs and may have strong skills in some areas (e.g., communication) that can mask the extent of their challenges in other areas.[40,66]
People with FASD have low IQs.	• There is significant variability in overall intellectual functioning among people with FASD. Not everyone who has FASD will have an IQ below 70 (i.e., a common threshold considered in diagnosing intellectual disability).[3,67,68] Moreover, IQ alone is not sufficient to understand a person's needs and challenges, as they may have significant difficulties in other areas (e.g., executive or adaptive functioning) despite having an average or above average IQ score.[69]

COMMON MISBELIEFS	EVIDENCE-BASED INFORMATION
All people with FASD will become involved in the CLS or have an elevated risk of aggressive behaviour.	• Many people with FASD do not experience difficulties with the CLS, and among those who do, many will resolve their conflict with the law when provided with informed and appropriate support.[60,70] • Protective factors play an important role in buffering against offending risk and support healthy and positive trajectories. These include early diagnosis, support, structure, supervision, stability in caregiving, and positive relational supports.[40,42,50,71-74] • Media and public framing of FASD has commonly assumed a stereotype of dangerousness and/or criminality that is not based in fact and has led to harmful stigma.[29,75-76] Stigma related to negative life trajectories and outcomes for individuals with FASD (e.g., legal involvement) can reinforce and contribute to challenges with self-esteem.[29] • People with FASD, including those who commit offenses, can also be involved in the CLS as victims and witnesses, and will benefit from FASD-informed awareness, recognition, and support. They may also be involved in family or other civil legal matters.[77-79]
Because FASD is a lifelong disability, people with FASD will not benefit from support, rehabilitation efforts, or intervention.	• Although a lifelong disability, the abilities of people with FASD can continue to grow and develop. People with FASD can thrive with appropriate and tailored supports incorporated into and maintained in their lives.[80,81] • Research has continued to demonstrate that people with FASD benefit from FASD-informed supports and interventions.[7,15,71]

COMMON MISBELIEFS	EVIDENCE-BASED INFORMATION
Knowing someone may have FASD is sufficient to inform formal legal or medical responses.	• Knowing that someone could have FASD is an important first step for informing planning for supports, practice shifts, referrals, and other decisions about how best to help.[37,82-83] • A comprehensive assessment is needed to diagnose FASD, and provides important individualized information about someone's experiences, strengths, risks, and needs. Findings from such assessments are needed to inform important legal decisions, and screening cannot replace a comprehensive assessment.[10,37]

NAVIGATING THE CRIMINAL LEGAL SYSTEM WITH FASD

The brain-based differences commonly experienced by people with FASD play a role in how they experience all stages of the CLS. This may include investigative interviews with police; participation in court proceedings related to fitness or competency to stand trial and plea decisions; assessments of criminal responsibility; sentencing considerations; dangerous or long-term offender designations; and, following adjudication, involvement during community or custodial supervision, treatment, and planning for return and reintegration into the community.[72,80,84-85] Once involved in the CLS, some people with FASD may face additional difficulties, including:

- complex offending trajectories
- difficulty adhering to supervision conditions (e.g., probation conditions)
- challenges following directions (e.g., while incarcerated)
- elevated risk of reoffending
- greater risk of victimization.[2,47,51,72]

When their needs are unrecognized and under supported, people with FASD may ultimately enter a "revolving door" pattern in the CLS and have difficulty exiting the system. As such, it is important that professionals are prepared to understand, recognize, and support the needs of individuals with FASD at all stages of their CLS involvement.



HOW CAN FASD RECOGNITION HELP?

Given how many people involved in the CLS may have FASD, recognition and screening have been highlighted as important system-level practices that can help professionals respond more effectively.[47,86-87] When individuals with FASD are not recognized, this can lead to misunderstandings, misattributing behaviours, and create barriers to accessing FASD-informed services. A lack of recognition can also result in missed opportunities for effective support that could otherwise contribute to improved trajectories, wellbeing, and positive outcomes, within and beyond the CLS.[7,34,37,51,86]

Being able to recognize people who may have FASD in CLS contexts can have many practical benefits for the individuals themselves, professionals and service providers, the courts, and society. These benefits may include:

- Recognizing people who may benefit from FASD-informed supports.
- Increasing understanding of a person's strengths, challenges, and needs, which can be used to inform responses.
- Improved outcomes and working relationships for professionals through enhanced understanding and practice shifts.
- Enabling legal and institutional decisions that are FASD-informed.
- Informing assessment needs, including for FASD diagnostic evaluation.
- Informing reintegration plans that are tailored and adapted to the individual.
- Improving understanding of how many people may have FASD can inform evidence-based resource and program planning.
- Increasing cross-sectoral communication about FASD can enhance policy decision-making.

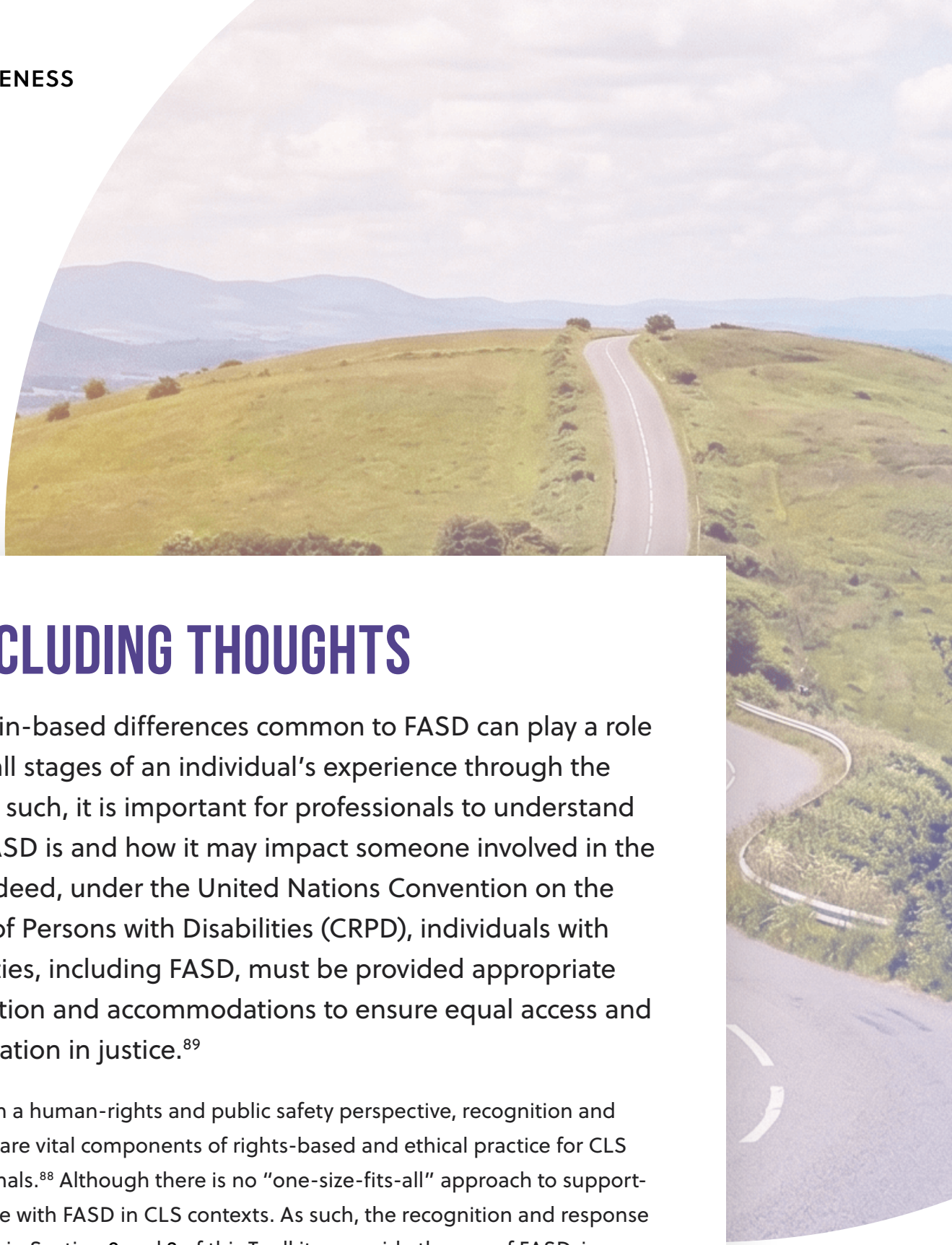
For instance, understanding that someone with FASD could struggle with verbal communication, even if this is not immediately apparent, can guide professionals to try some different strategies when working with them.



These might include slowing down, involving a support person in key discussions, or sharing important information in different ways. It could also prompt them to schedule several shorter meetings instead of more demanding lengthy ones. Similarly, recognizing that someone may be missing appointments due to brain-based differences in memory can provide a cue for adjusting strategies for success. Ultimately, this recognition can help to alleviate frustration through improved understanding and inform adaptations to practice and planning for additional resource needs (for additional strategies, see Section 3).

