



From Training to Implementation: Ontario Youth Probation Officers' Use of the Asante Centre FASD Screening and Referral Tool

Principle Researchers:

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Background

The Asante Centre FASD Screening and Referral Tool for Youth Probation Officers was distributed informally in Ontario in 2009 and 2010

Use of the Tool was reported to be very limited

Hypothesis

It was hypothesized that the absence of formalized training on the tool may have been a factor in this lack of uptake.

Research approval was granted by the Adult Correctional Youth Justice Services Division Research Committee, Ministry of Children and Youth Services, Ontario Canada

“Training probation officers on a screening tool designed specifically to help identify youth on probation who may have Fetal Alcohol Spectrum Disorder will improve

awareness

confidence

knowledge

response

when considering client plans, probation orders and/or when recommending assessments”

Research Question

Research Design

One day pre/post test with qualitative group interview

- Pretest: self-rated
- 5 hour training
- Post-test: self-rated
- A qualitative, open-ended, guided conversational interview: researcher facilitated

Follow-up Survey (mail out/in) 4 months post training

- to assess the value, effectiveness and usefulness of the screening tool in practice

Scope of Research

23 probation officers and managers from a regional probation office participated in the training

19 individuals consented to participate in a 5hr in-service training and research including

- 17 youth probation officers

- two managers

Of 17 participants, 13 completed both the pre and post-tests, N=13. This data is included in the statistical analysis.

Content design and facilitation by a local FASD coordinator

Introduction to FASD: primary and secondary disabilities

Discussion

Relevance of FASD to Youth Justice

Discussion about both in informal and formal screening

A comprehensive overview of the Asante Centre FASD Screening and Referral Tool for Youth Probation Officers including

Relevant validity studies

Background

Who/how/when to use it

Diagnostic referral system and community links

Explored diagnostic pathways and local referral processes

Map of services with contacts

Change of practice

Modifying case management and interventions approaches

Understanding and applying assessment information

Case studies of youth with FASD and the application and integration of the screening tool process through the use of these cases was practiced another one.

Research Findings

- ✓ Training enhanced probation officers' confidence to describe and implement modifications for youth who have or are suspected of having FASD
- ✓ Training enhanced knowledge of FASD, FASD profile identification, referral/pathways recognition and confidence to make referral
- ✓ Participants' also indicated that there is a significant value for use of the tool in their practice
- ✓ Participants attributed the combination of FASD training and the use of a screening tool as having the greatest impact on their practice

Participants identified barriers to screen, refer and obtain a diagnosis of suspected FASD

This data was gathered from the pre and post test and the qualitative interview and again in the follow-up survey

Participants' self-rating of their level of knowledge of Fetal Alcohol Spectrum Disorder increased significantly pre to post-training, $t(12) = 5.671$, $p < .001$. As well as being statistically significant, the effect size (a measure of the real difference in scores from pre to post-test) was very large for this variable, Cohen's $d = 1.57$.

