THE EFFICACY OF PROGRAMMING FOR FASD YOUTH INCARCERATED IN MANITOBA: EXPLORING THE PERCEPTIONS OF SERVICE PROVIDERS

A Thesis

Submitted to the Faculty of Graduate Studies and Research

In Partial Fulfillment of the Requirements

For the Degree of

Master of Arts

in

Justice Studies

University of Regina

By

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Regina, Saskatchewan

August, 2013

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UNIVERSITY OF REGINA

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ABSTRACT

Youth living with Fetal Alcohol Spectrum Disorder (FASD) have a 60% risk of being charged and/or convicted of a criminal offence. However, existing research has shown that with effective targeted interventions, youth can disengage from involvement with the criminal justice system. This thesis examines the effectiveness of current programming initiatives for FASD youth incarcerated in Manitoba, where the disorder is a pressing social and economic problem. Semi-structured interviews were conducted with youth correctional service staff at the two closed-custody youth facilities in the province in order to investigate the efficacy of existing programs for this client group. Through these interviews, participants provided insight into the efficacy of services for incarcerated FASD youth in Manitoba. Overall, it was reported that positive strides have taken place over the past number of years within youth corrections in the province. However, while progress has certainly been made, participants also identified numerous barriers that currently exist and hinder the effectiveness of the services and supports provided to incarcerated FASD youth. Gaps such as lacks in diagnostic capacity, resources, adequate programming, communication, and staff training suggest that there is still a lot of work to be done in order to make services for this client group as effective as possible. It is expected that knowledge gathered through this research will provide new insight to policy makers and program providers in order to improve services for this client group. Ideally, Manitoba Justice will be able to use this valuable policy-related knowledge in order to influence positive change for incarcerated FASD youth.

Keywords: Fetal Alcohol Spectrum Disorder; youth corrections; service providers; program effectiveness; qualitative interviews

ACKNOWLEDGEMENTS

First and foremost, I would like to acknowledge the participants who agreed to be a part of this study. This research wouldn't have been possible without the contribution of their valuable time, knowledge, and experiences.

I would like to acknowledge the financial assistance of the Faculty of Graduate Studies and Research at the University of Regina. This support has helped me to obtain a graduate degree in an area that I am extremely passionate about.

I must thank my supervisor, Dr. Allan Patenaude, for his support and guidance throughout this process. I am sure it wasn't always easy, but his continued encouragement and direction helped push me through the difficult times. I would also like to thank my committee, Dr. Nick Jones, Mr. Hirsch Greenberg, and Dr. Rick Ruddell for their time and contributions throughout the completion of this research. Their expertise and feedback helped to create a valuable final product.

I would like to express my appreciation to Manitoba Justice for allowing me the opportunity to conduct my research within their facilities. Furthermore, completion of this research would not have been possible without the assistance of both Teresa Brown at the Manitoba Youth Centre and David Quinn at Agassiz Youth Centre. It is the passion and commitment of individuals like these who help to improve the quality of life for individuals living with FASD.

I must also acknowledge the Manitoba FASD Centre, especially Dr. Ana Hanlon-Dearman. The opportunity to be employed at the Centre throughout the majority of completing this thesis has provided me with irreplaceable 'real-world' experience and has furthered my passion and dedication to helping individuals living with FASD. I will be forever grateful to have received this valuable opportunity.

DEDICATION

I would like to express my love and utmost gratitude to my family and friends. Their never-ending support and encouragement ensured that I saw this research through to the end and that I came out of it with a product that I am extremely proud of. Thank you for believing in me and for pushing me; without your support, this could never have been achieved.

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CHAPTER 1 - INTRODUCTION

1.1 Research Problem

The co-occurrence of youth crime and Fetal Alcohol Spectrum Disorder (FASD) is receiving increased attention as more youth are observed with this disorder (Williams, 2006). It is estimated that youth living with FASD have a 60% greater chance of being charged and/or convicted of a criminal offence than youth without FASD (Chartrand & Forbes-Chilibeck, 2003). A study by Leischner (2002) of correctional admissions in Canada during that year revealed that nearly 50% of young persons (hereafter 'young offenders') entering custodial facilities in Manitoba were believed to be living with FASD. However, obtaining a diagnosis from medically-trained officials can often be a lengthy, difficult process that often ends with no concrete answers. Individuals prenatally exposed to alcohol often do not present with any distinctive physical features, and thus can result in their disability going undetected. The result is that there is no formal referral for assessment (Conry, Fast, & Loock, 2005). Furthermore, when a referral is made, there is only one specialized FASD centre in Manitoba with a long waiting list for individuals to be assessed. Finally, parental confirmation of prenatal alcohol exposure as a criterion for a formal diagnosis in Canada can pose challenges and further exasperate the process when the birth mother (or any member of her immediate network) will not admit to drinking or is not present in the child's life (Chapman, 2008).

Fetal Alcohol Spectrum Disorder is a descriptive range of physical birth defects and behavioural disabilities, including: Fetal Alcohol Syndrome (FAS), partial Fetal Alcohol Syndrome (pFAS), and Alcohol Related Neuro-developmental Disorder (ARND) (Conry & Fast, 2000). According to Kanter and Streissguth (1997), prenatal

alcohol exposure can have a profoundly negative effect on an individual's physical, behavioural, and learning domains. Further, such maladaptive disorders are known to have devastating effects on an individual's social, economic, and health conditions (Streissguth & O'Malley, 1997). As Fetal Alcohol Spectrum Disorder is a diagnosable disorder of neurological damages to the brain's ability to function normally, it can also result in extreme antisocial behaviours such as criminality (Brown, Adler & Connor, 2012). Historical descriptions of FASD have been identified reaching back more than 200 years (Leischner, 2002; Conry & Fast, 2000). More recently, it has been estimated that between five and fifteen of every 1,000 live births in Canada are born with a Fetal Alcohol Spectrum Disorder (Conry, Fast, & Loock, 2005). In 2006, Health Canada estimated that approximately 300,000 people in the country were living with the disorder, with a significantly greater incidence in rural, remote, and northern communities (Health Canada, 2006).

Physical characteristics of the disorder can include: impaired physical growth; and identifiable abnormal facial characteristics such as small, wide-set eyes, a flat mid-face, and a thin upper lip; and low to high damage to the brain. Magnetic resonance imaging (MRI) scans of the brain have shown that the two parts of the brain mostly affected by FASD are the *corpus callosum* which "facilitates passing information between the two hemispheres," and the frontal lobes which "control inhibition and impulse" (Conry, Fast, & Loock, 2005). Damage to these two areas of the brain caused by pre-natal alcohol use or abuse result in children and youth often experiencing cognitive and behavioural difficulties including: hyperactivity, poor impulse control, problems learning from experience, and difficulty with the cognitive relationship between cause and effect.

FASD is a lifelong disability that one does not “outgrow” (Kanter & Streissguth, 1997). There is research to indicate some FASD-related impairments may intensify over time if the neurological effects and behavioural symptoms are not dealt with early in the child’s development (Kanter & Streissguth, 1997).

FASD researchers Streissguth and O’Malley (1997) have emphasized the importance of *primary* and *secondary disabilities* in understanding and helping youth living with FASD. *Primary disabilities* arise from organic brain damage and reflect the central nervous system dysfunction inherent in FASD. Examples include learning disabilities, Attention-Deficit Hyperactivity Disorder, poor judgment, and poor daily living skills. *Secondary disabilities* include those that an individual is not born with; researchers suggest that these disabilities can be ameliorated or managed through better understanding of the disorder including symptoms and appropriate interventions (Kanter & Streissguth, 1997). These disabilities often emerge later in life due to a mismatch between primary disabilities and expectations in the social environment. This disconnect arises from FASD being misdiagnosed (or not diagnosed at all) in affected individuals, which results in inadequate supports being provided. For example, a teacher may not attribute a student’s disruptive behaviour to FASD and therefore punish him or her. In turn, this negative approach can trigger further challenges for the affected individual rather than providing them with the supports that they require. Examples of other secondary disabilities include mental health problems, substance abuse, and conflict with the law.

FASD researchers Kanter and Streissguth (1997) suggest that the majority of FASD youths’ symptoms are characterized by secondary disabilities. These findings are

consistent with those released by the Legal Issues Resource Center (L.I.R.C.) at the University of Washington (2006). However, Kanter and Streissguth (1997) acknowledged that while research has shown individuals living with FASD will endure primary disabilities throughout their life, secondary disabilities can be effectively managed with adequate programming initiatives and interventions.

Two hallmarks of FASD make youth living with this disability particularly prone to crime (Vitale-Cox, 2006). First, they have trouble relating their actions to consequences and learning from their successes and mistakes. Second, people living with FASD are often vulnerable to manipulation by others. This can result in them participating in risky behaviour and/or being quick to take the blame when caught (Vitale-Cox, 2006). For people living with FASD, each day is new; these individuals often have difficulty learning from the past and connecting experiences that happened before to the same behaviour happening again (Chapman, 2008). This lack of understanding creates constant chaos in the lives of FASD individuals and makes the risk of them engaging in criminality considerably higher than the general population (Burd, Juelson, & Martsolf, 2004).

FASD offenders face extensive challenges understanding their experience with the criminal justice system from arrest proceedings to court hearings, through sentencing to incarceration. These challenges are exacerbated by the lack of adequate knowledge of FASD by correctional and justice personnel (Conry & Fast, 2000). For example, Graham (2001) found that many American police officers have limited knowledge and training in recognizing the symptoms of mental disabilities. Additionally, signs of FASD often mirror those of substance abuse; therefore, police officers may perceive and react to a

FASD offender's erratic behaviour as arising from drug or alcohol abuse/use (Graham, 2001).

During court proceedings (Chartrand & Forbes-Chilibeck, 2003) an accused individual with FASD may not clearly understand the criminal charges against him or her or even be confused about whether he or she did anything wrong at all. In addition, due to his or her cognitive disabilities, FASD youth may misunderstand questions, be perplexed by legal language, or he or she will simply agree with the outcome of the court's proceedings in order to avoid the embarrassment of appearing 'ignorant.' These ill-informed interactions with the legal system may then be construed as a 'confession,' and used in evidence against the FASD individual (Conry & Fast, 2000; Williams, 2006).

FASD individuals often face further challenges if they are convicted in court and sentenced to incarceration. A key mandate of correctional programming is to provide effective, individualized treatment and coordinated case plans for youth who are in custody (Boland, Burrill, Duwyn, & Karp, 1998). This places the onus on youth correctional services staff to provide appropriate psychological, physical, and social support for FASD youth that will prevent or reduce further offending (Conry & Fast, 2000). Yet, the vast majority of programs for incarcerated youth focus on cognitive-behavioural interventions that are designed for 'normally' functioning individuals (Chapman, 2008). Such interventions are, however, the least productive for FASD youth as these individuals often lack sufficient cognition to understand cause and effect; again, these youth cannot make the link between their behaviour and how it affects others, and have difficulty translating one experience to another (Leischner, 2002; Brown, Adler & Connor, 2012).

The LIRC estimates that 50% of individuals living with FASD will be confined to a prison, drug treatment facility, or psychiatric hospital at some point in their lives (LIRC, 2003). Therefore, it is crucial to recognize that individuals with this disorder require differential diagnoses, specialized services and trained professionals to intervene (Moore, 2004; Williams, 2006). First, and foremost, diagnostic protocols for identifying the disorder are paramount. Unfortunately, most individuals with possible FASD who enter the youth justice system are not assessed appropriately which results in a lack of access to programs and professionals who can begin developing individual and community plans and follow-up treatment (Conry & Fast, 2000). The best case scenario in youth corrections in Canada would be to incorporate FASD screening as part of each individual's initial assessment process upon entering the system.

Targeted programs for FASD individuals must assist them in developing successful daily living patterns and problem-solving skills. Many individuals living with this disorder lack the everyday living skills of successful social integration (Vitale-Cox, 2006). Further, it is vital that correctional initiatives help young offenders with FASD recognize their unique capacities by providing them with the skills that will help them make healthy choices (Vitale-Cox, 2006). Building on a FASD individual's unique capabilities (e.g. being artistic, a good listener, helpful) and challenges (bad temper, short attention span, lack of literacy skills) is more beneficial than relying on typical expectations directed at youth with non-neurological deficits (Kanter & Streissguth, 1997).

Intensive and structured programs could benefit youth offenders living with FASD (such as initiatives based on life skills training, problem-solving skills,

accountability and supportive advocacy) and initiatives have begun to emerge on the correctional landscape (Burd, Juelson, & Martsolf, 2004). However, little research and evaluation is available from Canadian youth correctional institutions to establish the actual benefits of these programs (Leischner, 2002).

This thesis examines the perceived effectiveness of current programming initiatives for incarcerated FASD youth as held by youth service providers in Manitoba. FASD is a pressing social and economic problem in the province; an article in the Winnipeg Free Press stated that an estimated 11,000 Manitobans were living with the disorder, including 2,000 children (Welch, Rabson & Sanders, 2011).

Due to a higher incidence rate compared to other Canadian provinces, Manitoba is at the forefront of spending on FASD. The Winnipeg Free Press (2011) reported that the provincial government spends $11 million a year preventing and treating the disorder. In addition to this $11 million, it is estimated that 10% of Manitoba's $10.7 billion dollar annual budget is put towards combating the spin-off effects of FASD, including child-welfare cases, health-care costs, and criminal activity (Welch, Rabson & Sanders, 2011).

While the province has taken considerable measures to respond to FASD-including creating a diagnostic centre, new and innovative programs, and training for criminal justice personnel-little change has been reported (Welch, Rabson & Sanders, 2011). To date, there is still a paucity of research conducted on this topic and this client group. Therefore, the goals of this thesis are:

1) To provide insight into the perceptions held by youth correctional service providers concerning FASD youth in custody;

2) To provide policy recommendations to Manitoba Justice regarding supports and services for this client group.

1.2 Research Questions

<u>Primary Question:</u>

Based on the perceptions of youth correctional service providers; how effective is current programming for incarcerated youth living with Fetal Alcohol Spectrum Disorder (FASD) in Manitoba?

<u>Secondary Questions:</u>

In order to answer the primary research question of this thesis, the investigator developed numerous secondary questions surrounding service delivery for incarcerated youth living with FASD. Through extensive review and discussion, the 15 original secondary research questions were ultimately reduced to the following seven:

1) What programs and support services are currently offered to youth living with FASD and incarcerated in Manitoba?
2) What FASD-related training do youth correctional service providers receive? Do they believe that they have the requisite training and education to effectively screen, diagnose, assess, plan, monitor, and follow-up with incarcerated FASD youth?
3) To what extent do youth correctional service providers believe that current cognitive behavioural treatment interventions and practices adequately address the needs of young offenders living with FASD?

4) Do youth correctional workers perceive that recognition of an individual living with FASD is a step toward them receiving appropriate treatment and assistance?
5) Do youth correctional service providers believe that programs directed at FASD youth *can* have a positive impact? What outcomes do youth correctional service providers believe *have been achieved* from current programming for incarcerated FASD youth?
6) What are the intervention strategies youth correctional workers believe offer the best opportunity for assisting youth with an FASD condition, and why?
7) What improvements are perceived as needed for current FASD programs and future services to be effective, including the education and training of youth correctional service providers?

1.3 Operational Definitions

The following terms (highlighted in bold) will be commonly referred to throughout this thesis. In order to ensure consistency and understanding on behalf of the reader, each term and its context within this research is explained below.

Fetal Alcohol Spectrum Disorder (FASD) is a neurological condition and an 'umbrella term' used to cover a range of birth defects resulting from pre-natal alcohol exposure (Chapman, 2008). The label of FASD was formally recognized in 1973 and has resulted from an evolution of terms referring to a developing fetus being exposed to alcohol during pregnancy (Leischner, 2002). FASD is a 'spectrum' encompassing varying degrees of severity and maladaptive behaviours, and can include physical,

emotional, cognitive, and/or behavioural conditions. FASD itself is not a diagnostic term; rather, an individual can receive one of the following three diagnoses: Fetal Alcohol Syndrome (FAS), partial Fetal Alcohol Syndrome (pFAS), and Alcohol Related Neuro-developmental Disorder (ARND). For the purpose of this thesis, Fetal Alcohol Spectrum Disorder will refer to any disabling effect that has resulted from pre-natal alcohol exposure.

Section 2 of the *Youth Criminal Justice Act, S.C., 2002, c. 1, Y-1* (hereafter 'YCJA') governs that application of law pertains to individuals twelve (12) years of age and over, but younger than eighteen (18) at the time of committing an offence (YCJA, 2002). In accordance with the YCJA, incarceration can include either open or secure custody. Open-custody holds offenders in less-restrictive facilities such as group homes or camps. Closed-custody, by contrast, includes legally designated centres that hold youth in more restrictive environments; these facilities would have locked doors, intensive supervision and fenced surroundings and would be considered medium or high security. Because this thesis is examining closed-custody programming, **incarcerated youth** refers to any individual between the ages of 12-18 who is currently being held (on remand or sentenced) in one of the two closed-custody youth facilities in Manitoba.

The Correctional Service of Canada (CSC) defines correctional programming as "structured interventions that addresses the factors directly linked to an offender's criminal behaviour" (CSC, 2003, p. 4). Correctional Service of Canada's mandate is to "assist the rehabilitation of offenders and their reintegration into the community as law-abiding citizens through the provision of programs in penitentiaries and in the community" (CSC, 2003, p. 4). Therefore, the Correctional Service of Canada is

responsible for developing a multitude of initiatives designed to serve the specific needs of various incarcerated groups. Manitoba Corrections' website defines youth correctional programming as "initiatives that focus on the youth's personal development and growth, including educational opportunities, rehabilitation programs, vocational training, work experience, and spiritual programs" (Manitoba Department of Justice, 2010). Manitoba Corrections has implemented numerous programming initiatives based on these criteria in order to assist incarcerated youth with their personal development and growth. For the purpose of this thesis, **correctional programming** will refer to any closed-custody initiative directed at youth living with Fetal Alcohol Spectrum Disorder.

Service providers are individuals who provide specialized services and supports to others. Depending on job roles and the particular client group, service provider's levels of interaction and support can vary. For the purpose of this thesis, **youth correctional service providers** include the range of staff involved, in some capacity, with FASD youth's participation in correctional programming. For example, this could include youth correctional service workers, program facilitators, program creators, juvenile counsellors, or facility managers. Including this range of individuals is important, as various levels of interaction with FASD youth may result in varying perceptions of program effectiveness.

Policy refers to a plan or course of action taken by an organization in order to influence or determine decisions and/or actions. Policy can be both private and public. **Public policy** refers to governmental decisions and or/actions, while "private policy" refers to procedures of private organizations. Public policy includes "both action and inaction on the part of the government with regard to a particular set of issues" (Patenaude, 1997, p. 8). Because Corrections is a sector of the Manitoba government,

decisions made surrounding youth involved in the criminal justice system produce public policy. Public policy can be influenced by changes in society and findings from research into these new phenomena. Therefore, a goal of this thesis is to inform and influence public policy surrounding FASD youth by reporting the perceptions of youth correctional service providers.

Policy analyst, David Webber (1992) argues that information of all types may be used to assist policy-makers in their decision-making. Therefore, he coined the term **policy knowledge** and defined it as: "The body of human knowledge available to assist policy makers in their understanding of the causes and consequences of the outputs of government and the subsequent societal impact" (Webber, 1992, p. 389). A primary goal of this thesis is to provide what Webber has identified as "policy knowledge;" knowledge regarding FASD program effectiveness that managers and policy makers in youth corrections would otherwise not have available to them.

1.4 Organization of the Thesis

Chapter One of this thesis introduced the reader to Fetal Alcohol Spectrum Disorder (FASD) and provided a context of incarcerated youth living with FASD. Background information about what the disorder encompasses as well as its challenges were discussed. This chapter also outlined the primary and secondary research questions of this study and provided the operational definitions of common terms used throughout this thesis.

Chapter Two provides a more extensive look into FASD by examining the extant literature, the supports required for young offenders living with this disorder, and interventions currently being offered by the Canadian criminal justice system. This

chapter also introduces *symbolic interaction* and *labelling* theories and discusses how these paradigms can be helpful in understanding the data that arises through this thesis.

Chapter Three presents the methodology used in this thesis and provides the reader with the rationale why the investigator chose to conduct the research using a qualitative approach and why semi-structured interviews were the best methodological strategy to explore the perceptions of service providers regarding the efficacy of existing programs for FASD young offenders. Methods of analysis are presented in this chapter and the *thematic network analysis* process is outlined.

Chapter Four analyzes and interprets the data gathered through this research. Data analysis will involve the use of a *thematic network* approach and will be reported from an emic (or insider) perspective as this research is concerned with the personal perceptions and experiences of youth correctional service providers. As a result, it is important to use their words in order to provide an in-depth understanding of their experiences.

Finally, Chapter Five provides a summary and conclusions of the thesis. This chapter also offers readers the implications of this study for Manitoba Youth Corrections and elsewhere, including new insights for policy and program changes that have the potential to improve programs and practices for incarcerated youth living with Fetal Alcohol Spectrum Disorder. Directions for further research in this area are also discussed.

CHAPTER 2 - LITERATURE REVIEW

This chapter explores the extant literature concerning Fetal Alcohol Spectrum Disorder (FASD), youth justice and corrections, and the interconnectedness of those literatures when working with young offenders with FASD in custodial programs. First, in order to provide the reader with an in-depth understanding of the programming for this population, an overview of FASD and its effects is provided. Second, this chapter describes legislative changes surrounding youth corrections in Canada since the implementation of the *Juvenile Delinquents Act, R.S.C., 1908, c-40* (hereafter 'Juvenile Delinquents Act' or 'JDA') and their impact upon Canadian youth offenders. Third, this chapter outlines a number of the crucial supports required in order to adequately assist incarcerated youth living with FASD. Fourth, an overview of the programming currently delivered by Canadian correctional jurisdictions for FASD young offenders is provided with an emphasis on those services and programs provided by Manitoba's youth correctional system. Lastly, discussions of Charles Horton Cooley (1902), George Herbert Mead (1934), and Herbert Blumer's (1969) *symbolic interaction theory* as well as Howard Becker (1963), Frank Tennenbaum (1938), and Edwin Lemert's (1967) *labelling theory* are presented to focus on how these theoretical paradigms can be useful in understanding Canadian youth criminal justice systems' current response to, and treatment of, FASD offenders.

2.1 Fetal Alcohol Spectrum Disorder

Fetal Alcohol Spectrum Disorder is an 'umbrella' term that covers a full range of birth defects and disabilities. These birth phenomenon are caused by prenatal alcohol exposure which can impact a youth's physical, behavioural, learning, and adaptive life

domains which, in turn, creates challenges for these individuals with respect to their long-term social, economic, and health conditions.

Fetal Alcohol Spectrum Disorder is neurological damage that was only formally recognized in 1973 though acknowledgement of the condition dates back hundreds of years (Conry & Fast, 2000; Leischner, 2002). The effects of maternal alcohol consumption were first noted in the early 1700s during the 'gin epidemic' in England (Golden, 2005). Between 1714 and 1750, the annual alcohol consumption rate rose from two million to 11 million gallons. During this time, physicians described epilepsy and mental retardation in children prenatally exposed to alcohol (Cooper, 1991). Towards the end of the 19th century, many epidemiologists had began to examine the issue of prenatal alcohol exposure including British physician William Sullivan who conducted the first scientific study of prenatally exposed children which revealed the teratogenicity of alcohol (Golden, 2005).

The issues of prenatal alcohol exposure and its effects were virtually ignored until 1940 when researchers began to re-examine earlier concerns (Cooper, 1991). Mixed messages regarding prenatal alcohol exposure were distributed throughout the next few decades and many physicians condoned moderate alcohol consumption during pregnancy. It was not until 1973 that Seattle physicians Dr. Kenneth Jones and Dr. David Smith described the unusual physical features and a failure to thrive in infants they saw at the Harborview Hospital and formally introduced the term 'Fetal Alcohol Syndrome' (Jones & Smith, 1973).

In Canada, Fetal Alcohol Spectrum Disorder is the leading known cause of developmental disability (Vandergroot, 2006). Conry, Fast and Loock (2005) estimated

that between five and 15 of every 1,000 live births in Canada are diagnosed as having FASD, while Health Canada (2006) estimated the national incidence at nine per 1,000 births-approximately one out of every 100 births or 3,000 babies per year. Manitoba has about 130 FASD-related births per year and approximately 15% of Manitoba women report consuming alcohol while pregnant (Healthy Child Manitoba, 2010). Stade, Unger, Stevens, Beyen & Koren (2007) reported that the annual cost of FASD in Canada has been estimated at approximately $6 billion, based on an incidence rate of 1% of the population. These include direct costs (medical, education and social services), out-of-pocket costs, and indirect costs such as productivity losses. The cost per person with FASD has been calculated at approximately $25 000 a year and $2 million over their lifespan (Stade et al., 2007).