"Knowing that an individual has FASD helps us to slow down our normal practices and to re-evaluate how to best help this person. It may include making sure things are explained to them in simpler language, modifying their reporting schedule, or utilizing more community resources to help with the intersectional challenges"

– Criminal Legal Professional



CONCLUDING THOUGHTS

The brain-based differences common to FASD can play a role across all stages of an individual's experience through the CLS. As such, it is important for professionals to understand what FASD is and how it may impact someone involved in the CLS. Indeed, under the United Nations Convention on the Rights of Persons with Disabilities (CRPD), individuals with disabilities, including FASD, must be provided appropriate recognition and accommodations to ensure equal access and participation in justice.[89]

From both a human-rights and public safety perspective, recognition and response are vital components of rights-based and ethical practice for CLS professionals.[88] Although there is no "one-size-fits-all" approach to supporting people with FASD in CLS contexts. As such, the recognition and response strategies in Section 2 and 3 of this Toolkit can guide the use of FASD-informed support strategies.



PART 2

RECOGNITION

Getting Started, FASD Recognition and Screening, and Next Steps

GETTING STARTED

Many strategies can be easily implemented into everyday practice to help professionals recognize when someone may have FASD. These range from adjusting existing everyday practices to using an FASD screening tool. Knowing that someone may have FASD can inform next steps and practice adjustments. Before getting started, a few key ideas are important to understand and plan for.

EXERCISING CARE: TAKING AN ETHICAL APPROACH

No two people with FASD are exactly alike. People will differ not only in their strengths and challenges, but also in their life histories, previous experiences with screening, level of comfort talking about FASD, and whether they wish to explore the possibility of having FASD. Each person will also react differently to learning they may have FASD. For example, some may feel validated in their experiences while others may feel distress. This news may impact their self-understanding and relationships with family members.[82,89] FASD is a unique disability as it links the effects of PAE with birth mothers/parents. As such, individuals with FASD as well as their families can experience judgement and stigmatization.[31,58,90]

It is important to consider the ethics of recognition and screening practices and ensure that established benefits (e.g., referrals for resources, adaptations to practice, increased understanding) outweigh the potential risks (e.g., distress, stigma, incorrect use of resources).[37,82,89] Planning to support those exploring whether they may have FASD, as well as members of their circle of care (as appropriate), is important to ensure an ethical approach.

"FASD identification can help the person and those working with them gain an understanding of their disability that does not blame them for it. It also helps them access supports and services that might not otherwise be available"

– Criminal Legal Professional



Consent. Talking about FASD can be deeply personal, even if it is part of a routine set of questions. Like all health practices, it is important to ensure there is a consent procedure in place that acknowledges the autonomy, personal worth, and integrity of the person. Clients, along with their care providers and families, if appropriate, should be involved in the process. If someone does not wish to participate in FASD screening, or does not want to answer certain questions, that is okay. They may need more time, rapport, or trust, or they may wish to speak with a support person or family member prior to consenting.



Here are a few FASD-informed Ideas and Practices for Obtaining Consent:

- Provide the option to include a support person in the process.
- Understand that adolescents with FASD may differ from adults in their capacity to consent.
- Ensure enough time is set aside to fully explore the subject when approaching sensitive conversations about PAE and FASD.
- Outline the goals of screening and possible outcomes.
- Conduct screening in a calm and comfortable environment.
- Continuously check in to ensure understanding and explain the process using simple language.
- Explain important concepts a few different ways to support better understanding.
- Consent should be ongoing. Check in at different points through the process to be sure they still are willing and actively engaging.
- A decision to screen for FASD must be carefully considered in light of potential legal implications.



- Some helpful questions to consider include:
  - "How will results from this screening be used?"
  - "How will this help, impact, or potentially harm the person?"
  - "If this diagnosis is confirmed will this impact access to services?"
  - "Are there legal consequences that may stem from screening?"

Information Sharing. Consider how information that is gathered, including results, will be shared. This is particularly important in legal contexts where there are typically strict information sharing rules and policies, and where sharing information may have serious implications (e.g., impacts to sentencing, admission to programs). Information sharing procedures should be established and reviewed collaboratively prior to screening so that everyone understands when, how, and why this information may be shared.



TAKING A PERSON-FIRST APPROACH

Working in ways that are relationship-based and person-centred is important when trying to understand whether someone may have FASD. Given the stigma that is often experienced by people with FASD and their families, using person-first approaches is a positive step toward ensuring dignity and respect for the person.

"[Another important goal when conducting FASD recognition and screening is] making sure we are client focused. Every person with FASD is different in their own ways."

– Criminal Legal Professional

Cultural Safety

Through culturally safe approaches to practice, professionals and service providers can consider the ways in which social and historical contexts shape care and experiences of support. Systemic and interpersonal power imbalances should also be considered. Enacting cultural safety involves engaging in self-reflection regarding one's own identity, position of power, and the ways in which one's social location impacts their work.[91-92] Consideration of the cultural contexts in which a person with FASD and their family are embedded can ensure treatment is appropriate and effective.[9] For example, the surveillance, stigmatization, and stereotyping of Indigenous Peoples contributes to the incorrect belief that people with FASD are overrepresented, or that there is a biological pre-

disposition for the impacts of PAE, despite limited and contradictory evidence.[32,39,62-63] It is important to examine this potential bias and misconception to ensure that Indigenous and racialized individuals are not inappropriately screened for FASD.



Embedding cultural safety in practice can look like[43,94-96]:

- Increasing understanding about colonization, systemic racism, and intergenerational trauma, and the role they have and continue to play in shaping social determinants of health.
- Embedding access to culture, ceremony, and community connections into planning to facilitate healing (e.g., support planning, sentencing, reintegration) and understanding that people may need assistance accessing cultural supports.
- Recognizing that people are complex and have intersecting aspects of identity (e.g., race, ethnicity, sex, gender) that uniquely influence each of us. People will vary in terms of their connection with certain components of their identity.
- Being conscious of past experiences of racism and discrimination that people may have previously faced, which can impact trust, respect, and relationships.
- Fostering a workplace climate where staff can have open dialogue about their learning and supervision needs can have a positive impact on organizational culture.

Additional resources: The following resources provide more information about cultural safety.

- Common Definitions on Cultural Safety: Chief Public Health Officer Health Professional Forum
- Development of an Australian FASD Indigenous Framework: Aboriginal Healing-Informed and Strengths-Based Ways of Knowing, Being and Doing
- Culturally Safe Engagement: What Matters to Indigenous Patient Partners?
- Indigenous Cultural Safety, Cultural Humility, and Anti-Racism

Trauma-Informed

Trauma-informed care speaks to understanding the impact of an individual's past and current experiences of trauma and integrating this understanding into the delivery of services and supports. This helps to avoid re-traumatizing individuals and to support safety, choice, and personal control.[95] As many people with FASD experience trauma and adverse childhood experiences,[21,36,96-97] using a trauma-informed lens is important.[9,21,96]

Trauma-informed care is not meant to serve as a list of prescribed actions or a single step to take, but rather, reflects principles that can be embedded into practice.



To work in ways that are trauma-informed, approaches should prioritize[95,98-9]:

- Recognizing and acknowledging the impact of trauma.
- Developing and prioritizing safety, trust, and transparency in practice.
- Emphasizing choice and control by promoting agency for people with FASD.
- Holding compassion for each person.
- Working in ways that are collaborative, flexible, and strengths-based.

People with FASD are the experts of their own lives and have a wealth of knowledge about themselves, including experiential knowledge about what kind of supports may or may not work for them. Providing meaningful opportunities for choice and control, when possible, should be prioritized with trauma-informed care.[100]

Trauma-informed service providers should also consider the intersecting cultural, historical, and gendered experiences of Indigenous Peoples and racialized groups, as they are overrepresented in CLS contexts in North America and around the world.[101-102] It is incumbent on service providers to continue growing their understanding of the historical and current ways colonization, intergenerational trauma, and systemic and institutionalized forms of racism can impact the people they support.[32,63,101-106]

Additional resources: The following resources provide additional information about trauma-informed care in the context of the CLS.