Rate your level of knowledge of Fetal Alcohol Spectrum Disorder

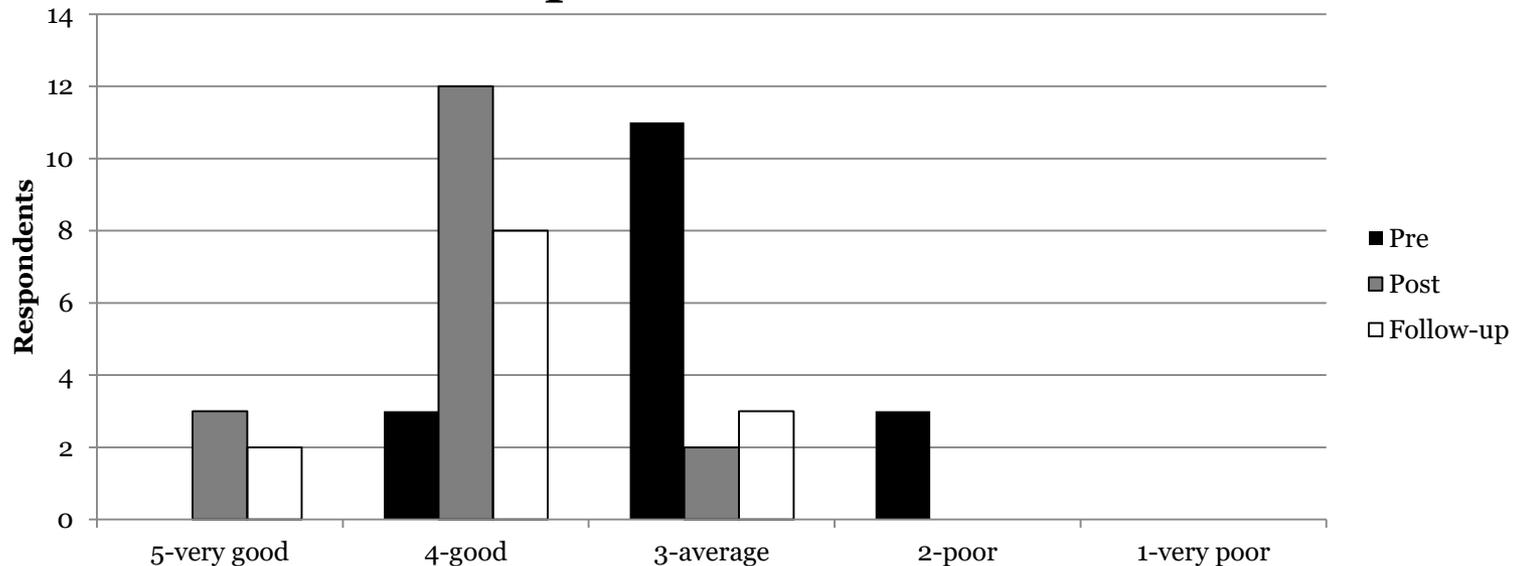


Figure 1.1 A comparison of pre, post and follow up question: Rate you level of knowledge of Fetal Alcohol Spectrum Disorder.

Participants reported a significant increase from pre to post-training of the variable of how knowledgeable they felt they were to identify the profile of youth who may be affected with FASD, $t(12) = 5.333$, $p < .001$. The effect size on this variable was also very large, Cohen's $d = 1.48$.

How knowledgeable are you to identify the profile of youth who may be affected with FASD?