The physical characteristics of the disorder can include delayed growth; facial characteristics such as small, wide-set eyes, a flat mid-face, and a thin upper lip; and damage to the brain (Kanter & Streissguth, 1997). The developmental brain damage inherent in FASD often results in affected individuals experiencing cognitive and behavioural difficulties including: hyperactivity, mental health problems, poor impulse control, problems learning from experience, learning disabilities, and difficulty understanding the relationship between cause and effect. Furthermore, Kanter and Streissguth (1997) acknowledged that if FASD-related impairments are not dealt with effectively early in an individuals' life, they may intensify over time.

A comprehensive FASD assessment includes an evaluation of brain functioning behaviour, growth parameters and facial characteristics, and prenatal and postnatal influences on physical, emotional and cognitive development (Chudley, Conry, Cook,

Loock, Rosales & LeBlanc, 2005). A typical assessment includes the observations of a developmental pediatrician, geneticist, psychologist, speech language pathologist, occupational therapist, social worker, school staff, daycare staff, and the birth parent(s) and/or caregiver(s). The assessment process includes gathering the child's historical information, a physical examination, standardized tests, questionnaires, observation, clinical judgement, and differential diagnosis (Chudley et al., 2005).

Medical authorities (Moore, 2004; Williams, 2006) now recognize individuals with an FASD condition have a diagnosable mental impairment that requires special services and trained professionals in order to meet their needs. Researchers have also found it important to differentially recognize *primary* and *secondary disabilities* in youth with an FASD condition (Streissguth & O'Malley, 1997; Vandergroot, 2006; Vitale-Cox, 2006).

Primary disabilities are those which arise from organic brain damage and reflect the central nervous system dysfunction inherent in the FASD diagnosis (Vandergroot, 2006). These disabilities are the result, for the most part, of physiological conditions which cannot be changed. Examples of primary disabilities include learning disabilities (which could potentially be related to individual IQ measures), Attention-Deficit/Hyperactivity Disorder (ADHD), poor judgment, and poor daily living skills (Streissguth & O'Malley, 1997).

Secondary disabilities, by contrast, are acquired and could presumably be ameliorated through better understanding and appropriate interventions (Vandergroot, 2006). These disabilities often emerge later in life due to the individual's inability to successfully meet social expectations. Examples of secondary disabilities include mental

health problems (i.e. depression, anxiety and mood disorders), academic difficulties, substance abuse, and trouble with the law. Kanter and Streissguth (1997) acknowledged that the majority of FASD youth suffer from secondary disabilities. In a survey they conducted among individuals with an FASD diagnosis, they found that 60% of those 12 years and over had experienced confinement (inpatient treatment for mental health, alcohol/drug problems, or incarceration for criminal offences) at some point in their lives. However, while individuals living with FASD will endure primary disabilities throughout their lifespan, secondary disabilities can be effectively managed with adequate programming initiatives and intervention (Health Canada, 2006; Kanter & Streissguth, 1997).

2.2 The Evolution of Youth Corrections in Canada

A basic premise of the criminal justice system is that people learn from their own mistakes as well as from the mistakes of others (Harvie, Longstaffe, & Chudley, 2011). Section 18 of the *Criminal Code of Canada* sets out two central sentencing principles – specific and general deterrence. Specific deterrence imposes sentences to deter the *accused individual* from committing further offences while general deterrence imposes sentences that will deter *others* from committing similar offences (Siegel, 2004). However, these two principles are problematic when dealing with offenders with cognitive difficulties.

Legislators have long recognized that young offenders should be dealt with differently than adult offenders (Alvi, 2012; Harvie et al., 2011). For example, the child-saving movement in the United States had gained momentum and most states had implemented juvenile courts by 1908 (Platt, 1969). During that same year, Canada

enacted the *Juvenile Delinquents Act, R.S.C., 1908, c-40* (hereafter 'JDA') which "was a reaction to the real and perceived problems of crime and delinquency committed by persons under the age of 16 years and was in line with Edwardian views on the care and discipline of children" (Patenaude, Jones & Hurlbert, 2009, p.1). Under the *JDA*, young persons in conflict with the law were deemed to be 'delinquent' and in need of the protection and discipline that families could not or would not provide to them. Therefore, in the spirit of *parens patriae* ("parent of the nation"), the provinces assumed the role of parent. Young offenders were to be protected from the influences of adult offenders through the creation of a juvenile justice system that employed separate courts and correctional facilities (Platt, 1969; Patenaude et al., 2009).

By 1982, the juvenile justice system had been in operation for 74 years and was out of step with changes in Canadian society. The passing of the *Young Offenders Act, R.S.C., 1980-81-82-83, c. 110)* (hereafter 'YOA') reflected the liberalism found across the country during the 1970s and was intended to provide an approach to dealing with young offenders that further differentiated them from the adult offender population (Alvi, 2012; Patenaude et al., 2009). The *YOA* rejected the notion of *parens patriae* replacing it with a balance of individual rights and accountability (similar to due process rights in the adult system) and a unique focus on diversion from the system whenever possible (Patenaude, et al., 2009; Winterdyk, 1997). Neither of these principles translated into action as the numbers of young persons both charged with offences and incarcerated increased under the YOA (Bala, 1994).

On April 1st, 2003, the *YOA* was replaced with the *Youth Criminal Justice Act, S.C., 2002, c.1, Y-1* (hereafter 'YCJA') which implemented a number of changes in the

youth justice system. This new legislation intended to account for mitigating factors in a young offender's criminal behaviour, to rehabilitate and reintegrate them into society, and to ensure that youth received meaningful consequences for their offences. The *YCJA* also set out to eliminate general deterrence as a sentencing principle and to provide accused individuals with 'meaningful consequences' that ensured 'fair and proportionate accountability' (Alvi, 2012). This new legislation placed specific importance on addressing underlying factors in a youth's offending behaviour (including physical and mental disorders) and emphasized that the rehabilitation and reintegration process is not simply based on the individual but also needed to include their community (i.e. family, extended family, school supports, and social agencies) (Vitale-Cox, 2006).

2.3 Supports Required for Young Offenders living with FASD

2.3.1 Systemic Challenges Faced by Young Offenders with FASD

The relationship between youth crime and FASD has been the subject of increased attention and concern in North America. FASD is widespread amongst young offenders within Canada's youth correctional systems, especially within the prairie provinces of Manitoba and Saskatchewan (Verbrugge, 2003). Popova, Lange, Bekmuradov, Mihic & Rehm (2011) estimated that Canadian youth living with FASD are 19 times more likely to be incarcerated in a given year than youth without FASD.

It is important to recognize that many of these youth become involved in the youth justice system by default due to the lack of resources in the mental health and medical communities. These youth are essentially 'slipping through the cracks,' leaving the youth justice system with the responsibility of intervening in their lives.

Youth living with FASD who have committed a criminal offence require support and treatment rather than punishment (Moore, 2004; Vandergroot, 2006). However, FASD youth constantly face extensive challenges throughout the criminal justice process. While researchers have made significant progress in the identification and understanding of FASD, the legal system has been slow to acknowledge its impact on such young offenders (Williams, 2006). Currently, officials in the Canadian youth justice system appear to be unequipped with sufficient understanding or interest of the disorder and as a result, the system is failing to assist young offenders living with FASD (Moore, 2004; Chapman, 2008).

Youth with FASD in the justice system face challenges throughout the case processing process that start when the youth is arrested and carry on through the court proceedings, sentencing, and incarceration (Conry & Fast, 2000; Moore, 2004; Williams, 2006). The end result of these encounters with the justice system can leave the youth in a worse condition than when they first committed the offense (Williams, 2006).

Challenges during criminal justice processing often stem from a lack of knowledge and understanding: both on the part of the offender as well as criminal justice personnel (Moore, 2004). During arrests, FASD youth may misinterpret questions, be confused by the technical language used, or fabricate a story to fill in missing gaps, that can in turn result in false confessions (Burd, Juelson, & Martsolf, 2004). FASD youth may also misunderstand their rights to remain silent and obtain legal counsel, or may feel pressure from authorities to simply be agreeable (Mitten, 2004).

Criminal trials also present extensive challenges for FASD young offenders. Within the legal community, there is additional debate around whether FASD individuals

are fit to stand trial due to their disability (Conry & Fast, 2000). One of the principles of Common Law is that an accused person be able to contribute to their own defence; therefore, it is both unfair and contrary to this principle for a person to participate in hearings or a trial if they cannot understand the proceedings (Chartrand & Forbes-Chilibeck, 2003). Therefore, it is imperative that the criminal justice system assess each FASD young offender's fitness to participate in proceedings and trials (Mitten, 2004).

Sentencing may be one of the biggest issues facing the courts when considering young offenders afflicted with FASD (Chartrand & Forbes-Chilibeck, 2003). Perhaps the greatest injustice during sentencing for a person with unrecognized symptoms of FASD is to be treated like everyone else (Miller, 2005). The Canadian youth justice system is based on the premise that offenders understand the nature and consequences of their acts and that punishment is appropriate, connecting their actions to consequences (Stuart, Delisle & Quigley, 2008). Criminal liability requires two elements-*mens rea,* the criminal mind, and *actus reus,* the criminal act-except for strict liability offences which require only the guilty act (Stuart et al., 2008). When someone commits a crime, both elements are assumed to be present. However, young persons living with FASD do not possess the reasoning abilities to consistently formulate how behaviours have consequences (Conry & Fast, 2000). Furthermore, because of poor reading comprehension and short-term memory disabilities, it is likely that an FASD individual may have difficulty understanding his or her probationary sentence and following its conditions (Harvie et al., 2011). Therefore, handing down the same consequences and expectations to FASD individuals as other young offenders is an injustice (Miller, 2005).

While incarceration is effective in terms of public safety by incapacitating young offenders, it often fails in terms of rehabilitation for FASD young offenders (Williams, 2006). Incarceration is ineffective for many FASD young offenders because they are unable to understand the relationship between their actions and consequences, and therefore, the objective of specific deterrence cannot be achieved beyond the period of detention. Furthermore, incarceration can be significantly detrimental to FASD youth due to their poor social and adaptive behaviours; they may be victimized or negatively influenced by their peers, creating conditions for these offenders that are worse than before they were incarcerated (Williams, 2006). Regardless, incarceration is often the only appropriate response to serious and violent crimes and therefore, many FASD-afflicted individuals end up spending periods of time in correctional facilities due to the lack of an alternative (Conry & Fast, 2000; Harvie et al., 2011; Streissguth & O'Malley, 1997).

There appear to be a number of challenges facing FASD youth once they are incarcerated. Incarcerated mentally-disordered youth are, by definition, special needs inmates who require individualized and specialized supports (Moore, 2004). Regardless of whether the individual has a diagnosis or not, their mental disability is often viewed as a separate entity from their criminal behaviour which is seen as requiring punishment as opposed to treatment. The danger with this disconnect is that appropriate services become unavailable when their disability goes unaddressed (Vitale-Cox, 2006). Youth who have intellectual disabilities are also at serious risk in correctional institutions due to their susceptibility to abuse, exploitation, manipulation, and misunderstanding of what is expected of them (Leischner, 2002). The lack of diagnosis and opportunities for

recognition of the disorder, unknowledgeable or uninterested staff, and the lack of adequate resources and programming are all significant risk factors for incarcerated FASD youth going untreated.

Finally, in addition to the offender's lack of understanding, many criminal justice officials also lack appropriate knowledge of mental disabilities and their effects, and have not received the proper training to deal with mentally-disordered offenders (Rock, 2001). Therefore, when dealing with FASD youth, police officers, courtroom staff, and correctional personnel may not recognize an individual as having a mental disability; as a result, they may attribute behaviours to other factors. For example, criminal justice personnel may associate a mentally-disordered offender's erratic behaviour with the symptoms of substance abuse and, therefore, presume that the offender may be an addict (Rock, 2001). The major implication with this inaccurate perception is the danger that an individual may be inappropriately 'diagnosed' and then placed in programs that are not appropriate for his or her specific treatment needs.

2.3.2 Supports Required for Incarcerated Youth with FASD

The youth justice system must recognize that many current programming initiatives directed at young offenders are insufficient to address the unique challenges faced by individuals living with FASD. To provide these youth with adequate resources and assistance, a number of requirements must be available, including: proper diagnosis and recognition of the disorder; teaching and promotion of daily living skills; assistance for psychiatric disorders, substance abuse, anger management, and sexual deviancy; supportive advocacy; and extensive release planning (Verbrugge, 2003).

One of the most crucial elements to adequately assist a young offender living with FASD is recognition of the disorder. Streissguth and O'Malley (1997) acknowledge that an early diagnosis is a strong protective factor against secondary disabilities. However, until recently, no standardized approach had been accepted by the Canadian correctional community. It was only in 2005 that national guidelines for diagnosis were established by members of Health Canada's National Advisory Committee of FASD. These guidelines include the use of a four digit diagnostic code developed in Washington in order to address the severity of the four key diagnostic features of FASD: 1) growth deficiency, 2) the facial phenotype, 3) central nervous system damage or dysfunction, and 4) gestational exposure to alcohol (Chudley et al., 2005). The magnitude of each feature is ranked independently on a 4-point Likert scale, with 1 reflecting complete absence and 4 reflecting extreme expression (Astley, 2004). In terms of assessing central nervous system dysfunction, Chudley et al. (2005) proposed that 9 domains be examined: academic achievement, adaptive behaviour, attention deficit/hyperactivity, cognition, communication, executive functioning, memory, motor, and sensory. A diagnosis requires that at least 3 domains be affected (Chudley et al., 2005).

Despite the introduction of these guidelines, only a fraction of individuals with FASD are currently diagnosed in Canada (Chudley et al., 2005; Popova et al., 2011). Chudley et al. (2005) identified this gap in services as a result of the limited capacity to assess FASD, due to a lack of professionals available for this undertaking. A study by Moore (2004) revealed that even though FASD is 40 times *over*represented in the juvenile justice system as opposed to the general population, it is 95% *under* diagnosed.

FASD has varying symptoms and can be an invisible disorder displaying no physical deformations. Therefore, as mentioned above, there may be tendencies to attribute FASD symptoms to other causes. Furthermore, many adolescents living with FASD have not been properly diagnosed, making it difficult to correctly identify them within the youth justice system. The ultimate danger when FASD goes unrecognized is that the unique needs of this population are not considered and unmet (Burd et al., 2004). In order to assist in the diagnostic process, it is important that corrections personnel collect as much background information about an individual from medical, social, family, educational, psychiatric, and judicial sources as early as possible, and make a referral for assessment (Vitale-Cox, 2006).

Because youth living with FASD require differential services due to their special needs, current correctional programming based largely on cognitive behaviour modification for 'normal functioning' individuals has virtually no effect on FASD youth who lack the understanding of how their behaviours are related to the consequences of these actions (Brown, Adler & Connor, 2012; LIRC, 2006). This is the reason why a diagnosis is imperative. A proper diagnosis for an individual living with FASD can serve as an explanation for their behaviour and can determine what support he or she needs in order to make positive changes. The advantage of this diagnosis is that it serves as a starting point to develop new expectations and realities around an individual living with FASD. A diagnosis can however produce undesirable responses (which will be discussed later in this chapter), but the crucial advantage of this label is that it allows the people involved with the youth to develop supports that appropriately address their challenges while building on his or her unique abilities (Conry et al., 2005).

Individuals with Fetal Alcohol Spectrum Disorder frequently suffer from secondary disabilities in the form of psychiatric disorders and/or substance abuse. Streissuguth and O'Malley (1997) found that over 90% of patients with FASD had additional mental health problems (e.g. depression, psychotic, anxiety, and personality disorders) as well as addictions problems. For example, a study done at a Chicago youth correctional facility found that individuals living with a mental disorder had substance abuse issues at rates as high as 4.1 times that of individuals without a mental disorder (Abram, Teplin, McClelland, Dulcan & Mericle 2002). When dealing with FASD individuals experiencing mental health issues and/or substance abuse, proper management requires an acknowledgement of both their organic brain damage as well as structuring the social environment which surrounds them (Streissguth & O'Malley, 1997). According to Abram et al. (2002) substance abuse and mental health conditions need to be recognized and addressed using a multi-modal approach focusing on areas of stress in the environment, rather than simply relying on the use of medication. Leaving mental illness and substance abuse issues untreated can lead to FASD offenders' further involvement in the criminal justice system (Conry & Fast, 2000).

FASD expert Maureen Murphy discussed the value of the '4 S's + C' model in providing this client group with effective treatment (Kanter & Streissguth, 1997). Research has shown that youth living with FASD seem to benefit most from Structure, Supervision, Simplicity, Steps and Context (Kanter & Streissguth, 1997). Effective correctional programming must assist FASD youth in developing daily living skills and emphasizing their unique strengths and abilities (Kanter & Streissguth, 1997). For example, many individuals living with this disorder lack the everyday living skills that

come easily to most people; using structure to create consistent routines helps FASD youth learn to manage independently. Learning supports that convey uncomplicated instructions, and emphasize repetition, showing, and doing are effective in helping FASD youth (Vitale-Cox, 2006). Further, it is vital to help FASD young offenders recognize their unique strengths and abilities and to provide them with the skills and opportunities to help develop these characteristics (Conry & Fast, 2000).

As with other young offenders, it is important for FASD individuals to be held accountable for their actions, but correctional personnel must help these individuals to recognize their responsibility in a different way (Conry & Fast, 2000). If FASD youth feel they have a place in (and a responsibility to) society, often this helps them to register how their behaviour has affected others. When programming is able to strengthen the relationship between themselves and their family and community, it is easier for the youth to recognize the consequences of their actions. Learning requires a meaningful connection between oneself and their place in their social environment. An absence of this connection can create isolation for FASD youth and can contribute to the formation of secondary disabilities (Conry & Fast, 2000). Therefore, individuals with FASD require guidance and assistance from other individuals to develop this connection. Like non-disabled youth offenders, social supports are crucial for FASD youth and relationships with sponsors and advocates can create a sense of self-confidence and worth. Whenever possible, an advocate should be assigned to help the FASD-afflicted youth on an on-going basis. While an individual living with FASD may have this support in the community, most lack it once incarcerated (Conry & Fast, 2000).

Special care needs to be part of the release-planning process in order to support a FASD young offender's transition back into the community. Extensive planning for release is crucial and needs to ensure that the youth has a stable living environment and that they will have access to meaningful and ongoing programming and community supports once released. Reintegration programs need to promote successful community integration as part of a release plan by working with community partners (e.g. New Directions, Life's Journey) to develop and maintain services and supports, and then encouraging those youth to access these supports. FASD young offenders are disproportionately poorly educated, members of visible minority groups, and live in poverty with few social networks; these factors can limit the type and scope of services that they receive (Miller, 2005). Any positive outcomes of correctional programming can only be maintained and enhanced if an individual receives similar resources once back in the community (Conry & Fast, 2000).

Treatment needs for FASD young offenders might include anger management programming and sexual deviancy treatment (Miller, 2005). However, it is imperative that these programs be adapted from their traditional cognitive-based curriculum to accommodate the cognitively-impaired learning patterns of FASD youth. Group therapy and recreational groups are also beneficial as such interventions can offer the interaction and sense of belonging that is needed for individuals living with FASD (Murphy, Chittenden & McCreary Centre Society, 2005).

2.4 The State of the Art: Current Programming for Incarcerated Youth in Canada

2.4.1 General Programming in Youth Corrections

One goal of correctional programming is to provide effective, individualized treatment and coordinated case plans for youth who are in conflict with the law (Moore, 2004). This places direct responsibility on youth correctional services to provide appropriate psychological and social interventions to reduce youthful offending (Conry & Fast, 2000). However, access to FASD diagnosis and intervention services is still limited or non-existent in many parts of Canada (Vitale-Cox, 2006).

Although various initiatives have been implemented and operate at the provincial level within youth corrections, there is a paucity of research conducted on these programs and their outcomes. Abram et al. (2002) acknowledged that Canada's mental health programming for incarcerated youth is lacking in the application of evidence-based practice. Therefore, the focus of these programs and their resulting effectiveness is questionable. Currently, few existing programs are believed to effectively transition FASD youth from incarceration back into the community with the support that their mental disorders/disabilities warrant (Abram et al., 2002).

Currently, the vast majority of programs for youth in Canadian correctional systems remain significantly focused on managing behaviour with cognitive-based interventions. The Correctional Service of Canada (CSC) uses goals for offender rehabilitation and reintegration which focus on helping them change deviant attitudes, thoughts, and feelings; reduce specific types of antisocial behaviours; recognize and cope with risk situations; and gain greater self-control and self-management (Vandergroot, 2006). Justice Canada describes these goals on their Youth Justice website stating that

"the youth justice system responds in ways that hold youth accountable for their misconduct while helping them to understand the impact of their offence" (Department of Justice Canada, 2012). However, as discussed previously, cognitive behaviour modification initiatives are the least productive strategy for FASD youth due to their lack of cognitive skills and their inability to see the causal link between behaviour and consequences (Brown et al., 2012; Leischner, 2002).

Youth living with Fetal Alcohol Spectrum Disorder require specialized services due to a complex set of needs (Boland et al., 1998). The biggest risk is a lack of an FASD diagnosis and that the youth's risks (e.g. antisocial attitudes/behaviours, peers, substance use) and needs (e.g. gender-specific, developmental/educational) may be misunderstood; in turn, they may be provided with ineffective programming initiatives (Gerger, 2011). For example, many FASD youth may be classified as 'low-risk' due to their desire to please those in authority; however, they are more likely to benefit from intensive programming which is often reserved for 'higher-risk' cases (Williams, 2006).

Finally, there appears to be a current lack of awareness among the vast majority of criminal justice personnel regarding the differential needs of FASD-affected youth. In general, police, correctional and probation officers, prosecutors, defence counsel, and judges appear to be uninformed about Fetal Alcohol Spectrum Disorder (Moore, 2004). Leischner's (2002) study for the Northern Family Health Society, found that only 18% of correctional staff reported adequate knowledge to create a responsive environment for FASD-affected youth. Further, Rock (2001) indicated that correctional personnel did not appear to communicate effectively with each other in regards to offender's treatment needs or work together to develop an integrative treatment plan; this lack of

communication and teamwork was not unique to dealing with FASD offenders but rather a general way of operating. These studies portray the unequipped nature of Canadian correctional systems in providing FASD youth with the support that they require (Boland et al., 1998; Chapman, 2008; Miller, 2005).

2.4.2 Programming for Incarcerated FASD Youth

While there is still a considerable shortage of correctional initiatives directed towards youth with FASD, several projects across Canada have shown potential. The Manitoba Youth Justice Program (MYJP) was initiated in September 2004 as a pilot project with the purpose of gathering data and developing recommendations for FASD-affected youth involved in the justice system (Burnside, 2011). The MYJP is a collaborative initiative among Justice Canada's Youth Justice Renewal Fund, Manitoba Justice, Interagency FASD Program, Clinic for Drug and Alcohol Exposed Children (CADEC), Manitoba Health, Winnipeg Police Service, and Youth Forensic Services (Vitale-Cox, 2006). The goal of the MYJP is to ensure that FASD youth who are involved with the justice system receive appropriate dispositions (including a multidisciplinary assessment and diagnosis) and improved access to services (Vitale-Cox, 2006). The program also helps youth and their families understand the diagnosis, access appropriate community resources and supports, and plan for the youth's release (Burnside, 2011). The program was designed for youth in Winnipeg and The Pas who are awaiting disposition, have confirmed or suspected prenatal alcohol exposure, and no prior FASD diagnosis (Harvie et al., 2011). This specific focus addresses the needs of those individuals who are lacking a diagnosis and as a result, are slipping through the system.

As of March 2010, the MYJP had received 385 referrals from which 110 assessments had been completed and 73 youth diagnosed (9 with pFAS; 64 with ARND) (Harvie et al., 2011). The number of referrals and diagnoses speaks to the importance of the issue of FASD within the province's criminal justice system.

One of the most promising initiatives to arise out of the Manitoba Youth Justice Program is the *'This is Me'* life books. These books provide an individualized, creative way for youth living with FASD to better understand themselves and their disability (Harvie et al., 2011). Through the creation of his or her book, each youth is allowed to identify their preferred learning style, interests, goals, strengths and challenges, as well as strategies to respond to those challenges when they arise. The book stays with the individual throughout their involvement in the youth justice system (and often once back in the community), and can be added to on a continual basis (Harvie et al., 2011).

The Manitoba provincial government, Justice Canada, Legal Aid Manitoba, and Changes for Children Initiative also implemented a program in 2009 to provide special accommodation to FASD youth involved in the court process (Burnside, 2011). Legal Aid Manitoba's Accommodation Counsel for Youth Living with FASD provides affected individuals with legal personnel to ensure that they have appropriate representation. These lawyers and paralegals have extensive training and experience working with FASD individuals and are there to advocate for the youth throughout the sentencing process and to provide recommendations for sentencing and support services (Burnside, 2011).