- Creating trauma-informed correctional care
- Trauma-informed training opportunities
- Becoming trauma informed: An essential element for justice settings

Sex & Gender Considerations

Despite an increased awareness and understanding of gender identities and expressions, research examining intersections between sex, gender, and FASD remains limited.[107-108] Both biological factors (sex) and a combination of social and cultural influences (gender) can impact engagement with supports as well as risks and protective factors relevant to CLS contact.[109-111]

For example, taking a gender-informed approach to care in the CLS is important as women's involvement with the legal system is often the result of intersecting and complex difficulties such as victimization, trauma, and economic and social marginalization, which are relevant considerations for treatment and planning.[109,112] Women and gender diverse people in the CLS also have unique needs (e.g., mental and physical health, trauma, poverty, substance use, and children and family),[101,112] including factors that may influence alcohol use during pregnancy.[113] Gender diverse people face additional challenges, barriers, and vulnerabilities when they become legally involved, however, very little research has been done in this area.[114]

Individuals who are gender diverse may experience mistreatment related to health care services in CLS contexts as well as violence and abuse.[115] In addition, when supporting men and boys with FASD, it is important to acknowledge how common CLS involvement can be, consider mental health challenges that are more prominent in this population, as well as the stigma that can be experienced by men and boys when seeking treatment.[116-117]

It is important to consider additional challenges gender diverse individuals with FASD may be facing, how best to support them, and to be respectful of how people choose to identify. Embedding gender-informed prevention efforts can also have a positive impact for the mother, child, family, and community. Gender-informed practices must also take into consideration the overrepresentation of Indigenous women in correctional facilities[101] and ensure that programming is not only gender-informed but also culturally appropriate and safe. Overall, using a gender-informed lens to inform policies, programs, and practices can result in more responsive and appropriate support.

Those interested in learning more about identifying and supporting women at risk of having an alcohol-exposed pregnancy are encouraged to read more about their unique needs and considerations in the following guide:

- Substance Using Women with FASD and FASD Prevention,

Additional resources: The following resources outline information relevant to gender considerations in CLS contexts.

- A qualitative look at serious legal problems: Trans, two-spirit, and non-binary people in Canada
- Handbook on women and imprisonment





Age & Developmental Considerations

It is important to consider the age of the person being supported and to take a developmental lens when deciding how to action the practices outlined throughout this Toolkit. For example, when working with adolescents it is likely that parents, guardians, and/or caregivers/families will be involved across all stages of recognition, planning, and response, so it is important to consider how to best engage with these circles of care. Peers also play a critical role during adolescence, which is an important period of identity development and personal growth.[3,118] In addition to the typical challenges of adolescence, young people with FASD may face difficulties with relationships and belonging, impulsivity, sensation seeking, cause and effect reasoning, and planning. All of these challenges can impact learning and behavioural difficulties at school, as well as decision-making in relation to screening, or through the legal system.[119-120]

Adolescents with FASD can benefit from individualized guidance from trusted peers and adults during the transition to adulthood.[3,121] Unique legal and regulatory considerations may also have to be considered in working with youth in conflict with the law, given the many differences between the youth and adult legal systems. It is important to ensure familiarity with how these rules and procedures may impact FASD screening for youth.

The transition from adolescence into young adulthood is another time where young people with FASD may benefit from additional anticipatory planning and supports.[40] During this time there are many shifts in focus and goals, from activities like education to an emphasis on sustained employment and involvement in meaningful activities, independent living, and developing social relationships. Without proper supports, achieving these goals may be difficult for some people with FASD.[40,122]

In adulthood, expectations for independence continue to increase, such as problem solving, gaining employment, managing money, and independent living, which can be challenging for some adults with FASD.[15,122] As these expectations rise, there can also be a decrease in available supports and resources for young adults with FASD as they 'age out' of developmentally-informed systems of care.[40,123,124] When working with adults, it may be important to consider what independence and/or interdependence can look like, and how to support someone based on their unique needs and goals.[3] It may also be important for adults who may have FASD to continue engaging with identified support persons or circles of care (e.g., friends, family, support professionals).[3]

Taking a developmental lens to FASD recognition and response is therefore important[3,40,81] and may include:

- Considering how to appropriately engage with circles of care, families, and/or caregivers, parents, and guardians.
- Developing appropriate goals based on the unique developmental needs, strengths, and challenges of the individual.
- Considering the unique challenges associated with transitioning into adulthood for individuals with FASD, planning ahead and connecting to necessary adult services.
- Taking a developmental lens to screening (e.g., where best to find information, what information is most relevant, who should be involved).
- Considering age and developmental needs when planning for next steps, referrals, and resources (e.g., school-based supports for youth).

Additional resources: The following resources provide more information on developmental considerations and transitioning to adulthood.

- Transitions into adulthood for people with fetal alcohol spectrum disorder: A scoping review of promising practices
- Review of transition planning tools for youth with FASD in Canada



CONSIDERING REASONS & GOALS FOR SCREENING

Service providers and organizations may want to implement FASD recognition and screening strategies for different reasons. Identifying goals up front, collaboratively with individuals and their circles of care, can help to ensure that these strategies result in positive outcomes.[37,82]



Important goals and outcomes can be achieved through improved FASD recognition, including:

- Respecting the rights of people with FASD as per the United Nations Convention on the Rights of Persons with Disabilities (CRPD) which outlines having equal recognition before the law, accessible justice, and liberty and security of the persons for people with disabilities.
- Knowing who to refer for follow-up assessments (e.g., FASD diagnostic assessment, physical health assessment, psychological assessment).
- Understanding a person's needs and strengths (e.g., mental health, adaptive functioning, housing).
- Creating individualized accommodations, adjusted treatment goals, and adapted practices.
- Developing appropriate safety plans.
- Guiding decisions on whether or not to refer the individual for FASD-informed resources and supports.
- Informing legal decision making and sentencing decisions (e.g., diversion and treatment)
- Developing preventative actions and safety plans to decrease likelihood of victimization in correctional institutions.[37, 125]

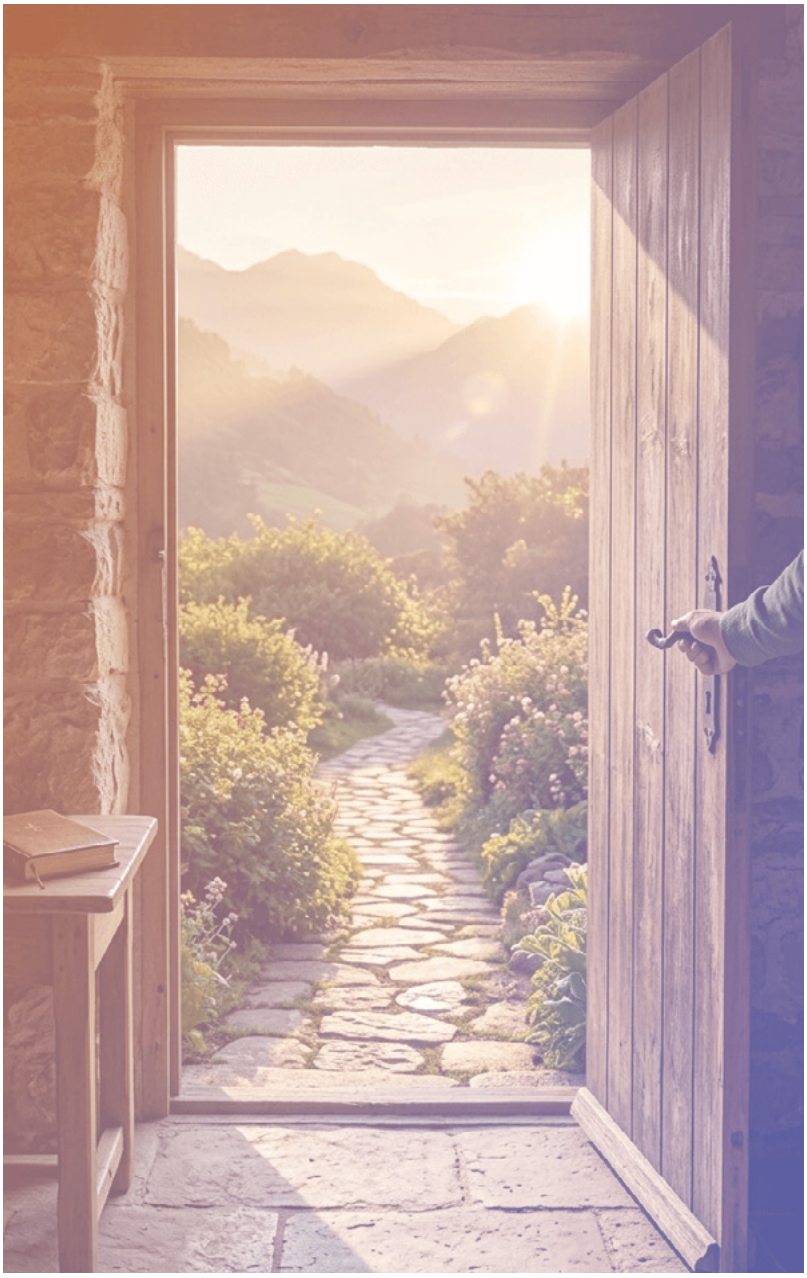
"[FASD recognition and screening] allows our program to adapt to the needs of the youth and to create opportunities based on the youth's cognitive abilities"

– Criminal Legal Professional

FASD RECOGNITION AND SCREENING

Many strategies can be used to help recognize whether someone has FASD, and in turn, respond in ways that are FASD-informed. Early recognition of FASD and access to assessment and resources can serve as an important protective factor for people with FASD. This early recognition can increase positive outcomes, and buffer against challenging outcomes.[50,126]

Even if FASD is not recognized earlier in life, recognizing it later—during adolescence or adulthood—can help with self-understanding and guide the adjustment of resources and practices to meet the person's needs.[60,127-128] It is important to note that recognizing that someone may have FASD through everyday practices or use of screening tools is not a replacement for a comprehensive diagnostic assessment, which is used to determine whether someone has FASD.