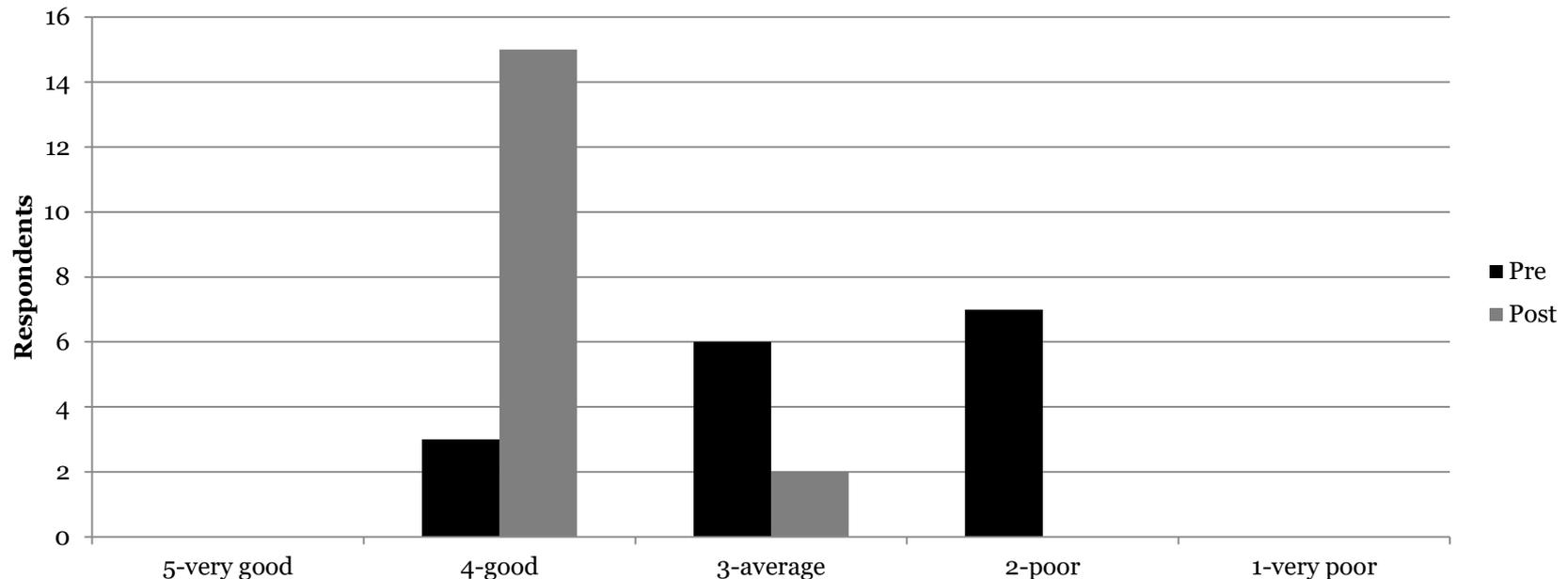


Figure 1.2 A comparison of pre, post and follow up question: How knowledgeable are you to identify the profile of youth who may be affected with FASD?

Participants reported a significant increase in confidence in their ability to refer a youth for an FASD diagnosis between pre and post-training, $t(12) = 6.278$, $p < .001$. The effect size on this variable was very large, Cohen's $d = 1.74$.

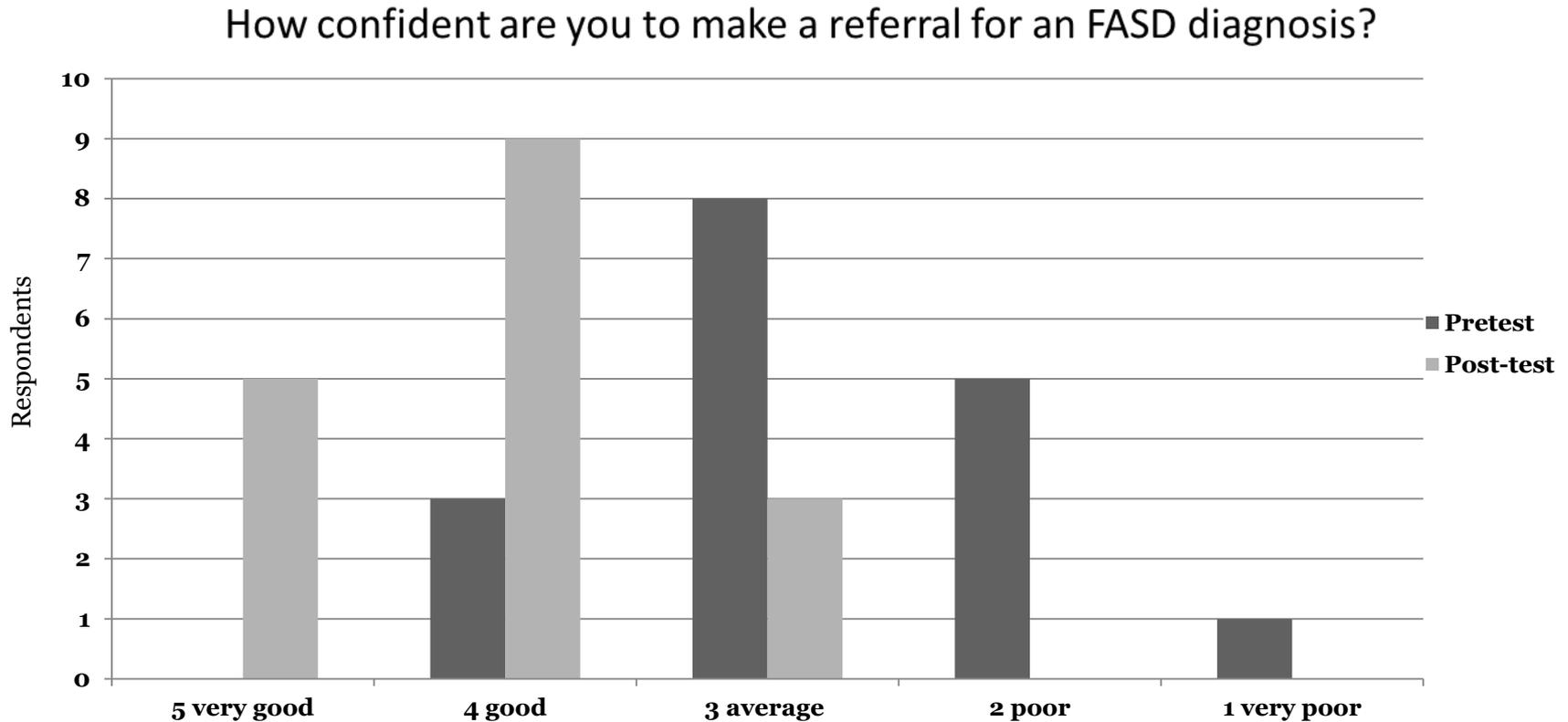


Figure 1.3 A comparison of pre, post and follow up question: How confident are you to make a referral for an FASD diagnosis?

