Towards a Regional and Community FASD/Brain Disorder “Eco-System”

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Objectives for this Workshop

- Understanding the relationship between *Gladue*, Indigenous people in the justice system and FASD
- Understanding the key role of OT/psychology wrap around family services
- Understanding the need for combined Indigenous healing principles and clinical/vocational rehab
- Understanding an “eco-system” approach to integrated and inclusive FASD/brain disorder institutional and community supports
The In-Custody Assessment Project

- Project born at FASD Conference in Vancouver in 2009
- Initially to be a collaboration with Aboriginal Legal Services (ALS) and Anishnawbe Health Toronto
- Idea was to do FASD assessments for Indigenous offenders in custody awaiting sentence
- Clients would be identified through Gladue Reports written by ALS staff
Background on *Gladue*

- *Gladue* was a decision of the Supreme Court of Canada in 1999.
- Decision interpreted s. 718.2(e) of the Criminal Code: 
  - 718.2 A court that imposes a sentence shall also take into consideration the following principles: (e) all available sanctions other than imprisonment that are reasonable in the circumstances should be considered for all offenders, with particular attention to the circumstances of aboriginal offenders.
“If overreliance upon incarceration is a problem with the general population, it is of much greater concern in the sentencing of aboriginal Canadians. “(Paragraph 58)

“Not surprisingly, the excessive imprisonment of aboriginal people is only the tip of the iceberg insofar as the estrangement of the aboriginal peoples from the Canadian criminal justice system is concerned.” (Paragraph 61)
“These findings [from commissions and studies] cry out for recognition of the magnitude and gravity of the problem, and for responses to alleviate it. The figures are stark and reflect what may fairly be termed a crisis in the Canadian criminal justice system.” (Paragraph 64)
How Does Gladue Work

- Section 718.2(e) instructs judges to look at the circumstances of Aboriginal offenders.
- This means judges must consider two sets of factors:
  1) The unique systemic or background factors which may have played a part in bringing the particular offender before the courts.
  2) The types of sentencing procedures and sanctions which may be appropriate in the circumstances.
Gladue Reports

- ALS was the first organization to write Gladue Reports in 2001
- Purpose of the reports was to give judges the information they needed but were not getting
- Gladue Reports allowed those interviewed to speak in their own voice
- Reports have been very well received and have made a real difference in the sentences people receive
- Gladue Reports not available in all provinces and territories
As soon ALS started writing reports issue of possible impacts of FASD on offenders was a big issue
Almost no clients had an FASD diagnosis
Almost no opportunity to obtain a diagnosis for adult client while in or out of custody
Gladue Report could only raise the possibility of FASD
Raising the issue was problematic for lawyers in some cases
FASD is not exclusively an Indigenous issue
But the prevalence of FASD in Indigenous communities is tied to Gladue considerations
Truth and Reconciliation Commission (TRC) – which reported after project started - recognized that FASD in Indigenous populations was a Gladue factor
TRC Call to Action # 34 – Specific initiatives should be made in the justice system regarding diagnosis, exemption from mandatory sentences, etc.
FASD and the courts

- Court decisions across the country have shown an increasing awareness by the courts of the impact of FASD and have led to some creative decisions for both Indigenous and non-Indigenous offenders.
- To learn more about these decisions – www.fasdjustice.ca
FASD Is NOT an Aboriginal Issue

- No evidence that FASD is more prevalent in Aboriginal communities than other communities
- Aboriginal communities have taken the lead in addressing FASD
First Steps with Assessment Project

- Proposal was to allow for funding for 30 assessments over a two year period
- Study would look at the impact of FASD assessments on the sentences received by Indigenous offenders
- Study would also examine the efficacy of the Asante Centre screening tool for youth probation officers
Before funding submissions sent in approval received from The Ontario Ministry of Community Safety and Correctional Services Adult Correctional Services Research Committee

- Project budget set at $110,000/year
- Quest for funding took two years
- Funding received from the Law Foundation of Ontario
What We Hoped to Learn/What Happened

- Project began in late 2012
- Project different from prevalence studies at Stoney Mountain or Whitehorse Correctional Centre
- Idea behind the project was that when judges knew about the cognitive halogens faced by clients, the sentences would change
- By March 2018, 10 assessments completed
What were the challenges