EVERYDAY PRACTICES

Many FASD-informed practices are straightforward to implement and can help ensure that people with FASD are recognized, understood, and supported. These 'everyday strategies' for FASD recognition are meant to build upon or adapt already established practices. This can include building an FASD-informed team, recognizing cues, embedding questions into established intake processes, and inviting conversations.



Build an FASD-Informed Team

Building an FASD-informed team is an important foundational approach to increasing FASD awareness within an organization and can enhance capacity to recognize whether someone may have FASD. Strategies to build an FASD-informed team include:

- Offering FASD training for all incoming staff, including developing comfort with having conversations about FASD.
- Creating an FASD taskforce or team with the expertise and passion for championing FASD throughout an organization or consulting on key issues.
- Connecting with other programs, organizations, and community FASD networks to learn and foster relationships.

A team that is FASD-informed also recognizes that many people with FASD may not yet be diagnosed, understands how recognition can help, and appreciates that some people who may have FASD could be hesitant to explore a possible diagnosis for valid reasons. Many options for support are available if someone does not wish to pursue a diagnosis.

Additional resources: The following resources can be used to support creating an FASD-informed team.

- CanFASD online courses
- FASD & Mental Health Resource & Practice Guide
- Moving Towards FASD-Informed Care In Substance Use Treatment



Recognizing Cues

Becoming FASD-informed and bringing an FASD-informed lens to everyday practice can lead to a familiarity with the common needs and difficulties that are experienced by many people with FASD. Examples include talking about FASD during everyday conversations, observing behaviour and social interactions, or considering other sources of available information through an FASD-informed lens. Recognizing these cues can help inform adjustments to practice and other decisions about how best to respond.

The following table was adapted from the Canada FASD Research Network's training course for criminal justice professionals "FASD for Judicial and Legal Professionals Level II." The table provides an overview of how behaviours may be related to brain-based differences associated with FASD, and how professionals can recognize these cues and re-interpret observed behaviour from an FASD-informed lens.

DOMAIN	DEFINITION	WHAT THIS MIGHT LOOK LIKE
Motor skills	Actions carried out via coordinating muscles (e.g., walking, writing).	• Discomfort sitting in court for long periods of time. • May appear clumsy or have little body awareness. • Difficulty writing.
Cognition	The ability to think and process information (e.g., use and understand language, processing and responding to information).	• May shut down if unable to process (e.g., not answering questions). • Providing one-word answers or may take time to respond. • May experience mental fatigue when completing tasks. • Difficulty applying or generalizing new information. • May indicate 'yes' when asked 'do you understand' even though they may not understand.
Language	Ability to communicate effectively (e.g., understanding and producing language).	• Misunderstanding questions, particularly if language is complex. • Inability to articulate thoughts. • Speaks well but difficulty understanding what others are saying. • Takes speech literally. • Appears to understand but may not follow through on directions or questions asked.
Academics	Ability to learn and carry out work related to reading, writing, and math.	• Difficulty filling out and reading/comprehending forms. • Appears to ignore written signs or warnings. • Challenges with concepts related to money. • Difficulty with time.

DOMAIN	DEFINITION	WHAT THIS MIGHT LOOK LIKE
Memory	Ability to acquire, store, retain, and retrieve information.	• May not remember important details. • Unable to tell a story sequentially. • Does not remember what they have been told (even if told multiple times). • Forgets bail or probation requirements/appointments. • Makes the same or similar mistakes repeatedly even with "warnings".
Attention	Selectively focusing on something specific in one's environment.	• May appear restless or distracted in court or in meetings. • Frequently asks for repetition or inquires, "what?" • Struggles to focus when being spoken to. • May appear mentally fatigued after sustaining attention.
Executive Functioning	Involves higher-level thinking skills to organize and control one's thoughts and behaviours.	• Repeats same offence pattern without learning or changing behaviour. • Commits illogical or poorly planned high risk/low reward offences. • Struggles to understand complex idea of guilt versus innocence. • Difficulty learning from experience or generalizing understanding. • Acts in ways that are against their own interest. • Unable to connect sentence to the offence. • Difficulty understanding other perspectives.

DOMAIN	DEFINITION	WHAT THIS MIGHT LOOK LIKE
Affect Regulation	Refers to an individual's ability to change or maintain their feelings or emotional state through effortful control.	• May have angry outbursts or laugh at inappropriate times. • Becomes easily frustrated or overwhelmed. • Has strong emotional reactions. • Appears to lack energy or motivation. • May leave or need to "get away" when uncomfortable.
Adaptive Behaviours	Daily living skills and abilities necessary to function socially and practically.	• May be easily led by peers. • Repeatedly commits crimes while with other people. • May appear disrespectful in court or not understand social etiquette. • May not understand social cues or social nuances. • May not understanded gravity of situation. • Difficulty carrying out day to day tasks. • May have difficulty planning a budget, buying groceries, completing forms to maintain housing, taking medication regularly without supports.

Embedding FASD-Informed Questions into Existing Procedures

Already established intake and information gathering procedures can be modified to include brief questions about FASD. Adopting a universal approach where everyone is asked the same questions about FASD as part of a standard practice can help to ensure that no one is missed. As intake processes may already be lengthy, consider when may be the best time to incorporate such questions, and design opportunities to circle back to questions related to FASD, providing multiple chances to ask about FASD.

"Incorporating some additional questions into the intake form, application, initial assessment would be beneficial as many of the answers are there and just need to apply an FASD lens"

– Criminal Legal Professional

Some examples of helpful everyday practices include:

- Questions about FASD can be added to interviews or forms that ask about possible mental health, neurodevelopmental, or medical diagnoses or needs (e.g., circle all diagnoses that apply and include FASD, or add FASD as an example of a possible diagnosis).
- FASD-informed questions can be added to existing intake forms (e.g., Have you ever been diagnosed with FASD? Have you ever been told you may have FASD?).
- Questions already on intake forms and/or interviews may point to potential cues of FASD (e.g., motor difficulties, memory challenges, life events – see recognizing cues).
- Adding questions about FASD to existing universal screening tools or procedures used to identify other neurodevelopmental or mental health needs.
- Reviewing records to gain insight and information for potential cues that someone could have FASD.

For more information on embedding FASD-informed questions into intake procedures click here.



Conversations with Individuals and Circles of Support

Recognizing whether someone could have FASD can involve inviting conversations directly with individuals themselves, as well as those in their circle of care. Conversations can involve asking questions about what people already know about FASD, whether they have ever been told they have FASD, or if they think they may have FASD. Sharing information about FASD in a destigmatizing and person-centred way can also be beneficial in creating opportunities for these conversations.

Some important things to consider:

- People with FASD have expressed that they appreciate being asked direct questions about FASD as it helps others understand them better and makes it easier to plan for putting accommodations in place.[117,130]
- Ensuring that everyone in an organization is FASD-informed can help ensure conversations about FASD are meaningful and based on up-to-date and accurate information.
- Building relationships and rapport is helpful when asking about personal information and history; thoughtfully consider with whom and when to have conversations about FASD.

Here are some helpful examples of ways to ask about FASD:

Initiating Conversations

- "I am interested in knowing more about you so that I can understand how to best support you."
- "Are you comfortable sharing some information about your history and your family with me?"

Asking about FASD knowledge and understanding

- "Has anyone ever talked about FASD with you?"
- "Can you tell me what you know about FASD?"
- "Can I share some more information about FASD with you now?"

Asking about neurodevelopmental disabilities

- "Can you tell me whether you have ever been diagnosed with a developmental disability (for example, intellectual disability, learning disability, autism or FASD)?"
- "Although no two people are the same, these kinds of disabilities can lead to needing more help and support with learning in school, with relationships or friends, or understanding how to go about everyday tasks like organizing a schedule. I'm happy to explain more if you have questions about these."



FASD SCREENING

Screening tools are designed to provide a quick and efficient way to recognize people who may have a particular health condition, in this case FASD.[37,130-131] Many tools and approaches have been developed to aid in recognizing people who may have FASD, including those designed specifically for CLS contexts, and with various formats, including checklists, rating scales, questionnaires, and interviews.[37] The evidence for available FASD screening tools has been summarized in various research articles:

- Screening and identification of fetal alcohol spectrum disorder in criminal legal settings: A realist review
- Screening approaches for identifying fetal alcohol spectrum disorder in children, adolescents, and adults: A systematic review
- Fetal alcohol spectrum disorders screening tools: A systematic review

It is important that careful thought goes into selecting a specific screening tool or approach that aligns with the specific context, age of those being screened, as well as the intended goals and outcomes.[37]

!