The Lethbridge Community Justice Project in Alberta is another positive example of an initiative working to influence change in the justice system and how it responds to FASD young offenders through training, education, coordination, and

advocacy. Implemented in 2002, this project is a partnership between correctional service providers, community agencies and professionals committed to promoting change for individuals and families affected by the disorder by increasing awareness and understanding of FASD and its challenges (Mitten, 2004). The project's main objectives are to increase awareness of FASD within the criminal justice system, promote specialized case management practices for FASD young offenders, influence program development and change, provide referral packages to the justice system, and link families with appropriate resources and services (Mitten, 2004). A recent evaluation of FASD programming in Alberta concluded that the Lethbridge Community Justice Project is an 'emerging best practice' (Government of Alberta, Children and Youth Services, 2012).

The Asante Centre for Fetal Alcohol Syndrome in Maple Ridge, BC has partnered with Pacific Legal Education Association (PLEA) Community Services Society of British Columbia to develop the Youth Justice FASD Program. This program is funded by the Ministry for Children and Family Development and provides assessment, diagnostic, and intervention services to FASD youth who are in conflict with the law (The Asante Centre, 2012). In addition to offering services for youth, the Asante Centre provides training to the PLEA staff, family caregivers, and criminal justice personnel involved with FASD individuals. These sessions include topics such as health and language, mental health and behavioural issues, understanding the diagnosis and assessment of the client, comprehending psychoeducational evaluations, grief and loss issues, and legal advocacy (The Asante Centre, 2012).

While the programs discussed above all show potential for adequately assisting FASD youth involved with the justice system, little research has been done to determine the effectiveness of these initiatives. It is important that studies examining the efficacy of these programs be conducted in order to ensure that resources are being used in a way that benefits this client group.

2.5 Is there a Disparity between Necessary and Current Programming for Incarcerated FASD Youth in Manitoba?

Research has shown that with proper support and resources, individuals with Fetal Alcohol Spectrum Disorder can lead positive, fulfilling, crime-free lives (Vitale-Cox, 2006). A 2003 study showed that approximately 80% of youth who had been adequately supported had not recidivated (Mitten, 2004). However, Chartrand and Forbes-Chilibeck (2003) note that there has been a curious lack of enthusiasm for targeted efforts directed at the prevention of secondary disabilities experienced by youth living with FASD. They acknowledge that the belief that intervention may not be useful in FASD-affected individuals is inconsistent with the attitude taken toward other groups of high-risk and disabled youth.

There are a number of possible reasons for the lack of interest in assisting this client group. Critical criminology views society as “riddled with dissension, inequality, and conflict” (Williams & McShane, 2010). Therefore, left-realist theorists may assume that the lack of interest in assisting FASD young offenders may stem from the fact that a disproportionate proportion of people affected by this disorder are marginalized members of society. Within Canada, Aboriginal youth are incarcerated at a rate six times that of their Caucasian counterparts and are believed to have the highest rates of FASD

(Verbrugge, 2003). Studies of prevalence throughout Canada have indicated that among certain Aboriginal groups, the incidence of FASD is significantly higher than the rest of the country (MacPherson & Chudley, 2007; Mitten, 2004; Murphy et al., 2005; Verbrugge, 2003). However, it has been argued that generalizations in the diverse populations of Aboriginal, North American Indian, Métis, and Inuit people are not possible given the lack of studies that have been undertaken (Pacey, 2008). Regardless, given the overrepresentation of Aboriginal people in the criminal justice system, there appears to be a noteworthy lack of attention paid to the potentially large numbers of Aboriginal offenders who could be living with FASD.

People who are physically or behaviourally different from the majority are often marginalized and stigmatized (Miller, 2005; Murphy et al., 2005). Subculture theory proposes that certain groups or subcultures in society have values and attitudes that are conducive to crime and violence (Williams & McShane, 2010). While this theory has been somewhat disregarded in today's society, many people still believe it to be true. Fetal Alcohol Spectrum Disorder stems from the consumption of alcohol during pregnancy and many individuals living with the disorder suffer from substance abuse issues. It is likely that some correctional personnel may incorrectly view FASD as simply the result of marginalized people abusing alcohol and therefore attribute fault to the suffering individuals. For example, Vandergroot (2006) argues that people working within the youth justice system are quick to judge, and believe that youth living with FASD do not try hard enough to change their behaviour. Leischner (2002) found that many correctional staff believed that these youth should be able to function just like anyone else. These inaccurate assumptions likely point to a lack of understanding of the

physiological effects of the disorder. Many professionals appear to perceive that the damage is done and that, given the biological nature of the disability, there are few ways in which to help affected individuals (Leischner, 2002). These beliefs provide a rationale for FASD youth's delinquent behaviour and therefore, give the criminal justice system a reason to ignore or identify them as 'write-offs' with no chance of being rehabilitated (Conry & Fast, 2000). However, correctional staff may be unaware that by holding out the same behavioural expectations for FASD youth as for non-FASD individuals, they are adding to the disability by failing to implement interventions that ameliorate the impact of FASD. It is this ignorance that leads to delays in the search for treatment and care.

It is critical that justice system staff view FASD-related criminality as a result of biological and social forces and not solely the fault of the affected individual. Theorists in the Positivist school of criminology assert that deviant behaviour arises from the biological, psychological, or physiological predisposition of an individual (Valier, 2002). These ideas date back to Cesare Lombroso's work on the 'born criminal,' which assumed that crime was something inherent in the nature of the individual. The Positivist school of thought introduced the idea of 'biological determinism,' which purports that the causes of criminal behaviour are beyond the control of the individual, and therefore their conduct is not freely chosen. The *medical model* also arose from Positivist theorists, and maintains that mental illness is a disease much the same as any physical impairment of the body. According to the Positivist school of criminology, crime committed by a person with a mental disability is not the result of a rational choice made by the offender,

but rather due to an inherent, defective part of the individual's body (Williams & McShane, 2010).

Because FASD is a medical disorder reflecting organic brain damage, it is vital for justice system personnel to recognize that FASD offenders' have no control over their neuro-physiologic impairments. Although living with Fetal Alcohol Spectrum Disorder does not *cause* a person to commit crime, secondary disabilities of this disorder, such as criminality, can arise when affected individuals are placed in certain social or environmental situations (Streissguth & O'Malley, 1997). Regardless, because FASD young offenders' criminality is not necessarily the result of a rational decision, it is unfair to discriminate against and blame these youth for their situation. Unfortunately, this concept does not currently appear to be universally understood and/or recognized in the criminal justice system.

The lack of knowledge and interest currently in the Canadian youth justice system seems to be contributing to a revolving door where FASD offenders are released and readmitted to custody with few people critically thinking about why these youth are reoffending and what supports they require (Chapman, 2008; Verbrugge, 2003). Promoting knowledge of the disorder's challenges and the understanding of appropriate intervention strategies among correctional personnel is a *key* factor in the success of assisting FASD youth.

On-going training and education are crucial for any person dealing with youth living with FASD. Many professionals who work within the youth justice system are unable to deal appropriately with FASD youth, as they lack comprehensive knowledge of the disorder (Leischner, 2002). These individuals need to be educated in order to develop

recognition and referral skills to intervene with this high-risk population. In order to begin to build a system in which FASD youth receive adequate programming, people dealing with these youth must first become familiar with the nature and challenges of the disorder.

Disparities between necessary and current programming for FASD youth have been identified in the literature and a number of reasons for such inconsistencies have been described. A goal of this thesis is to explore whether or not such a disparity exists within Manitoban youth correctional facilities. The perceptions of service providers will be used to identify discrepancies, the reasons for them, and suggestions for their reduction.

2.6 The Role of Symbolic Interaction and Labelling Theories in Understanding Program Effectiveness for Youth with FASD

The efficacy of programming for incarcerated FASD youth in Manitoba is a complex topic that could arguably be explained using a number of different criminological theories. An organizational perspective could provide insight into the goals, objectives and behaviours of youth correctional staff in Manitoba, and aim to examine how the system operates in regards to service delivery. Critical criminology could also be applied to explore if incarcerated FASD youth are under-served due to the disproportionate number of impoverished, Aboriginal individuals who are living with the disorder. However, the aim of this research is to examine the effectiveness of programming for incarcerated FASD youth in Manitoba *according to the perceptions of youth correctional service staff.* The *social reaction* school of thought, specifically *symbolic interaction* and *labelling theories*, focuses on interactions between individuals

and/or small groups and people's responses to those interactions. Therefore, for the purpose of this thesis, the author has chosen to examine the perceptions of youth correctional service staff through the lens of *symbolic interaction* and *labelling* perspectives.

The *social reaction* school of thought arose in the early 1960s, and includes perspectives such as labelling theories, Marxism, feminism, and both left and right realism. Unlike traditional criminological theories which focus on the individual, social reaction theories examine the ways that people *react* to deviance. These theories developed at a time when inequalities were beginning to achieve broad-based societal recognition; racial minority groups, women and the mentally ill were faced with dismissive stereotypes adding to their marginalization (Williams & McShane, 2010).

A Marxist or *conflict* perspective pays primary attention to economic inequalities and explains that society is divided by power, wealth, and prestige (Michalowski & Bohlander, 1976). Marxist theorists argue that the strong desire for consumerism is a significant contributor to deviance; crime is the product of the conflict that arises due to a scarcity and unequal distribution of resources, and an individual's powerlessness to rebalance the inequalities. Marxist criminologists argue that in order for the capitalist class to control the working classes and maintain their power and wealth, they label particular acts and groups as deviant. Therefore, the law acts as a mechanism by which the capitalist class keeps all the other classes in a disadvantaged position (Michalowski & Bohlander, 1976).

Feminist perspectives developed as a response to the gender distortions and stereotyping within traditional criminology (Williams & McShane, 2010). Feminist

theorists argue that because history and research, in the main, has focused on male's stories, it cannot be assumed to include women and their experiences (Daly & Chesney-Lind, 1988). Further, feminist thinkers claim that gender discrimination is a socially constructed reality, and argue that gender relations in modern society tend to be based on systems of male dominance that disadvantage women. With regard to crime and deviance, women who violate the norm and commit crime are often portrayed in an even more unfavourable light than a male offender because of the traditional depiction of women as pure, passive, and obedient (Chesney-Lind, 1986). This deviation from gender acceptable behaviour may result in a variety of social stigmas perpetuated by labelling and stereotypes. Feminist theorists argue that these biases marginalize women and are a powerful way in which the capitalist class (comprised mainly of men) maintain social and economic power (Daly & Chesney-Lind, 1988).

A new form of criminological theory emerged in the 1980s that aimed to shift radical ideas into realistic social policy. Coined 'realist criminology,' this perspective is less concerned with causality of crime and deviance, but rather with policy-making for the prevention and control of criminal behaviour (Schwartz & Hatty, 2003). On one end of the spectrum, 'right realism' supports capitalism and pushes for 'get tough' policies, while left realism is the polar opposite, focusing on victim rights and breaking away from a criminal justice system controlled strictly by the upper class (Schwartz & Hatty, 2003).

Right realism grew out of social control theory and political conservatism and assumes that criminal activity is the result of a rational choice made by the individual. James Q. Wilson (1975), for example, argued that crime is the result of social breakdown and a decline in individual responsibility. Charles Murray extended Wilson's

observations stating that contemporary crime has stemmed from the development of the 'underclass,' who are often blue collar ethnic minorities who have been raised in single-parent families (in Schwartz & Hatty, 2003).

Characterized by the writings of Young (1992) and DeKeseredy (2003), left realist theorists argue that crime has a disproportionate affect on working-class individuals as opposed to the poor, and therefore believe that deviance arises from *relative deprivation* (feeling deprived of something which one believes they are entitled to) rather than *absolute poverty*. Further, left realism argues that power is unfairly distributed in modern society; the ruling class controls the resources of society and uses law as a means of control. They exercise this control by creating legislation that emphasizes and criminalizes the behaviour of the working and poor classes. Therefore, left realists believe that the government is more concerned with providing support for the criminal justice system (ruled by the elite), than with assisting victims of crime (primarily working-class individuals) (Young, 1992). Left realist thinkers are concerned with policy changes that will prevent the ruling class from unfairly controlling the legal system and maintaining power over others (DeKeseredy, 2003).

Marxist, feminist, and left and right realism theories all fall under the social reaction perspective. While these theories present different arguments and beliefs, their common theme is that the law is created by those in power and is differentially applied to members of society in order for this maintenance of power. However, one factor that these theories do not examine is the direct implications that these societal reactions and resulting applications can have on the individuals affected.

This is where symbolic interaction and labelling theories become valuable in understanding societal reactions and their effects. Symbolic interactionism is an enduring theoretical perspective from the Chicago School, and was a precursor to labelling theory, which also falls under the societal reaction perspective (Blumer, 1969). The uniqueness in these perspectives arises from their specific focus on the effects of social interpretations and reactions, and therefore will be the main focus for this thesis.

W. I. Thomas (1928) stated that "if men define situations as real, they are real in their consequences." This notion helped to formulate the *Thomas Theorem* which essentially concludes that a person's interpretation of a situation causes their subsequent reaction. Thomas argued that actions are not objective, but rather are based on each individual's subjective perceptions of various situations. Thomas further discussed how these interpretations do not only influence peoples' present action, but after being exposed to numerous situations of a similar nature, these interpretations will gradually influence a 'whole-life policy' (Thomas, 1928). For example, if the majority of the staff in a correctional institution believe that offenders living with FASD are 'write-offs,' a new employee coming into the facility would likely be socialized into the same belief after being exposed to the opinions of their coworkers. This 'whole-life policy' of disregarding individuals living with FASD may result in the new employee failing to help offenders living with the disorder, essentially missing any chance to intervene.

Thomas' (1928) arguments helped to formulate s*ymbolic interaction theory*. This theory's roots are founded in the work of Charles Horton Cooley (1902), George Herbert Mead (1934), and later, Herbert Blumer (1969), and argues that human behaviour is the product of social environments. Symbolic interaction theory focuses on micro-scale

social interaction, and proponents argue that people communicate through symbols such as gestures, signs, and words (Mead, 1934). These symbols are an indication of people's feelings and impressions toward one another. Blumer (1969), who coined the term 'symbolic interactionism,' claimed that people subjectively interpret these symbolic gestures and assign meaning to them. They then base their subsequent actions on the meanings they ascribe to those beliefs.

According to symbolic interactionism, humans define both themselves and others through social communication. We develop our own self-concept based on our perception of other people's reflections of us (which Cooley referred to as the "looking-glass self") (Mead, 1934). Thomas' emphasis on situational factors led to the understanding that individuals can have numerous identities, depending on the settings in which we involve ourselves. In the workplace, one may be an employee, while at home, a parent, sibling, spouse, or child, or where at play, a team captain. Each situation demands its own role, its own identity, and its own behaviours (Blumer, 1969). Thomas further explained that situations can often be misinterpreted and individuals can therefore behave inappropriately; he emphasized that proper definition of a situation is necessary for one to respond with acceptable behaviour (Mead, 1934).

Symbolic interaction theory posits that individuals place various meanings on their external world based on their ongoing personal interactions and interpretations. People then incorporate these meanings into their knowledge and value bases which in turn shape their future behaviour (Blumer, 1969). As a result, these subjective interactions and interpretations shape the way that we react to FASD young offenders. Therefore, if a person has been provided with FASD education and has had

communication with others whose outlook on the disorder is informed and compassionate, this individual is more likely to feel similarly. On the other hand, an individual with little knowledge of the disorder and who is frustrated when interacting with FASD offenders is more likely to view such individuals in a negative manner. The danger in this negative understanding is that justice system employees may not see the potential in FASD individuals, but rather view them as unmotivated individuals and be reluctant to help them.

The Chicago School provided criminological theorists with an appreciation of the effect of social settings and situations. This newfound emphasis led to the development of the labelling perspective in the 1960s (Williams & McShane, 2010). Labelling theories focus on the social interactions and reactions that shape individuals' perceptions and their behaviour (Ward, 1971). Also classified as a *social reaction theory,* the labelling perspective assumes that crime and deviance are defined by society's reactions to people's behaviours and the resulting effects of these reactions. The labelling approach can be separated into two parts: explaining how and why certain individuals get labelled and the effect of the label on subsequent deviant behaviour (Ward, 1971).

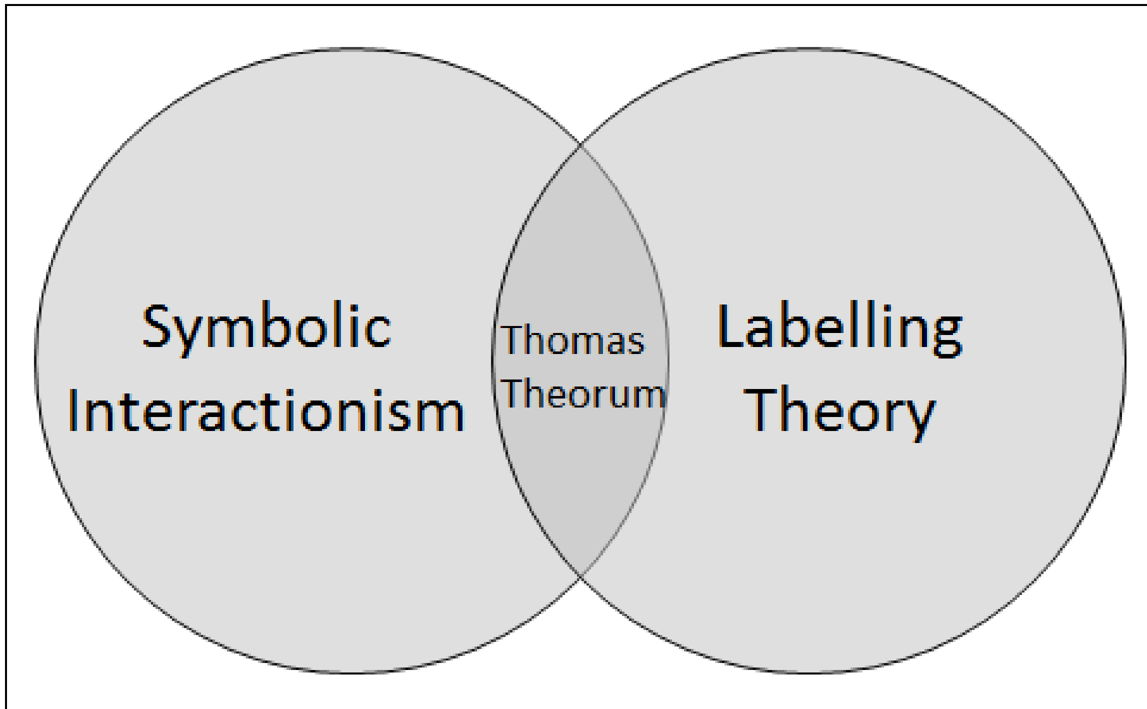


Figure 2.1 Relationship Between Symbolic Interactionism and Labelling Theory

Harold Becker (1963) developed the concept of *The Outsiders* and argued that the idea of 'deviance' is a subjective term that lies in the eye of the beholder. Becker argued that different members of society have various conceptions of what is proper behaviour. However, Becker concluded that people in positions of power create the concept of 'deviance' for their own self-interest by making rules, applying those rules to particular people, and labelling them as outsiders to reinforce those rules. These 'outsiders' are relatively powerless, marginalized people who are unable to defend themselves against negative labels (Becker, 1963). Becker's idea of those labelled as 'outsiders' is consistent with those involved in the Canadian criminal justice system as the majority of offenders are young, urban and impoverished, and racial minorities are disproportionately represented. Their disadvantaged place in society and lack of resources often results in these individuals being unable to shed this 'outsider' stereotype and therefore living out their lives according to how they are labelled.

Among the problems associated with *who* is given a label, is the *subsequent reaction* the label creates. For the purpose of this thesis, the remainder of the discussion around the labelling perspective will focus on the influence of labels once they are imposed on young offenders living with FASD.

Negative labels can affect numerous parts of a person's life including their personal relationships, education, and employment, and can lead to stigmatization and what Tannenbaum (1938) referred to as the *dramatization of evil.* The dramatization of evil describes the process of a person internalizing a label, taking on its role, and ultimately identifying it as what Hughes and Becker describe as an individual's 'master status' (in Becker, 1963). A master status is an identity that overrides all others in perceived importance. Hughes (1945) and Becker (1963) argued that there are central traits to people's identities blinding us to their other characteristics (Becker, 1963). No matter what other personal or social qualities a person possesses, they are judged primarily by this one attribute. Tannenbaum (1938) maintained that as a person receives negative feedback from peers, significant others, and actors within formal institutions, they may begin to re-evaluate their own identities. Therefore, according to Tannenbaum, through labelling, agencies of social control may ultimately create, or at least support, individuals' negative self-identity, including those living with FASD. The very impact of being caught and labelled by those around them could eventually result in an offender being blinded to any of their other characteristics (both positive and negative) and simply seeing themselves as a criminal.

One of the best explanations of the effects of labelling is Edwin Lemert's (1967) concept of primary and secondary deviance. Lemert suggests that in addition to an

audience reaction (external factors), there is the possibility that individuals will incorporate the label society has imposed on them. *Primary deviance* involves norm violations or crimes that have very little influence on the actor and are quickly dismissed as trivial; for example, shoplifting an item with little value. Many of these violations go unnoticed and therefore have relatively little effect on a person's self-image or their future (Lemert, 1967). However, it is important to acknowledge that these 'norms' being violated were created by the ruling class and therefore focused on actions of the marginalized rather than those of people in power status. In contrast, *secondary deviance* occurs when a deviant event is brought to the attention of significant others or social control agents (e.g. the police) who then label the accused with a negative identity such as a 'shoplifter' or 'thief' (Lemert, 1967). Lemert explained that secondary deviance can involve a re-socialization into a deviant role through the internalization of the label that has been imposed on an individual. The more often a person is labelled, the more likely it is that this internalization will reoccur. Lemert proposed that this internalization can lead to *deviance amplification,* which he defined as a person taking part in behaviour that they otherwise would not have engaged, had they not been labelled (Paternoster & Iovanni, 1989).

Schur (1971) expanded on the ideas of earlier labelling theorists, and pointed out three 'audiences' who react to deviance. First, the 'significant-other' audience is an important informal group as its members are likely the most influential to the individual. Therefore, these people have substantial informal labelling power. The second audience is the 'social control agency' which is primarily made up of law enforcement systems. Schur (1971) acknowledges that not only do these officials have formal labelling power,

but they can also adversely affect the life of the individual, cementing the label in the individual's identity. The final group is 'society at large.' This group is important as they have the ability to define good and bad behaviour, and therefore influence the legal system's labelling practices (Schur, 1971).

While being labelled may present extensive consequences for many young offenders, it can often work in *both* ways for individuals living with Fetal Alcohol Spectrum Disorder. On one hand, individuals with this disorder often manage better in the criminal justice system if they *have* received a diagnosis and been labelled (MacPherson & Chudley, 2007; Silden, 2004). One of the shortcomings of the labelling perspective is that it ignores reasons for the onset of criminal behaviour. The theory proposes that criminality is the result of social interaction and reactions once a person is labelled, but does not provide an explanation as to what leads someone to become involved in criminality in the first place. Unlike other young offenders, it is important to recognize that FASD youth's criminality arises from the *interaction* of biological and social factors (Silden, 2004). Not all labelled individuals have made the choice to engage in label-producing activities, such as crime, and some negative labels are bestowed on people for behaviours over which they have little control (Chapman, 2008). Therefore, formal recognition of a young offender's FASD condition means that they become more visible in the criminal justice system, and receive the proper support and assistance that they require. Because youth living with FASD require specialized services to match their needs, current correctional programming-largely based on cognitive behaviour modification therapies (BMT)-has virtually no effect on FASD youth who have difficulty using information and applying the information in meaningful ways (Leischner, 2002).

Therefore, a proper diagnosis for an individual living with FASD can serve as an explanation for negative behaviours and can lead to a positive intervention (Chapman, 2008). This concept is called *retrospective reading*. This is when people react to a label description and what it signifies instead of defining the actual behaviour as reflective of the entire person (Ward, 1971). Retrospective reading, in the case of FASD offenders, helps to explain their deviant behaviour and becomes the difference between them being labelled simply as an offender, or as an offender living with a cognitive disability. The advantage of this label is that it serves as a starting point to create new expectations and opportunities for an individual living with FASD. It allows correctional staff to address the individual's unique abilities instead of relying on unrealistic expectations based on youth with different cognitive functioning patterns.

Furthermore, while the idea of *secondary deviance* and the *dramatization of evil* could be applied to many young offenders, most FASD youth lack the cognitive ability to determine the link between their criminal actions and the resulting label. Young offenders living with FASD are often burdened with so many other social, physical, and psychological problems that negative labelling would likely be a relatively insignificant event (Conry, Fast & Loock, 2005; Silden, 2004). Therefore, the likelihood of these offenders internalizing the FASD label as their 'master status,' and ultimately acting according to it, is minimal.