- Finding clients for assessments proved to be a great challenge for a number of reasons
- Clients unprepared to wait four to six weeks for the assessment after waiting six to eight weeks for the Gladue report
- Difficulties in confirming maternal consumption of alcohol (similar to Stoney Mountain and WCC studies)
Challenges with the jails

- Getting access to clients in jails for assessments was hard
- Each jail had its own rules – both written and unwritten
- Labour disputes slowed access
- Distance between the jails and the project team
Reporting to the courts

- Finding a common language between FASD assessment and courts can be a challenge
- Making the reports comprehensible to non-clinicians can be tricky
- On the positive side – no challenges to assessments or requirements that those doing the assessments testify
Lessons Learned

- Can’t draw any firm conclusions based on a small sample over the length of time for the project to run
- We did learn some important things...
Lessons Learned

- Need to meet with the client even in custody to explain the results
- Some clients happy to learn they were not FASD affected
- Some clients happy to learn that FASD helped explain their behaviour
- For those with a history in the justice system it is difficult to parse out specific impacts of FASD on top of other traumas experienced
Lessons Learned

- Some clients who we thought were FASD affected ultimately were determined not to be FASD affected.
- All had significant cognitive deficits (similar to findings from Stoney Mountain and WCC studies).
Lessons Learned

- In one case, the crown tried to use FASD diagnosis as an aggravating factor.
- Defence counsel were not well equipped to properly address the relevance of the diagnosis.
- Information generally well received by courts in most cases.
- Not always clear what impact diagnosis may have had.
Limitations With the Study

- Focus of project was on impact of diagnosis on the court process
- Follow-up with clients was difficult as most remained in custody for a period of time
- ALS did not have many staff dedicated to follow clients upon release from custody
- The value of the assessments is minimized if there is little follow-up
Informing Our Next Steps

- Project was not a failure – we learned a great deal
- Have a better sense of the challenges of trying to do assessments against a backdrop of a looming sentencing hearing date with clients who are in custody
- Clients do not want to off their sentencing dates repeatedly
- Outsiders trying to get access to clients in jail, even with all the approvals face real challenges
Based on the lessons learned we have moved on to a new project with a related but different focus....
The New Project

- Funding from the Indigenous Justice Division of the Ontario Ministry of the Attorney General allowed us to hire an FASD Worker on a two year project (2017-2019)
- Focus on clients out of custody
- Referrals from all the staff at ALS
- Funding allows for assessments of 10 people per year
- Project independently supported by occupational therapy “wrap around” services
OT WRAP Around Services

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At Risk Children/Parents Include known or suspicions of:

- Fetal alcohol (FASD);
- Learning disability;
- Traumatic brain injury (to moderate); AD/HD;
- Psychological Disorders (to moderate)
Activity summary

- 42 families served

- 18 families of Indigenous identity
- At one point 12 families active NCFST protection
- One coach of Indigenous background
Pilot model then in-house training for NCFST in-home-based parenting/family intervention education program, with comprehensive supports:

- Facilitating in home environment safety and stabilization (housing, food/nutrition/organizational management, etc.)
- Parenting/coping life skills development.
- Parenting educational/support group. See FathersTime (http://cfcaa.com/fatherstime.htm)
- Individual counselling and support.
- Community integration
- School liaison, homework support, psychoeducational assessments, IPRC support and addressing of barriers to full benefit for children/youth
- Vocational facilitation for youth and parents re-entering workforce/skills and income upgrading
- Specialized assessments. Arranged through the Centre and may include: neuropsychological/psycho-educational assessment; psychodiagnostic assessment; medical/visual/auditory/speech-language assessment
- Related interventions, advocacy and community referrals
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<th>Infant-Pre-School Stream</th>
<th>K-8 Stream</th>
<th>9 – 12 Stream</th>
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<td>3. Early Years Centres involvement?</td>
<td>3. Non-custodial parent support.</td>
<td>3. Occupational placement support</td>
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<td>5. Culturally sensitive/oriented milieu support.</td>
<td>5. Educational advocacy based upon “3”.</td>
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<td>7. Psychoeducational reviews.</td>
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<td>8. Culturally sensitive/oriented milieu support</td>
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<td>9. Parental career support: Vocational/Neurovocational asst</td>
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Wrap Around Case Study