Because screening tools are meant to be quick and brief, they are not 100% accurate and can carry some risk of error. **A positive screen does not mean that a person definitively has FASD. Likewise, a negative screen does not mean with full certainty that a person does not have FASD.** Some positive and negative screens may ultimately be incorrect, carrying important ethical implications.

Screening tools and approaches are not diagnostic instruments and cannot be used in place of a comprehensive multidisciplinary assessment for FASD. All positive screens should be followed by a referral for an FASD diagnostic assessment.

IMPORTANT CONSIDERATIONS FOR IMPLEMENTING A SCREENING TOOL



1. Consider the Evidence:

Selecting an evidence-based FASD screening approach helps to ensure accurate and consistent results. A screening tool should be highly sensitive, meaning that as many cases as possible are accurately detected, resulting in fewer "missed cases".[83,132-133] In addition, a screening tool should be specific to the conditions in which they are being used, which reduces the possibility of incorrect positive screens.



2. Choose the Right Approach for the Setting:

There is no "one size fits all" FASD screening tool or approach that will meet the needs of people in every setting. Context matters. It is important that the tool selected is intended to be used in CLS contexts, and with particular groups (e.g., youth versus adults). As well, some tools are designed to be completed by the individual themselves, while others can be completed by service providers, staff, or clinicians. Likewise, some tools rely on simple flags or indicators that could signal someone may have FASD, whereas others may require data from direct measures about a person's behaviour or functioning.

3. Ethics and Consent:

It is imperative when implementing an FASD screening tool to consider the impact of screening on the individual, and ensure that the benefits to screening outweigh any potential risks (see Exercising Care: Taking an Ethical Approach). Ensuring there is a developed and consistent consent procedure in place for screening is also important to ensure ethical screening. Consent should be person-centred and acknowledge the autonomy, personal worth, and integrity of each person.

4. Consider Resources:

Successful implementation of an FASD screening tool or approach typically requires some level of training about FASD and how to use the tool or approach. Screening tools vary in terms of length of time needed for completion, associated costs, the level of knowledge/training needed, and the number of steps involved in the screening process. When choosing a tool, consider each of these factors in the context of your role and organization to find one that fits best.

For more information on implementation of FASD screening tools see:
Toward effective identification of FASD: A topical review of considerations for enhancing evidence-based screening within an implementation science framework.



FETAL ALCOHOL SPECTRUM DISORDER DECISION GUIDE (FASD-DG)

The FASD Decision Guide (FASD-DG) has been developed to help providers recognize those who may have FASD in the CLS, and in doing so, improve their understanding of individual strengths and needs, and inform appropriate accommodations, supports, and referrals for further assessment. The FASD-DG is designed to help support decision-making in everyday practice but should not be used in place of comprehensive assessment and/or diagnosis.

The FASD-DG includes 10 items across four domains:



DIAGNOSTIC ITEMS:

- Prenatal alcohol exposure (PAE)
- Possible FASD



NEURODEVELOPMENTAL AND MENTAL HEALTH ITEMS:

- Attention & executive functioning
- Adaptive & social functioning
- Multiple mental health challenges
- Complex challenges with substance use



LIFE EVENTS / HISTORICAL ITEMS:

- Alternative living arrangements
- Child intervention services involvement
- School & learning challenges
- Patterned CLS involvement

FASD-DG KEY INFORMATION

Who should use the guide?	• Service providers and professionals working with youth and adults involved in the CLS. • Examples: probation officers, correctional officers, police officers, judges, lawyers, social workers, forensic nurses, doctors, psychiatrists, and psychologists, and many more!
With whom can the FASD-DG be used?	• The guide is flexible and can be used with youth and adults at any stages of the legal process. • Examples: pre-sentencing, post-adjudication, or during incarceration/rehabilitation, and community supervision.
What information is needed to complete it?	• The guide can be completed using a range of information sources. • Examples: interview with person being screened (or trusted contacts), and information from records.
How long does it take to complete?	• Approximately 10-15 minutes is needed to rate the items, though more time may be required to gather the needed information.
How much does it cost?	• The guide is free to use. • The tool should be used without any adaptations.

If you are interested in using the FASD-DG, the user guide can be access here:

As the FASD-DG is a new decision-making tool, further research and evaluation data is needed to be sure that the tool works well in identifying the right people across different groups. There is currently limited evidence across all available FASD screening tools, which is why validation and evaluation research is so vital.[37]

Screenshot of FASD-DG rating form



WHAT TO DO AFTER RECOGNIZING THAT SOMEONE MAY HAVE FASD

Several steps should be taken after recognizing that someone may have FASD. Many of the practices that professionals and service providers already use in their everyday work can be adapted to accommodate the needs of people with brain-based differences like FASD, regardless of the outcome of a screening tool and/or recognition strategy. Many of the strategies outlined in Section 3 of this Toolkit may be helpful in this way.

Ideally, planning for these next steps will have taken place in advance, together with the person undergoing screening. These ideas should be discussed in collaboration with the individual, as well as their parents/caregivers and/or circles of care if appropriate (i.e., depending on age, living circumstances, needs, and wants). This helps ensure everyone is on the same page and that there are few surprises following screening.



These steps can be further explored and decided on collaboratively:

- **Discuss results:** Whether the results from screening suggest that someone may or may not have FASD, it is important to explain the findings and what they mean (i.e. this does not mean for certain they have FASD or do not have FASD). Common areas of discussion may include debriefing about the findings, next steps to consider (e.g., FASD diagnostic assessment, referrals), a discussion about accessing services or programs, and/or possible adjustments to treatment and planning.
- **Be sensitive to the person's reactions (as well as support persons/caregivers):** People will have different reactions, thoughts, and emotions about considering whether they may have FASD. It is important to check in and see how they are feeling, actively listen to them, and leave space to acknowledge their thoughts and emotions. Be prepared to offer FASD-informed supports and/or referrals to that person, and potentially other impacted family members/people in their circle of care.
- **Collaborative planning:** Collaboratively engage with the person and their care networks, if appropriate, to plan next steps. Understanding each person's goals and desired next steps will help to create a person-centred plan. It may be important to the individual to be referred for a comprehensive FASD diagnostic assessment, though not everyone may want this.

After recognizing that someone may have FASD, here are some important possible next steps:

- Referral for an FASD diagnostic assessment (click here for a list of FASD diagnostic clinics in Canada).
- Referrals for additional assessments (e.g., psychological, speech and language, behavioural).
- Referrals to FASD-informed supports, community organizations, and programs.
- Connections to peer-support and engagement opportunities (many organizations do not require a formal FASD diagnosis to access).
- Adoption of FASD-informed practices and considerations (see Section 3).
- Referrals to resources based on needs identified through screening (e.g., employment, housing, substance use) see FASD-informed planning tool).
- For youth, collaboration with schools for appropriate supports.
- Help in applying for disability or other support funding.
- Exploration of strengths to better understand the abilities of the individual that can be built upon and leveraged.

Next steps can be equally important in cases where the decision is made not to pursue further follow-up that is FASD specific, such as in the case of a screening outcome that does not point to FASD.

- Referrals for additional assessments (e.g., psychological, medical, occupational therapy) to obtain information that may be important for accessing services, service adaptation, or identification of additional referrals.
- Referrals to resources based on needs identified through screening.
- Adjustments to practice (e.g., accommodations, changes to treatment goals; see Section 3).
- Exploration of strengths to better understand the abilities of the individual that can be built upon and leveraged.

"For us the importance of the identifying [FASD] is to be able to understand and accommodate the disability and then put the supports in place that would help that person to be successful"

– Criminal Legal Professional





CONCLUDING THOUGHTS

Many approaches can be used to recognize whether a person may have FASD. When adopting any of the FASD recognition strategies included in this Toolkit it is important to take the time to plan 'next steps' in order to provide effective support and care.



PART 3:

RESPONSE

FASD-Informed Everyday Support Strategies, Practice Examples for Specific Roles, and an FASD-Informed Planning Framework

FASD-INFORMED EVERYDAY SUPPORT STRATEGIES



Working in an FASD-informed way involves understanding FASD as a brain- and body-based disability that can impact a person physically, behaviourally, cognitively, socially, and emotionally. It also involves recognizing the unique strengths and needs of each person with FASD.[9,90] FASD-informed care, practices, and strategies can benefit both people with FASD, as well as those who work with and support them. Some of the benefits of working from an FASD-informed approach include:[90,134-136]

BENEFITS FOR SERVICE PROVIDERS AND PROFESSIONALS	BENEFITS FOR INDIVIDUALS WITH FASD
• Decreased frustration and negative judgement of behaviour. • Increased collaboration and decreased conflict with clients as needs are being more effectively met. • Better fit between approach and a person's abilities. • More realistic expectations. • More creative and effective solutions. • Greater job satisfaction.	• Increased understanding of personal strengths and challenges. • Improved self-esteem, self-confidence, and hope. • Trusting relationships with providers and support people. • Reduced stigmatization. • Greater sense of being understood and accepted.