When asked “What overall value would you place on a screening tool for FASD in your practice? The youth probation officers who participated in this study reported a high value pre and post test. However, there was not a significant change in participants’ value of a screening tool from pre to post-training, $t(12) = 0.000$, $p > .05$. There did not appear to be any effect, Cohen’s $d = 0.00$.

What overall value would you place on a screening tool for FASD in your practice?

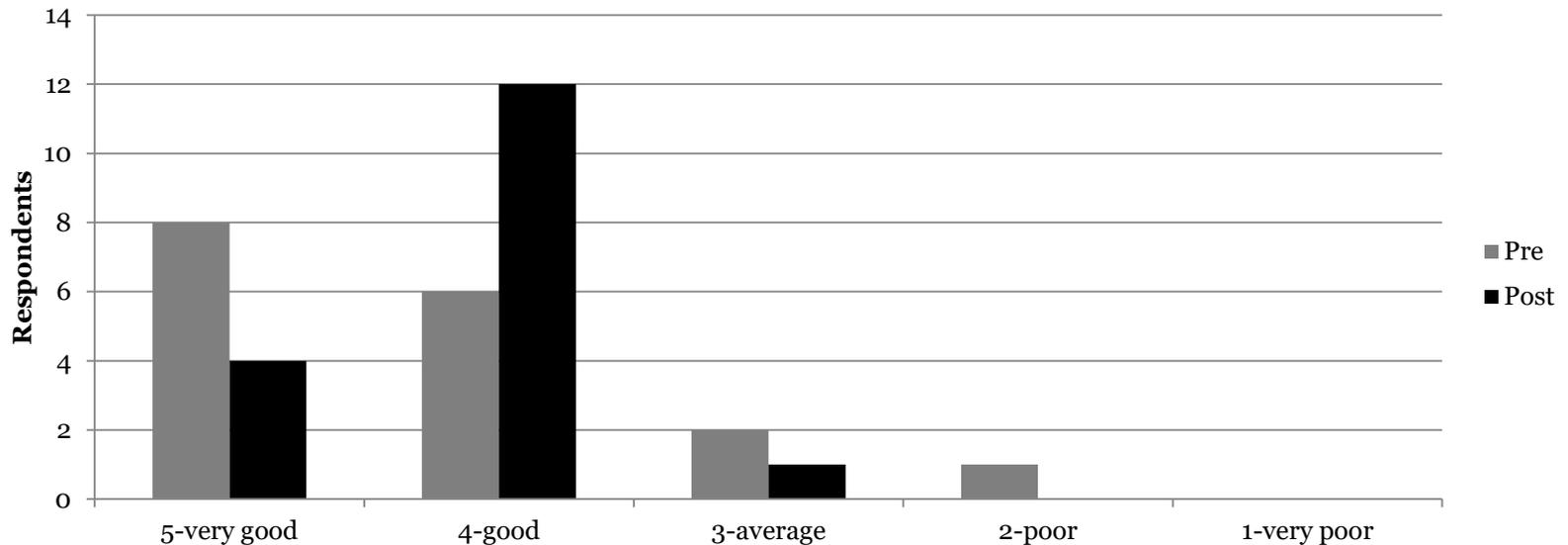
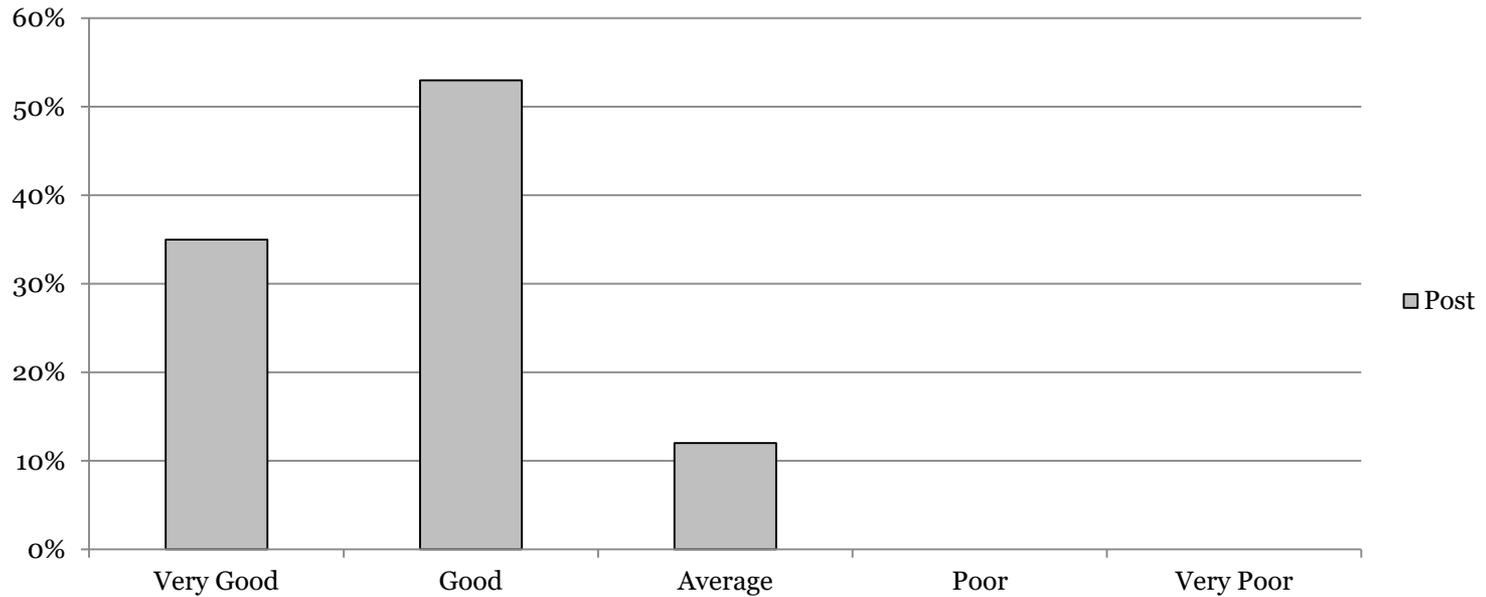


