

Forensic Assessments of Youth Affected by FASD

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Date: April 16, 2009

Government of Alberta

The FASD Learning Series is part of the Alberta government's commitment to programs and services for people affected by FASD and those who support them.

Session Goals

- To understand what is involved in a forensic psychological assessment and how this type of assessment may be helpful to FASD affected youth
- To understand and appreciate how the executive functioning skills deficits typically associated with FASD affected youth leave them particularly vulnerable to involvement in crime
- To explore FASD sensitive recommendations for support and counseling

FASD and Problem Behaviours

Streissguth, Barr, Kogan & Bookstein (1997) found that:

- 90% of FASD affected youth had mental health problems
- 60% of FASD affected youth had been suspended or expelled from school
- 50% or more of FASD youth had participated in inpatient substance abuse programs or had been incarcerated

FASD & Problem Behaviours

(continued)

- 50% of FASD youth had been reported for inappropriate sexual behaviour
- 30% or more of FASD youth have had treatment for substance abuse problems

FASD and Crime

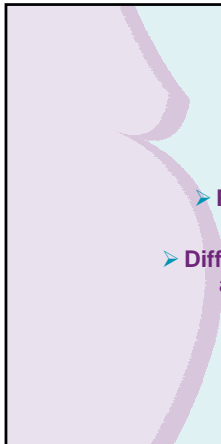
Involvement in criminal activity is a common secondary consequence associated with FASD.

- Lack of impulse control and trouble thinking of future consequences of current behavior
- Difficulty planning, connecting cause and effect, empathizing, taking responsibility, delaying gratification, or making good judgments

FASD and Crime

(continued)

- Tendency toward explosive episodes
- Vulnerability to peer pressure (e.g., may commit a crime to please their friends)



Assessment

- Psychological Assessment
- Forensic Assessment
- Differences Between Forensic and General Psychological Assessment
 - Relevant Issues
 - Forensic Assessment Application

Psychological Assessment

Achievement and Aptitude Assessment

- Usually educational or employment oriented
- Attempts to measure:
 - How much a person knows about a certain topic (i.e., *achieved knowledge*)
 - Or the capacity a person may have (i.e., *aptitude*) to master material in a particular area

Psychological Assessment

Intellectual Assessment

- Attempts to measure a person's basic ability to understand the world around them, to assimilate its functioning, and apply this knowledge to enhance the quality of their life
- It is a measure of potential to learn and make use of information in a person's environment

Psychological Assessment

Neuropsychological Assessment

- Attempts to determine specific brain functioning in response to brain injury (either acquired or developmental)

Personality Assessment

- Attempts to describe an individual's personal style in objective terms

Forensic Assessment

Questions of Competency and Criminal Responsibility

- To determine malingering or deception (i.e., faking bad or pretending to be mentally ill or more ill than actual)
- To determine level of risk for recidivism
- To determine psychological factors contributing to or correlated with criminal behaviour

Differences Between Forensic and General Psychological Assessment

Scope

Is very specific and focused on one or more specific criminal behaviours.

Client Perspective

The assessment is about the client but not necessarily focused on the client's perspective or expressed interest. The forensic question to be answered is the focus and the client is one source of information used in generating the response or opinion to that question.

Differences Between Forensic and General Psychological Assessment

Voluntariness

Forensic work is often done with clients who are mandated to participate by authorities. The assessment questions often reflect the informational needs of the specific authority.

Threats to Validity

Given the circumstances there are more likely to be conscious or unconscious distortions that may occur in the forensic context.

Differences Between Forensic and General Psychological Assessment

Relationship and Dynamics

Forensic assessor is focused on remaining neutral rather than developing a working therapeutic alliance.

Interaction

Pace and setting. Forensic work often happens at the pace dictated by the courts and often occurs in custodial settings.

Relevant Issues

Competency to Stand Trial

FASD affected individuals might not understand charges against them. The criminal proceedings may be confusing. Issues of time management and attention to details may cause additional problems.

Relevant Issues

Diminished Capacity

FASD affected individuals may have difficulty understanding right and wrong or the likely outcomes of their behaviour. They may not have the ability to form intent to commit crimes because they cannot foresee the likely outcome.