However, there is also the possibility that labelling a young offender as living with FASD can also result in negative consequences. As mentioned previously, symbolic interaction theory posits that people will react to things according to their perceptions. While recognizing that a youth is living with FASD *can* lead to a better understanding of

the individual and their actions, the label can also be detrimental. While the *dramatization of evil* usually does not apply to FASD youth, it certainly can have an effect on the people who are labelling the individual. Having the justice system designate a young offender's master status as 'FASD' can present a real danger of these officials being blinded by the label rather than seeing these youth as individuals with different strengths and weaknesses. The concept of *retrospective reading* would likely follow along the same lines in this situation where people would start to react strictly to the FASD label rather than focusing on the individual's actual characteristics and behaviour.

According to symbolic interaction theory, if correctional staff experiences and surroundings have provided them with a negative view of FASD, they run the risk of disregarding affected youth and missing out on chances to help them. Therefore, the main concern with labelling FASD young offenders is that the recognition of the disorder may cause some correctional staff to believe there is no opportunity for rehabilitation and therefore dismiss these youth as unsalvageable. This disregard (and concurrent lack of support) may result in FASD-diagnosed youth experiencing negative relationships with correctional staff while incarcerated and then again with community members once released.

Despite these risks, research suggests that the benefits of proper identification for FASD youth largely outweigh the negatives (Chapman, 2008). If officials refrain from labelling these individuals because of 'potential consequences,' these youth will not receive the help they require. By *not* diagnosing and labelling FASD youth and providing them with adequate supports in order to help them refrain from deviant behaviour, society could very well be contributing to their recidivism.

As described above, both labelling and social interaction theories can help to explain the responses of correctional workers to incarcerated FASD youth. While labelling theories help to outline the potential benefits and consequences of positive and accurate identification of FASD youth, this is only one consideration. The strength of social interactionism with respect to this research is the theory's ability to shed light on correctional system responses to this client group.

2.7 Summary

Despite limited progress, officials within Canadian justice systems still appear unequipped with sufficient understanding or interest in young offenders with FASD. By failing to recognize these youth and ensure that they receive appropriate services and support, public safety is threatened. There are no simple answers to the challenges presented by young persons with FASD, but recognition, acknowledgement, and interest in the problem are necessities for its solution.

It is important to recognize that intensive and structured programs in both community and correctional settings are most likely to benefit this client group (such as initiatives based on life skills training, problem solving skills, accountability, and supportive advocacy) and are beginning to appear on the correctional scene. However, there is currently still a considerable shortage of accessible, appropriate, and effective programs and services in Canada. Addressing the challenge of treatment for FASD youth offenders will be a substantial undertaking requiring several programming components. Correctional systems need to further examine practices and strategies for dealing with young offenders living with FASD to determine their efficacy. Assisting these youth in their rehabilitation process will be underdeveloped until authorities within the system

acknowledge and are able to properly understand Fetal Alcohol Spectrum Disorder and its effect on individuals. The system's apparent failure to address these vital issues means that opportunities of providing FASD youth with best practices and influencing positive outcomes are currently being missed.

From this foundational understanding of both FASD as well as labelling and social interaction theories, the focus of this thesis will now move to how the data for testing these theories was gathered.

CHAPTER 3 – METHODOLOGY

Qualitative research emphasizes the analyses of words rather than numerical data as in quantitative research (Bryman & Teevan, 2005). According to Creswell (1994), a qualitative researcher's ontological assumption is that reality is subjective and multiple, and can be produced by participants in a study. This ontology can also be referred to as a 'constructionist approach' which implies that individuals seek to understand the world around them through social phenomena and interaction (Bryman & Teevan, 2005). Constructionist researchers believe that reality is constantly changing and can be interpreted in multiple ways. Therefore, qualitative researchers' epistemological assumption is that they should interact with the subjects of their research and allow their voices to be heard (Creswell, 1994).

Exploratory research is broad-ranging, purposive, systemic research that is conducted to address a topic or problem that has not yet been clearly defined (Stebbins, 2001). Exploratory research seeks to investigate a particular issue or situation in order to provide significant insight and broaden understanding (Stebbins, 2001).

This study seeks to uncover and analyze the self-reported perceptions of correctional service staff regarding programming for incarcerated youth living with FASD in Manitoba secure custody facilities. Due to its exploratory nature, a qualitative paradigm is believed to be the strongest approach for collecting data for this thesis. Following a social constructionist ontology, the researcher believes that reality is subjective and can be interpreted in different ways by different people. In addition, the interaction with participants and the inclusion of their voices is consistent with qualitative epistemology and is viewed as crucial to the research process. Because the goal of this

thesis is to explore the perceptions of correctional staff, it is believed that a qualitative methodology would provide a flexible, open format that will allow for deeper meaning to be gleaned from their experiences (Geertz, 1973).

3.1 Methods Employed

Data for this thesis was collected through in-depth, semi-structured interviews conducted face-to-face with staff members at the Agassiz Youth Centre in Portage la Prairie and the Manitoba Youth Centre in Winnipeg from November 9th to December 1st, 2010. Interviews are conversations during which the researcher orally solicits information relating to a specific topic or experience (Hagan, 2010). When conducting semi-structured interviews, the researcher employs a list of questions or topics to cover and both the participants and the researcher have flexibility communicating ideas during the interview (Bryman & Teevan, 2005).

Semi-structured interviews were selected over other qualitative methods — notably focus groups or structured interviews — because of their flexibility. Focus groups consist of purposively selected individuals brought together in order to measure their reaction to some specific situation or event that is relevant to them (Hagan, 2010). Similar to individual interviews, focus groups use open-ended, probing questions in order to create rich, deep data. However, the important difference between focus groups and individual interviews is the group setting and dynamic nature of focus groups. This factor can be a positive aspect as participants can build on each other's ideas and challenge their own opinions-however, it may also be negative as certain individuals may dominate the process while others may be reluctant to disclose their opinions and beliefs (especially if they are different from the majority). Although conducting a series of focus

groups to collect data for this study was initially considered as a more efficient use of time and resources, speaking with individuals one-on-one was seen as more appropriate as the respondents were co-workers of different ranks within their respective correctional facilities. The investigator recognized that this could result in socially desirable responses or non-participation by individuals fearing possible repercussions from their participation and responses (Patenaude, 2004). Therefore, it was believed that the privacy offered by individual interviews would also allow each participant to provide their own insights without being unduly influenced.

Structured interviews would have alleviated the limitations of focus groups, however, this method does not allow for the flexibility inherent in semi-structured interviews. The aim of structured interviews is to keep the process standardized where each interview is to be carried out with the same wording and sequence as the last (Hagan, 2010). These types of interviews are most beneficial when comparing and contrasting participant responses in order to answer research questions (Bryman & Teevan, 2005). Since this research is concerned with gaining personal, rich, detailed answers from participants, semi-structured interviews appeared to provide the most effective way to gain such insight and to answer the primary research question of this thesis.

A semi-structured interview guide was constructed using this thesis' secondary research questions. Secondary questions such as 'what FASD-related training do youth correctional service providers receive?' were deconstructed into more specific interview questions such as 'what FASD-related training have you received?', 'how often do you receive training?' and 'when did you last receive training?' The finalized interview guide

contained 13 questions inquiring about service delivery for incarcerated youth offenders living with Fetal Alcohol Spectrum Disorder (see Appendix 1). Each interview lasted between 15 and 90 minutes. Most participants answered all questions but in some instances they were unsure and responded accordingly. Notes were handwritten during each interview and were digitally recorded when permitted by participants. In order to capture as much accuracy and detail from the interviews, the notes and recordings were transcribed as soon as was practical following the interview.

It was important that the researcher recognize that the use of semi-structured interviews may result in questions that did follow the exact sequence proposed in the interview guide or that impromptu questions may arise during the interview (Shank, 2002). However, this flexibility was recognized as a positive aspect of the process since it provided the potential to modify and build on the initial research questions.

The interpersonal contact between the researcher and the participants during the interviewing process was also an asset to this study. Face-to-face contact allowed for the researcher to explain any misunderstanding or confusion about the questions as they arose and re-word them when necessary. It also allowed the investigator to not only record verbal responses and note any corresponding physical responses, but also to include their impressions regarding the respondents and their environment (Hagan, 2010).

3.2 Participant Selection

Interviews were conducted with youth correctional service providers in the two secure custody facilities in Manitoba. For the purpose of this thesis, 'youth correctional service providers' included a broad range of employees, all of whom had somehow been involved with FASD youth in secure custody correctional settings. Such breadth among

participants was necessary for this study as FASD youth require a multidisciplinary approach involving many different job functions. Staff from secure custody facilities were chosen as the sample population for this study as open custody facilities are located in numerous areas throughout Manitoba and would have required extensive travel. Furthermore, there are considerable differences between open and closed custody facilities and the resources that they offer. Therefore, focusing on the two closed-custody facilities in the province allowed for easier access to participants (as they were all housed in one of the two facilities) and the ability to compare and contrast perceptions of youth correctional service providers who are working in similar environments with similar resources.

A purposive sample is a group of people who are selected to participate in research based on their knowledge of a specific issue (Mason, 2002). The participants in this study were a homogenous population in the sense that they are all persons who work with FASD youth while they are involved in secure custody. This purposive sample of youth correctional service staff was selected because of the types of information that was sought. These individuals have first-hand knowledge and experience with FASD youth involved in correctional programming in their respective secure custody facilities and therefore were best situated to provide their perceptions of the efficacy of these initiatives. Participants were categorized into three groups: line staff (juvenile counsellors and case managers), program staff (program creators, program facilitators and teachers), and management (facility management, unit managers and supervisors).

Gatekeepers in research are people who facilitate access to participants (Wanat, 2008). Gaining access to undertake social research is often difficult and gatekeepers can

be very powerful in the research process (Broadhead & Rist, 1976). Gate keeping can influence a study in various ways; gatekeepers can act as sponsors and vouch for a researcher and the value of their study (Wanat, 2008). However, gatekeepers may also influence research in a negative way; these individuals have to ability to limit entry conditions or access to certain data or respondents, which can ultimately influence the study's validity (Broadhead & Rist, 1976). When conducting research in an organizational setting, researchers usually have little choice but to rely on gatekeepers to gain access to potential participants.

Initial contact with potential participants was made through a social worker employed at the Manitoba Youth Centre in Winnipeg and the Assistant Superintendent of Operations at the Agassiz Youth Centre in Portage la Prairie. These individuals functioned as gatekeepers who helped the researcher gain access to the correctional service staff. The researcher provided these individuals with an introductory letter (Appendix 2) to distribute to staff at their respective facilities. Twenty-four individuals who received the letter expressed interest in participating and were directed to the interview room. Once in the interview room, each individual was provided with a consent form (Appendix 3) explaining the purpose, process and potential benefits of the study; potential participants had a chance to meet the researcher and ask any questions they had. Each individual then decided whether they wished to be a part of the study with the understanding that no rewards or consequences accompanied either decision. All 24 individuals agreed to participate, and were subsequently interviewed. Of the 24 respondents, 13 were female and 11 were male. The average length of service was 10.55 years.

Following the guidelines of qualitative research, the goal was to conduct interviews until theoretical saturation was obtained. Shank (2002) described *theoretical saturation* as the point when no new categories, concepts or themes emerge through the data collection process. While the researcher recognized that numerous factors could potentially affect the number of interviews obtained, such as gaining access to the field and the willingness and availability of the participants (Patenaude, 2004), obtaining participant involvement was not an issue. Twenty-four (24) interviews were conducted with youth correctional service providers from both of the closed-custody youth facilities in Manitoba; 19 of the 24 were conducted at the Manitoba Youth Centre while five were carried out at Agassiz Youth Centre. This number of interviews allowed for a diversity of perspectives as well as achieved theoretical saturation in the sense that no additional data arose which would add to the themes already identified. While the interviews did illustrate various institutional differences, no new conceptual insights were generated from Agassiz Youth Centre staff which had not arisen at the Manitoba Youth Centre.

3.3 Data Analysis and Reporting of Findings

Because this research was concerned with the personal perceptions and experiences of youth correctional service providers, it was important to present their words in order to provide an in-depth understanding of their experiences. Therefore, findings were reported from an emic (or insider) perspective (Pelto & Pelto, 1978).

Data for this thesis was analyzed using Attride-Stirling's thematic networks analysis technique which provides flexibility in identifying and organizing key themes arising from qualitative data (Braun & Clarke, 2006). Attride-Stirling (2001) describes thematic networks as web-like illustrations which help to summarize and make sense of a

dataset. When following a thematic network technique, the author explores and analyzes their data and identifies reoccurring responses or meanings (Braun & Clarke, 2006). Attride-Stirling (2001) describes that the process of data analysis can be split into three broad stages: the reduction or breakdown of the text; the exploration of the text; and the integration of the exploration.

In the first stage of a thematic network analysis, the researcher works to reduce the data (Attride-Stirling, 2001). This is done by dissecting the data into smaller, meaningful segments of texts (word, phrases, quotes) through the use of a coding framework (Braun & Clarke, 2006). Codes are based on reoccurring issues arising from the data which focus on the object(s) of analysis.

Once the text has been coded, themes can be extracted. Codes can be sorted into similar, coherent micro-level groupings which become *basic themes* (Braun & Clarke, 2006). Basic themes can then be clustered into mezzo-level *organizing themes* based on larger, common issues emerging from the data. Finally, macro-level *global themes* are developed from the main occurrences within the organizing themes. These global themes aim to link back and provide answers to the research question(s) (Attride-Stirling, 2001). Following this process of theme development, thematic networks are created to illustrate category linkages and patterns in the data, and their relation to the research questions (Attride-Stirling, 2001).

It is important to remember that while quantitative research focuses on representative sampling, internal/external validity, and reliability, qualitative studies emphasize the use of key informants, truthfulness, and theoretical saturation while seeking to avoid any of interviewer effects discussed in the next section (Hagan, 2010;

Mason, 2002; Patenaude, 2004; Shank, 2002). Mason's (2002) concept of 'wider resonance' is a counter to claims within the quantitative literature that qualitative research lacks scientific rigour and is merely non-generalizable, local knowledge. Mason explained that case-specific knowledge, obtained through qualitative research, can have implications beyond a sampled pool of participants since wider resonance implies that research findings can be applicable across contextual boundaries and individualities.

3.4 Limitations to the Study

Irrespective of obvious advantages, using individual, face-to-face interviews in this study also had inherent limitations. First, each participant had the choice of having their interview electronically recorded or not and three individuals chose the latter. In this case, it was difficult for the researcher to capture verbatim information although she wrote down everything she could. This challenge was anticipated and the researcher made every effort to actively listen, observe and state everything that took place during the interview process. Regardless, not having digital copies of these three interviews during data analysis posed a challenge because verbatim statements could not be reviewed for accuracy.

Second, the collected data for this thesis is solely from the participants' viewpoint. While the researcher views this emphasis as a positive asset to her study, quantitative researchers could see it as a limitation.

Finally, the *interviewer effect* can be a limitation of in-person interviews and may produce distorted results (Hagan, 2010; Shank, 2002). For example, respondents may be reserved when providing information in a face-to-face setting. On one hand, asking individuals to sit down and discuss their personal beliefs and experiences with a stranger

can result in guarded or socially desirable responses. On the other hand, discussing one's personal perceptions with a neutral outsider may be easier for participants than providing this information to their colleagues as would occur in focus groups. Either way, the *interviewer effect* may cause participants to provide the researcher with what they anticipate to be the 'safest' response (Shank, 2002). This response may be a more socially acceptable response or a response that would have the least consequences if the participant's identity were to become known. Keeping the *interviewer effect* in mind, the researcher took precautions throughout the interview process that began with explaining the informed consent to each participant. Participants were assured of confidentiality and anonymity of their responses. Assuring participant confidentiality and encouraging friendly conversation in order to establish rapport and a trustworthy relationship was used to minimize any potential risk of the *interviewer effect*.

It is also important to recognize that this research held *organizational* limitations. Gaining access to correctional facilities poses special challenges not found when conducting research in the community (Patenaude, 2004). The researcher does not work for the Manitoba Government nor the youth justice system. Therefore, gaining access to these closed-custody facilities and recruiting participants was an especially time-consuming and frustrating process. In terms of gaining access, approval had to be given by the Manitoba provincial government which meant numerous phone calls to officials and extensive waiting periods while the proposal, ethics approval, and other documentation were reviewed and eventually granted. Gaining access to potential participants also provided the researcher with additional challenges. The researcher did not have access to the facilities to recruit participants in a traditional method such as

approaching them directly or posting signs in the facilities. Therefore, the researcher had no choice but to rely on internal contacts from both facilities for participant recruitment, which resulted in a less than desired number of interviews at the Agassiz Youth Centre. Although theoretical saturation was achieved, a similar sample size from both facilities would have been ideal. While it is assumed that all staff had a similar opportunity to participate in this research, it is always a reality that recruitment could have been intentionally selective on the part of the organizational gatekeepers.

Finally, it was important that the researcher recognize possible personal biases and ensure that they were taken into consideration throughout the research process. Based on the existing literature, the researcher believed that current programming initiatives directed at this client group are largely insufficient and ineffective in meeting their needs.

It was also thought that length of service or position/rank may have an effect on participant viewpoints (ie. newer staff might have a more positive outlook toward the client group and be more supportive of the programs provided compared to veteran staff). These biases were recognized and the researcher entered the data collection and analysis processes with an open mind. In addition, the systematic use of a semi-structured interview guide allowed the researcher to stay on track. Finally, throughout the data analysis process, the researcher paid attention to ‘negative instances’ that varied from the majority of responses and provided different insight (Mason, 2002).

3.5 Ethical Considerations

This study was approved by the Research Ethics Board at the University of Regina in June 2010 (see Appendix 4). This study was assessed as posing minimal risk

to its participants. Participants were approached by internal contacts of the facilities regarding their interest in participating in the study but did not need to make a final decision until they had had a chance to meet with the researcher and raise any questions or voice their concerns. The internal contacts were not made aware of who ultimately agreed to participate in the study as participants remained in a private, separate room for a period of time regardless of whether they agreed to participate or not.

Each participant was provided with an informed consent form before the commencement of the interview. This form outlined the purpose of the study and the role of subjects, as well as advised each individual that they had the choice to participate, could refuse to answer any questions, and had the right to end the interview at any time. If the individual agreed with the conditions and wished to participate, they signed the informed consent form acknowledging their willingness to participate in the study.

The participants were not *anonymous* as the researcher and an internal contact at each facility knew the identities of those *initially* recruited to participate. However, the internal contact was not made aware of who *ultimately* agreed to participate in the study. The *confidentiality* of the data they provided was protected and the information collected was anonymized in the final document; no link is able to be made between the collected information and the people who provided it. Pseudonyms were used when presenting direct quotes and any identifying information was not included in the reporting. Therefore, although each of the facility contacts may know which individuals were recruited to take part in the research, they do not know who ultimately agreed to participate nor what each participant said.

Only the researcher, their supervisor, and a transcribing assistant had access to the original data. Responsibilities of the researcher's supervisor and transcribing assistant concerning privacy and confidentiality were consistent with that of the researcher. During the data collection process, all written documents were kept in a locked filing cabinet that only the researcher had access to. Any electronic data was stored on a separate hard drive on the researcher's personal laptop computer which required a password to access.

CHAPTER 4 - DATA AND ANALYSIS

As previously outlined, this chapter applies Attride-Stirling's (2001) thematic network analysis to the data collected during interviews with youth correctional service staff regarding their perceptions of the efficacy of services for FASD youth incarcerated in Manitoba. This chapter will be organized according to the outline provided by Attride-Stirling (2001) which begins with the creation of codes related to reoccurring issues found within the text of recorded interviews. These codes are then used to develop numerous basic themes. Next, the basic themes are clustered together in order to produce organizing themes. Finally, overarching themes can be derived from the organizing themes; these global themes are then used to link the themes back to the secondary research questions with the ultimate goal of answering the primary research question.

4.1 Coding the Data

As reported in chapter 3, the researcher conducted 24 interviews with youth correctional service staff. In keeping with Attride-Stirling's (2001) thematic network analysis technique, data analysis began with the author reviewing each interview transcript repeatedly; this process drew out initial reoccurring issues or codes of text.

The first step in coding data is to reduce the text by dissecting it into manageable and meaningful segments such as passages, quotations, or single words (Attride-Stirling, 2001). The resulting salient issues that arose through this review of the data comprised the coding framework used in the analysis; the reoccurring segments related to FASD and the research questions were then grouped in order to deconstruct the data into manageable pieces of text (Attride-Stirling, 2001). The numerous codes derived from the data are illustrated in the left hand column of Table 4.1.

Table 4.1 Codes to Basic Themes

Codes	Issues Discussed	Basic Themes Identified
Identification Access to Resources/Services Starting point Changes expectations Allows for help Explanation Support Understanding	Diagnosis as a starting point	Diagnosis: Beneficial
Crutch Manipulative Tool Hard on individual Embarrassing Vulnerable Stigma Label Excuse for behavior	Labelling of youth	Diagnosis: Detrimental
More tolerant Greater Understanding Different expectations Individual Writeoffs Will Skepticism Resistance Denial Excuse Stigma Indestructible issue Less compassion Too much work Someone else's problem Reaction usually not negative Ignorance not Disrespect 'Retard' → disgusting names Acknowledgement of Problem	Doing ones' job	Staff Response to Diagnosis
Teasing Lose Patience Usually accepting Usually helpful	These people are different	Peer Response to Diagnosis

Codes	Issues Discussed	Basic Themes Identified
Lack of Communication Referral Process Lack of Diagnostic Capacity Hard to diagnose Parental Admission System backed up Lengthy Process Background Research Youth Aging out Timing In and Out of System	Gaps in the diagnostic process	Difficulty of Diagnosis
Doing better Greater awareness Recognition More identification More attention paid to FASD Bigger problem Increase in problem More residents with FASD	More recognition	Increase in Awareness of FASD
Need more education Training Unequipped Hands-on training Explanation of Assessment Process Not Qualified Requisite Knowledge Information More than before Time Energy Life Experience Adequate not Extensive Comfort Level Room for Development Personal Knowledge	Training/Knowledge received	Preparation to deal with FASD youth

Codes	Issues Discussed	Basic Themes Identified
This is Me Books YJP [Youth Justice Project] Visuals One-on-One Individualized Life Skills Advocacy Anger Management Substance Abuse Programs Community Resources RAP Program TAG [Thinking Awareness Group] Behavioural Level System Community Follow-up ART [Aggression Replacement Therapy] Building Relationships Establishing Trust Talking instead of writing Program Modification Volcano in my Tummy Hands-on Physical Activity/Rec Employment Opportunities Reminders Repetition Reinforcement Flexibility External Brain Interaction Focusing on Strengths Quiet Rooms/Time outs Structure Short Team Goals Weighted Blankets	Positive Practices	FASD Services-What works?

Codes	Issues Discussed	Basic Themes Identified
All over the board Positive Success stories Depends on Individual Depends on Staff Not much Staff Impact Inadequate Not enough resources Tailored Only reaching small group This is Me Books Better YJP Community relationships Not enough No Statistics	What is being done right now?	Impact of Current Services
Individualized Modification Patience Works for some Time Doesn't meet Needs Effect One-on-one Group dynamic Tailoring Facilitator Tweaked Pictures/Visuals Kidding ourselves Not Retained Individual Needs Need cognition Difficult Special Privileges Broken Down Simplified Frustration Focus	Is Behaviour Modification Working?	Effectiveness of Behaviour Modification Programming

Codes	Issues Discussed	Basic Themes Identified
Mon-Fri, 830-430 No weekends Not much tailoring done Shortage of Program Staff Line staff unequipped to deliver programming Program Staff Attitudes Need more programs	Client processing	Program Department
Better equipped for FASD Brings youth with Dx together Specialized staff Staff will Individualized level system Difficult population Some stigma Patience Modification Development of Different Strategies Observation Assistance Reminders Repetition Flexibility Different Structure	Need for structured environment	Pardners/Lakewood Units (DNUs)
Same goal, smaller steps Different Definition Harder Support System Relationships Different successes/progress Realistic Expectations Self-pride Daily Living Skills Individualized Process External Brain External Resources	Definition of rehabilitation	Differential Expectations
Release Planning Community Follow-up FASD youth vs. other disabled youth vs. general population	Going the extra mile	Special Efforts Taken

Codes	Issues Discussed	Basic Themes Identified
Information Education Communication Training Refreshers Updates Interested Parties Hands-on teaching Different Strategies Time Staff Expand YJP Resources More programs 1 on 1/smaller groups Tailoring Screening Diversion Diagnoses Mental Health Facilities Support System Community Involvement Trained Professionals Building Relationships Change Perceptions Imagination in Approaches Money Tools Follow-up	What's missing?	Necessary Improvements
Too Busy Overpopulated Short Staffed Ground Level Programming Time Training Treatment of Youth Money Manpower Staff Skills	What do we need more of?	Lack of Resources

Codes	Issues Discussed	Basic Themes Identified
Services offered Release plans Screening/Assessment Process YJP Referrals Diagnosis Between Departments Between Facilities and Community	Internal Processes	Lack of Communication
Approachable Staff need to Initiate Suggestions Received well No Funding Issues go beyond Supervisors Not asked for opinions Supportive Open Don't want to hear Line Staff Deaf Ears Not much change/follow-up	Supervisors/Facility Management	Encouragement to Innovate
Unqualified staff Special needs Unstable atmosphere Structure good Influence from other residents Facility geared towards needs Divert from system	Corrections not equipped to deal with needs	Corrections not the Appropriate Environment for FASD youth

4.2 Identifying the Basic Themes

In order to identify basic themes, each coded text segment was re-read and the salient, common, and/or significant themes were extracted. Table 4.1 illustrates the culmination of this process.