- Joseph is a 42-year old single parent with 2 children. His wife died 2 years prior to the referral.
- He copes with various health and non-health related issues daily:
  - **Physical** = chronic back, hip and knee pain, FASD (Alcohol Related Neurodevelopmental Disorder), liver disease (on the waiting list for a liver transplant having abstained from alcohol successfully for several years), overweight, borderline diabetic, poor mobility
  - **Emotional/Mental Health** = experienced abuse as a child, past addiction issues (alcohol primarily), poor coping skills, difficulty managing pain medications; guilt as a single parent and being compromised by his own health issues, therefore demonstrates avoidance behaviours (less discipline, less structured routines & responsibilities, less advocating for himself or involvement in personal leisure activity, etc.)
  - **Cognitively** = experienced poor attention/focus, distractibility
  - **Social/ Environmental** = cluttered, disorganised home space and chaotic morning routine (getting children ready and out for school on time, etc.), less personal and shared space for homework/activities/ family time; no method of organising and keeping track of schedules, due dates, appointments, etc.
  - Due to his own disruptive and abusive childhood → no role model for current parenting, coping with trauma and loss (contributes to avoidance/indulgent parenting behaviours); negative interactions with both public health services and Indigenous health services → he has been neglected or turned away from public health services, children put into foster care for 1.5 years from NCFST to child services → conversations with OT led to preference for smaller, community services
**Initial Assessment**

- **Identified Strengths:** creative, resourceful, able to identify needs (but not plan or follow through), children noted to be strong, resilient, interested in school, want to be a part of the family. Parent and children have a robust set of interests and in engaging in therapy at the time of referral.

- **Barriers:** health issues, overwhelmed with 2 children (poor parenting skills – children over indulged or left to own devices, lack of structure); unpredictable pain (difficulty making a plan and sticking with it, difficulty adapting to change); poor budgeting skills (relies on ODSP and several social assistance programs for income) - multiple incomes at different times, plus poor planning and organisational skills i.e. difficulty keeping track of what’s coming and what’s going → difficulty saving for the future); difficulty with follow through, commitment to a plan.

- **Goals identified:** Client would like advocacy/ assistance with accessing health services; Assistance with accessing relevant community resources; A more organised home, healthier shared space; Assistance for 10-year old who was having difficulty at school having fallen behind after a year and a half in foster care (disrupted school year and learning); Counselling support for older son (emotional/behavioural issues).
Children

- **Sam**: 10 years old (m)
  - *Issues identified*: Possible cognitive issues present noted in school – poor sustained attention (easily distractible), difficulty with some studies, weak literacy, poor social skills (difficulty making friends)
  - *Strengths*: likes structure, routine, engagement in classroom work
  - *Goals*: facilitate healthy behaviours and participation in school; refer for neuro-psychological assessment

- **Mark**: 16 years old (m)
  - *Issues identified*: Possible emotional strain/grieving for loss of mother; cyber-bullying and fight at school, taken on responsibility in raising Sam, running away from home
  - *Strengths*: Independent, helps with getting younger brother to/from school, activities, routines
  - *Goals*: engage in extra-curricular activities, volunteering/ work, high school completion and enroll in post-secondary studies/apprenticeship
Interventions

- The following interventions lead to successful resolution:
- Decluttered home – resulted in more personal space for all, less distractible
- better planning, organisation and follow-through - use of personal diaries and a large weekly planner for the family – encouraged to fill in the day with a schedule of events for each child, to keep track of routines (breakfast, cleaning, grocery shopping), appointments, deadlines
- budgeting – linked to planning and organisation e.g. grocery shopping, saving (allowed for ability to limit food waste, save for special items such as a laptop computer)
- better daily/consistent routines for the children (sleep hygiene, reading/homework time, getting to school alert and on time, (results in personal and shared activities, builds better relationships through common interests)
- involvement in individual and community activities e.g. set up talking circles and story times to help the children and the father to communicate and problem solve (routines, engagement, social and interest development)
- Client was linked with hospital advocate to avoid previous negative interactions with health care staff during hospital visits
- introduced an elder to support the families
- linked the families to Native support groups (advocacy, resource network, social/cultural activities etc.)
- solved the school problems by advocating with the school, providing psychological testing, changing schools, obtaining a special class (IEP), negotiating with the school principal, initiating tutoring support
- counselling initiated for Mark and the family
- housing – got back on the waiting list (completed and submitted application)
- long-term plan – to initiate volunteering in preparation for possible re-training and return to work following successful liver transplant
Services Sourced during intervention