Figure 1.4 A comparison of pre, post and follow up question: What overall value would you place on a screening tool for FASD in your practice?

Post Question: If you suspect a client may have FASD, based on the AST would that change your case management? n=17

- 1 reported that they would not manage cases differently
- 16 participants reported that they would manage cases differently by
 - Referring for diagnostic assessment
 - Adapting case management to needs
 - Changing client expectations and goals
 - Modifying responses to breaches
 - Using more collaborative approach
 - Emphasising skill building, coping strategies, life skills
 - Modifying communication i.e. more reminders, assess best method of learning – auditory, verbal, sensory)
 - Seeing youth more often and on a regular basis

How valuable will the Asante FASD Screening Tool be to help you refer a youth you suspect may have FASD for assessment?



In the four month follow-up questionnaire, respondents reported on their confidence to identify and refer youth with and without the use of the screening tool.

How confident participants are to:	Very Good	Good	Average	Poor	Very Poor
➤ identify youth who may be affected by FASD <u>without using</u> the Asante FASD Screening Tool?	0%	15%	62%	23%	0%
➤ identify youth who may be affected by FASD <u>using</u> the Asante FASD Screening Tool?	15%	77%	8%	0%	0%
➤ making a referral for an FASD diagnosis <u>without using</u> the Asante FASD Screening Tool?	0%	23%	31%	46%	0%
➤ making a referral for an FASD diagnosis <u>with</u> the Asante FASD Screening Tool?	15%	77%	8%	0%	0%