The following FASD-informed strategies may be useful in everyday practice for a variety of CLS professionals and roles. There is no "one size fits all" model for supporting people with FASD in the CLS. While these recommendations can enhance FASD-informed care overall, they may need to be adapted to fit specific roles and CLS contexts.



1. Reframe Behaviour and Assumptions

An essential component of FASD-informed care is changing one's understanding of behaviour by taking a "brain-based" or "neurodevelopmental" viewpoint when supporting someone with FASD.[9] This means pausing to reflect on and recognize how a person's unique brain-based differences may be impacting their behaviour and reframe the situation from this perspective. Doing so can lead to better understanding, more helpful interactions, and effective supports for people with FASD.[9,36] Without understanding FASD as a brain-based disability, behaviours may be misinterpreted as willful or oppositional, and expectations may be unrealistic. This misalignment can lead to challenges and frustration for everyone, as well as a poor fit between strategies and outcomes.[137-139]

"I think once staff can understand the difference between what is purposeful and what is brain-based, then all of a sudden their compassion towards it changes and it's way less irritating because you have a plan"

– Criminal Legal Professional

The following table presents potential assumptions about a person's behaviour and examples of how they could be reframed from an FASD-informed lens to improve understanding, interactions, and practices.[140-143]

ASSUMPTION	POSSIBLE REFRAMING
The person just won't listen to me	The person may not understand what is expected of them, and/or they cannot remember what they were asked to do
The person won't connect with me	The person may have difficulty with social skills and communication skills needed to build relationships
The person keeps lying to me	The person may be unable to remember all the details or retell a story chronologically
The person is lazy and resistant	The person may not know how to change and is tired of feeling like they are failing
The person doesn't care	The person may be confused and frustrated and doesn't know how to cope
The person is aggressive	The person may feel backed into a corner and is struggling to control their impulses or regulate their emotions
The person is acting inappropriately	The person may not understand typical personal boundaries

Reframing interpretations of a person's behaviour in this way allows providers to reconsider the unique needs of each person and respond with this in mind. Contextualizing behaviour within challenges commonly associated with FASD can allow for more patience and understanding, and the development of more effective responses.

Additional resources: The following resources provide more information on reframing behaviours.

- FASD & Justice: Reframe the behaviour
- Moving towards FASD-informed care in substance use treatment: Consideration of brain-based differences (see pg. 9)
- Reframe the Behaviour: Evaluation of a training intervention to increase capacity in managing detained youth with fetal alcohol spectrum disorder and neurodevelopmental impairments



2. Identify and Build on Strengths

Recognizing, leveraging, and focusing on a person's strengths and protective factors is an important component of FASD-informed practice.[7,9,90] Working from a strengths-based perspective in the CLS can help to foster positive outcomes and trajectories for people with FASD.[42-43,81] Working from a strengths-based perspective can improve clients' self-concept, promote confidence, and inform individualized treatment planning.[7] Some strengths-based approaches and practices to consider include [3,7,9,69,90]:

- Use a non-stigmatizing approach by building trust, considering language, and being non-judgemental.
- Nurture self-awareness and identity development.
- Set aside time to reflect and brainstorm on the person's abilities and strengths.
- Create opportunities for the individual to engage in activities that use their capabilities (e.g., creativity, athleticism, computer skills).

- Incorporate strengths into treatment planning.
- Sustain hope for individuals and families by being positive and planning for the future.
- Adjust expectations for each individual and celebrate relative/personal strengths and successes.

Additional resources: The following resources provide additional information and ideas for strength-based practice.

- From surviving to thriving: A new conceptual model to advance interventions to support people with FASD across the lifespan
- Towards Healthy Outcomes a Framework for Integrated Community Intervention
- CanFASD Common Messages: Guidelines for talking and writing about FASD



3. Adjust Language and Communication

Legal settings often rely on verbal communication and jargon, which can be particularly challenging for people with FASD.[36,79] Adapting communication approaches to the unique needs of each person can improve interactions and understanding. Some of these adjustments may include[90,139,144-145]:

- Use clear, concrete, and simple language.
- Be specific and give examples.
- Keep instructions brief.
- Share one step at a time.
- Avoid abstract language and metaphors/figures of speech.
- Check for understanding, ask people to describe what they have heard to ensure comprehension.
- Use vocabulary that is familiar to the individual, in clear everyday language instead of legal jargon.
- Use visual cues.





4. Consider Other Cognitive Difficulties

Being person-centred and recognizing each person's unique cognitive strengths and needs is an important component of FASD-informed practice. To respond appropriately to cognitive differences, service providers can make accommodations or modifications to practice, including[9,90]:

- Build in breaks whenever possible, especially in demanding or stressful situations.
- Repeat important information (and review frequently).
- Use pictures, calendars, lists, and reminders.
- Break up complex information into smaller chunks.

5. Provide Structure and Consistency

Many people with FASD thrive with a consistent routine and structure.[146] Providing consistency in the context of intervention can create a strong foundation for support. Approaches for developing structure and consistency may include[90,95,147]:

- Schedule appointments consistently (e.g., same day, same time), and in the same location.
- Co-create structure and routine by developing schedules with the individual being supported (e.g., visual schedule with self-care, daily activities, appointments).
- Set clear, simple rules and firm limits.
- Use visual cues for rules.
- Review rules/procedures regularly.
- Prepare for any transitions or changes.



6. Consider the Physical Environment

Creating an inviting, safe, and comfortable environment when working with people with FASD is important, as they may experience sensory overload or overwhelm.[36,148-149] Some considerations for the physical environment may include[90,95]:

- Be aware that people with FASD may have difficulty processing sensory information which can lead to distress (e.g., being overwhelmed by bright lights or lots of noise).
- As much as possible, create a calm, non-confining space for meetings.
- Minimize the number of people in the room when possible.
- Reduce background noise.
- Simplify the visuals of the space (e.g., reduce clutter, dim lighting).
- Allow clients to use noise cancelling headphones, sunglasses, etc., if needed.



7. Collaboratively Develop Reasonable Goals

Aligning expectations and goals with the wants and abilities of a person with FASD can help to facilitate positive outcomes and decrease frustration for everyone. Practices for developing reasonable goals may include[90,139]:

- Ask individuals about their own hopes, strengths, and goals.
- Use an individualized and flexible approach based on identified strengths, challenges, and needs.
- Allow space for goals to evolve over time.
- Develop realistic expectations and goals based on the unique strengths, challenges, abilities, and wants of the person.
- Ensure individuals are actively involved in decision making that impacts CLS trajectories and their lives as much as possible.
- Identify strategies that have worked in the past.
- Facilitate access to FASD diagnostic assessment.

FASD-INFORMED STRATEGIES FOR SPECIFIC CLS STAGES & ROLES

Pre-Adjudication Strategies & Approaches

POLICE CONTACT

Interactions with police can be emotionally taxing for everyone involved. This, combined with the cognitive differences experienced by many people with FASD, can potentially cause situations to escalate.[36] People with FASD may have varying cognitive abilities and difficulties with reading and language comprehension. This can make it harder for them to navigate interactions with police and legal professionals, leading to challenges in understanding their legal rights, procedures, or the consequences of behaviour.[36,150] For example, difficulties with abstract thinking, and being unable to connect questions or statements together, may interfere with a person's ability to understand complex legal concepts and know their rights.[151]



As a service provider, knowing whether someone may have FASD can allow for adjusted approaches in the moment. Although using an FASD screening tool may not be possible in the context of a police interaction, building FASD awareness and using everyday FASD recognition strategies can still help police. It can facilitate recognizing whether someone may have a brain-based difference that is impacting their behaviour and interactions, and this recognition can then provide a cue to pause and consider a different approach to responding (see Section 2). Police may find the following FASD-informed strategies useful.[151-152]

- Slow down, speak clearly, and allow the person time to process questions and answer in their own time as much as possible.

- If providing instructions, take a step-by-step approach and use concrete examples, repeating instructions calmly if necessary.
- Modify the physical environment as much as possible to minimize distractions and over-stimulation (e.g., turn off sirens/lights, if there are multiple officers, if possible, have one person speak to the individual).
- Consider offering visuals and pictures to convey complex information.
- When explaining a person's rights, use plain language and check-in for understanding using open-ended questions (e.g., Can you tell me what having the right to silence means?).
    - If they repeat what was said verbatim, ask questions to confirm understanding (e.g., In your own words, what does it mean to waive your rights?)
    - Consider if you need to have a guardian or support person present to ensure the person understands what is happening.
- Consider obtaining support from, and collaborating with, social services or mental health providers to de-escalate situations and engage with individuals who you think may have FASD.
- Use de-escalation skills if a person becomes distressed.
- Consider diversion methods such as connecting the person to community-based services.