Relevant Issues

Effect of FASD on Sentencing

The appropriateness of length of sentence and placement may be influenced by the individual's cognitive status.

Ability to Testify

FASD affected individuals may not be able to give accurate testimony due memory problems or tendencies toward confabulation – they may be highly suggestible and prone to false confessions.

Relevant Issues

Recidivism

Persons with FASD tend to repeat crimes of opportunity or aggression.

Compliance with Supervision

The impulsiveness associated with FASD often interferes with the individual's ability to comply with supervision conditions.

Forensic Assessment - Application

What is the problem?

- Defining diagnosis
- Determining risk for recidivism
- Determining protective factors
- Developing safety plans
- Defining treatment goals
- Defining best intervention strategies
- Coordinating services to support success

CASE STUDY: Sam's Story – Legal Concern

- Sam's Story
 - History
- Behaviour Problems
 - Brain Functioning
 - Personality

Sam's Story

Sam and two friends were arrested for Robbery and Assault with a Weapon.

They were caught robbing youth at a West Edmonton Mall bus stop. They had threatened the youth with knives.

Sam was the more aggressive of his peers (i.e. engaged in "gangster" talk, grabbed the victims, punched one in the stomach, held his open switchblade to one youth's throat.)

History

- Exposed to parental neglect, sexual abuse, domestic violence and mother's drug addiction
- Watched mother overdose and die at the age of 5 years
- Placed in several foster homes – both familial and stranger from the ages of 5 to 13 years
- Placed in an institutional care facility for stabilization and assessment at 13 years
- Group residence until now at age 14

Behaviour Problems

- Defiance and aggressive behaviour toward care givers. No apparent triggers
- Violence (i.e. hitting, throwing things, breaking furniture and belongings, trashing room)
- Yelling and swearing when thwarted or denied wants
- Self-harm through head-banging as young child, risk taking as adolescent
- Drug use (i.e. marijuana, ecstasy, any drug offered to him in pill form)

Brain Functioning

- Sam's IQ is in the low average range (14th percentile)
- Executive Function
 - Difficulty inhibiting impulses
 - Has difficulty shifting his focus
 - Struggles with emotional control
- ADHD

Personality

- Conduct Disorder
- Oppositional Defiant Disorder
- Neurotic – Acting Out
- Follower
- Low Self-Esteem
- Impulsive

Forensic Tools (Part One)

- SAVRY
- Youth Level of Service / Case Management Inventory
- The ERASOR

SAVRY



- Measures risk for committing violent crime
- Measures three domains:
 - Historical Risk Factors
 - Social/Contextual Risk Factors
 - Individual/Clinical Factors

SAVRY

Historical Risk Factors

- History of violence
- History of non-violent offending
- Early initiation of violence
- Past supervision/Intervention failures
- History of self-harm or suicide attempts
- Exposure to violence in the home



SAVRY

(continued)

- Childhood history of maltreatment
- Parental/caregiver criminality
- Early caregiver disruption
- Poor school achievement



SAVRY

Social/Contextual Risk Factors

- Peer delinquency
- Peer rejection
- Stress and poor coping
- Poor parental management
- Lack of personal/social support
- Community disorganization



SAVRY

Individual Risk Factors

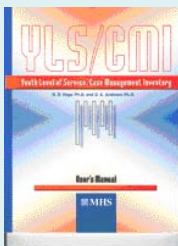
- Negative attitudes
- Risk taking/impulsivity
- Substance use difficulties
- Anger management problems
- Low empathy/Remorse
- Attention Deficit/Hyperactivity difficulties
- Poor compliance
- Low Interest/Commitment to school

SAVRY

Protective Factors

- Pro-social involvement
- Strong social support
- Strong attachments and bonds
- Positive attitude towards intervention and authority
- Strong commitment to school
- Resilient personality

Youth Level of Service/ Case Management Inventory



The YLS/CMI provides:

- An estimate of risk of reconviction for individual
- Offenders over twelve months
- A profile of criminogenic needs

Youth Level of Service/ Case Management Inventory

Scales

- Prior and Current Offenses
- Education
- Substance Abuse
- Family
- Personality/Behavior
- Peers
- Leisure/Recreation Attitudes or Orientation

The ERASOR

“ERASOR” Estimate of Risk of Adolescent
Sexual Offense Recidivism Version 2.0

February 2001

Used in estimating the risk of a sexual re-
offense for an adolescent who has previously
committed a sexual assault.