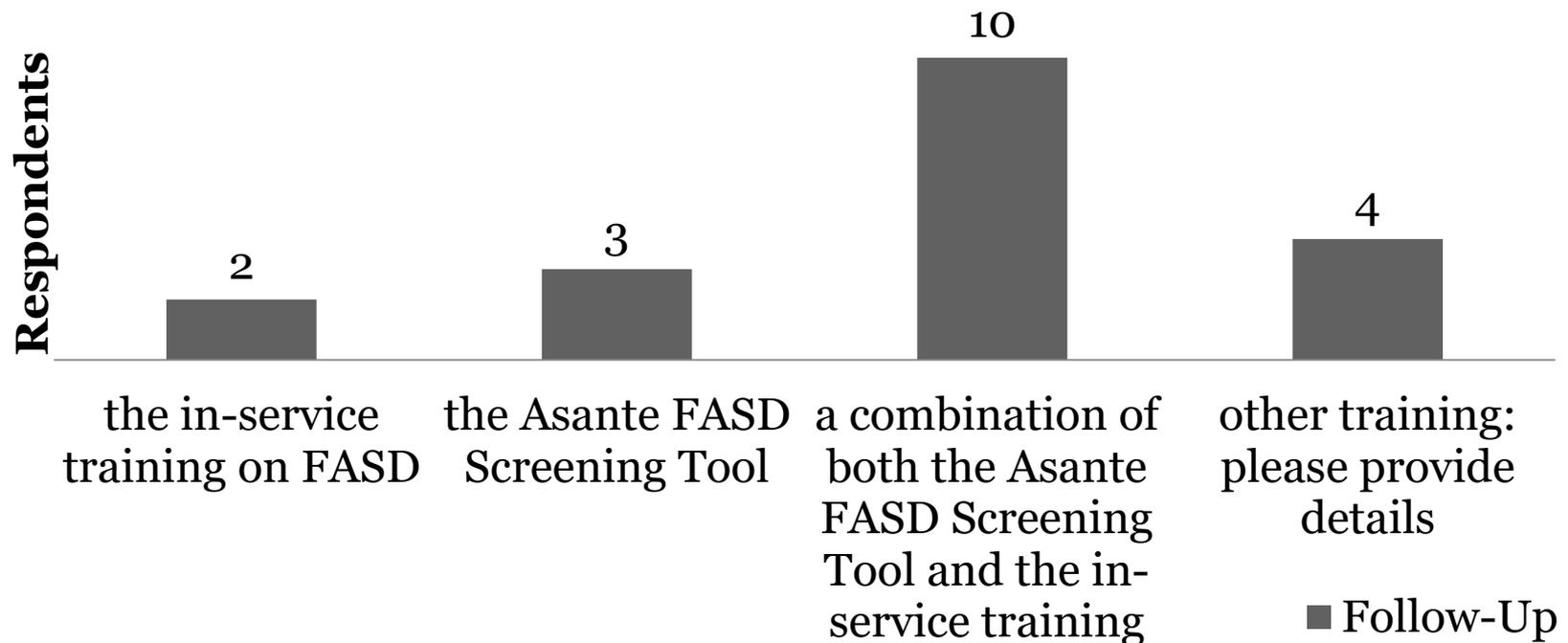
There is clear indication from the data that **introduction of the tool** has a **significant impact on participants' confidence** to identify youth who may be affected with FASD and make a referral for an FASD diagnosis.

In the post questionnaire and the follow-up qualitative interview, participants identified barriers to screening

**Thematic
analysis reveals
6 major themes**

- access to prenatal history
- stigma for families
- funding for assessments that contribute to the diagnostic process
- transportation issues
- availability of appropriate services and supports for affected clients
- policy and mandate limitations

What has had the greatest impact on your practice related to your confidence when considering FASD?



Question: Where would the AST best be implemented within the judicial process?

- Presentencing – based on information from family, defense counsel, police info
- By the police, at the first point of contact (pre-conviction stage)
- Post-sentence by the PO
- At every stage of the process (police, court, probation)
- Police investigation
- With PO case management
- Case management planning
- Ideally within the first 3 months in order to obtain supports and to adjust case management
- If flagged by a relative during interviews

There is robust evidence in this study to support the hypothesis that in-service training enhances probation officers' confidence to describe and implement modifications for youth who have or are suspected of having FASD.

Training enhanced knowledge of FASD (Figure 1.1), FASD profile identification (Figure 1.2), referral/pathways recognition and confidence to make a referral (Figure 1.3 and Table 1.0).

Participants also expressed a high value level for use of the tool in their practice (Figure 1.4 and Figure 1.5).

Participants attributed the combination of FASD training and the use of a screening tool as having the greatest impact on their practice (Figure 1.0)