From the codification review of the data, 19 basic themes emerged that Attride-Stirling (2001) describes as the most basic themes derived from a text. These themes, on their own, say very little about the data as a whole. Rather, these themes contribute to the

meaning of ultimate super-ordinate (global) theme/s. The 19 basic themes are discussed in the following sections.

4.2.1 Difficulty of Diagnosis

Participants discussed numerous factors that hindered or prevented the FASD assessment/diagnostic process. Factors such as the FASD Youth Justice Program being backed up, the requirement of parental (or a reliable relative) admission of drinking, the difficulty of actual differential diagnosis, the lack of diagnostic capacity, and a lack of interprofessional communication surrounding the referral process all contributed to the difficulty of receiving a diagnosis for a youth.

One of the biggest problems delaying a youth from receiving an FASD diagnosis was the time it took from a referral being initiated to an assessment taking place:

> They are very backed upstairs [the Youth Justice Program (YJP)]; there are only four of them [YJP staff members]. And it takes a while for the doctor to even come see [the youth] (Participant #4).
>
> We can only do, like, 2 a month (Participant #1).
>
> Oh… months. It [a diagnosis] takes a long time (Participant #5).
>
> They're just overwhelmed up there [the YJP]. Plus you need the mother to admit to drinking while pregnant, and I don't think that happens (Participant #2).

Another issue that respondents discussed was the lack of communication around the referral process:

> I don't think people [staff] understand what they need to do if they suspect someone is affected (Participant #9).
>
> I think the [3-day] training definitely helps, because before that people didn't realize that we're supposed to do the referrals (Participant #4).

A crucial component of an FASD diagnosis is confirmation of maternal alcohol consumption. Interviewed participants acknowledged the difficulty that can arise in trying to obtain this confirmation:

> I think that we should be offering assistance beforehand, just because of the difficulty in making a diagnosis. The diagnosis is a lengthy process and also requires that the mother admit to taking alcohol when pregnant which is a tricky thing to get and we're only allowed to ask once (Participant #15).

> I do know that they try and get a hold of the mother in order to receive confirmation that there was drinking during the pregnancy; if they cannot, they're at a standstill at that point. It has to come from the birth mother or if they're in care, there has to be something documented saying that here was drinking during the pregnancy. That confirmation is criteria (Participant #9).

Finally, as FASD is often an 'invisible' disorder that can only be determined through a differential diagnosis, participants discussed the challenges in obtaining a diagnosis:

> I think if the person had schizophrenia it would be easier to assess and diagnose them; we'd get a faster diagnosis. With FASD, you have to get cooperation from the parents and if you don't, especially the mother, you can't get a proper diagnosis. Whereas if a child has dyslexia or a mental health issues, those are easier [to diagnose] cause you can see them (Participant #11).

The above participant comments illustrate the numerous challenges that can hinder or prevent an individual from receiving an FASD diagnosis. These issues contribute to the lack of timely diagnoses among affected individuals and in turn create missed opportunities for the appropriate recognition of an individual's disability. While not receiving a diagnosis is troublesome, respondents also discussed the numerous consequences that can come along with a diagnosis, as well as the important benefits.

4.2.2 Diagnosis: Beneficial

The majority (87.5%) of correctional service staff agreed on the numerous benefits that accompany a youth receiving an FASD diagnosis. All 87.5% agreed that a diagnosis can serve as a 'starting point' for an FASD individual to receive appropriate services and support:

> [A diagnosis is] definitely a positive thing, without a question. They're provided with so much support once they receive a diagnosis that for some of these kids coming in here and getting diagnosed is the best thing that's happened to them (Participant #7).
>
> [A diagnosis is] definitely a positive thing in regards to supports here and on the outside because it could lead to extra funding and services. It's definitely the starting point, instead of just labeling it as behavioural issues. And then we know what we're working with too; we're not just lumping them in with everyone else (Participant #5).
>
> I think that you gotta get it out in the open; there will be casualties because of that, people will be affected by other people knowing, but if people don't know, nothing gets done (Participant #3).

Participants also discussed how a diagnosis of FASD helps to provide an explanation for an affected youth's behaviour. This heightened understanding can allow for a change in expectations, shifting the focus to their strengths and abilities while addressing their specific challenges accordingly:

> Even just the recognition that there's something different here [is positive]; having that different way of looking at things (Participant #1).
>
> A diagnosis is an excellent thing if handled appropriately. A diagnosis can help us to explain and understand a youth's behaviour and can allow us to start helping them. We can now recognize an individual's strengths and abilities (Participant #18).
>
> I think the most important thing is that the kids start to understand themselves better, the reasons why they do thing, when they get a diagnosis (Participant #7).

Many participants discussed the numerous positive results of an individual receiving a diagnosis. However, it was also acknowledged that along with the benefits, a diagnosis can come with extensive negative or unintended consequences.

4.2.3 Diagnosis: Detrimental

Participants acknowledged that a diagnosis can also have detrimental effects for an individual. The participants discussed the stigma that can surround a diagnosis as well as the vulnerable nature of this client group. While it was not described as happening often, staff mentioned that some youth can use the diagnosis of FASD as a manipulative tool-a 'crutch' or excuse for their actions.

> I have kids who don't want to be labelled - they're scared of it (Participant #3).

> I think because adolescents are so vulnerable, it absolutely is going to affect them, but I think it's one of those things that needs to be handled very sensitively and supportively. But I absolutely think it does affect them and probably their relationships, how they view their mothers... (Participant #10).

> Giving him an FASD diagnosis I think would just make him more upset, I don't know (Participant #4).

> I don't know if everyone will experience it as a positive thing because we're talking about a label, and until that label loses its stigma, I think there will be some stigma attached to it for sure (Participant #10).

> I could also see it as being troublesome. We've all heard the lines 'I'm FASD, I don't know what you're telling me,' or 'this is why I'm behaving this way,' or 'I'm FASD, so I can't do that.' I think sometimes the label is good in the way *we* want it to work for them, but for themselves, they sometimes don't want to admit it or can use it to their advantage (Participant #5).

A few participants acknowledged feeling that a diagnosis does not make a significant difference one way or the other in regards to the treatment for an FASD youth:

> I think they receive the same treatment whether they're diagnosed or not. Like I said, one in ten of our residents probably have a diagnosis, but all

> residents who are showing symptoms of a mental deficiency receive the same treatment and care (Participant #20).

4.2.4 Staff Response to Diagnosis

In addition to the noted implications of a youth receiving a diagnosis of FASD, the perceptions of staff regarding the diagnosis was identified as another basic theme. There were numerous viewpoints among the participants when it came to staff responses to an FASD diagnosis. Respondents acknowledged that staff perceptions varied significantly and were often based on individual backgrounds or life experiences:

> I think that's more of an individual question. What I think is what I think; other people probably don't think the same thing (Participant #2).

> Do you want to know what I think or what the majority of people think? I think that a diagnosis can help and can provide a lot of progress and that's been shown upstairs, yes. I would think that the majority of people would think they are just write-offs and there's no hope (Participant #4).

> I think part of it has to do with our staff coming from various backgrounds and we've gone from being an extremely punitive to a therapeutic correctional facility. So the older staff [members] are having issues moving into the therapy part while other staff have taken it to a whole new level like a group home setting where they want to be overly therapeutic and that's where the problem lies. And other people are just doing it for the paycheck so they couldn't care less what's going on. So it's an individual thing (Participant #11).

> I think that for staff who are trained on it, [a diagnosis] is a positive thing as it allows them to know how to work with that resident. Staff that aren't trained or more naïve about FASD, I think it just creates stigmatism (Participant #17).

Many participants discussed positive reactions where staff have become more tolerant of a youth with a diagnosis of FASD and were able to change expectations of the youth and gain a better understanding of the affected individual:

> It's getting there, there's definitely [been] a paradigm shift (Participant #1).

> Viewpoints have absolutely gotten better, by far. I think the staff all pretty well have a really good awareness of FASD and the mentality about treating them all the same, all the time, it's been changing. We do understand that there are different circumstances. It was a struggle for a while though (Participant #21).

> Staff definitely show more tolerance with them [when they] understand what the effects are and how the brain works [differently], so staff are definitely more tolerant (Participant #12).

However, participants also discussed the continued lack of understanding, compassion, or even belief in FASD as a 'real' disability by some correctional service staff members:

> The older I get, the less compassion I see in people. As you get older, people don't seem to want to help people - it's too much work or it's some else's issue (Participant #3).

> I think for the most part, staff don't really understand. Mental illness has been around for a long time, people understand that more so they accept it more. We don't understand FASD as much in that sense. It's just that we don't understand. I think staff are frustrated cause we don't know what to do. The 'cookie cutter' affect doesn't work anymore; we have 200 kids who are all very different (Participant #11).

> I don't think a lot of people buy into the FASD thing and that's just from my experience. Do I believe in it? Ya, I do, but coming from where I did before, a lot of people are very skeptical of it (Participant #13).

> I think more of the 'old-school' individuals may label them as write-offs but the ones who've come since I've started… we're becoming more like 'this is the way it's going.' It's becoming more prevalent, we need to be able to work with them. It's just the way it's going to be and we want to be able to help them. But a lot of the old-school [staff] are like 'ugh, another one,' 'it's just an excuse,' that kind of thing. But it is a legitimate thing, so we need to work with it (Participant #5).

> I still hear 'retard' used among staff. People would be disgusted with some stuff that gets said (Participant #18).

This discussion illustrates the vast differences among correctional service staff in regards to an individual diagnosed with FASD. While it appears that some progress has been made in changing negative perceptions, there are clearly numerous individuals who

do not believe in the legitimacy of FASD as a disorder or lack the understanding or compassion to adequately help and support this client group.

4.2.5 Peer Response to Diagnosis

In addition to correctional service staff who come into contact with FASD individuals, another group who is consistently in contact with incarcerated FASD youth offenders are their peers. While participants said that other residents were usually fairly accepting and helpful with those with a formal diagnosis, it was mentioned peers can occasionally lose their patience. It was acknowledged that peers could often suspect, and often accurately, those individuals different from themselves (some of whom are living with FASD) and that teasing sometimes occurred:

> I don't know whether it's a normal adolescent thing-sometimes [teasing] can be really mean. With a lot of the residents, they like power and control. So if they can feed on a weaker person, they feel better about themselves (Participant #24).

> Kids also refer to each other as 'FAS' or will say 'that's an FASD move.' To them, FASD equals dummy (Participant #18).

> There is a point when a resident is too much for a group to handle and they lose patience and that's when it becomes dangerous to the resident. But for the most part, if they're able to learn somewhat and they're not a big draw on the group, [other residents] are usually very patient in helping with those individuals. So it's kind of a load off the staffs' shoulders 'cause the other residents will try and help that resident with daily routines and stuff (Participant #20).

> It depends on the diagnosed individual themselves and how well they manage and behave in a group. But they [other residents] are pretty good. I personally haven't heard any people being teased or poked fun at or harassed (Participant #21).

Clearly there are numerous and complex issues that surround a youth offender being properly assessed and diagnosed with FASD. The difficulty of diagnosing FASD in an individual, the benefits and consequences of receiving a diagnosis, and the response

from both correctional service staff and the peers of FASD youth are common themes that face affected individuals.

4.2.6 Increase in Awareness of FASD

Participants discussed increases in awareness and recognition of FASD individuals in recent years. There was an indication from some staff that the issue of FASD youth involved in the criminal justice system had increased in the last decade or so, while other participants expressed that they saw the problem neither on the increase nor decrease; it was just more recognized now:

> I think its [FASD] certainly more recognized now. People are picking up on it a lot quicker, looking at it differently (Participant #1).

> Certainly the awareness is even greater than it was even a year ago...the commitment [from the YJP to increase awareness] is certainly there (Participant #10).

> There's been an increase of services in the last couple of years (Participant #18).

> I think there's less of a stigma [around FASD] now then there was when I started here years ago. When I first started, there was hardly any acknowledgment that there was such a problem (Participant #22).

While FASD knowledge and services have increased and are gaining agency, it is important to comment that the majority of participants reported that both knowledge and service provision for FASD within youth corrections are still in their infancy and considerable work remains:

> As much as we're doing better than we ever have-we are-but in terms of helping kids, we're only touching on maybe 10% of the kids who really need significant help (Participant # 16).

> I think we're just in the beginning phases, very beginning. I think that when they established the differential needs unit-that was only about five years ago-that was the start of recognizing that we need to do business differently. And over time, we're getting there. [But] I think we can still

> tailor more to FASD-pictures, more routine schedules, hands on activity, I dunno (Participant #6).

> Quite frankly, even [with] all of the other stuff, it's all still in its infancy (Participant #22).

> I think that it's getting there, [but] I don't think that it's there yet (Participant #10).

4.2.7 Preparation to Deal with FASD Youth

Participants were asked about the FASD-related training they had received and whether they felt that they held the requisite knowledge and skills to appropriately work with FASD youth. Participants reported receiving a range of training from: various presentations and seminars; to a ½ day training session at Central Training (when hired); and/or the recently implemented mandatory 3-day FASD informational training delivered by the YJP. When asked if they were equipped to effectively work with youth offenders living with FASD, participants replied:

> No. If we had a specialized area or cottage for FASD kids, I wouldn't have the knowledge to go in and work with those kids with those specific needs (Participant #16).

> Based on my training, on a scale of 1 to 5, I think I'm probably a 2 or 3 (Participant #6).

> Um… more so now. The three-day training is somewhat of a newer thing, so we definitely have more knowledge after we took that than we did after the ½ day training session (Participant #5).

> I believe I could use more training [but] I feel comfortable working with them [FASD youth] (Participant #15).

> No, I'll say that outright. We have youth that because of FASD or other mental deficiencies, who I believe that we, as line staff, aren't qualified to deal with. They should be in a facility more geared towards mental health (Participant #20).

> Yes and no. I think I have adequate [knowledge, training and abilities], but it's certainly not extensive and there's always room for more development. Things change and there's always new and better things that come along (Participant # 21).

> [The training] is better now. I've received more training in the last two years than I have in the past 13 (Participant #11).

Aside from training, a common discussion topic was the value of learning on the job or 'hands-on' experience:

> I find just every day at work I'm learning. I would say I have a lot more [knowledge and abilities] than I used to. Prior to the job, I was aware of FASD [but] didn't know much about it. I feel very comfortable working with them [now], setting up plans with them. I've also taken the interest to learn more and ask questions. I'm not afraid to make mistakes; sometimes that's how you learn (Participant #2).

> I have skills from personal experience. This experience helps me with expectations and positive reinforcement. I wouldn't necessarily say that I have the 'right' training, but I definitely have the life experience (Participant #19).

> No, [I don't feel I have the requisite knowledge, training and abilities] but there's not a lot of time or energy for extra training. I feel comfortable working with them though, hands-on experience is valuable (Participant #23).

Approximately one-third of participants expressed that they had sufficient knowledge and ability to work with FASD youth and said they were comfortable doing so; the other two-thirds stated that they felt ill-equipped to deal with this client group and could benefit from additional information and training; notably specialized training in working with youth with differential needs, specific FASD awareness training, tools for tailoring programs to meet individual needs, and current training and information upgrades. These ideas were repeated later when participants provided recommendations for necessary improvements in working with and supporting incarcerated FASD youth.

4.2.8 FASD Services-What Works?

Participants were asked which programs and services offered the best opportunity- either currently being offered at their facility or something that would be

useful to implement - for assisting FASD youth offenders. Again, responses from participants varied widely:

> All of them [offer opportunity for assisting FASD youth]. TAG [Thinking Awareness Group] is the foundation for the rest of the programs. All programs are evidence-based (Participant #18).

> Even the intervention programs that we do offer are inadequate for what we're doing and that's just dealing with the guys who *do* have that ability to know right from wrong and understand appropriate behaviour. We really need to rethink all of those programs-we haven't even begun to address how we would provide programming for FASD individuals (Participant #22).

> ART [Aggression Replacement Therapy] is really good because it allows kids to act out basic social skills and see them modeled through role modeling and practice rather than just reading, talking, or hearing about them [in] lecture style. That's a really good program with differential needs kids because it goes them practicing these things and then we can give them reminders in real life settings; skills that they can use. And they are basic social skills like listening to someone, making a complaint in a constructive manner, [or] telling somebody when they're bothering you in a productive way. Definitely programs that are interactive [make an impact]. [Ones] that teach basic skills, that continually reinforce and remind, and allow for practice of those skills. ART is really the only one that is 'package ready' [to do those things] (Participant #15).

> I think more realistic programs, more day-to-day functioning things. Life skills, basics like reading and writing, those kinds of things. Also group activities-learning to work in a group, social stuff. ART is really good 'cause it uses some acting and drama to talk about feelings and give each other feedback. That seems to be one program that is really well received in our unit (Participant #6).

> I personally don't think there's anything [effective] program-wise other than the Youth Justice Program, 'cause what's offered [otherwise] is all very cognitive. And it depends on who's presenting the program cause we have staff who are aware that these guys don't have the [same] cognitive abilities, so they make those allowances, but then we have other staff who are so black and white (Participant #1).

While some participants' focus was on specific programs, others discussed positive strategies:

> Teaching them basic life skills [provides opportunity], or any program that can tie up an outside conscience for them. Again, just basic, basic things to provide them [with] reminders (Participant #21).

> Individual-based programs in my opinion (Participant #23).

> Life skills works amazing with those guys [FASD youth] cause they're concrete thinkers (Participant #12).

> Repetitive actions and constant reminders (Participant #24).

> Programs exposing [youth] to different community resources-the military, cadets, AFM [Additions Foundation of Manitoba], guest speakers-[are helpful] cause our kids excel at different things and I think that the kids need to know what they can access in the community. There's not much bridging between us [corrections] and the community right now, and a lot of [youth] may not know or realize that they're interested in [certain] things because they've never been exposed to them. Because a lot of them think they don't have options (Participant #11).

The 'This is Me' books were repeatedly mentioned by respondents in terms of a positive initiative assisting FASD youth offenders:

> I'm going to say this to you-I don't believe that any other programs work except for 'This is Me' books. [That] doesn't mean that occasionally a kid doesn't get helped here or there, but ['This is Me' books] are the only [service] that's actually directed at the personal needs of that kid. They're based on a one-to-one relationship with someone that's helping them along. *That* is effective (Participant #16).

> I have a student who did a 'This is Me' book and being able to put on paper and have someone else reinforce what he was good at and what he struggles with, and seeing it in black and white, was a real positive thing for him. And even now, if he's having a bad day, I'll say 'go read your book' and he'll read it and be able to remind himself 'oh right, when I get angry, this is what I do.' So it's almost like a guideline for him to follow. [The book] helps them to have more confidence in themselves (Participant #17).

> Maybe the [This is Me] book. Because to me, the book is not institutionalized-[they're] not sitting across the table from a doctor or somebody using big words, doing tests for hours. With the book, [they] get to sit with somebody and talk about [themselves]. So it seems to be working quite well. This is something that could be incorporated - they shouldn't have to wait until they're in jail to do one (Participant #2).

A minority of participants reported that no programming, currently offered, is adequate to support FASD youth, while others mentioned various initiatives that are presenting positive opportunities. The overarching support for the 'This is Me' books renders grounds for the exploration of their effectiveness as a possible resource for FASD youth offenders.

4.2.9 Impact of Current Services

Participants were asked about the influence current programming has had at their respective facilities. Responses varied widely among participants; on one hand, some respondents discussed the success of the programs, stating:

> I think [programming] does have a positive effect on a lot of our youth because of the fact that we are getting those phone calls and updates wanting to tell us their success stories. And it's nice to be able to tell [these stories to] other kids when they say 'nothing will change for me.' We can use those kids [the success stories] as examples (Participant #11).

> I think there is success when a youth can acknowledge their feelings, thoughts, etc. Success can be that a youth learns that drugs are bad. There are always successes-they come in all shapes and sizes (Participant #19).

> Ya, I mean, they're all learning something. Definitely, some of the programming works (Participant #5).

On the other hand, some participants reported that there has been little influence:

> As far as FASD, there hasn't been much of an impact. The only impact that I would suggest we've had is with the staff. I think there is an acknowledgement that we have to do things differently, but I don't think there's the understanding of *what* we're going to do differently (Participant #22).

> The programming probably gave more frustration to the youth at the time [that they received it] (Participant #23).

> Little differences are made; big differences with individual kids are hit and miss. There may not be enough imagination involved in programming for kids with FASD, that's what I'm going to say. If we want help these kids, it's going to come from more imaginative approaches and we need people taking some risks here and there (Participant #16).

> It's hard to say. I see the same faces (Participant #3).

An overarching concern among participants was while some of the programming may have had a positive influence, it is only reaching a small group of FASD individuals and it appears that many of the needs of FASD youth offenders are still not being met:

> I think there's been some positive, but it's only reaching a small group of kids (Participant #6).

> I'd say [there's been] a positive impact. I mean, not one thing is going to work for one kid whereas it would work for another, so the more [programs] you have, the better. Some guys understand one program, but have no clue in another (Participant #13).

> I think [programming] has had a positive impact; it's just that the needs aren't all being met. I find it's all very generic (Participant #14).

A belief among a handful of participants was that the level of influence that arises from programming depends on the correctional staff involved:

> I think [the impact] all depends on the rapport of a juvenile counselor. [There are] some success stories and unfortunately, some not. But building relationships is a positive thing-it's that one on one [contact] again (Participant #24).

> I think it's the staff in our unit [that makes an impact]. When you're dealing with clientele that's affected by FASD, patience is a virtue. But it's a good team that we have in there (Participant #13).

> I think [the impact] is very individual and it's the personal fortitude of all staff 'cause really there's no rewards but your own sense of success. And for some people, that's not enough-they like to be patted on the back. You're basically relying on the individual staff and their inner strength, and if you had to do an empirical experiment, you can't really quantify that. That's not a very comprehensive strategy (Participant #3).

Another concern that arose was whether any of the programming was carried into the community upon a youth's discharge:

> We can do all this stuff inside [the facility], but if someone's not taking it over into the community, it's not going to do anything. They're completely different people when they go out into the community, so

> having it crossover…I don't know. Maybe some statistics need to be done on this (Participant #8).

> I think it's definitely positive. They're tools that are good for kids to have that are beneficial and useful. But if they forget how to use those tools or that they have those tools [once they're back in the community], then they're of no use to them (Participant #15).

The perceived level of influence of current services for incarcerated FASD youth seems to vary considerably among youth correctional staff. While approximately 50% of participants reported feeling that current initiatives are having a positive influence overall, the other half still report that a lot of work needs to be done. The issue of applicability of existing programs and services once the youth are back in the community was mentioned and warrants further exploration.

4.2.10 Effectiveness of Cognitive Behaviour Modification Programming

Participants were asked to what extent they believed current programming based on cognitive behaviour modification practices adequately addressed the needs of incarcerated youth living with FASD. Four (16.6%) respondents reported feeling that current behaviour modification strategies were adequate for use with FASD youth:

> I think it can help, but my little disclaimer on the bottom of that would be that it depends on the individual and the numbers that we have [involved in the programming] (Participant #3).

> Um, actually I think [the programs] aren't doing too bad. I've found that with the programming that we do have, it's changed over the years. It's getting better at pointing out what needs to happen with the resident (Participant #24).

> [I think they're] very adequate. However, it also depends what the program facilitator's skills are (Participant #18).

However, the majority of participants (83.3%) reported that traditional cognitive behaviour modification practices were *inadequate* for addressing the needs of incarcerated FASD youth:

> (Laughs). Well you gotta have cognition [for the programs to adequately address needs]. It's not as effective for [FASD youth] as it is for the others. There are bits and pieces that will help them I'm sure, but connecting the dots of their actions to the consequences-which is a lot of what our programming is based on-is very difficult for them. Very, very difficult (Participant #21).
>
> A lot of the programs here are very generic. It seems like it's all designed for kids that are only in one environment. There's just not enough to go around-the needs aren't all being met. I find it's all very generic (Participant #14).
>
> For some of the anger management stuff, there are some easier [programs]-things like 'Volcano in my Tummy.' These seem to be easier [for some FASD youth] because there are a lot of pictures, a lot of drawing, so you're able to do some description with that. But for instance, kids across the board here are expected to do these relapse prevention books which are a lot of writing, so there's been a lot of talk about how hard these are for FASD kids. What happens in our unit is that the staff will work with the youth to start these books, and then the youth end up answering the questions and the staff end up writing it out for them cause it's a lot [for the youth to handle] (Participant #6).
>
> Well I would just say we're kidding ourselves. It's hit and miss. We're not able to target in enough [in order] to teach based on individual needs. Even if it works [at the time], it's not retained a lot of the time. Even if the kid's got it one minute, the next minute it's gone (Participant #16).
>
> I taught a program lesson last week to one resident and I did the full lesson, he understood everything, [I] put him back in his cell. Later on staff members took him out into the rec [recreation] yard and were quizzing him on what he had learned. It was like [it was] in one ear and out the other. So I actually did another lesson with him that night, and I had to almost re-teach it to him. He knew parts and bits of it, but a lot of it had just gone (Participant #20).