- Aboriginal Police Services (fighting at school; cyber-bullying)
- NCFST case worker (for children)
- CMHA case worker (managing housing and ODSP)
- School meetings/IEP
- Welcome Policy to fund children’s activities
OT/Rehab Approach

- Initial interview followed by client identified goals laid out in diagram format to better visualise:
  - Goal → Action → Perceived Outcome
- Identify triggers for and against action
- Practice breaking down the problem and applying solution focused therapy – establish the goal/barrier → explore potential solutions → Choose best option → establish how, what, when, where → provide support and encouragement to work towards goals – reduce distraction, role play, discuss issues/concerns that prevent working towards a goal (potential triggers for old bad habits)
- Daily log to find best time for action and any changes that could lead to a more organised day and better routines (time management, energy levels, least pain, least busy with children)
- Daily goals → weekly goals → practice, practice, practice! Identifying how goal was met, why goal wasn’t met, what can be done next time to improve outcome → varying the levels of support and assistance to achieve goals
- Adapted PGAP programme – with RTW outcome measures
- Gather forms and applications to access resources (Welcome Policy, City of Toronto activities, Status Card, Birth certs and Health cards)
- Look up recreation programmes that are of interest to each child – create a calendar to avoid conflicts in time/transportation
- Collect one to two bags of clutter from the house and donate/dispose per week
- Create chores list for children to become more involved in household activity
- Look at different free activities for father and children – Art Therapy for Grieving and Loss, fitness classes, cooking and nutritional classes
- Life skills training: budgeting and saving, practice calling ahead to confirm time, place, etc. to avoid issues or wasted visits, practice active listening with children (16 year old does not feel that he is heard or involved in family decision making), practice independent goal setting and follow through with plans (includes handling situations as they arise and re-organising time for reaching goals), using checklists and daily planners, how to break down a problem (sift through info, overcome anxiety by breaking up the issue and solution into little chunks, rationalising fears, role playing conversations to be more comfortable when handling the situation); set up bedtime routines that involve reading together and writing stories (literacy, shared time, better sleep), regular chores (structure)
- Mark: apply for Native Status card to allow for additional tuition funding for post-secondary school (preparing for the future)
- Sam: Understanding healthy friendships and toxic friendships, how to handle personal information to avoid “making it easy for cyber bullies” (not to share passwords, what to post, what is personal), how to handle confrontation on the schoolgrounds
Barriers to Successful Intervention

- Difficulty assessing own capacity to commit to weekly goals (distractible, avoids activity with potential conflict, collaborative goal setting, commits however slips into old habits of avoidance or distractibility and declines assistance for things they are unable to do independently)

- Becoming overwhelmed/distracted (crisis, poor planning ahead and dealing with things as they come up or too late) and does not ask for help, does not maintain consistent contact with OT/case worker
CFCAA has developed an outcome evaluation system based on the most widely used predictive instruments available from test suppliers.

- Instruments directly measure the service objectives.
Instruments Used

- **Life Skills** - measured by the R-ADLS
- **PGAP** – psychosocial measures
- **Parental relationship** – Parenting Stress Index (PSI), Behaviour Management (BMSA)
- **Social/community linkage support** – Interpersonal Support Evaluation List (ISEL)
- **Children** – Conners’ Global Index (CGI)
- **Teens** - The Conners’-Wells Adolescent Self-Report Scales (CASS)
- **Adults**: The Conners’ Adult ADHD Rating Scales (CAARS)
FASD Eco-System

- ALS services
- Wrap around OT services
- The critical inclusion of Indigenous healing practices and traditional knowledge
- Specialized land based/culturally infused program
- Interdisciplinary clinical and research centre with rehabilitation emphasis
Understanding the need for combined Indigenous healing principles and clinical/vocational rehab

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Colonial impacts have resulted in cultural and worldview clashes.