James R. Worling, Ph.D., & Tracey Curwen, M.A. Sexual Abuse: Family Education & Treatment (SAFE-T) Program, Thistleton Regional Centre for Children & Adolescents

CASE STUDY Joe's Story – Legal Concern

- Joe's Story
 - History
- Behaviour Problems
 - Brain Functioning
 - Personality

Joe's Story

14 year old Joe was found naked from the waist down with a four year old girl who was also naked in a shed in the yard of the family farm.

The girl was his niece.

The girl disclosed that Joe took her to this shed to "play" every time she came to visit her aunty.

History

- Joe came into foster care when his mother was arrested for drinking and driving
- Joe has three younger siblings to whom he is very connected
- Joe is in a modified school program and is doing well
- Joe is involved in Sea Cadets and participates in the Remembrance Day ceremonies

Behaviour Problems

- Joe gets into fights regularly at school. He has experienced two in-school suspensions
- Joe is active on Facebook and claims to have over 200 "friends" with whom he communicates
- Joe's foster mother caught Joe and his brother looking at pornography. Upon searching the computer's history she found he had been looking for "girls"

Brain Functioning

- Joe's IQ is in the low normal range
- Joe has been diagnosed
- Joe's memory is very poor and he has trouble learning new behaviours
- Joe is often agitated and has difficulty calming himself when he gets upset

Personality

- Joe is an anxious youth and is typically shy with his peers
- He is easily upset and takes offence easily
- Joe often complains of aches and pains and will often complain that he has a headache
- Joe tends to follow the rules and struggles to live up to his own standards of behaviour
- Joe tends to defer to authority and behave unassertively if he is challenged
- Joe may react violently when he feels trapped and unable to escape a difficult situation

Forensic Tools (Part Two)

- The ERASOR
- Jesness Inventory Revised
- Psychopathy Checklist – Youth Version
- Behaviour Rating Inventory of Executive Functioning (BRIEF)

The ERASOR

Sexual Interests, Attitudes, and Behaviours

- Deviant sexual interests (younger children, violence, or both)
- Obsessive sexual interests/Preoccupation with sexual thoughts
- Attitudes supportive of sexual offending
- Unwillingness to alter deviant sexual interests/attitudes

The ERASOR

Historical Sexual Assaults

- Ever sexually assaulted two (2) or more victims
- Ever sexually assaulted same victim two (2) or more times
- Prior adult sanctions for sexual assault(s)
- Threats of, or use of, violence/weapons during sexual offense
- Ever sexually assaulted a child

Forensic Tools - The ERASOR

(continued)

- Ever sexually assaulted a stranger
- Indiscriminate choice of victims
- Ever sexually assaulted a male victim (male offenders only)
- Diverse sexual-assault behaviours

Forensic Tools - The ERASOR

Psychosocial Functioning

- Antisocial interpersonal orientation
- Lack of intimate peer relationships/
Social isolation
- Negative peer associations and influences
- Interpersonal aggression
- Recent escalation in anger or negative affect
- Poor self-regulation of affect and behaviour
(Impulsivity)

The ERASOR

Family/Environmental Functioning

- High-stress family environment
- Problematic parent-offender
relationships/Parental rejection
- Parent(s) not supporting sexual-offense-
specific assessment/treatment
- Environment supporting opportunities to
reoffend sexually

The ERASOR

Treatment

- No development or practice of realistic
prevention plans/strategies
- Incomplete sexual-offense-specific treatment

Jesness Inventory - Revised



DSM-IV Subscales

- Conduct Disorder
- Oppositional Defiant Disorder

Jesness Inventory - Revised

Personality Scales

- | | |
|------------------------|-------------------------|
| ➤ Social Maladjustment | ➤ Manifest Aggression |
| ➤ Value Orientation | ➤ Withdrawal-Depression |
| ➤ Immaturity | ➤ Social Anxiety |
| ➤ Autism | ➤ Repression |
| ➤ Alienation | ➤ Denial |
| ➤ Asocial Index | |