As one participant summed up the adequacy of cognitive behaviour modification-based programs "No. NO!" (Participant #1).

A consensus among the majority of participants was that programming based on cognitive behaviour modification practices *can* have an influence on FASD youth *if* these programs are modified in such a way as to meet individual needs:

> Current programming is based on CBT [Cognitive Behaviour Therapy]. FASD works differently, so the programs need to be tweaked and modified. We have to help [FASD] individuals connect what their feelings mean and how this impacts their behaviour. It helps to use pictures with these individuals and to talk instead of write or read. These programs can be modified but it depends on the facilitator and how willing they are to be patient and work with the youth. However, people respond so differently [to FASD youth] (Participant #19).

> I think it we presented [programming] in a way that [FASD youth] could understand it, it would probably be effective somewhat (Participant #4).

> Some of them, yah, but you have to tailor them to the kids with FASD 'cause they have different cognitive abilities. Small groups, kind of individualized settings (Participant #7).

> I think they need to be tailored differently. It might be more pictures, or shorter periods of time so it's not as overwhelming (Participant #9).

> I think [the programs] absolutely need to be modified towards [the youth's] cognitive functioning, [but] I also think that there are kids who may not pick it up even through role playing or role modeling. They may not [be able to] make that connection between what they are practicing in the classroom and what they need to be doing on a day to day basis (Participant #15).

While a few participants supported the overall adequacy of behavioural modification practices with incarcerated FASD youth, the majority reported that these types of programs would only be beneficial if modified to meet various individual needs of FASD youth. However, challenges in tailoring programs (i.e. uneducated program staff, lack of staff, and the number of facility residents) are discussed in later sections and could potentially be contributing to the quality of program modification for incarcerated FASD youth.

4.2.11 Programs and Program Staff

When discussing various program initiatives offered at both facilities, issues surrounding the programs and the program staff arose. Participants constantly argued for the need for more programs, program staff, and program availability:

> In the unit I'm in, I believe we've had two programs in the past year. And the program is 18 hours; it was nine, two hour sessions. And that's it (laughs). We definitely do need more programming (Participant #9).

> Right now, I wish we had a better institution where you could have more programs. Our program people work Monday to Friday during the day. I would like to see more programming on the weekends. There's too much down time; Sunday nights around here are a nightmare, there's so many issues because the kids have too much downtime. If they had programming all week-if their days were more structured and consistent, it would be a lot better (Participant #11).

> We don't offer a lot. I haven't seen the programmers for four months; we haven't had a program in our unit in about three months. I haven't seen a programmer darken my door. Well the kids go to school, but [MYC] is a remand facility so you can't force programming on them, it's not required. So the institution is taking advantage of that; they don't offer a lot 'cause they aren't required to (Participant #3).

> Some [FASD youth] need the one on one [time] and they don't really get that here; I wish [the programmers] would do more of that. I think [the program department] needs to be more accessible. I think as a department, we need to realize that the world isn't Monday to Friday, 9 am-5 pm. I think the programmers should work weekends and we should have more of them. We have 11 units and three programmers-that's not efficient. [Only] two staff in [each of] the cottages with 20 kids-there's no time for them to do programming along with everything else. Manitoba Corrections need to look at the system and determine why it's not working and [instead] use their resources more efficiently (Participant #11).

While the participants consistently discussed the necessity of tailoring current programming to the needs of FASD youth as discussed in the previous section of this chapter, they acknowledged the challenges in doing so:

> [A]n issue we've ran into before is having program staff who are accustomed to delivering program in units with more mature kids and higher levels of functioning. Then they come to the DNU [Differential Needs Unit] and they find that they can't go through the material as quickly or in the way that they did before. So the really good staff will tailor and change the program [to] make it work, but there are program staff that could stand to be better at doing that. So definitely some training for those staff would be a recommendation (Participant #15).

> We are not set up to tailor the programs; there aren't enough resources for one-on-one interaction (Participant #23).

> [Tailoring programs] is difficult; it creates more work because you're by yourself. In a public school system, you would have EA's [educational assistants] to give support to the students [during programs], so if they needed to take a break to take a walk [they could go with them]. But here, for security reasons, [the youth] can't just leave and we don't have anyone helping (Participant #17).

> [Tailoring the programs] is not currently being done because we have one version of the program but we have 12 people in a program… it's really hard (Participant #11).

Clearly, there was a consensus among participants that there is a lack of sufficient programming initiatives as well as a shortage of staff to deliver effective programs. These issues will be further discussed in the following sections.

4.2.12 Differential Needs Units

During interviews with participants, discussion around specialized units (referred to as differential needs units or DNUs) at both facilities arose. Respondents reported that the Pardners Unit at MYC and the Lakewood Unit at AYC house a high proportion of FASD youth. This is likely the result of FASD individuals facing challenges while residing in mainstream correctional units that do not address their unique needs.

The Pardners unit at MYC was explained as a differential needs unit for youth with behavioural issues or for those youth having trouble grasping daily routines in other units. Participants explained:

> Often if we suspect there are cognitive delays [with a youth], we say they'd be a good candidate for Pardners because they focus more on these kids than any of the other units. [Other units] are very structured- everything at a certain time, this is what you get, we work on a behaviour management system; Pardners isn't as structured as the other units, there's a lot more allowances for kids in there (Participant #9).

> Everything we do [in Pardners] is based on the individual, as opposed to the whole group. So we use a level system that is based on what the individual is capable of. Then the team decides if that person goes up a level, maintains, or goes down a level. We seem to be a lot more patient

> as opposed to black and white thinking - we're a lot more grey. We use a lot of reminders and repetition (Participant #6).

> They have it now a bit with Pardners, having the kids who are diagnosed more in one unit. Then, you can have staff who are more specialized, or more patient and understanding. I think a lot of the kids often hide their diagnosis because everyone makes fun of them-especially the other residents-so having a unit where kids feel like everyone else understands them and can be supportive and help [is good] (Participant #17).

> In Pardners, management has been really supportive as far as the team coming up with different ideas and saying 'okay, that didn't work, so let's try the next thing,' as opposed to 'well that didn't work, so now we're not trying anything.' They're really supportive of us collaborating and saying we want to do this or that (Participant #6).

Participants also mentioned issues of space and availability in the Pardners unit and acknowledged that one of the advantages of the unit was smaller numbers which allows for the occurrence of individual-centered practices:

> Max, we try to aim for 15 youth a time-that's what we're at right now. Ideally, we've seen 12 to be a good number. We just kind of prioritize (Participant #6).

> [Pardners] is about numbers; smaller numbers gives [people] a chance to do more observing (Participant #2).

> We know what our youth are capable of, so whereas they recommend a group of 8 for the ART programming, we have a group of 4 or 5. I don't want to say the expectations are lower, but we simplify things as much as we can (Participant #13).

The Lakewood unit at AYC was described by participants as a behavioural unit originally aimed at long-term, high-risk offenders. This maximum-security unit was designed to house youth deemed violent or at a high-risk to re-offend by the courts. There are a small number of residents in this unit as well. However, because a challenge of FASD individuals can often be severe behavioural issues, such individuals often end up housed in Lakewood for their own safety or the safety of others. While the Lakewood

and Pardners units differ in nature, they appear to be structured along the same lines with the focus being on the individual offenders' risks and needs:

> What I have noticed in Lakewood over the years is that a percentage of the residents - 50, 60, 70%-may have cognitive difficulties and maybe 30-40% of them have been diagnosed with FASD. And that goes back to dealing with behavioural issues again (Participant #24).

> We have guys who have such mental deficiencies that our programs don't work for them and then end up in segregation in Lakewood, and I don't think that's fair to them. And it's not fair to the staff, because the staff don't know what to do with them, how to approach them…it's hard. They end up in Lakewood, which is really not the place for a person like that to be housed (Participant #20).

> Everything in Lakewood is individual. We have a teacher there who also does individual programming with them. And that program is all individually based on what their case manager, teacher and their team feels that the individual needs-it's not set. So they'll take bits and pieces from here and there, and use it with them (Participant #21).

The majority of participants acknowledged the benefits of FASD youth being housed in specialized units at both facilities. The ultimate strength of these units, according to respondents, is the focus on the individual rather than on a group. This has been shown to be a crucial component when dealing with individuals living with FASD.

4.2.13 Differential Expectations Surrounding Rehabilitation

Participants were asked if rehabilitation should be defined in the same way for FASD youth offenders as it is for non-FASD offenders- i.e. the reduction or elimination of further involvement with the criminal justice system. While participants reported that the ultimate goal is the same, all 24 participants agreed that rehabilitation means something different in regards to individuals living with FASD:

> I think it's not so much that we define it differently, but I think we need to address it differently (Participant #22).

> No, I think it's totally different. They have a harder time than the other guys (Participant #7).

> We can make some adaptations to meet the common goal. The circumstances are different, but we must have a common formula and goal (Participant #23).

> There is definitely a difference, and that should be acknowledged [by the justice system] (Participant #6).

> I think it goes both ways, because we have to help them in some way to be responsible for their own behaviour-because they still have to function in society- so not excusing everything *because of* [their disorder], but rather getting them to function *in spite of* [their disorder] (Participant #10).

The majority of participants reported that successes are often going to be different for FASD youth than for other youth offenders and even small changes in behaviour for FASD youth need to be acknowledged as progress:

> I think just having stable behaviour and learning coping skills. I think successes are small but any kind of progress is success in my mind. Even if it doesn't stick, it's something. In this setting, it's just all the little things (Participant # 3).

> I look at success as something maybe very minor but still progress; we'd all love to see these kids smarten up and not come back to jail, but unfortunately that's not the way it is. Maybe 5% don't come back, if you think about it. For me to assess success, it might be gaining pride in themselves, showering every day, washing their hands, making their bed…that's progress. And also [taking into consideration that] if they come back-how do they come back? Are we starting all over again or kind up picking up where we left off? I've noticed it's all over the board (Participant #2).

> Rehabilitation? I hate that word. Maybe [rehabilitation] is them continuing to come back, but maybe it's on a lesser charge. I don't know if it's rehabilitation or just being able to line them up with different supports (Participant #1).

> [Rehabilitation is] something totally different than with a traditional youth offender. We can't [just] say that they have FASD and all these supports are going to be in place, so they'll be perfect out there. It's building the relationship, having a structured home, repeating things, having their caregivers understand the disorder. All of them are going to be different in regards to their successes (Participant #5).

The importance of resources for follow-up with FASD youth upon their release was again discussed by participants as an integral part of the success of these individuals:

> I don't think you can rehabilitate [FASD youth]. I think you can teach them skills to not reoffend. The kids we see do the same behaviours over and over again because they don't have an understanding of what a consequence means. They understand it for the moment, [but] then it's gone again. So I think that the kids who are severely affected may need some sort of a proctor situation when they are released-heavy support to [help] keep them out (Participant #9).

> I look at rehabilitation as the goal to change behaviour. But it's very complicated to change behaviour and involves so many different factors, because if someone's thinking or abilities are skewed, what should your expectations be? The key for rehabilitation for any kid is not what we do here; it's what we do together as a plan with the community. Our tendency is not to work together with the community very much. For rehabilitation, that's what it's going to take-the community's involvement in it. If that's not there, we're just sending them out the door to nowhereland. And we do that a lot. All our kids (Participant #16).

> I think it many cases, [rehabilitation] needs to be something different. I think FASD kids are so vulnerable, [especially because] they're at an age where teenagers are generally vulnerable to the influences of their peer group anyways, but FASD kids are so much more vulnerable because they require that external brain for functioning. I just think that every diagnosed FASD kid that is released should be appointed an external brain that has positive functioning to be with them almost on a 24-hour basis to keep them away from negative peer influence and to divert them from being in trouble with the law again (Participant #15).

All 24 participants interviewed reported feeling that rehabilitation for FASD youth should be defined differently than it is currently. While respondents agreed that rehabilitation for FASD youth should strive for the same ultimate goal, they acknowledged that it often requires very different steps to get there. As one participant summed up the consensus of the group, "It's a process; it's not something that is going to change overnight" (Participant #13).

4.2.14 Special Efforts Taken

Participants were asked whether efforts currently taken to identify and assist FASD youth were consistent with those efforts taken for other disabled youth offenders. Approximately half of the participants reported that the efforts were similar or higher than those for other disabled youth:

> I'd say they're equal or more so. There's a focus on FASD, especially in youth corrections (Participant #19).

> I think [the efforts] are higher. Once [the youth] has been assessed, they have access to a lot more and they're-I don't want to say catered to-but they get a lot more programming and funding attention here [at MYC], so a lot more resources open up to them once they've been assessed (Participant #12).

> Yah, in the last couple of years [the efforts have been consistent]. There's been an increase in services (Participant #18).

A number of respondents also commented that there are disparities between the efforts taken, and that more emphasis is placed on mental health conditions:

> I think that there are definitely more programs and help for mental health issues than there are for FASD, for sure. And actually, mental health seems to be taken way more seriously than FASD (Participant #4).

> No, I think there's more emphasis placed on mental health as opposed to FASD (Participant #14).

> I think [the efforts are similar], but I can't speak to how many referrals the mental health department makes. So I don't know how good they are at identifying FASD youth that they are seeing, and how good they are at passing on those referrals. I'm assuming it's happening, but I don't know for sure. We're certainly consistent in requesting mental health referrals at the line staff level, but a staff may not always be good at submitting FASD referrals (Participant #15).

A few participants discussed how FASD behaviours are misinterpreted and get in the way of identifying and assisting FASD youth:

> I don't think [the efforts are the same]. I don't think enough attention is paid to [FASD]. I think [corrections] is very behaviourally-based, we're

very quick to notice behaviours that are non-compliant or angry - the front issues. We're so busy doing that-putting out fires every day-that we don't spend enough time looking at what caused those fires, what's behind them. So I would say that other disabilities just jump out at you; FASD doesn't necessarily (Participant #16).

Again, I think it depends on the individual. Regardless of whether they have a disability or not, if [the youth] is extremely violent or just not very pleasant to be around, chances are we aren't going to spend a lot of time, because we don't have a lot of time. But I would still make a referral because there's something wrong with this guy. I would say that we're good at identifying and targeting kids as they come in [to the facility] and maybe putting them in the Pardners [differential needs] unit (Participant #2).

Finally, two participants discussed feeling that not enough effort is taken to identify and address *any* youth offenders' disabilities:

Hmmm… that's a trick question. I think, yes [the efforts are the same], [but] I don't think that there are enough services for *any* disabled youth that are incarcerated. But yes, I think [the efforts taken] are consistent with everything else offered (Participant #17).

They don't identify *any* youth offender's disabilities. I don't think it's specific to FASD. Whatever disabilities there are, anyone to help with mental health [concerns] is completely overwhelmed; I don't think FASD is separated out (Participant #3).

Participants were asked if any unique steps were taken when planning for an FASD youth's release to the community. A few participants commented that there was no specific plan based on consideration of a youth having FASD:

No, [the steps] would be the same unless they are involved with the FASD department [YJP] (Participant #13).

I think it's more or less the same [as with other youth offenders]. Unless they have a diagnosis and there's planning in place or Life Journeys or specific people are involved. Then we would bring those people in to meet with them and build the relationship before (Participant #5).

For myself, I don't take any more measures than if it was a kid without [FASD]-to me, it doesn't matter who the kid is. Just because they have FASD, I don't give them special treatment. Because sometimes it can

> backfire; they're 'special'-what are their peers going to think (Participant #2)?

> (Shakes head no) They're happy to get rid of them, it's a relief… don't let anyone tell you any different. There's another one coming sooner or later (Participant #3).

Numerous participants discussed the FASD Youth Justice Program's role in release planning for youth who are involved with the program:

> If they're already involved upstairs with the program [YJP] and have a diagnosis, then [YJP staff] would carry on with them into the community (Participant #9).

> We do case plans with the youth and if there is an FASD diagnosis, someone from upstairs is assigned to them so they sit down with them and try to figure out what's best for that youth so they can get them resources in the community. If they haven't had that diagnosis, upstairs wouldn't be involved. It would be [then] mainly be the probation officer and cottage staff which makes it a little harder, cause a lot of resources for FASD youth need a diagnosis to have access to the funding. So if you don't get the funding, you don't get the resources on the outside (Participant #11).

> I would say there are more steps involved [with an FASD youth] and it's probably handled better. I'm trying to find the right term, but I think there's maybe a little bit more accountability when they're involved with the YJP (Participant #1).

An overarching theme that arose when discussing pre-release planning for FASD youth was the importance of coordinated planning:

> [For] kids that [have] FASD, I would think that most of the planning comes from upstairs [the YJP]. We likely need to do a better job, be more helpful and pay more attention [in release planning]. [When] we have a diagnosed child, there should be a lot more planning that's in place. Coordinated planning with the cottage, upstairs [the YJP], and the kid. That's the key (Participant #16).

> [FASD youth] might have all the supports in the world here [in jail], but what do they have when they're [back in the community]? We have them locked up-if I want to sit and talk to them for half an hour, they're not going anywhere, but when they're on the outside, where are they going (Participant #2)?

> Actually, I was just recently part of [a release plan]-a youth was diagnosed and I sat in on one of this bail hearings. He'd had anywhere from 3-5 meetings to prepare for this bail meeting, which I think is more than average. He had his social worker, someone from the program where he would be living [in the community], bail management, his lawyer, someone else from FASD community programming-it was a big group of people. It was just interesting to see how much thought went into his release, but yet how much the individual did not comprehend. [You could] definitely see how important it was that this individual had all these supports to help him process everything, because even though he was granted bail, he didn't understand that he was getting out of jail. I think it's a start-I would love to see us have regular case plans involving all the staff who work with the individual coming together and doing more managing together, as opposed to one case manager seeking out information from a bunch of different people. It would just be easier to all sit down and talk about an individual together (Participant #6).

> I don't know that they are at [the line staff] level, but they may be from the YJP level. They have staff there that specifically go into the community. So if a kid is diagnosed and is part of the YJP, then there certainly is a continuum of services from the facility to the community. In general though, I think there are a lot of FASD kids who may not have a diagnosis but that are on our radar, who are being released from the facility back into the community without appropriate services (Participant #15).

While it appears that specific efforts geared towards FASD youth are beginning to be considered within youth corrections, this discussion suggests such efforts are still in the infancy stage and require further development and implementation. The involvement of the Youth Justice Program in pre-release planning seems to be a step in the right direction, though participants clearly acknowledged the additional use of coordinated planning (both between departments within the facilities as well as with community organizations) is a necessity to appropriately assist FASD youth with their transition back to the community.

4.2.15 Necessary Improvements

Participants were asked which improvements they believed were necessary for current programs or services for FASD youth. The vast majority of participants

responded that training and education around FASD was a necessity, including on-going training and refresher courses:

> Until I know more about [FASD] and have a better understanding of the kinds of things we could do, I really can't say as to what we should be pulling in in order to accomplish that (Participant #22).
>
> [The training is] better now; I've received more training in the last two years than I have in the past 13. Now there are all these training courses, but we [still] need to have constant and up-to-date training to know what's going on. And there should be more resources for the staff; there should be a catalog with contacts, etc. Our resources are thin, but the nice thing is [that] we're slowly getting more…we've gotten the mental health nurses and we're talking about getting more in-charge [personnel] (Participant #11).
>
> [We need] refreshers, ongoing training. The three day [training session] is good, but now I am done [training] for my career? (Participant #5).

Participants added that more staff members, specifically additional specialized staff, were needed in the Youth Justice Program:

> I think if we had more mental health providers-nurses, psychologists, psychiatrists-it would be helpful because sometimes there's just nobody around when you have questions or a serious issue (Participant #20).
>
> Expand the FASD department, absolutely. Also if they could get the FASD screening tool into effect (Participant #13).

The necessity of establishing a partnership with follow-up supports in the community was again discussed:

> I would like to see more involvement with support workers that work with FASD youth once they're back in the community, but also when they're in the system. They can always come on line or on board.
>
> Supports [for FASD youth] once they've been released. I think right now, our system works where the street mentors are geared towards high risk youth offenders, whereas some of our FASD youth are ranking in the lower scale so they don't [receive] that extra support, which if they had, we would be able to keep them out. (Participant #12).

In terms of the Programming Department and specific programs, participants suggested:

> I would like to see [programs] individualized as opposed to more generic...what works for one and meets the needs for one, doesn't necessarily meet the needs for all, because their needs are so diverse (Participant #14).

> More specified programs, geared more towards them. Smaller groups, one on one, not such generalized content. (Participant # 5)

> More training for program staff, [including] more specific training on how to tailor programs accordingly (Participant #15).

Participants discussed the option of additional training for staff members who work with FASD youth or for those who are interested in doing so:

> I would suggest that there also be specialized training offered for staff working in the differential needs unit, because that's an area where those kids end up and the staff there people who are certainly interested in working with these kids. But they don't receive any more training than anyone else in the institution in order to do that (Participant #15).

> I would say training, but it's almost like everyone needs the basic 3-day training and then there needs to be a group of people who want to work specifically with [FASD] youth. Because there is a special need and it could be a waste of money to put in extra training for people that aren't even interested in working with those types of individuals (Participant #6).

The benefit of a specific environment for housing FASD youth when they are incarcerated was another improvement suggested by participants:

> [In terms of] housing facilities [when they're incarcerated]-just being able to isolate [FASD youth]. That was the original goal of Pardners-a mix of guys we deemed high risk [as well as] peer mentors (Participant #12).

> Also, they have it now a bit with Pardners-having the kids who are diagnosed more in one unit-because then you can have staff who are more specialized or more patient and understanding and can be supportive and help [the youth] (Participant #17).

Finally, participants acknowledged the importance of addressing the needs of FASD youth within the court system:

> First of all, we need to identify who these kids are. We definitely need to divert serious cases [from the system] (Participant #3).

> The other thing is the courts-are we educating and challenging the court that they must look at FASD [as a mitigating factor] when punishing offenders (Participant #16)?

As has been highlighted, there were numerous suggestions from participants for how services and supports for FASD youth could be improved. Further staff training and education; more staff as well as specialized staff; building community partnerships; increasing communication between departments; specific programming and housing environments; and identifying FASD youth within the court system were all suggested by participants for improving the efficacy of services for incarcerated FASD youth within Manitoba. This specific interview question was originally intended to focus specifically on the improvement of FASD-related programs. However, the interviews grew to be broader in scope and to encompass suggestions for the improvement of services in general. While this discussion appears to draw numerous basic themes together and could potentially be a standalone organizing theme, the participants spoke of these specific program, policy, and systemic improvements as a single interrelated issue and did not distinguish between them. Thus, they are presented in the same manner in this chapter in order to provide an authentic representation of how the participants viewed these issues.

4.2.16 Lack of Resources

A common theme that was discussed by participants was the lack of resources at both facilities. Staff acknowledged shortages of resources including: staff resources, appropriate time for working with FASD youth, training/education of staff, and funding. In regards to staff resources and time, participants responded:

More follow-ups with the home environments [once the youth is released] would be nice. I know Erin tries to do that but she's only one person, and I know it's very limited what we can do with that (Participant #14).

I think [FASD youth] need more intensive care, mentally. Like I said, we only have the 2 mental health nurses for all of the facility and they're very busy. We have a psychologist who comes out twice a week, but that's just a new thing, so I almost forgot about her. And the psychiatrist comes out once every 2 weeks. So I don't think they get the care that they need here (Participant #20).

Two assessments a month?! Why even bother? What the FASD Project does, to me, it's a waste of time. I know they mean well but they need more [resources]. They expect the staff to do programming and focus on case management…it's a babysitting service [here]; I have my hands full with crowd control (Participant # 3).

For the unit I [work] in, I believe we've had two programs [ran] in the past year. It was nine, 2 hour sessions. And that's it (Participant #9).

[The YJP] doesn't have enough resources, enough [staff] doing the kind of things that need to be done with these kids. We just don't have enough [resources] to really make a huge difference (Participant #16).

There's not a lot of time or energy for extra training. We are not set up to tailor the programs; there aren't enough resources for one-on-one interaction. Education and training could probably be helpful [for staff], but we don't have the time. I can't take an hour out of what I have to do for training or one-on-one work (Participant #23).

If we're going to work with [FASD youth], we don't currently have the time or the manpower - we're still having to deal with basic crowd control. So I think they need to have more people working upstairs [with the YJP] that can see the kids more during the day because right now, they're out busy doing their [follow-up] stuff in the community. Most of it is mainly manpower and time… there's none of it for us (Participant #4).