“Two eyed seeing” coined by Mi’kmaq Elder Albert Marshall is an optimistic view of appreciating the relative strengths of Indigenous traditional and western frameworks.

In healing and recovery context presented as traditional/cultural healing practices and western medicine/mental health approaches. Anishnawbe Health Toronto (AHT) – both approaches available under one roof and client chooses what mix to utilize.
Cultural Elements of ALS FASD Services

- Partnership with Anishnawbe Health Toronto (AHT)
- Provided Traditional Healer as part of the FASD corrections based team
- Served to identify
  - Client’s past and current Indigenous identity/affiliation
  - Client’s desire for traditional cultural and healing practices to be central in recovery
  - Within corrections and community supports oriented towards cultural connection (Elders, Healers, talking circles, drumming circles, ceremonies)
12 culturally infused land-based addictions recovery programs study by Assembly of First Nations, Centre for Addiction and Mental Health, National Native Addictions Partnership Foundation, and the University of Saskatchewan.

Funded by the Canadian Institute of Health Research Operating Grant, Institute of Aboriginal Peoples’ Health

identified the following common guiding principles towards healing and mental wellness afforded by land-based programs
Common Guiding Principles

- **Spirit.** Spirit is in all things. Our spirit, heart, mind and body work together as a whole. All cultural interventions are spirit centred, including social activities.

- **Circle.** The circle reminds us that everything is connected, and part of a whole.

- **Harmony and balance** with our family, friends and neighbours when we respect each other’s differences and are for one another.

- **All my relations.** We are connected to all things – people, plants, trees, animals and rocks. We are all related to one another and need to look after each other.

- **Language.** The original language as the “voice” of the culture and traditional way of being in the world.

- **Kindness caring and respect.**

- **Path of life continuum.** Life purpose and connection to ancestors past and present

- **Earth connection.**
Land based program activities

- ceremonies such as talking circles, sweat lodge, and traditional activities such as hunting and fishing. Substantial emphasis was also focused upon oral tradition inclusive of storytelling, while spirituality was also highly emphasized by all programs as often was the *Indigenous* concept of “Living a good life.”
Past summer Ontario Ministry of Health and Long Term Care – Mental health/addictions programs
• **Culture is the Foundation**  
  *How will your proposed treatment model use Indigenous knowledge and practices as a foundation in the development of programming and in the delivery of care?*

• **Trauma Engaged**  
  *How will your proposed treatment model support clients to heal from historical, current, and intergenerational trauma they have experienced?*

• **Land Based**  
  *How will your proposed treatment model use land-based healing methods to deliver care and address client needs?*
As part of Indigenous led community organization led by Ray Katt Bizhou we had applied for land-based program inclusive of FASD specialization:

- FASD screening
- FASD specific group programming cycles
- FASD linked aftercare

**Anticipated subgroups**

- Youth/young adults
- Diversion
- Community reintegration post incarceration

**Remains under federal RFP consideration**
Interdisciplinary Clinic and Research Centre

- Proposal led by Native Child and Family Services of Toronto (Scarborough location – high Indig population and other marginalized communities)
- University of Toronto: Rehabilitation Sciences Institute (OT, PT, SLP) /Faculty of Medicine, UTSC Mental Health/Psychology, Wilson Centre (Health education advancement)
Clinical/vocational rehabilitation oriented model
- Indigenous and western healing approaches
- FASD specialized assessment/intervention – Child through adult
- FASD prevention and early screening
- Infused OT/mental health wrap around family intervention model
- Would support land based program aftercare directly and referrals
- Connection to vocational and housing support programming
System wide benefits

- All disciplines learning/training together re:
  - Best practices interdisciplinary health care (primary and mental health/addictions, FASD)
  - Best practices in Two Eyed Seeing approaches
  - Outcome guided service delivery

- Indigenous health care provider capacity building
Acknowledgements

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