"It is critical to identify individuals with FASD as their neurological impairments will affect how the police deal with them at the arrest and interview/interrogation stage, it will affect the individuals bail hearing as well as the trial and sentencing stages"

– Criminal Legal Professional

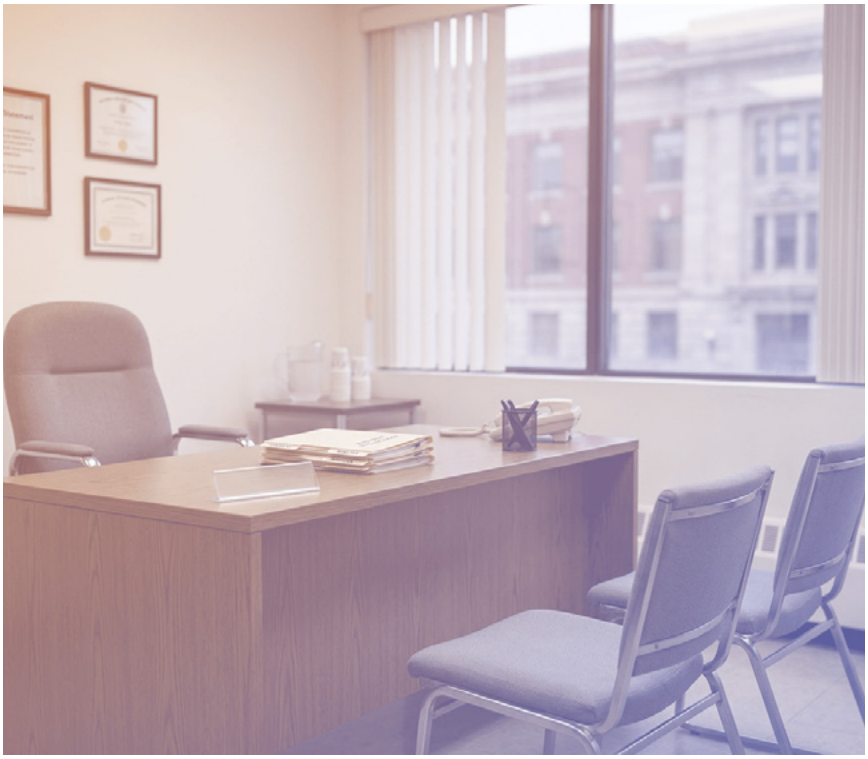
INTERVIEWS

People with FASD may have difficulty understanding legal information and may be more suggestible during interviews.[153-154] These difficulties may be greater for those who are younger, have impaired cognitive or communication/reading abilities, or experience mental health difficulties.[36,150,155] People with FASD may also have more difficulty with activities of daily living, including communication and social skills, problem-solving, and emotion regulation, which can impact the way they may engage with police. For example, they may be easily intimidated and/or influenced, not understand legal actions and procedures, and have difficulty remembering and explaining situations.[36,40,156]



The following FASD-informed communication strategies may support individuals with FASD during interviews to better understand their rights and complex legal information, and decrease chances of providing inaccurate or accidental invalid, false, or misleading statements[151,157]:

- Allow a support person/legal representative to be present during questioning.
  - Enlist the support of someone who is familiar with FASD (e.g., colleague, superior/supervisor).
  - Keep in mind, and try to reduce, the power imbalance inherent in interview contexts.
- Take more time to explain legal rights and ensure understanding before proceeding.
- Check in on understanding. Rather than asking a 'yes or no'- question (e.g., 'do you understand?'), check an individual's understanding by asking them to explain what they have heard in their own words.
  - Allow people to ask questions without judgement.
- Hold interviews in a private space that is free from loud noise and distractions.
- Ask questions one at a time, using simple language.
- Avoid leading questions. For instance, instead of asking 'how fast was the car going when it was speeding?' ask, 'how fast do you think the car was going?'
  - Do not suggest possible scenarios of what might have happened.
  - Silence following a question may not mean they are refusing to answer a question; they may not know how to answer, or they may need extra time to formulate a response.
- Hold several shorter interviews instead of a single longer interview.
- Videotape and transcribe interviews.



Additional resources: The following resources may be helpful for police officers to increase their knowledge of FASD and provide additional practical strategies.

- FASD: What Police Officers Should Know
- CanFASD Video: Investigation and Arrest

Adjudication Strategies & Approaches

COURTROOM PROCEEDINGS

The courtroom can be an overwhelming and difficult environment to navigate, especially when a person has brain-based differences like FASD. Judges, lawyers, and other professionals involved in the adjudication process may consider the following areas of difficulty and adjust practice to improve opportunities for meaningful engagement for people with FASD.[36,150,158-159]



AREA OF DIFFICULTY	WHAT THIS MAY LOOK LIKE	FASD-INFORMED RESPONSES
Communication	• Difficulty with legal jargon. • Agreeing to information without fully understanding. • Vulnerability to leading questions. • Inaccurately interpreting non-verbal gestures. • Limited understanding of legal concepts (e.g., under oath, plea).	• Take breaks frequently and when needed, may be more frequently required due to cognitive fatigue. • Explain and review what has happened so far and what will happen next. • Describe legal concepts using clear and simple language. • Check-in to ensure understanding (e.g., What does it mean for you to be on bail?). • Allow time for cognitive processing. • If a person does not understand, ask questions in different ways (mention you are asking the same question in a different way). • Consider the use of visuals, including visual schedules to keep track of legal appointments and court dates. • Read all materials out loud.

AREA OF DIFFICULTY	WHAT THIS MAY LOOK LIKE	FASD-INFORMED RESPONSES
Memory	• Forgetting what was said. • Intermittently remembering details of information. • Recounting events in a different order. • Inaccuracy in testimony. • Changing or adapting story.	• Slow down, keep questions short and clear. • Use repetition and reminders. • Provide additional time to prepare for court. • If a person's story has contradictory elements, take the time to sort this out with them. • Consider the use of visual aids (e.g., drawing a picture of what happened). • Consider if a support person and/or caregiver can be involved to take notes and help understand and remember information. • Arrange for a support person to escort the client to appointments or court dates if possible.
Information -Processing	• Difficulty processing the quick pace of information presented in court. • Needing more breaks. • Requiring extra time to process and understand information. • Becoming overstimulated by the environment. • Struggling with transition and change.	• Allow time for thinking, processing, and asking questions. • Advocate to the court if needed to adopt a clear, simple, and straightforward approach to asking questions. • Empower clients to be able to ask for time to think about questions or process information. • Close the courtroom when possible. • If transitioning environments (e.g., incarceration to courtroom) give extra time to adjust.

AREA OF DIFFICULTY	WHAT THIS MAY LOOK LIKE	FASD-INFORMED RESPONSES
Information -Processing (cont.)		• Give verbal cues when activities are changing (e.g., in 5 minutes the court will be taking a break). • Take more breaks throughout the process and observe client behaviour (e.g., lack of attention, fidgeting) for cues that a break may be needed. • Debrief about court/meetings and check for understanding of decisions and expectations.
Social Functioning	• Acting in ways that are seen as inappropriate or impulsive. • Being overly friendly or aloof. • Being easily led or manipulated during court and questioning.	• Allow for support person to be present in the courtroom. • Discuss and practice self-regulation strategies prior to court. • Reframe behaviours based on FASD knowledge. • Allow space for the person to explain themselves, using open ended questions instead of leading questions. • During examination, slow questions down and advocate for others in the court to do the same.

The courtroom is also a busy and overwhelming environment with noises and distractions such as bright lights, competing conversations, and background noise.[36] All of this may lead to individuals feeling overwhelmed. Consider ways in which the courtroom can be adapted to be more welcoming and an appropriate environment for individuals with brain-based differences (e.g., lower lighting, fewer people, more breaks, more time to explain complex legal ideas). Additionally, lawyers might consider taking clients to court beforehand to practice their testimony and examination. This can help clients become more comfortable with the environment and improve their ability to meaningfully engage in the process.



EXAMPLE OF AN FASD COURTROOM

The Manitoba Provincial Court has established an FASD disposition docket for youth and adults who have an FASD diagnosis. One of the goals of this docket is to provide people with a court environment that takes into consideration each person's unique challenges that are identified in an assessment report, and how this may relate to moral blameworthiness or degree of responsibility.[160]

In addition, the environment in FASD Court is changed to accommodate the needs of individuals with FASD. For example, counsel is asked to refrain from whispering, shuffling papers, texting, or coming in and out of the courtroom. The lights are dimmer, and the number of people in the courtroom is also reduced.[160]

For more information see:

Manitoba Courts

LEGAL DECISIONS

FASD is relevant to consider across a range of legal matters, including rights waiver, diversion, plea decisions, determinations of guilt, sentencing, fitness/competency to stand trial, and criminal responsibility.[72,80,84,161] Sentencing decisions have a significant impact on an individual's life and CLS trajectory, and many of the challenges and strengths associated with FASD can be relevant in determining an appropriate sentence.[80] Obtaining comprehensive information about a person's current functioning and needs can help provide the best and most accurate picture of relevant considerations.