Participants also discussed the issue of funding shortages and how this can affect service effectiveness:

What it boils down to is whether the cash is there to support [a] program. The resources… (laughs) (Participant #24).

We get the assessments, but we don't always get the resources and the things that we need. It's easy to say this is how the individual is behaving and this is how he responds, but we don't get the things we need to work

> with that individual. If the kid needs a TV, we wouldn't get it. We have to try and put everything together ourselves (Participant #21).

> [The benefit of] receiving further training… well that's a no-brainer, but it's a matter of resources (Participant #1).

> The diagnosis could be there, but it isn't necessarily going to make a whole lot of difference for the student while they're here because there are inadequate services available for them (Participant #22).

> I know there isn't always funding approval for the things that [staff] suggest. Staff training is a costly endeavor; it's a matter of finding funding to not only provide the training for the staff, but to cover them to attend the training. We've definitely received a lot of training and resources in the last few years in terms of mental health and special needs, and it's been great…it's just never enough. We can always use more (Participant #15).

A majority of participants mentioned the critical lack of resources available to them in order to adequately work with incarcerated FASD youth. As one participant summed up the feelings of the group, "Manitoba Corrections needs to look at the system and determine why it's not working, and use their resources more efficiently" (Participant #11).

4.2.17 Lack of Communication

A common discussion point that arose throughout the interview process was the lack of communication between staff and departments at both facilities. This lack of communication involved issues such as the referral process, assessments and diagnoses, and even those personnel involved and/or the roles of various departments:

> I think that it's mostly because of poor communication that [referrals] probably don't happen on a more frequent basis. There needs to be somebody telling [staff] what has to happen and what you need to do to make a referral. There needs to be more [communication] (Participant #10).

> We recently had a youth who got diagnosed…we didn't even get to read the report. We basically just heard that this is what happened, so there you go. Nothing about what it means or how we can work with them. Even

> just a brief summary of what's going on [would be helpful] (Participant #5).

> We don't really find out the diagnosis. At times, we get little bits of it-we might be told their IQ or something-but as for the actual diagnosis, we don't really get that information (Participant #20).

> I don't even know if everybody knows who even runs the FASD department and who's involved. I would say that people don't know (Participant #9).

> I know they have an FASD department upstairs [but] I'm not exactly sure what they do with the kids. Again, they have some kind of screening process that they do, I know the kids have to fit a certain criteria, but I'm not even sure what all the stuff [involved] is. I know the mom has to admit to drinking and they have to fit different tests, but I'm not really sure. [In terms of release planning], the social worker or upstairs might be helping out with that kind of stuff and we might not know everything that they're doing. (Participant #8).

The need for more communication between departments and staff was acknowledged by participants:

> Everybody-absolutely *everybody*-needs education and communication so that we can at least have a common approach. First, we need to be educated [about FASD], then we need to communicate at some level, and from there, come to some sort of common goal in how we approach [the problem], how we identify it, and [have communication around] how far we've gone with this child, because eventually it's too much for [only] the few people who've been working with [the youth] (Participant #10).

> [We need] more communication between the FASD department and the units (Participant #8).

It was emphasized by a majority of participants that there is a lack of communication between staff members and departments at both facilities. This issue not only poses a significant challenge in staff members' everyday duties, but certainly creates a barrier in the referral process, diagnoses, and follow-up care of youth offenders who are living with FASD.

4.2.18 Corrections not the Appropriate Environment for FASD Youth

Throughout the participant interviews, in regards to the efficacy of programming for FASD youth incarcerated in Manitoba, a reoccurring topic presented itself. While both of the youth correctional facilities in the province house large numbers of FASD youth, a handful of participants were adamant about the inadequacy of traditional correctional environments for individuals living with FASD:

> I would say that the incarcerated youth who are diagnosed with FASD should not be incarcerated. It's fine to have structure and that works really well, but for a youth to come into an atmosphere that's stable most of the time but can be thwarted by other residents' behaviours or endeavors...I strongly believe that FASD kids should not be incarcerated (Participant #24).

> We have youth that because of FASD or other mental deficiencies I believe that we, as line staff aren't qualified to deal with. [FASD youth] should be in a facility more geared towards mental health, such as the Manitoba Developmental Centre or something like that (Participant # 20).

> We should have a 100-bed, special needs unit for [FASD] kids. There are 100 individuals who could easily fill that place up. We need to identify [FASD youth] and divert them out of the system so that they can get the help they need (Participant #3).

Participants emphasized the inadequacy of traditional correctional environments in assisting FASD youth offenders. A facility focused on mental health concerns and cognitive development problems as opposed to surveillance and punishment was suggested by participants as a possible more suitable environment for youth living with FASD.

4.2.19 Encouragement to Innovate

Participants were asked if their supervisors and management at their facility encouraged them to make suggestions for improvements around the facility, and if these

suggestions were taken seriously. Seventeen of the 24 participants (70.8%) saw their supervisors and management as approachable and supportive of staff innovation:

> Oh, yah. Suggestions are always welcomed. It's just that not many of us are in a position to offer those suggestions (Participant #22).
>
> Yep, [they're] definitely [approachable]. Especially in the Pardners unit where all our special needs kids are; we have really good supervisors (Participant #7).
>
> Oh yah, definitely. Part of my enthusiasm is from working with positive people. You know, if you aren't encouraged, some staff jump on [the opportunity] and others are good at other things. [But] as far as support goes, yah absolutely, [I'm] very much supported (Participant #2).
>
> If someone comes up with an idea, there's enough management around here that you could find someone that would go to bat for you, definitely (Participant #1).
>
> Um, yah, I would say that if I've ever got something to suggest, it's received well. [But] the question was *encouraged*…the way I'm encouraged is mostly if I take the initiative [in the first place.] [Then] I'm encouraged to do it again because I [was] listened to, but it's not like an ongoing question where they're asking us 'hey, you got any ideas on this or that?' You have to be self-motivated to do it (Participant #16).

However, other staff members reported having quite different experiences with management's response to staff innovation:

> (Pause) No, nobody really asks (Participant #8).
>
> You can make all the suggestions you want. Whether they go anywhere or not is a different story (Participant #23).
>
> Um… yes. But sometimes I think it goes on deaf ears. Actually, most of the time, I think it goes on deaf ears. But sometimes it's a resources thing-they talk about changing things but it's put on a list and not much happens. So that's the downfall; they say they hear you, but you don't feel like you're being heard. Some newer staff don't want to rock the boat and so forth. I think it's an open, yet closed glass door. They tell you the door is open, but it's really closed (Participant #11).
>
> I don't know. I come from a system where everybody was very approachable, very much attention to process, and it's just been a different experience [here]… there's so many good ideas… I think people hear you, it just doesn't feel like there's a whole lot of follow-up (Participant #10).

> No, God, no. They don't want to hear the line staff. The line staff are treated poorly here. It's funny-we're the only ones they can't do without, but we don't get recognition. I'm not going to get into the politics, but people are selected early for certain positions and people are identified early, and if you rock the boat, you will be a line staff. People who stand up are often ignored. The needs of the kids are not paramount, the needs of the *business* are paramount. People will tell you they're interested, but the truth is in the pudding (Participant #3).

Finally, three participants acknowledged, while staff innovation may be encouraged, ultimately there is a lack of resources and therefore, little can be done:

> I feel [that staff suggestions] are taken seriously [but] I know there isn't always funding approval for the things that we are suggesting (Participant #15).

> Absolutely. We talk about what we can do to make the resident succeed. But what it boils down to again-if we have certain ideas, we'll give them to management and they'll give them to their bosses-but what it comes down to is whether the cash is there to support the program. The resources… (laughs) (Participant #24).

> (Pause) sometimes. Depending on what it is. We are encouraged to let them know what we're thinking and what we think could be done better. However, there is stuff that we just aren't able to change [without resources] (Participant #20).

It is important to understand, while this discussion with participants was not intended to be a quality of work-life survey, certain characteristics in regards to management's approachability and staff encouragement often arose. However, there was no clear conclusion from the interviews; participant responses were quite varied in regards to encouragement to innovate or not. Of importance to acknowledge is that participants' lack of support for innovation may be the result of a lack of resources rather than direct discouragement from supervisors and management.

4.3 The Emergence of Organizing Themes

Attride-Stirling (2001) describes organizing themes as categories of basic themes grouped together to summarize more abstract principles. Thus, she explains 'middle-

order' organizing themes as those that simultaneously group the main ideas proposed by basic themes while also dissecting the main assumptions that underlie the broader (global) theme(s) that are especially significant to the text as a whole (Attride-Stirling, 2001).

To arrive at organizing themes, the 19 basic themes that initially arose from the data were examined to determine commonality and interrelatedness. Ultimately, four distinct groupings emerged and serve as organizing themes: 1) issues around diagnosis; 2) training/knowledge; 3) FASD-related programs and services; and 4) systemic issues.

Table 4.2 Basic Themes to Organizing Themes

Basic Themes	Organizing Themes
Difficulty of Diagnosis	**Issues around Diagnosis**
Diagnosis: Beneficial	
Diagnosis: Detrimental	
Staff Response to Diagnosis	
Peer Response to Diagnosis	
Increase in Awareness of FASD	**Training/Knowledge**
Preparation to Deal with FASD Youth	
FASD Services-What Works?	**FASD-Related Programs and Services**
Impact of Current Services	
Effectiveness of Behaviour Modification Programming	
Programs and Program Staff	
Differential Needs Units	
Differential Expectations Surrounding Rehabilitation	
Special Efforts Taken	
Necessary Improvements	
Lack of Resources	**Systemic Issues**
Lack of Communication	
Corrections not the Appropriate Environment for FASD Youth	
Encouragement to Innovate	

While the first three organizing themes: issues around diagnosis; training/knowledge; and FASD-related programs and services, are largely related to the secondary questions of this thesis, continued analysis of the data resulted in the emergence of systemic issues as a fourth and unexpected organizing theme. The process of creating organizing themes from the basic themes is illustrated in Table 4.2.

4.3.1 Issues Around Diagnosis

Issues around diagnosis emerged from the following five basic themes:

1. Difficulty of Diagnosis
2. Diagnosis: Beneficial
3. Diagnosis: Detrimental
4. Staff Response to Diagnosis
5. Peer Response to Diagnosis

This organizing theme of *issues around diagnosis* corresponds directly to the secondary research question "Do youth correctional workers perceive that recognition of an individual living with FASD is a step toward them receiving appropriate treatment and assistance?" Diagnostic issues can result in numerous challenges for an incarcerated youth living with FASD. However, the majority of participants emphasized the importance of a diagnosis as being a critical difference for a youth being able to access resources and receive appropriate services. Therefore, while challenges may accompany an FASD diagnosis, it is apparent that correctional service staff perceive a youth receiving a diagnosis as imperative for them gaining access to appropriate services and ultimately receiving the support they require.

Participants discussed a number of issues surrounding a youth receiving a FASD diagnosis and the aftermath that could come along with one. The challenges of obtaining a diagnosis were acknowledged, including: a lack of communication involved in the referral process; the lengthy time period from a referral being made to the assessment taking place; the extensive gathering of background information prior to an assessment; the challenges in actually making the diagnosis; and the lack of diagnostic capacity within the correctional system.

Participants acknowledged a primary issue that could result once a youth had received a diagnosis-mainly the aftermath that could accompany it. Twenty of the 24 participants acknowledged the ultimate benefit of a youth receiving a diagnosis being that it serves as a starting point for youth to receive appropriate services and support. However, respondents also emphasized that consequences can result from an individual receiving a diagnosis: altered self-concepts; the use of the diagnosis as a 'crutch' or manipulative tool; and/or the response of others to the individual based on that diagnosis.

It was acknowledged by participants that responses to diagnoses were individualized and a wide variety occurred from both correctional service staff as well as youths' peers. Participants discussed that for some staff members, a diagnosis can serve as an explanation for an individual's behavior and can help them to be more tolerant and change expectations. However, respondents also acknowledged that there appears to be a continual lack of understanding and compassion by some correctional service staff, ultimately resulting in stigma and negative staff responses. In regards to the responses of peers to an individual's diagnosis, staff reported occasional teasing or the loss of patience occurred, but overall, responses were usually positive.

4.3.2 Training/Knowledge

The organizing theme of *training/knowledge* was constructed from the following two basic themes: 1) increase in awareness of FASD and 2) preparation to deal with FASD.

Participants clearly stated that there has been an increased awareness of FASD within the correctional system in the last number of years. This heightened awareness has led to the development of mandatory training initiatives for correctional service staff, including an introductory session as part of their basic recruit training. However, approximately half of participants still reported being ill-equipped to effectively work with FASD youth, and all 24 participants reported that they could benefit from further knowledge and training.

The *training/knowledge* organizing theme corresponds directly to the following secondary research questions: "What FASD-related training do youth correctional service providers receive? Do they believe that they have the requisite training and education to effectively screen, diagnose, assess, plan, monitor, and follow-up with incarcerated FASD youth?" Interviews with youth correctional service providers around knowledge and training appear to suggest, while Manitoba Corrections has made positive strides by implementing mandatory training sessions for staff regarding FASD, correctional service staff still report a lack of education and experience to work effectively with this client group. In order for any program or service to be effective for incarcerated FASD youth, the staff delivering the service must be qualified to do so. Without such qualifications, it is almost certain correctional service staff will continue to be unable to work effectively with the youth FASD population.

4.3.3 FASD-Related Programs and Services

Eight basic themes contributed to the development of the *FASD-related programs and services* organizing theme:

1. FASD Services-What Works?
2. Impact of Current Services
3. Effectiveness of Cognitive Behaviour Modification Programming
4. Programs and Program Staff
5. Differential Needs Units
6. Differential Expectations Surrounding Rehabilitation
7. Special Efforts Taken
8. Necessary Improvements

This theme helped to investigate and provide answers to the following five secondary research questions:

1. What programs and support services are currently offered to youth living with FASD and incarcerated in Manitoba?
2. To what extent do youth correctional service providers believe that current cognitive-behavioural treatment interventions and practices adequately address the needs of youth offenders living with FASD?
3. Do youth correctional service providers believe that programs directed at FASD youth *can* have a positive impact? What outcomes do youth correctional service providers believe *have been achieved* from current programming for incarcerated FASD youth?

4. What are the intervention strategies youth correctional workers believe offer the best opportunity for assisting youth with an FASD condition, and why?
5. What improvements are perceived as needed for current FASD programs and future services to be effective, including the education and training of youth correctional service providers?

Participants discussed the programs and services currently being offered to FASD youth incarcerated at both closed-custody facilities in the province. When asked about the impact of these services, respondents reported outcomes varied widely and while the current programs offered *can* have a positive impact (and certainly *have* in some cases), considerably more development and effort was needed to improve and expand programming initiatives, including the potential of research to investigate what works. When asked about intervention strategies that worked, participants praised the positive impact of the FASD Youth Justice Program and specifically, the series of *This is Me* books – a reflective tool currently being used with FASD youth offenders.

Interviews around the effectiveness of cognitive-behavioural modification practices revealed very few participants observed these interventions in their current forms as adequately addressing the needs of FASD youth offenders. However, there was agreement among participants that these practices *can* have a positive impact *if such practices are modified* to address the unique needs of youth living with FASD. Regardless, participants acknowledged such modification is significantly lacking and therefore, cognitive behaviour modification practices in their current forms are largely *inadequate* to address the needs of youth offenders living with FASD.

Participants suggested a number of improvements necessary in order to make FASD programs and future services more effective, including:

1. additional training and education for staff;
2. the hiring of more staff (including specialized personnel);
3. increased efforts to improve communication between departments
4. the building of partnerships with community organizations;
5. the development of specialized housing for FASD youth when incarcerated; and
6. the recognition of FASD youth offenders within the court system.

These suggestions illustrate the numerous gaps in current programming for incarcerated youth living with FASD and make apparent the crucial need for solutions to improve the efficacy of FASD-related programs and services.

4.3.4 Systemic Issues

The *systemic issues* organizing theme arose from the contribution of the following four basic themes:

1. Lack of Resources
2. Lack of Communication
3. Corrections not the Appropriate Environment for FASD Youth
4. Encouragement to Innovate

This organizing theme emerged from the data and while it did not directly relate to any of the secondary research questions, it nonetheless presented valuable insight into the efficacy of programming for incarcerated FASD youth in Manitoba. This theme clearly illustrates crucial gaps that exist within the youth correctional system in Manitoba and

therefore impact the efficacy of services for incarcerated FASD youth. Underlying systemic challenges such as the inadequacy of the correctional environment as well as apparent lacks in resources, communication, and encouragement to innovate, create significant barriers which prevent FASD-related services from being as effective as possible.

Some participants consistently discussed the lack of resources available to them at their respective facilities, particularly in the areas of qualified personnel, time, and availability of funding. Three participants described seeing their job as basic crowd control (a 'babysitting service') with virtually no time for focusing on the needs of FASD youth. Additionally, participants discussed a lack of funding availability which could potentially free up time and provide additional staffing resources in order to allow for this special focus to happen. Evidently, without the extra manpower, time, and money, participants are unable to provide necessary support to not only FASD youth offenders, but *any* youth offender.

In addition to the lack of resources available to youth correctional service providers, participants suggested that a lack of communication between staff and departments existed as well. This lack of communication seemed to be present in regards to: referral processes; assessment outcomes; job descriptions and involved personnel; and pre-release and follow-up plans. This apparent lack of communication likely interferes with daily job functions, and certainly interferes with maximizing the influence of services offered to youth offenders living with FASD.

One important theme that came out of the participant interviews was the adamant assertion that the correctional system in its traditional form is not an appropriate

environment for FASD youth. This idea arose from discussions of the benefits of specialized housing for this client group, but was ingrained on a larger scale by a handful of participants who insisted that the traditional correctional environment is inadequate to support FASD youth. It was suggested by participants that these individuals would be much more likely to benefit from being housed in a facility more geared towards their mental health concerns and cognitive abilities. This proposal arose during other topics of conversation and therefore did not delve into specific discussion considering potential challenges or impacts that could accompany its implementation.

Finally, participants were asked whether they felt encouraged by their supervisors and management to provide suggestions for improvements around programming and services for incarcerated youth living with FASD. While 17 of the 24 respondents (70.8%) reported feeling encouraged by their bosses to be innovative, other staff discussed having less positive experiences. Whether this discrepancy stems from uninterested administration or a lack of resources to follow through with suggestions remains unknown since further information on this aspect was not forthcoming from the participants; in hindsight, this was an area of inquiry that could have been pursued to provide further insight into the other three organizing themes. Regardless, having youth correctional service providers feeling unsupported in their innovation likely means that crucial opportunities to develop and improve FASD-related services are constantly missed.

4.4 Identifying the Global Theme

Attride-Stirling (2001) describes global themes as superordinate themes that summarize the main ideas of the data. Global themes bring together the basic and

organizing themes in order to provide meaning behind the data as a whole and ultimately arise at a distinct conclusion.

The 19 basic themes and the four organizing themes that emerged from the data offered extensive explanation and insight into one overarching theme of the efficacy of services for incarcerated FASD youth in Manitoba. While the basic and organizing themes could have emerged into two global themes - one focusing on the strengths of current FASD-related services and the other focusing on their limitations - *the effectiveness of services for incarcerated FASD youth in Manitoba* captured all of the basic and organizing themes in one overriding global theme. This global theme directly links to and helps to answer the primary research question of this thesis, namely: "Based on the perceptions of youth correctional service providers; how effective is current programming for incarcerated youth living with Fetal Alcohol Spectrum Disorder (FASD) in Manitoba?" This process is illustrated in Table 4.3 on page 120.

The organizing theme of *issues around diagnosis* illustrates numerous factors that affect individuals receiving a diagnosis and the response from others that can accompany the receipt of the FASD label. While participants acknowledge the benefit of a youth receiving a diagnosis, and in turn, access to FASD-related services, it was made clear that there are still extensive challenges which coincide with the diagnostic process. Issues around diagnosis relates to the global theme of the effectiveness of FASD-related services as these challenges pose the potential of hindering the efficiency of services, or even the receipt of services in the first place.

The *training/knowledge* organizing theme exemplifies the reported increase in awareness of FASD within the Manitoba youth correctional system in recent years and

acknowledges the recent developments in regards to training initiatives. However, two thirds of participants still report being ill-equipped to work effectively with FASD youth. While the services themselves may be adequate, this perceived lack of preparation among the majority of participants suggests that FASD-related services are limited by staff being hindered from meeting a youth's full potential.

FASD-related programs and services organizing theme helps to shed light on the current situation of services for incarcerated FASD youth in Manitoba. Participants described both the strengths of current services as well as their limitations. While there are certainly initiatives that are having a positive impact, the number of necessary improvements perceived by staff exemplifies the extensive gaps that exist within FASD-related programs and services for incarcerated youth in Manitoba and prevents them from being as effective as possible.

The final organizing theme of *systemic issues* arose unexpectedly through comments made by participants during the interview process. While this organizing theme does not directly relate to the secondary research questions, it certainly contributes to answering the primary research question. Participants suggested that any services and supports for incarcerated FASD youth are directly impacted by underlying systemic issues such as lacks in communication, resources, and encouragement to innovate, as well as the inadequacy of the correctional environment. With their evident impact on effective service delivery, it is important that these systemic challenges be addressed.

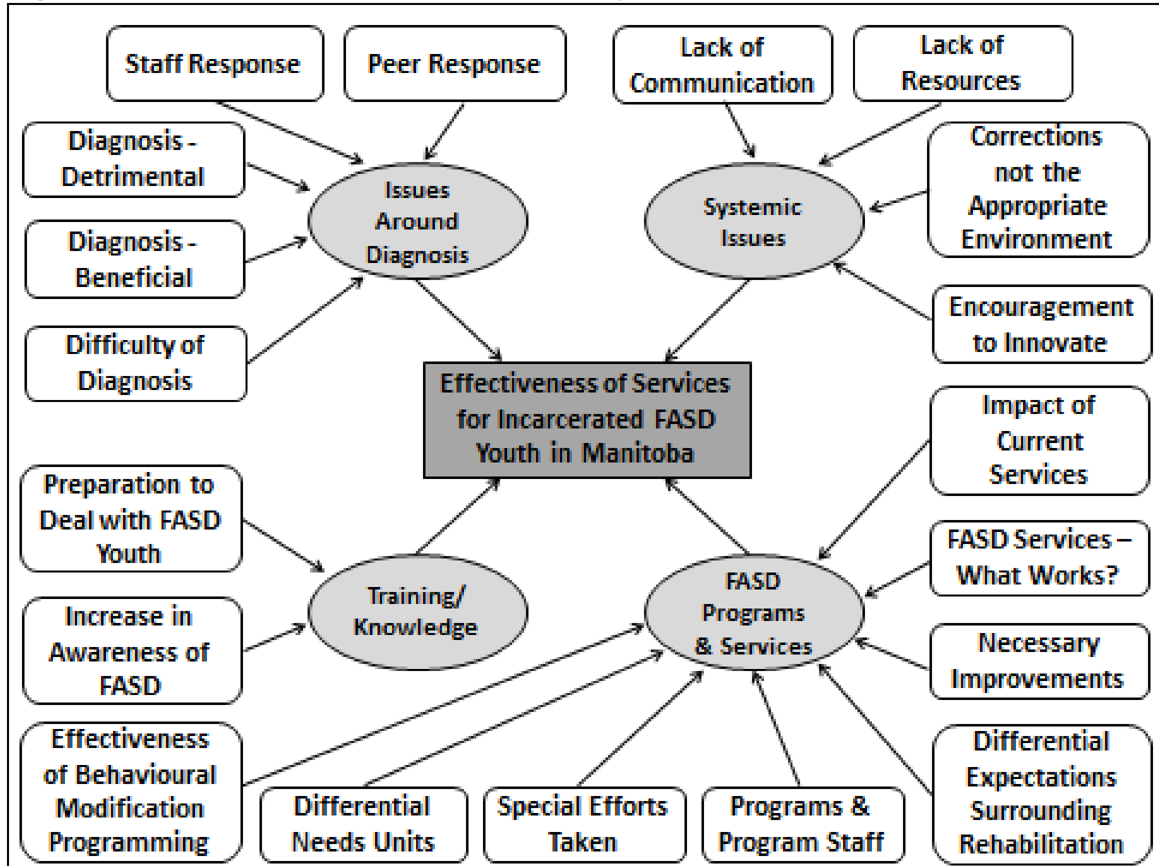
Table 4.3 From Basic to Organizing to Global Themes

<table>
<tr><th>Basic Themes</th><th>Organizing Themes</th><th>Global Themes</th></tr>
<tr><td>Difficulty of Diagnosis</td><td rowspan="5">Issues around Diagnosis</td><td rowspan="25">Effectiveness of Services for Incarcerated FASD Youth in Manitoba</td></tr>
<tr><td>Diagnosis: Beneficial</td></tr>
<tr><td>Diagnosis: Detrimental</td></tr>
<tr><td>Staff Response to Diagnosis</td></tr>
<tr><td>Peer Response to Diagnosis</td></tr>
<tr><td></td><td></td></tr>
<tr><td>Increase in Awareness of FASD</td><td rowspan="2">Training/Knowledge</td></tr>
<tr><td>Preparation to Deal with FASD Youth</td></tr>
<tr><td></td><td></td></tr>
<tr><td>FASD Services-What Works?</td><td rowspan="10">FASD-Related Programs and Services</td></tr>
<tr><td>Impact of Current Services</td></tr>
<tr><td>Effectiveness of Behaviour Modification Programming</td></tr>
<tr><td>Programs and Program Staff</td></tr>
<tr><td>Differential Needs Units</td></tr>
<tr><td>Differential Expectations Surrounding Rehabilitation</td></tr>
<tr><td>Special Efforts Taken</td></tr>
<tr><td>Necessary Improvements</td></tr>
<tr><td></td><td></td></tr>
<tr><td>Lack of Resources</td><td rowspan="4">Systemic Issues</td></tr>
<tr><td>Lack of Communication</td></tr>
<tr><td>Corrections not the Appropriate Environment for FASD Youth</td></tr>
<tr><td>Encouragement to Innovate</td></tr>
</table>

These four organizing themes – issues around diagnosis, training/knowledge, FASD-related programs and services, and systemic issues – address four separate areas of services provided to incarcerated FASD youth. While each theme has its own unique strengths and challenges, all four interact with each other in order to contribute to the effectiveness (or ineffectiveness) of supports offered to this client group. In this sense, if one part of the puzzle is missing, the overall efficacy is decreased. For example, even if a youth has received a diagnosis and staff members feel prepared to work with them, if inadequate programming or a general lack of resources exists, the overall effectiveness is going to be reduced. Therefore, it is crucial that challenges and gaps in each of the four

organizing themes be acknowledged and addressed in order to allow for the ultimate efficacy of services and supports provided to incarcerated youth living with FASD.