Jesness Inventory - Revised

Subtype Scales

- | | |
|---|--|
| ➤ Under socialized, Active/Under socialized | ➤ Group-Oriented/Cultural Conformist |
| ➤ Aggressive Under socialized | ➤ Autonomy-Oriented/Neurotic, Acting-out |
| ➤ Passive/Unsocialized, Passive | ➤ Introspective/Neurotic, Anxious |
| ➤ Conformist/Immature Conformist | ➤ Inhibited/Situational Emotional Reaction |
| ➤ Pragmatist/Manipulator | ➤ Adaptive/Cultural Identifier |

**Psychopathy Checklist – Youth
Version**



SCALES

- Interpersonal
- Affective
- Behavioral
- Anti-Social

**Behavior Rating Inventory of
Executive Function (BRIEF)**



Meta-cognition Index

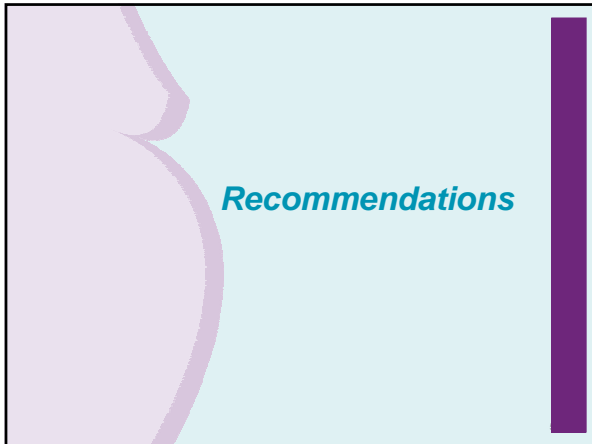
- Initiate
- Working Memory
- Plan/Organize
- Organization of Materials
- Monitor

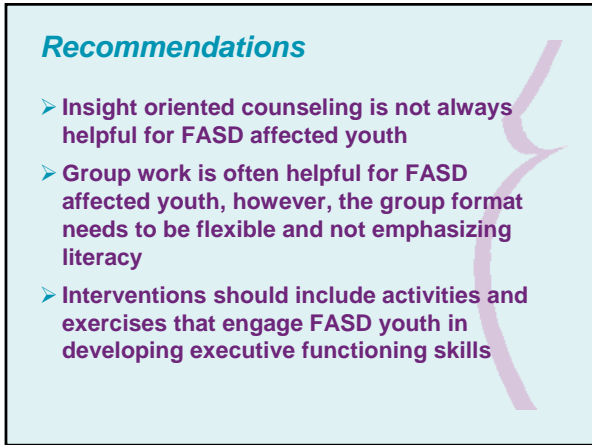
**Behavior Rating Inventory of
Executive Function (BRIEF)**

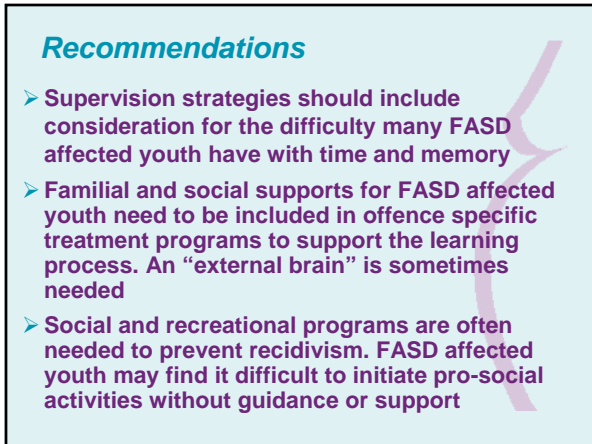


Behavioral Regulation Index

- Inhibit
- Shift
- Emotional Control







Recommendations

- Some activities such as Tai Chi and yoga support FASD in developing concentration, patience and interpersonal boundaries as effectively as a traditional program
- Sometimes the correctional response to an FASD youth is to adapt the system to the youth rather than expect the youth to take advantage of the system. Creativity is an important aspect of resiliency

Reference

- Contact Information

Contact Information

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***For Information on Upcoming
Sessions in the Series:
www.fasd-cmc.alberta.ca***

***Please Take the Time to Fill Out
The On-Line Evaluation***

Thank You!