Even if information from an earlier childhood assessment is available, an updated evaluation may be needed to speak to an individual's current strengths and needs, in the context of their current developmental stage and circumstances. It can be helpful to have experts in court to explain relevant information about FASD, reframe behaviour, and discuss the person's specific needs and challenges. Importantly, the goals of sentencing may not be appropriately achieved without consideration of an individual's unique needs.[36,144,162]

The following are potential questions for consideration for **judges** across a range of legal matters[163-164]:

- Is evidence about FASD needed to help inform the legal decision at hand?
- Does the person understand aspects of the plea decision making process and are they able to validly make a plea decision?
- What pathway may be pursued to obtain an assessment that considers FASD?
- Do the impairments/challenges associated with FASD serve a mitigating role or reduce moral culpability in this case?
- Are there alternative sentencing options or higher resource sentences appropriate and available?
- Are community-based treatment or structured living arrangements appropriate and available?

Additional resources: The following resources provide FASD related information about sentencing and case law.

- FASD & Justice: Sentencing
- FASD Evidence in Canadian Criminal Cases: A Case Law Review

Post-Adjudication Strategies & Approaches

CORRECTIONS AND CUSTODY CENTRES

People with FASD are at increased risk of victimization and abuse in custody.[162] Increased vulnerability in these settings may be exacerbated by difficulties with comprehension, working memory, social skills, and processing speed.[36] In addition, suicidal ideation, attempts, and death by suicide have been found to be elevated in people with PAE/FASD[97,165-166] and suicide is one of the leading causes of death in correctional facilities.[167] This underscores the importance of proactive protection and support for people with FASD, as well as FASD-informed suicide prevention programs, safety planning, and supports for mental health in correctional contexts.



System-level practices for working with individuals with FASD in correctional settings are important. These may include implementing recognition and screening approaches, using information from assessments to better understand and accommodate the needs of people with FASD while incarcerated, and providing meaningful interventions based on this understanding.[36] It can be challenging to manage behaviours interpreted as intentional, hostile, or non-compliant, which is why it is important to reframe behaviours through an FASD-informed lens. Misunderstanding behaviour can lead to increased frustration, conflict, and additional disciplinary actions for individuals with FASD.[36,168]

The following are strategies to consider for those working in correctional environments[36,168]:

- Establish an understanding of the individual's functioning, strengths, and needs.
- Set clear boundaries and enforce rules and expectations consistently.
  - Frequently revisit expectations and rules.
  - When giving instructions, do so in simple language and repeat when necessary.

- Create a predictable environment with a consistent routine and clear expectations, and prepare the person for changes (e.g., if getting ready for court, explain what the day will look like, length of time, how they will get there).
    - If there is a change in the correctional institution environment (e.g., lockdown, recreation time, changing schedule, changing cell) provide plenty of transition time, information, and patience.
- Focus on strengths and positive behaviours, encourage, and acknowledge specific achievements.
- Use a proactive approach for challenging behaviours such as developing self-regulation strategies, offering sensory tools, being mindful of a person's triggers, and using de-escalation techniques when necessary.
- Work collaboratively with other correctional professionals such as mental health clinicians, social workers, physicians, and nurses.
    - Physical health needs should be examined by a correctional physician, including prescriptions and medication management.
- Advocate for appropriate accommodations and support services within the corrections environment.
    - Consider treatment options that are FASD-informed (e.g., one-on-one support versus group environments, hands-on interventions).
- Develop release plans that incorporate transition planning, housing, and mental health needs.



COMMUNITY CORRECTIONS (PROBATION)



Probation and community corrections officers play an integral role in supporting individuals with FASD during periods of community supervision, prior to and following sentencing, as well as upon release from custody. The transition from custody to community can be a vulnerable time for individuals with FASD.[137-138,169] Probation officers can advocate for individuals by helping them find safe housing, job opportunities, refill and access needed medications and connect with support programs. Challenges associated with FASD can impact success during community supervision, such as forgetting to report, missing appointments/court dates, agreeing to directions or conditions without fully understanding, communicating clearly, and navigating transitions and change.[36,169-170]

The brain-based differences associated with FASD may make it more difficult for an individual to follow their conditions without appropriate accommodations.[138] For example, common conditions such as reporting at a specified time, following a curfew, and abstaining from communication with specific people may be more difficult for someone with FASD.[170-172] These difficulties can lead to misunderstandings, breached conditions, and strained relationships, as well as legal consequences.[36]

To increase the likelihood that people with FASD will understand and comply with conditions during periods of community supervision, it is important to consider unique needs, strengths, challenges, and circumstances.[72,138]

Consider the following strategies[72,138]:

- Reframe behaviour and understand that people with FASD are not necessarily ignoring conditions on purpose, but rather, may not understand or remember expectations.
- Have patience, repeat important ideas and components of conditions, review conditions frequently (i.e., at every appointment).
- Engage with available community supports, work to create wrap-around services for the individual.

    - Coordinate with other services to ensure conditions can be met and are FASD-informed (e.g., housing, counselling).
- Engage with families, circles of care, support persons as appropriate (e.g., sharing conditions so others can help).
- Use simple and clear language to describe conditions, consider the use of visuals to explain requirements.
    - Use icons to explain conditions simply (e.g., weapon icon with X through it for no weapons).
- Consider what conditions may be more challenging for the individual (e.g., abstaining from substances, reporting at a particular time) and collaboratively brainstorm solutions.
    - Small modifications to conditions may support success (e.g., changing curfew to better align with work or other commitments).
    - Explore what conditions can be removed and advocate for changes to conditions if unrealistic or not needed (e.g., obtaining full-time employment, travel restrictions).
- Focus on what the individual should be doing (e.g., going to counselling, obtaining employment, checking-in with probation officer) rather than just what they are not allowed to do.
- If the person breaches and goes to court, put breaches in a meaningful context (e.g., highlight strengths and successes, explore reasons why the breach may have happened).

"Professionals need to be aware of FASD prior to making conditions that the individual may not be able to meet--or the professionals need to be aware for enforcement purposes regarding a client's non-compliance and what that looks like for someone with FASD"

– Criminal Legal Professional

Additional resources: The following additional resources provide practical information for professionals across the CLS to work in ways that are FASD-informed.

- CanFASD Training Course: FASD for Judicial and Legal Professionals Level II
- A Conversation about Corrections and FASD
- Understanding FASD in the Criminal Justice System: A Research Update
- FASD & the Justice System: A Better Understanding
- FASD & the Justice System: A Better Understanding - Part II
- FASD & the Justice System: A Better Understanding - Part III
- FASD & Justice Website

FASD-INFORMED PLANNING TOOL

Recognizing that a person may have FASD can help to identify a person's unique strengths, and areas where additional support may be needed. The **FASD-informed planning tool** is designed to help providers collaboratively plan and determine next steps. Multiple areas important for health and wellbeing are outlined in this tool. The tool is based on the Towards Healthy Outcomes framework[3] (THO) which was developed to inform practice, create shared understanding and communication, and direct policy.[3] The planning tool covers eight domains relevant across the lifespan and provides information about FASD, strategies, and resources for supporting people within and beyond the CLS.



What you need to know

Describes the relevance of each domain for people with FASD and information that can be used to inform decision making.

Next steps and considerations

Guides users through a list of possible FASD-informed next steps, strategies, interventions, and/or referral opportunities that may be relevant for the person they are working with.

FASD-informed resources

Outlines evidence-based resources, information, and FASD-informed practices that may be useful and/or can be shared with other professionals in their care circle.

Actions

Provides space for planning, actions steps, and additional thoughts to be recorded.

HOW TO USE THIS TOOL

This tool is meant to be used once rapport has been established, and an understanding of the individual's needs is developed. The tool can be completed collaboratively with the individual, as well as with their circles of care if appropriate, to ensure a respectful and individualized approach. This tool is also meant to be flexible and adaptable to different roles and contexts.

Like everyone, no two people with FASD are the same. As such, recommendations and support strategies can be selected and implemented, bearing in mind the unique needs of each individual. Further, the areas of need and strategies outlined may be relevant regardless of whether or not someone has a diagnosis of FASD and may be helpful for anyone experiencing complex support needs.

You can access the FASD-Informed Planning Framework online here.



CONCLUDING THOUGHTS

Many FASD-informed strategies and approaches can be embedded into practice across a person's involvement in the CLS. It is important to tailor these approaches based on each provider's role, the individual's age (e.g., youth, adult), and their unique needs, abilities, and challenges. Additional tools, resources, FASD-informed checklists, screening tools, and training content is available on the accompanying website.

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