Figure 4.1 - Thematic Network of the Efficacy of FASD-Related Services



As previously described, each of the 19 basic themes and the four organizing themes that encompass them contribute to the global theme of *the effectiveness of services for incarcerated FASD youth in Manitoba.* This global theme directly links to the primary research question of this thesis. Extensive examination of the data and the development of the basic, organizing, and global themes have provided extensive insight and understanding into the perceptions of youth correctional service providers, and has ultimately offered a response to the primary research question. Figure 4.1 illustrates this process and the resulting thematic network. This deepened understanding of the data now provides a framework for the discussion to move onto final conclusions, theoretical

implications, implications for policy and practice, and possible directions for future research in Chapter 5.

CHAPTER 5 – SUMMARY AND CONCLUSIONS

5.1 Summary

This thesis examined the perceptions of the efficacy of current programs and services available to incarcerated Fetal Alcohol Syndrome Disorder (FASD) youth in Manitoba expressed by youth correctional service providers. The first chapter of this thesis introduced FASD, its characteristics, and the challenges faced by affected individuals. The extensive involvement of FASD individuals in the criminal justice system was discussed and provided a context for the focus of this research as well as the importance of examining service providers' perceptions regarding services delivered to this population. Also outlined were the primary and secondary research questions of this thesis and operational definitions of common terms used throughout it.

Chapter Two delved more extensively into FASD by examining the extant literature. This provided a deeper insight into the challenges faced by individuals living with the disorder, the supports that this client group requires, and the current state of services being offered within Canadian youth justice systems. This chapter also introduced the theories of *symbolic interaction* and *labelling* and discussed how they are important in understanding the perceptions of youth correctional service providers on the efficacy of programming and how those perceptions influence service delivery for incarcerated FASD youth in Manitoba.

Chapter Three described the methodology used in this thesis. This included an explanation as to why a qualitative approach was chosen and how semi-structured interviews best accommodated the exploration of the perceptions held by service providers regarding the efficacy of programming for incarcerated FASD youth. The

justification for using purposive sampling of youth correctional service staff was provided and the recruitment process was explained. Methods of analysis were presented in this chapter and Attride-Stirling's (2001) *thematic network analysis* process was outlined. Limitations to the study and ethical considerations were also discussed.

Chapter Four presented and interpreted the data gathered through interviews with the 24 participants. Attride-Stirling's thematic network technique was employed to analyze the data and resulted in the emergence of 19 basic themes, 4 organizing themes, and ultimately, 1 global theme – *the effectiveness of services for incarcerated FASD youth in Manitoba*. The data was reported from an emic (or insider) perspective in order to provide an in-depth understanding of the personal perceptions and experiences of youth correctional service providers. Overall, participants expressed the perception that the youth correctional system in Manitoba had increased its recognition and understanding of FASD over the past several years. However, despite this progress, participants acknowledged a considerable number of improvements that still need to occur in order to maximize the effectiveness of services provided to this client group.

The following sections discuss the potential implications of this research for future scholarly examinations of incarcerated youth with FASD and for correctional operations in Manitoba. First, the theoretical perspectives discussed in Chapter Two will be examined vis-à-vis their applicability in this type of research. Second, the perceptions of the youth correctional service providers who participated in the interviews will be examined for their policy and programming implications for incarcerated FASD youth.

5.2 Theoretical Implications

Chapter Two laid out two paradigms – *symbolic interactionism* and *labelling theory* – which could be helpful in understanding the efficacy of programming for incarcerated FASD youth. The uniqueness of these two perspectives comes from their specific focus on the effects of social interpretations and subsequent reactions, and therefore appeared to be a logical option for providing insight into the perceptions of youth correctional service staff on the effectiveness of programming for incarcerated FASD youth. Indeed, symbolic interactionism can be interpreted as a precondition to labelling theory since the meanings attached to FASD and FASD youth by the individual staff member become real to that individual with these same interpretations providing the rationale for accepting and acting upon the official labels and responses to these youths as well the provision of system-wide services to them.

As noted in Chapter Two, the major components of labelling theories are: a) the successful imposition of a label upon an individual, and b) the subsequent reactions to that label, both by the labeled individual as well as those surrounding them. Therefore, labelling perspectives can speak to the impact of an individual being diagnosed and given a label of FASD. This label, in turn, can create both positive and negative reactions from people around the individual. While some participants believed the label to be detrimental due to the degree of stigma that becomes attached and the negative responses from peers, the majority recognized its benefit as the first step in the individual being recognized within the correctional system and receiving appropriate services. Participants acknowledged an individuals' receipt of a diagnosis is often the only way they are able to gain access to FASD-specific services and supports as many

organizations will not provide services without a formal medical diagnosis. Furthermore, participants acknowledged the advantage of a diagnosis in that it can serve as an explanation and allow for *retrospective reading*. As discussed in Chapter Two, retrospective reading occurs when people react to a label and what it signifies instead of defining behaviour as reflective of the entire person (Becker, 1963; Ward, 1971). Retrospective reading, in the case of FASD offenders, can serve as a starting point for staff to create new expectations and opportunities for the diagnosed individual.

Regardless of the overall benefit of a youth receiving a diagnosis (and therefore gaining access to services), it is important to recognize that an FASD label can come with negative consequences. While participants discussed an increase in awareness and acceptance of FASD within the correctional system, it is important to acknowledge that a number of staff still view an FASD diagnosis as an individual's 'master status' and in turn, disregard them as 'write-offs' who are unable to be helped. This negative process is referred to as the *dramatization of evil* whereby "the young delinquent becomes bad because he is defined as bad and because he is not believed if he is good" (Tannenbaum, 1938). According to Tannenbaum, a person may internalize the label imposed upon them, take on the role, and ultimately become judged primarily by this one dimension. While Tannenbaum's *dramatization of evil* may not apply to FASD youth offenders who are often burdened by numerous other challenges, this concept can certainly be relevant in regards to the perceptions and reactions of youth correctional service staff. Until these perceptions change and all youth correctional service staff are able to unanimously recognize the benefit of an FASD youth being diagnosed, crucial opportunities to help these individuals will continue to be missed.

Participants consistently acknowledged that staff responses to FASD youth (and in turn, the services directed at them) were individualized and varied widely. This illustrates the applicability of symbolic interactionism in investigating the effectiveness of programming for incarcerated FASD youth. As discussed in Chapter Two, the *Thomas theorem* explains that a person's interpretation of a situation causes their subsequent reaction to it; in this sense, the varying perceptions of FASD youth offenders will impact both the delivery and effectiveness of the services that they provide to them. The analyses revealed that staff members who were better informed about the disorder and had experience working with this client group were more likely to be compassionate and better equipped to provide services to them. However, it was also acknowledged that there are staff members who have less positive outlooks of FASD youth offenders and therefore become frustrated and less empathetic in their response to them. It is probable that these individuals respond in this way as a result of having less training and experience in dealing with this client group. Regardless, their pessimistic perceptions and subsequent unhelpful responses negatively influence any services these staff members provide to FASD youth.

Fortunately, it appears as though a majority of youth correctional service staff in Manitoba are beginning to understand FASD and acknowledge its effects. Therefore, it seems promising that few youth correctional service providers would possess a 'whole-life policy' that disregards individuals living with FASD as 'write-offs,' and contributes to lost opportunities to intervene.

Both labelling as well as symbolic interactionism perspectives fall under the *social reaction* school of thought. Because the reactions of youth correctional service

providers to an individual diagnosed with FASD directly impact the effectiveness of services provided to these individuals, these theoretical perspectives are useful tools in explaining both individual and systemic responses to incarcerated FASD youth.

5.3 Policy and Programming Implications

One of the goals of this thesis is that the policy knowledge gathered through interviews with participants may lead to changes in policy and practices for youth living with FASD and incarcerated in Manitoba. During interviews, participants estimated that upwards of 50% of youth incarcerated in Manitoba were living with an FASD condition based on their experiences. This figure speaks to the crucial need for effective and innovative services to be developed for this client group.

Overall, it was reported that positive strides have taken place over the past number of years within youth corrections in Manitoba. Staff reported becoming more informed and compassionate in regards to FASD and recognized the benefits of an individual receiving a diagnosis. However, it was also acknowledged that viewpoints among youth correctional service providers are individualized and vary widely. Respondents indicated there is still a number of staff who hold a negative view of FASD and thus respond accordingly to a diagnosed individual. Therefore, until correctional service staff can *universally* view FASD afflicted youth with understanding and compassion, the effectiveness of services provided to individuals living with the disorder will undoubtedly be diminished.

Participants reported that various successful initiatives have been implemented over the past few years in Manitoba's youth correctional system; most notably the FASD Youth Justice Program. Since its implementation in 2004, the program has provided

numerous clinical assessments for youth, promoted community development and partnerships, increased awareness of the disorder within the criminal justice system, and provided support to both affected youth and their families. However, while progress has certainly been made, it is important that Manitoba Justice recognizes that there is still a lot of work to be done.

A unanimous suggestion for improvement by participants was the need for further education and training. Over half of the participants reported being ill-equipped to effectively work with FASD youth offenders and all 24 respondents said they could benefit from additional FASD-related education and training. These statements clearly illustrate the crucial need for Manitoba Justice, and other correctional systems, to provide staff with further knowledge and understanding of FASD and its effects, as well as information around the referral, assessment, and follow-up processes existing within their respective facilities.

The ineffectiveness of cognitive-behavioural techniques, delivered in their current form, was another common issue identified by participants. While they acknowledged that aspects of these types of interventions can be helpful, the vast majority agreed they need to be largely modified in order to meet the individual and collective needs of FASD offenders. However, participants stated that the lack of modification of these initiatives is likely the result of a shortage of staff, time, and/or ill-equipped individuals. This research has made it clear that Manitoba youth corrections requires more personnel, individuals with specialized training (i.e. program staff, psychologists, and medical professionals), and people specifically trained in FASD interventions and dedicated to working with this client group.

The prevalence of FASD youth involved with the youth justice system means it is imperative that these individuals be identified and recognized throughout the system. The implementation of a standardized FASD screening tool would be an ideal option but comes with significant financial costs. The hiring of additional professionals to increase diagnostic capacity is another alternative, but again would be reliant on funding availability. While increasing identification and diagnosis would be a costly endeavor that Manitoba Justice may not have the funding capacity for, the implementation of further training for personnel throughout the youth and adult criminal justice systems could allow for informal identification and recognition of youth potentially affected by the disorder and allow for services to be provided pre-diagnosis rather than prolonging missed opportunities to assist these individuals.

The analyses of the interviews revealed extensive gaps which hinder service effectiveness for incarcerated FASD youth including: lacks in diagnostic capacity, resources, adequate programming, communication, and staff training. While these challenges all contribute to the decreased efficacy of services, participants expressed the two primary gaps as being the lack of resources available and the shortage of staff training and education. While the majority of the youth correctional service staff who participated in this study appear to be committed to programming initiatives and the overall support of youth offenders living with FASD, little can be done before these problematic gaps begin to be addressed.

Justice reinvestment could also be a consideration for Manitoba Justice in regards to dealing with youth offenders living with FASD. Justice reinvestment is a data-driven approach to correctional policy that aims to redirect spending into initiatives that have

been empirically shown to provide positive outcomes (James and Agha, 2013). Fox, Albertson and Warburton (2011) acknowledge that justice reinvestment allows the criminal justice system to deliver 'more for less.' In this sense, Manitoba Justice could look at reallocating funding into additional resources in the community rather than continuing to spend money on incarcerating individuals living with FASD in environments which are largely inadequate to meet their needs. By redistributing funding in order to provide proactive community prevention and intervention initiatives to FASD-affected individuals, Manitoba Justice could alleviate the current state of youth corrections as a last resort safety net.

It is important to acknowledge that while this research focused on services provided to FASD youth offenders incarcerated in *Manitoba*, the findings and policy implications may reach beyond the province's youth correctional system in keeping with Mason's (2002) concept of wider resonance. Therefore, the knowledge gathered through this research may have relevance in other communities dealing with similar issues and client-groups such as Saskatchewan and/or Alberta who are also facing large numbers of FASD youth involved in their correctional systems.

5.4 Conclusions

This research provides valuable insights into current programming and services offered to incarcerated FASD youth in Manitoba from the perspective of staff members at the two youth custodial facilities in the province. In particular, it offered a unique opportunity to provide the voices of staff members which may not have been heard otherwise.

Overall, participants in this study acknowledged an increased awareness of FASD and recognition of affected youth within the Manitoba youth correctional system. The majority of respondents reported recognizing the benefit of youth receiving diagnoses (and in turn, access to services), and appear to be developing differential expectations surrounding affected youth. However, participants also identified numerous barriers that currently exist within the youth correctional system in Manitoba and hinder the effectiveness of the services and supports provided to incarcerated FASD youth. The following six issues must be addressed in order to maximize the effectiveness of services for this client group:

- Lack of diagnostic capacity
- Negative staff perceptions
- Lack of staff education and training
- Reliance upon traditional cognitive behaviour modification programming which is ineffective with this client group
- Lack of resources (i.e. specialized personnel, time and funding)
- Lack of communication between staff members and departments

Participants noted the numerous service delivery gaps that exist within the system and provided suggestions to address these issues and improve service efficacy. A goal of this thesis is that the policy knowledge gathered through interviews with participants may lead to changes in policy and practices for youth living with FASD and incarcerated in Manitoba. Ideally, Manitoba Justice will be able to use this valuable policy-related knowledge in order to influence positive change for these youth.

Two potential limitations of the current research should be noted. First, the broad range of professionals represented in this study may be seen as a limitation due to the lack of a single professional viewpoint. However, while focusing on one occupation may have provided an opportunity for more concrete comparisons within one discipline to be made, the wide range of individuals who participated in this research allowed for a greater breadth of knowledge to be gathered. This limitation could be addressed in follow-up studies that focus solely on the perceptions of specific occupational groups, such as line-level youth workers or counselling staff. This would enable the investigators to develop comparisons between occupational groups and/or institutions.

A second limitation is that management at the two facilities approached potential participants rather than participants being recruited from other methods. The assumption was that these managers offered all of their staff the equal opportunity to participate, but it is important to acknowledge that these individuals may have been biased in who they approached. Unfortunately, the risk of non-random selection of participants is often a reality when conducting closed-organizational research such as in correctional environments. Furthermore, even if all staff within the institutions were given an equal opportunity to participate, some may have refused due to their own biases and opinions. As one participant acknowledged, “I could pick people out of my head that don’t think anything is effective and have maybe given up, but I don’t even think they would come in here” (Participant #4). Unfortunately, recruitment challenges often arise when conducting research, especially when the researcher is investigating personal experiences and perceptions within a closed environment such as a custodial facility (Patenaude,

2004). While a valuable wealth of knowledge was gathered through this research, it is important that these limitations be acknowledged.

5.5 Implications for Future Research

While progress in better understanding and responding to FASD youth has been made over the past decade, the respondents in this study revealed that the youth correctional system in Manitoba is still under-equipped to deliver interventions that adequately respond to the needs of youth living with FASD. While this research has provided valuable insight into the perceptions of staff regarding the factors that either contribute to or reduce the efficacy of services for incarcerated FASD youth, there are numerous aspects that do contribute to service effectiveness and therefore warrant further research; these include (but are not limited to): a) empirical research of specific program initiatives; b) the state of FASD services within the adult correctional system in Manitoba; and c) research into services for FASD youth offenders throughout the entire youth criminal justice system.

First, while investigating staff perceptions increases understanding of the efficacy of services for incarcerated FASD youth in Manitoba, empirical research of specific program initiatives could also be fruitful. Whereas this thesis provides an exploratory qualitative perspective, future research incorporating different methodological approaches would contribute to further understanding of service effectiveness in terms of overall recidivism and time to failure when recidivism does occur.

Second, it would also be valuable to examine the state of services within the adult correctional system in Manitoba and to determine what types of interventions are being provided to FASD offenders once they move from youth corrections into the adult

system. Existing research suggests that FASD-related services decrease as individuals enter into adulthood, so further research could provide additional insight in order to prove/disprove this hypothesis.

Finally, further research into services for FASD youth offenders throughout the entire criminal justice system is also a topic worthy of investigation. While the programming youth receive while incarcerated is a predictor of their success or failure, the services offered at different decision points such as arrest, pre-court (i.e. diversionary or alternative measures), and court process, as well as once a youth is back in the community, are also important. FASD youths' involvement with the criminal justice system is often an ongoing cycle which involves various aspects of the system and in order to get a true picture of the services these individuals receive, it is vital to follow them throughout the entire process.

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Legislation:

Juvenile Delinquents Act, R.S.C., 1908, c-40.

Young Offenders Act, R.S.C., 1980-81-82-83, c. 110.

Youth Criminal Justice Act, S.C., 2002, c. 1, Y-1.5.

APPENDICES

APPENDIX A: INTRODUCTORY LETTER

DEPARTMENT OF JUSTICE STUDIES

343 Classroom Building
3737 Wascana Parkway
Regina, Saskatchewan
Canada S4S 0A2
phone: (306) 585-4779
fax: (306) 585-4815
www.uregina.ca/arts/justice-studies

The Efficacy of Current Programming for FASD Youth Incarcerated in Manitoba: Exploring the Perceptions of Service Providers

The purpose of this study is to gather the perceptions of youth correctional service providers regarding the efficacy of current programming directed at youth living with Fetal Alcohol Spectrum Disorder (FASD) and incarcerated in Manitoba. The focus of this study is to allow service providers a voice otherwise rarely heard by senior managers and policy makers. This study hopes to use these perspectives in order to influence change with regards to this client group and the services they receive.

I'm a graduate student from the Department of Justice Studies in the Faculty of Arts at the University of Regina. For the purpose of this project, I will be conducting individual interviews that will take approximately sixty (60) minutes to complete.

If you wish to participate in this study, please contact the researcher directly at (204) 898-3142 or carmen_edwards@yahoo.com. Interviews will be set up at the participant's place of choosing (i.e. correctional facility, coffee shop, restaurant, etc.) within their preferred timeframe.

Thank you in advance,

Carmen Edwards

APPENDIX B: INFORMED CONSENT FORM

UNIVERSITY OF REGINA

DEPARTMENT OF JUSTICE STUDIES

343 Classroom Building
3737 Wascana Parkway
Regina, Saskatchewan
Canada S4S 0A2
phone: (306) 585-4779
fax: (306) 585-4815
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INFORMED CONSENT FORM

The Efficacy of Current Programming for FASD Youth Incarcerated in Manitoba: Exploring the Perceptions of Service Providers

The purpose of this research is to examine the perceptions of youth correctional service providers regarding the efficacy of current programming directed at youth living with Fetal Alcohol Spectrum Disorder (FASD) and incarcerated in Manitoba. For the purpose of this project, you are being asked to take part in an individual interview that should take approximately 60 minutes to complete. The interview may be recorded by the researcher (with your consent) and then transcribed. All notes taken during the interview will be securely stored and only accessible to the researcher, their supervisor, and a potential transcribing assistant. All original data will be destroyed after the mandatory three years, using a paper shredder and electronic file deletion mechanisms.

THIS IS TO CERTIFY THAT I, (print your name) ___________________________________
HEREBY AGREE TO PARTICIPATE AS A VOLUNTEER IN THIS RESEARCH PROJECT.

I understand the following terms and conditions:

1) I have the right to decline to participate in this research, to refuse to answer any specific questions, and to stop participating in the research at any time. I understand that I shall not be penalized if I decline, nor shall I gain any favour if I agree to be part of the study;
2) I have been assured that anything that I say will be reported anonymously in the final document and that all efforts to protect my identity will be taken;
3) I may be asked to participate in possible follow-up interviews or phone calls with the researcher for clarification purposes;
4) I understand that I have the opportunity to ask whatever questions I desire throughout the interview process, and understand that all such questions will be answered to the best of the researcher's ability.

Participant: _______________________________________ Date: _____________

Researcher: _______________________________________ Date: _____________

This project was approved by the Research Ethics Board at the University of Regina. If you have any questions or concerns about your rights or treatment as a participant, you may contact the Chair of the Research Ethics Board at (306) 585-4775 or by email: researchethics@uregina.ca. Questions concerning the study can be directed to the researcher, Carmen Edwards at (204) 898-3142, or her research supervisor, Dr. Allan Patenaude at (306) 585-4035.

Your participation in this study is greatly appreciated.

APPENDIX C: INTERVIEW GUIDE

1. What programs or services are available to FASD youth incarcerated at this facility?

2. What FASD-related training have you received? Is this training on-going? If so, how often do you receive training? When did you last receive training? Do you receive more training when involved with programming directed at this client group?

3. Do you believe that you have the requisite knowledge, training, and abilities to identify, assess, and work effectively with incarcerated FASD youth?

4. Which tools and assistance are available to youth correctional service providers for the screening, diagnosis, and assessment of incarcerated youth who might have a diagnosable FASD condition?

5. What efforts are currently taken to identify and assist incarcerated FASD youth? Are these efforts consistent with those taken for other disabled youth offenders?

6. Do you believe that recognition of an individual's FASD condition is the starting point of their receiving appropriate treatment and assistance? Why or why not?

7. Are any unique steps taken when planning for an FASD youth's release from the facility?

8. To what extent do you believe that current behavioural modification practices adequately address the needs of youth offenders living with FASD?

9. Which programs/types of programs do you believe offer the best opportunity for assisting youth with an FASD condition, and why?

10. What do you define as "rehabilitation?" Do you believe that current programs directed at FASD youth can have a positive effect on rehabilitation?

11. What impact do you believe has resulted from current programming offered to incarcerated FASD youth? What programs have provided the biggest impact?

12. How do you define "effective?" What improvements do you see as needed for current FASD programs and future services to be effective, including the education and training of youth correctional service providers?

13. Do your supervisors and management encourage you to make suggestions for improvement around the facility?

<u>Closure</u>

Thank you for taking the time to answer these questions.

The information you have provided is valuable and will be helpful in the completion of this research project.

APPENDIX D: APPROVAL FROM MANITOBA JUSTICE

From: Robson, Caroline (JUS)
Sent: Monday, September 27, 2010 3:12 PM
To: Rumsey, Darryl M (JUS); Orchard, Marvin (JUS)
Cc: Lund, Birgit (JUS); Burns, Janet (JUS); Carmen Edwards
Subject: Carmen Edwards Research

Hi Darryl and Marvin
It has been a while since you gave approval for this research – and we now have security clearance to proceed. I have attached the abstract for your info.

Carmen is ready to do her research on staff perception of the efficacy of programming currently being delivered to youth with FASD. She will only be interviewing staff and is interested in the perception of staff in various positions in the centre.

What is the best way to introduce Carmen to staff and for them to read her letter of introduction? She is willing to meet staff days, evenings or weekends – either on shift – or after shift. Would it be possible to set up some days that it would be feasible to interview managers and program staff while they are on shift? I know it might not be possible to do all interviews on shift, but would some staff stay after shift?
Please let me know if there are other staff that I should be sending this email to – and I will be happy to discuss with them. Thank you for your support in this research. Here is her letter of introduction to staff. I copied Carmen on this email so that you could contact her directly if you had questions.

Carol Robson, M.S.W.
Divisional Coordinator Special Needs/FASD
1505-405 Broadway
Winnipeg, MB
R3C 3L6
204-945-6482
Caroline.Robson@gov.mb.ca